

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: COSMETIC SURGERY FOUNDATION
FOR EDUCATION, RESEARCH, AND PATIENT SAFETY, INC.

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

Address of Service Provider: 737 North Michigan Avenue, Suite 820, Chicago, IL 60611

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Scott S. Fintzen

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):
Gaido & Fintzen, 30 North LaSalle Street, Suite 3010, Chicago, IL 60602

Telephone Number of Designated Agent: 312-346-7855

Facsimile Number of Designated Agent: 312-346-8317

Email Address of Designated Agent: sfintzen@gaido-fintzen.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 08/18/2003

Typed or Printed Name and Title: Craig M. Sondalle, Executive Director

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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