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

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

\_\_\_\_\_  
\_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

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

#### Schedule B

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