



Fax Form: Primary Account Contact Change Form Page 1 of _____

Fax To: Network Solutions Customer Service

Fax Number:

571-434-4629

Scan and Email: FaxPCR@NetworkSolutions.com

RE:

Account: 23928393, Account Holder: More Flowers

ACCOUNT INFORMATION:

The Primary Contact listed below will be the designated primary contact for this account:

Today's Date:

Aug 29, 2014

Account:

23928393

Account Holder: More Flowers

Business Validation:

Letterhead

Utility Bill:

Phone/Mobile Bill

NEW PRIMARY CONTACT INFORMATION: Back to Top

NIC handle:

OWKMYSSQAI

User ID: 25818431

Name: David Lang

E-mail: registrar@ecentral.com Phone Number: +1.3034770947

Photo ID:

Drivers License

STATEMENT OF AUTHORIZATION, REPRESENTATION AND RELEASE

I, David Lang, hereby represent and warrant that I am the agent or representative authorized to act on behalf of the organization listed above as the account holder (the "Customer"), and I hereby request and authorize Network Solutions , LLC ("Network Solutions") to change my primary contact information as set forth above. As an inducement to Network Solutions to change the primary account contact information (including e-mail address) as requested by me, and I agree that in the event Network Solutions believes at any time it is facing or likely to face a challenge, claim or complaint by any other person or party concerning (i) the validity of this request or authorization, or (ii) the actions taken by Network Solutions in connection with this request, then Network Solutions shall have the right to take any action with respect to any domain name(s) registered (now or in the future) to the Customer listed above or included (now or in the future) in the account for which this primary contact change form is being submitted, as Network Solutions deems proper in its sole discretion, including (but not limited to) (A) placing any such domain name(s) on hold, and/or (B) changing the account holder/registrant of record or any other account information for any such domain name(s). I agree that neither Network Solutions nor any of its affiliates shall be liable to me or any other party in any amount for any actions taken pursuant to this request or the above provisions, and I hereby waive and release any and all claims against Network Solutions and any of its affiliates with respect thereto. Furthermore, I agree to indemnify, defend and hold harmless



ORGANIZATION NAME: More Flowers

NAME OF AUTHORIZED REPRESENTATIVE:

David Lang

SIGNATURE OF AUTHORIZED REPRESENTATIVE:





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MORE FLOWERS

Bill Date: Aug 19, 2014 303-477-0947 881B

Account No:

Visit centurylink.com

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
\$.00	\$59.92	\$59.92	Credit Card

Account Summary

Previous Balance

Charges Payment **Balance Forward**

New Charges

Thank you for your payment

Page

CenturyLink Total New Charges For questions, call: 1 800 603-6000

3

59.92 \$59.92

59.67

59.67%

\$.00

Business needs change regularly. As a valued business customer, we want to work with you to provide a complete and cost effective solution for your business.

Call (888) 544-4495 today for a free account consultation with a dedicated business sales consultant

For billing or technical questions, please call (877) 453-9407.

CenturyLink, P O Box 29040, Phoenix, AZ 85038-9040

Please fold, tear here and return this portion with your payment.



- Ալլանգայանի իրականագորագրացի գրանի կարարանում և կարևականի անագահանի անագահանի հայարանի հայարանի հայարագահան

>001355 4455816 0001 008243 10Z **MORE FLOWERS** 2501 15 ST #1A **DENVER CO 80211-3986**

Bill Date:

Account No:

Aug 19, 2014 303-477-0947 881B

New Charges:

\$59.92

TOTAL AMOUNT DUE:

\$59.92

Amount Due is charged to your Credit Card.

CENTURYLINK P O BOX 29040 PHOENIX, AZ 85038-9040



Colorado Driver License

92-129-1375 Expires: 09-20-2016

92-129-137 Class: R End:

Rest: Ht: 5'06" Wt: 125

Voter:

Issued: 07-23-2011

DOB: 09-20-1962 Previous Type:

Eves: BRO Sex: M

Eyes: BHU Sex: M

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DAVID M LANG 2501 15TH STREET #1A DENVER, CO 80211

