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, **please file online at www.adr.org/fileonline**. You will need to upload a copy of this Demand and the Arbitration Agreement, and pay the appropriate fee.		