



**NEAL-TRUESDALE
INSURANCE, INC.**

9/19/00

TO: ICANN
RE: IMAGE ONLINE DESIGN, INC.

Having served for several years as John Frangie's commercial and personal insurance broker for a variety of needs, we've enjoyed an excellent business relationship, and we look forward to continuing to handle the insurance for IOD, as it grows and secures its Registry Operator status.

In response to section D13.1.8 of the "TLD Application: Registry Operator's Proposal" dated 8/15/00, this letter confirms the following:

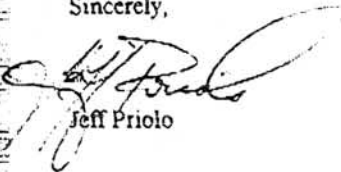
Commercial General Liability insurance is currently carried, through our brokerage, with Hartford Casualty Insurance Company Hartford Plaza, Hartford, CT 06115, on Policy# 30SBWLW8228DD, with limits of \$1million per occurrence/\$2million general aggregate.

Plans are in motion for securing additional insurance which may include, but not be limited to the following:

- First party property direct or consequential coverages and third party liability coverages for incidences such as fire & extended coverages, network intrusion, illegitimate use, denial of service attacks, virus, internal or external/ malicious or accidental/known or unknown sources.

We welcome any additional inquiries.

Sincerely,



Jeff Priolo

iodicann.doc

1400 Madonna Road
San Luis Obispo, CA 93405

(805) 549-7430

FAX (805) 549-7044

(800) 287-2827

insurance@nealtruesdale.com

Lic #0368744



MERCHANT APPLICATION AND AGREEMENT

- FIRST FINANCIAL BANK
Atlanta, GA
- REDDING BANK OF COMMERCE
Redding, CA
- FIRST NATIONAL BANK OF CENTRAL FLORIDA
Longwood, FL
- TEHAMA BANK
Red Bluff, CA
- HUMBOLDT BANK
Eureka, CA
- OTHER _____

P.O. BOX 2310
AGOURA HILLS, CA 91376-2310
(800) 456-5989 FAX (818) 880-9890

ALL BANKS ARE FDIC INSURED

Please print clearly and use blue or black ink.

INTERNAL FILE NUMBER (To be entered by corporate)

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Agent Office (Print) <u>C</u>	Agent Phone Number <u>805 544 0862</u>	Lead Number
Sales Representative (Print) <u>DAVID HOLTZ</u>	Program Code	Promo Code
<input checked="" type="checkbox"/> New Merchant <input type="checkbox"/> Existing Cardservice Merchant	Merchant No.	

SERVICES AND MERCHANT INFORMATION

- MasterCard/Visa Check Guarantee American Express Diners EBT Other _____
- ATM/Debit Card Purchasing Card Discover/Novus JCB Cardservice Merchant Club

Legal Name of Business <u>IMAGE ONLINE DESIGN, INC.</u>	Merchant's Customer Service Phone Number <u>(805) 543 4711</u>
DBA (Doing Business As) <u>.WEB REGISTRY</u>	Phone Number ()
Authorized Business Representative	Business Fax Number <u>(805) 543 4735</u>
Relationship/Title	

Street Address <u>12350 Lososos Valley Rd.</u>	City <u>San Luis Obispo</u>	County <u>SLW</u>	State <u>CA</u>	ZIP <u>93405</u>
Mailing Address <u>PMB 201 1241 Johnson</u>	City <u>San Luis Obispo</u>	County <u>Same</u>	State <u>CA</u>	ZIP <u>93401-3306</u>

