

**ASSOCIATION OF PROFESSIONAL  
ARBITRATORS AND MEDIATORS L.L.C. ("APAM")  
ARBITRATION RULES  
DEMAND FOR ARBITRATION**

|  |         |                                   |                          |                              |          |
|--|---------|-----------------------------------|--------------------------|------------------------------|----------|
| <b>MEDIATION</b> is a nonbinding process. The mediator assists the parties in arriving at a mutually acceptable solution. If you would like APAM to contact the other parties to determine whether they wish to mediate this matter under APAM Rules, please check this box. <input type="checkbox"/>  |         |                                   |                          |                              |          |
| TO: Name   |         | Name of Representative (if known) |                          | Name of Firm (if applicable) |          |
| Address  |         |                                   | Representative's Address |                              |          |
| City   | State   | Zip Code                          | City                     | State                        | Zip Code |
| Phone No.  | Fax No. |                                   | Phone No.                | Fax No.                      |          |
| Email Address  |         |                                   | Email Address            |                              |          |
| The named claimant, a party to an arbitration agreement or program which provides for arbitration under the APAM Arbitration Rules <input type="checkbox"/> Commercial <input type="checkbox"/> Construction <input type="checkbox"/> Employment <input type="checkbox"/> Consumer <input type="checkbox"/> Expedited (check one) version hereby demands arbitration thereunder. A copy of the arbitration clause is attached. |         |                                   |                          |                              |          |
| THE NATURE OF THE DISPUTE  |         |                                   |                          |                              |          |
| THE CLAIM OR RELIEF SOUGHT (the amount, if any)  |         |                                   |                          |                              |          |
| BINDING MONETARY OFFER (Fairest Offer Rules only)  |         |                                   |                          |                              |          |
| SPECIAL MATTERS APAM SHOULD BE AWARE OF (If any)   |         |                                   |                          |                              |          |
| Is the amount in controversy (exclusive of attorneys' fees and arbitration costs) less than \$30,000? Yes ___ No ___   |         |                                   |                          |                              |          |
| Is the amount in controversy (exclusive of attorney's fees and arbitration expenses) over \$100,000? Yes ___ No ___ If the amount in controversy exceeds \$100,000, do you request a three-member arbitration panel? Yes ___ No ___  |         |                                   |                          |                              |          |
| ESTIMATED TIME NEEDED FOR ARBITRATION HEARING (if required) _____ hours or _____ days  |         |                                   |                          |                              |          |
| HEARING LOCALE AGREED TO OR REQUESTED  |         |                                   |                          |                              |          |
| You are hereby notified that copies of our arbitration agreement and this demand are being filed with the Association of Professional Arbitrators and Mediators, L.L.C., with a request that it commence administration of the arbitration. Under the APAM Rules, you may file an answering statement within ten days receipt of this Demand.  |         |                                   |                          |                              |          |
| Signature (may be signed by a representative)  |         | Title                             |                          | Date                         |          |
| Name of Claimant   |         | Name of Representative            |                          | Name of Firm (if applicable) |          |
| Address (to be used in connection with this case)  |         |                                   | Representative's Address |                              |          |
| City   | State   | Zip Code                          | City                     | State                        | Zip Code |
| Phone No.  | Fax No. |                                   | Phone No.                | Fax No.                      |          |
| Email Address  |         |                                   | Email Address            |                              |          |
| TO BEGIN PROCEEDINGS, PLEASE SEND A COPY OF THIS DEMAND AND A COPY OF THE ARBITRATION AGREEMENT, WITH THE FILING FEE AS PROVIDED FOR IN THE RULES TO APAM. SEND THE ORIGINAL DEMAND TO THE RESPONDENT.   |         |                                   |                          |                              |          |