## International Centre for Dispute Resolution

## INTERNATIONAL CENTRE FOR DISPUTE RESOLUTION

The International Division of the American Arbitration Association

## NOTICE OF INDEPENDENT REVIEW

Date:	6 June 2008						
To: Name (of	the party on which this Notice is	to be served)	ANN (Paul	Twomey, Cl	EO) <sub>Na</sub>	ntionality: U	.S.
Address: 4676 Admiralty Way, Suite 330							
City:	Marina del Rey	State/Province:	CA	Country:	U.S.A.	Post Code:	90292-6601
Telephone:	310-823-9358	Facsimile: 310	0-823-8649	Email:	twome	ey@icann.org	
Name of Rep	presentative: (if known)	- N		Name of Firm:	(if applicable)	·	
Address:				·			
City:		State/Province:		_ Country: _		Post Code:	
Telephone:		Facsimile:		Email:			
	claimant seeks this in	•					L L
	he claimant agrees tha						
Arbitration Rules ("Rules") of the International Dispute Resolution Procedures as supplemented per ICANN's							
Bylaws. See Supplementary Procedures at www.icdr.org.							
Nature of the	e Dispute: (attach additional s	heets, if necessary)	S	ee attached			
The Claim or Relief Sought: (the amount, if any)  See attached							
Type of Busi	ness: Claimant	Registry Op	erator				
	iew Requested:	Washington,	D.C.				
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RESOLUTIO.	eby notified that copies N at its 1633 Broadway, review. Under the rules, y	10 <sup>th</sup> Fl., New York,	NY, USA loca	tion, with a req	uest that it	commence administ	ration of an
Name of Cla	imant: ICM Regist	ry, LLC			N:	ationality: U	.S.
Address: (to be used in connection with this case)  1097 Jupiter Park Lane, Suite 3							
City:	Jupiter	State/Province:	FL	Country:	U.S.A.	Post Code:	33485
Telephone:	561-741-8005	Facsimile: 56	1-658-8144	—	sjlaw	ley@icmregistr	y.com
-	presentative: (if known)	Arif H. Ali	<u> </u>	Name of Firm	: (if applicable)	Crowell & Mo	ring LLP
Address: 1001 Pennsylvania Avenue, N.W.							
City:	Washington	State/Province:	DC	Country:	U.S.A.	Post Code:	20004
Telephone:	202-624-2500		2-628-5116	Email:	AAli(	acrowell.com	
Telephone							
	ceedings, please send two and the original notice to ti		e of independe	nt review, with i	the filing fee	as provided for in	the Rules, to
•		610	١.				. 1. 1. 0
Signature (ma	ay be signed by a representative)	<u> </u>	li fra	Title:	<u> </u>	Date: _	6/6/08