

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

**Full Legal Name of Service Provider:** The Plastic Surgery Foundation

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**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** PSF; thepsf.org; breastreconusa.org

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**Address of Service Provider:** 6400 Schafer Ct., Suite 650 Rosemont, Illinois 60618

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Heather Gates

**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):  
444 E. Algonquin Rd., Arlington Heights, IL 60005

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**Telephone Number of Designated Agent:** (847) 981-5408

**Facsimile Number of Designated Agent:** 847-981-5474

**Email Address of Designated Agent:** Hgates@plasticsurgery.org

**Representative of the Designating Service Provider:** \_\_\_\_\_  
Date: 6/28/2015

**Typed or Printed Name and Title:** Heather J. Gates, Director of Communications

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**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](http://www.copyright.gov/docs/fees.html)**

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