

CoProxy - Opt-Out Notice

I am writing to provide notice that I am opting out of the Agreement to Arbitrate in the CoProxy Agreement. Pursuant to the terms of the Agreement, I am providing the requested information as follows:

Your Information	
First Name	
Last Name	
Email	
Address	
Phone	
This form must be sent via Certified or Registered Mail to the following address:	
CoProxy, LLC. ATTN: Opt-Out No 11523 Memorial Huntsville, AL 358	Pkwy SW
I acknowledge that this Opt-Out Notice must be sent via Certified or Registered Mail, with a return receipt request. In addition, the postmarked date cannot be any later than 30 days after the date on which I accepted the CoProxy Terms of Use. It is my responsibility to mail the Opt-Out Notice by the applicable deadline.	
Signature	Date