



You are hereby notified that a copy of our arbitration agreement and this demand are being filed with the American Arbitration Association with a request that it commence administration of the arbitration. The AAA will provide notice of your opportunity to file an answering statement.

Name of Respondent:

Address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|            |          |
|------------|----------|
| Phone No.: | Fax No.: |
|------------|----------|

Email Address:

Name of Representative (if known):

Name of Firm (if applicable):

Representative's Address:

|       |        |           |
|-------|--------|-----------|
| City: | State: | Zip Code: |
|-------|--------|-----------|

|            |          |
|------------|----------|
| Phone No.: | Fax No.: |
|------------|----------|

Email Address:

The named claimant, a party to an arbitration agreement which provides for arbitration under the Commercial Arbitration Rules of the American Arbitration Association, hereby demands arbitration.

Brief Description of the Dispute:

Dollar Amount of Claim: \$

Other Relief Sought:    Attorneys Fees    Interest    Arbitration Costs    Punitive/Exemplary  
Other:

Amount enclosed: \$

In accordance with Fee Schedule:    Flexible Fee Schedule    Standard Fee Schedule

Please describe the qualifications you seek for arbitrator(s) to be appointed to hear this dispute:

Hearing locale:

(check one)    Requested by Claimant    Locale provision included in the contract

Estimated time needed for hearings overall:                      hours    or                      days



|   |          |             |
|---|----------|-------------|
| Type of Business:   |          |             |
| Claimant:   |          | Respondent: |
| Are any parties to this arbitration, or their controlling shareholder or parent company, from different countries than each other?  |          |             |
| Signature (may be signed by a representative):  |          | Date:       |
| Name of Claimant:   |          |             |
| Address (to be used in connection with this case):  |          |             |
| City:   | State:   | Zip Code:   |
| Phone No.:  | Fax No.: |             |
| Email Address:  |          |             |
| Name of Representative:   |          |             |
| Name of Firm (if applicable):   |          |             |
| Representative's Address:   |          |             |
| City:   | State:   | Zip Code:   |
| Phone No.:  | Fax No.: |             |
| Email Address:  |          |             |
| To begin proceedings, <b>please file online at <a href="http://www.adr.org/fileonline">www.adr.org/fileonline</a></b> . You will need to upload a copy of this Demand and the Arbitration Agreement, and pay the appropriate fee. |          |             |