List Type of Business and Product/Service Sold (Be Specific) <u>Internet Services</u>	Business Hours (Circle a.m. or p.m.) 24 hours Mon. - Fri. From <u>9 a.m.</u> p.m. To <u>5 a.m.</u> p.m. Saturday From _____ a.m. p.m. To _____ a.m. p.m. Sunday From _____ a.m. p.m. To _____ a.m. p.m.
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Tax ID # <u>77-0414963</u>	Business License # <u>09240</u>	Age of Business Yrs. <u>3</u> Mos. <u>8</u>
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OWNERSHIP (51% ownership for a corporation, 100% ownership for a partnership or proprietorship, must be accounted for on the application)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Corporation	<input checked="" type="checkbox"/> Private Corporation	<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Limited Liability Company
Principal's Name <u>JOHN FRANGIE</u>		Ownership % <u>54</u>	Title <u>CEO</u>	Date of Birth (mm/dd/yy) <u>3/5/53</u>	
Home Phone <u>(805) 543 1303</u>	Social Security # <u>565 86 8139</u>	Driver's License # <u>A0636008</u>	State/Expiration Date <u>CA</u>		
Street Address <u>927 Vista Collados</u>	City <u>SAN LUIS OBISPO</u>	State <u>CA</u>	ZIP <u>93405</u>	<input checked="" type="checkbox"/> Own	How Long? Yrs. <u>8</u> Mos.
Street Address (Previous if less than 3 years)	City	State	ZIP	<input type="checkbox"/> Own	How Long? Yrs. Mos.
Name of Nearest Relative or Friend Not Residing With Principal				Phone Number ()	
Street Address of Nearest Relative or Friend Not Residing With Principal			City	State	ZIP

Second Principal's Name		Ownership %	Title	Date of Birth (mm/dd/yy)	
Home Phone ()	Social Security #	Driver's License #		State/Expiration Date	
Street Address	City	State	ZIP	<input type="checkbox"/> Own	How Long? Yrs. Mos.
Street Address (Previous if less than 3 years)	City	State	ZIP	<input type="checkbox"/> Own	How Long? Yrs. Mos.
Name of Nearest Relative or Friend Not Residing With Principal				Phone Number ()	
Street Address of Nearest Relative or Friend Not Residing With Principal			City	State	ZIP

REFERENCES

DBA - Bank Name <u>FIRST BANK of San Luis Obispo</u>	DDA # <u>091 484</u>	Phone <u>(805) 541-6100</u>	Contact <u>ALAN TORNAZIO</u>
Additional Bank	Account #	Phone ()	Contact
Trade	Account #	Phone ()	Contact
Trade	Account #	Phone ()	Contact

MARKETING METHOD
 Merchant sells (Specify product, service and/or information) Website registry
 Merchant sells to (Specify target market) GENERAL PUBLIC
 Merchant Marketing Method (Enter all that apply, must equal 100%)
 Storefront ___% Service ___% Trade Show ___% Phone Order ___% Mail Order ___% Internet 100% Other ___%
 Merchant Swiped/Keyed Percentage: Swiped ___% + Keyed with signed imprint ___% + Keyed without signature 100% = 100%
 Storefront? Yes No Home-based Business? Yes No
 Use Fulfillment House? Yes No (If yes, please complete information below)
 Name of Fulfillment House _____ Phone Number (_____) _____
 Advertising Method(s) (Check all that apply)
 Newspaper Magazine Yellow Pages Internet TV Radio Other(Specify) _____
 Average Monthly MC/Visa Volume \$ 5000 Average Ticket/Sales Amt. \$ 45 Highest Estimated Bankcard Ticket \$ 300

SPECIAL INSTRUCTIONS (Attach additional sheet if necessary)

SERVICES ORDERED MONTHLY FEE SCHEDULE

Merchant's (Merchant must initial the left column beside all services ordered.)

Initials	Basic Services	Discount Rate	Transaction Fee	Monthly Fee
<u>X</u>	MasterCard/Visa	<u>2.35</u> %	<u>25</u> ¢	\$25 † Monthly Minimum
	Check Guarantee ***	%	¢	\$25 † Warranty Limit \$ ***
	Cardservice Merchant Club			\$15 † Multiple-location Discounts Available
<u>+</u>	Customer Support			\$10
Debit Card				
Debit Transaction Fee \$0. _____ + Network Fee = Total Debit Card Transaction Fee				
	<input type="checkbox"/> Interlink 0.45% + \$0.03	<input type="checkbox"/> MAC 0% + \$0.10	<input type="checkbox"/> AFFN 0% + \$0.04	
	<input type="checkbox"/> Maestro 0% + \$0.13	<input type="checkbox"/> Pulse Pay 0% + \$0.12	<input type="checkbox"/> Cash Station 0% + \$0.10	
	<input type="checkbox"/> Star/Explore 0% + \$0.10	<input type="checkbox"/> NYCE 0% + \$0.12		
	<input type="checkbox"/> Honor 0% + \$0.09			
Check functions for which a surcharge will be applied and list the amount.			Will cashback be available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Purchase \$ _____ <input type="checkbox"/> Cashback \$ _____			Limit \$ _____	
<input type="checkbox"/> EBT * <input type="checkbox"/> Food Stamps _____¢ <input type="checkbox"/> Cash Benefit _____¢			FCS # _____	

