

Amended Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Walters State Community College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 500 S. Davy Crockett Parkway, Morristown, TN 37813

Name of Agent Designated to Receive Notification of Claimed Infringement: Joe Sargent

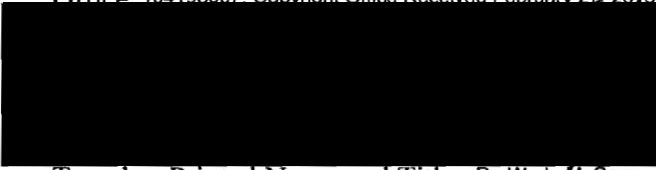
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Walters State Community College, 500 S Davy Crockett Parkway, Morristown, TN 37813

Telephone Number of Designated Agent: 423-585-6836

Facsimile Number of Designated Agent: 423-318-2630

Email Address of Designated Agent: dcmaagent@ws.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: 164198007 Copyright Office Received February 27, 2013



Designating Service Provider:

Date: 9-3-15

Typed or Printed Name and Title: Dr. Wade McCamey, President

Note: This Amended Interim Designation Must be Accompanied by a Filing Fee* Made Payable to the Register of Copyrights.

*Note: Current and adjusted fees are available on the Copyright website at www.copyright.gov/docs/fees.html

Mail the form to:
Copyright I&R/Recordation
P.O. Box 71537
Washington, DC 20024

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