

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

Full Legal Name of Service Provider: The Charmm'd Foundation

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

Address of Service Provider: 485 E. Half Day Rd, Ste 200, Buffalo Grove, IL 60089

Name of Agent Designated to Receive Notification of Claimed Infringement: Susan Baird

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):
The Charmm'd Foundation - 485 E. Half Day Rd, Ste 200, Buffalo Grove, IL 60089

Telephone Number of Designated Agent: (847) 883-9956

Facsimile Number of Designated Agent: (847) 883-9960

Email Address of Designated Agent: charmmd@charmmdfoundation.org

Signature of Officer or Representative of the Designating Service Provider:
[Redacted Signature] Date: 8/17/12

Typed or Printed Name and Title: Sheri Milk
Founder, Executive Director

**Note: This 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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