

**Illinois Energy Solutions  
Consumer Demand for Arbitration  
before the American Arbitration Association**

**AMERICAN ARBITRATION ASSOCIATION  
SUPPLEMENTARY PROCEDURES FOR CONSUMER-RELATED DISPUTES**

**Instructions on filing a claim:**

- 1) Please fill out this form and retain one copy for your records.
- 2) Mail **two (2)** copies of this form and your check or money order to the American Arbitration Association Case Management Center nearest to you. Please consult Section C-8 of the Supplementary Procedures for Consumer-Related Disputes for the appropriate fee. Information regarding the nearest Case Management Center and the appropriate fee is available at [www.adr.org](http://www.adr.org) or by calling AAA Customer Service at (800) 778-7879. Please make your check or money order payable to the American Arbitration Association.
- 3) Send one copy of this form and of your check or money order to Illinois Energy Solutions, USA, LLC, c/o Rogers & Hardin LLP, 2700 International Tower, Peachtree Center, 229 Peachtree Street, N.E., Atlanta, Georgia 30303-1601. Upon receipt of the form and copy of your check, Illinois Energy Solutions will reimburse you for your filing fee if your claim is for \$75,000 or less in damages.
- 4) Please also include a copy of Illinois Energy Solutions' arbitration provision with each copy of this form (you may obtain a copy from our website at [www.illenergysolutions.com/dispute](http://www.illenergysolutions.com/dispute).)

**Your Personal Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

If an in-person hearing is held, the arbitration will take place in the county of your billing address.

Please tell us the county and state to which your bills are sent: \_\_\_\_\_

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**Your Attorney's Information (Please leave blank if you are representing yourself)**

Attorney's Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Briefly explain the nature of your dispute. You may use additional pages:**

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**How much money do you believe you are owed? If none, leave blank:**

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**Do you desire any non-monetary outcome? If no, leave blank:**

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**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_