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Office Information and Signature

GAMLS Member Office Name: _____ GAMLS Office Code: _____

Agent Name: _____
(For individual agents only, if for whole company leave this blank.)

Agent's Web address _____

Office Street Address: _____

Office City, State, ZIP: _____

Office Phone: _____ Office Fax: _____

Office Web address _____

E-mail address: _____

Entered into by: _____

Broker's Signature

Date

Licensee Information and Signature

Licensee (Company or Individual) Name: ProAgentWebsties.com / Douglas Greene

E-mail Address: dg@proagentwebsites.com

Licensee Street Address: 1468 Midway Ave.

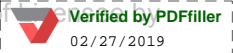
Licensee City, State & Zip: Ammon, Idaho 83406

Licensee Phone: 801-913-5869 Licensee Fax: 801-618-1602

Entered into on behalf of _____

Douglas Greene

Signature/Title



2-27-19

Date