CABASE NATIONAL IXP NETWORK

MEMBERSHIP APPLICATION

	Date	Febru	uary 28		20.1	8
To: CABASE IXP ADMINIST The CABASE IXP Vice-Presi		-COMMITTE	E			
Dear Sir,						
We are pleased to add CABASECordoba					nembership	in the
We select the following me	embership cat	tegory:				
✓ FULL MEMBER □ SPECIAL MEMBER	(Universities, M	1unicipalities a	nd Government	Entities)		
DETAILS OF TECHNICIAN II	N CHARGE 1					
NAME	350-319-8930 7	Cellph				
DETAILS OF TECHNICIAN II	N CHARGE 2					
NAMETom Paseka Direct Phone No+1-415-5 Availability HoursM - F 8ar eMail tom@cloudflare.com	19-6860 m to 6pm PST	Cellph	one			
DATA FOR THE CABASE RI	EGIONAL IXP	<u>LIST</u>				
NAME			MAIL			
We await your quick and fa	avourable res	ponse.				
Yours truly,						
Company Name:	dflare, Inc.			Brand N	lame:	
Signature: DocuSigned by: 5BC647E4116046	Signee N	ame: Doug	Kramer	Title:	General	Counsel
Seal:						