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Corporation address: \_\_\_\_\_

\_\_\_\_\_

Point of Contact: \_\_\_\_\_

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Please sign: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Corporation: \_\_\_\_\_

#### Schedule A

[Initial list of designated employees. NB: authorization is not tied to particular Contributions.]

_____	_____
_____	_____
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#### Schedule B

[Identification of optional concurrent software grant. Would be left blank or omitted if there is no concurrent software grant.]