Cards	Discount Rate	Transaction Fee	Account Numbers
Diners Club/Carte Blanche †	%	¢	
American Express †	%	<u>25</u> ¢	<u>5046248092</u>
Discover/Novus †		¢	
JCB		¢	

Internet/Other Fees and Information		†
iMALL Hosting Fee -Product _____	\$ _____ per month	The monthly minimum processing fee is calculated as follows: Monthly minimum - (minus) net discount fee, transaction fee and batch fee actually paid = processing fee owed.
LinkPoint Secure Payment Gateway Fee	\$ _____ per month	‡ This is in addition to the monthly minimum processing fee for MasterCard/Visa.
Gateway Fee (Other)	\$ <u>20</u> per month	*** Check Guarantee rates are subject to separate approval by the Check Guarantee Department.
CDPD -IP Address Fee	\$ _____ per month	‡ Subject to separate approval.
Technical E-mail Address		‡* EBT merchants will receive a separate EBT transaction statement from their EBT provider.
Merchant E-mail Address		‡** The monthly minimum processing fee for Diners Club/Carte Blanche is \$5.00.

Standard "Swiped Transaction Rate" (Merchants 0% - 50% Keyed)
 The "Qualified Swiped Discount Rate" is ____%. This rate will be charged on all swiped bankcard transactions that are electronically authorized and closed in a daily batch. All manually keyed bankcard transactions that are closed in a daily batch, have AVS (Address Verification Service), an Order Number and reply to the Mail Order-Telephone Order prompt with a "Yes," will be charged a "Mid-Qualified Rate" which is 0.85% (\$0.85 per \$100) higher than the "Qualified Rate." All bankcard transactions that do not meet the requirements stated above will be charged a "Non-Qualified Rate" which is 1.65% (\$1.65 per \$100) higher than the "Qualified Rate." MasterCard and Visa corporate/business card and manually keyed foreign card transactions will always fall under the "Non-Qualified" category.

Standard "Keyed Transaction Rate" (Merchants 51% - 100% Keyed)
 The "Qualified Keyed Discount Rate" is 2.35%. This rate will be charged on all bankcard transactions that are electronically authorized, closed in a daily batch and include the following additional information: AVS (Address Verification Service), an Order Number and a "Yes" reply to the Mail Order-Telephone Order prompt. All bankcard transactions that do not meet the requirements stated above will be charged a "Non-Qualified Rate" which is 1.65% (\$1.65 per \$100) higher than the "Qualified Rate." MasterCard and Visa corporate/business card and manually keyed foreign card transactions will always fall under the "Non-Qualified" category.

All AVS inquiries will incur a \$0.05 AVS fee. The discount rate will be deducted daily. Statements will be sent each month. A \$25.00 monthly minimum fee will be deducted unless you have met your minimum processing volume. Additional charges that may occur from time to time include, but are not limited to, chargeback fees, representation fees and retrieval fees.

STATEMENT PERIOD REQUESTED MONTHLY WEEKLY DAILY * May require additional fee.

SITE VISITATION

Visit performed by Agent/sales representative Date 8-2-99
Signature of Agent/sales representative [Signature]
 Inspection ordered Date _____ Inspection company (Must be filled in) _____

CURRENT OR PREVIOUS PROCESSOR (MASTERCARD/VISA SALES)

Are you now processing or have you ever processed, MasterCard/Visa? Yes No
Name of processor ELECTRONIC CARD ACCEPTANCE
Have any of the principals in your organization ever had a bankcard relationship terminated? Yes No
If yes, please submit a letter of explanation with this application.

PAYMENT INFORMATION MERCHANT RECEIPT **AMERICAN EXPRESS INFORMATION**

FEES
 \$ 0 Non-refundable Application Fee
 \$ _____ Reprogram Fee/Network Setup Fee

EQUIPMENT
 \$ _____ Equipment Payment or
 \$ _____ Lease Payment * (First and last)
 \$ _____ Purchase Amount †

\$ 1072.50 TOTAL RECEIVED
 Method of Payment
 Check Check No. 5698
 Other _____

SOFTWARE/OTHER
 \$ _____ Cardservice pc/Single user
 \$ _____ Cardservice pc/Hub/Multi-user

