DEMAND FOR ARBITRATION

Please provide the following information in connection with your dispute with AppAid, LLC ("Responding Party"), as submitted by you or the organization that you represent ("Initiating Party") and together with the Responding Party, the ("Parties"):

Name of the Initiating Party: Address of the Initiating Party:	
Telephone Number of Initiating Party:	
E-mail Address of Initiating Party:	
Name of Responding Party: AppAid 19900 MacArthur	Blvd, #190, Irvine, CA 92626
Telephone Number of Responding Party: 1-80 E-mail Address of Responding Party: <u>demand</u>	
The Terms contain a valid and binding arbitrat	ppAid Website Terms and Conditions ("Terms"). ion clause for the resolution of disputes, a copy of ties are in dispute as to the following issue(s):
As the Parties cannot agree as to the resolution hereby demands that the Responding Party suprocedures set forth by either the American A Arbitration and Mediation Services, Inc. ("JAM selected by the Initiating Party.	ubmit to arbitration pursuant to the rules and
The Initiating Party is claiming the following da	amages:
Total Damages Claimed \$	
In filing this Demand for Arbitration ("Demand	d"), the Initiating Party certifies the following:

He/she/it has provided the Responding Party with a copy of this Demar certified mail, return receipt requested.	nd by both e-mail and by
So demanded and certified, this day of, 20	
Initiating Party	
Sworn to and subscribed before me, this day of	, 20
Notary Public	

(PLEASE NOTE: Notarization is required for original and mailed copies only. Notarization is not required to file or serve this Demand via e-mail)