

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

Full Legal Name of Service Provider: www.ePlasty.com

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

Address of Service Provider: 6 Westmount Drive, Livingston, NJ 07039

Name of Agent Designated to Receive Notification of Claimed Infringement: Mark Granick, MD

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):
Mark Granick, MD, 6 Westmount Drive, Livingston, NJ 07039

Telephone Number of Designated Agent: 973-972-8092

Facsimile Number of Designated Agent: 973-972-8268

Email Address of Designated Agent: msg1@ePlasty.com



Designating Service Provider: _____
Date: April 2, 2012

Typed or Printed Name and Title: Mark Granick, MD, co-editor-in-chief

**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:
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Washington, DC 20024**



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