LINKPOINT SECURE PAYMENT GATEWAY
 \$ _____ Virtual LinkPoint™
 \$ 1000 LinkPoint HTML™
 \$ _____ LinkPoint API™
 \$ _____ Other (Specify) _____

E-COMMERCE SOFTWARE
 \$ _____ LinkPoint StoreManager Pro™
 \$ _____ LinkPoint StoreManager Plus™
 \$ _____ Other (Specify) _____

This section **MUST BE COMPLETED** if merchant is requesting American Express

Est. annual AMEX volume \$ 15000
 Est. average AMEX ticket \$ _____
 Pay Frequency (Days) 3 15 30
 Monthly Gross Pay or Daily Gross Pay (if applicable)
 Franchise Cap # _____
 Franchise Name _____
 American Express Monthly Fee \$ _____ (if applicable)

Cardservice International Corporate is not in the business of leasing or selling equipment. All leases are between the merchant and an independent leasing company.
 * All leases are subject to approval by an independent leasing company.
 † Tax must be included, where applicable.
NOTE: DO NOT SIGN THIS DOCUMENT UNLESS ALL ITEMS THAT APPEAR IN RED ARE COMPLETELY FILLED OUT.

AUTHORIZATION AND AGREEMENT

Merchant authorizes Bank/Cardservice to investigate and confirm the information contained herein and hereby certifies that all the information provided, including Merchant's legal status, is true, correct, and complete. Merchant hereby authorizes Bank/Cardservice to utilize credit bureau/reporting agencies and/or its own agents for purposes of verifying the accuracy of any information provided by Merchant and for purposes of assessing and monitoring Merchant's credit status. Merchant authorizes all such credit bureau reporting agencies to release any information they may have pertaining to Merchant to Bank/Cardservice. This Agreement may only be modified as approved in writing by authorized officer of the Bank and the corporate office of Cardservice. No other representative of Bank or Cardservice is authorized to make any verbal or written modification to this Agreement.

By signing this Merchant Application, I acknowledge that I have also received Merchant Agreement # 100499. I have read the Merchant Agreement and understand it. I understand that the Merchant Agreement is incorporated into this Application and that both documents constitute my contract with Bank and Cardservice. The term of this Agreement is six (6) months as specified in paragraph 3.04 of the Merchant Agreement. I declare under penalty of perjury under the laws of the state of California and under the laws of the state in which my business is located that all of the information contained in this Merchant Application and Agreement and all attachments thereto are true, correct and complete.

If Merchant desires to accept American Express® Cards, the undersigned also represents that Merchant has reviewed and agrees to the terms and conditions of the American Express Card Acceptance Agreement. Additionally, Merchant agrees that all representations and agreements contained in this Cardservice Merchant Application and Agreement shall be deemed to have been made for the benefit of, and may be enforced by, American Express Travel Related Services Company, Inc. (also referred to herein as "Amex"), as well as for Cardservice and Bank, and American Express may use all information (including but not limited to consumer credit bureau reports) referred to herein.

[Signature] 8/2/99 Principal or Corporate Officer Date [Signature] 8-9-99 Principal or Corporate Officer Date

PERSONAL GUARANTOR

All corporations and limited liability companies must have their obligations guaranteed by a principal or other creditworthy individual. As a primary inducement to Bank and Cardservice to enter into this Agreement with Merchant, the undersigned Guarantor(s), by signing this Agreement, jointly and severally, unconditionally and irrevocably, guarantees the continuing full and faithful performance and payment by Merchant of each of its duties and obligations to Bank and Cardservice pursuant to this Agreement, as it now exists or as it may be amended from time to time, whether before or after termination or expiration and whether or not Guarantor has received notice of any amendment. If Merchant breaches this Agreement, Bank and Cardservice may proceed directly against Guarantor or any other person or entity responsible for the performance of this Agreement, without first exhausting its remedies against any other person or entity responsible therefore to it, or any security held by Bank.

Signature, an Individual _____ Date _____ Signature, an Individual _____ Date _____
 Signature, an Individual _____ Date _____ Signature, an Individual _____ Date _____

If ownership is less than 51%, two (2) or more signatures are required to show total of 51%, or greater, ownership. All signers must appear on the application.
 Signature Agent/Sales Representative (Acknowledgment of completion of this Agreement) _____ Date 8-2-99

For Internal Use Only
 Approved CSI By _____ Date _____ SIC Code _____ AMV _____
 Approved Bank By _____ Date _____