

EXHIBIT B

PIKES PEAK REALTOR® SERVICES CORP. PIKES PEAK MULTIPLE LISTING SERVICE

REGISTRATION AND CHANGE FORM FOR NON-PRINCIPAL BROKER OR SALES LICENSEE OR APPRAISER SUB-PARTICIPANT

As the PPMLS Participant, I understand that the Colorado licensed non-principal brokers or sales licensees or appraisers affiliated with my office are allowed access, upon my registration of their names with the PPMLS, to the PPMLS through my participation in the PPMLS. I further certify that I will not allow access to PPMLS services to any other person or entity not authorized to use it.

I agree to be responsible for the payment of all PPMLS fees, including by not limited to PPMLS Participation Fees for the licensees registered with the service as listed below. I further agree that all sub-participants to PPMLS through my Participation will arbitrate disputes and abide by the Bylaws of the Pikes Peak REALTOR® Service Corp. and will abide by the PPMLS Rules and Regulations, as amended from time to time.

NON-PRINCIPAL BROKER/SALES LICENSEE/ APPRAISER	PPAR MEMBER #	INITIATE SERVICE	CANCEL SERVICE	LIST PRIMARY ASSOCIATION
<hr style="width: 80%; margin-left: 0;"/> Print Name				
I hereby agree to comply with the RSC Bylaws and Rules and Regulations as amended from time including without limitation to arbitrate disputes pursuant to the Rules and Regulations.				
Signature of Sub-Participant: _____ Date: _____				
Birth Date: _____				
Do you have any disabilities? _____				

TO BE SIGNED BY DR OR DA:

I UNDERSTAND THAT: (I) I AM RESPONSIBLE FOR ACCURATELY UPDATING THE STATUS OF THE AFOREMENTIONED SUB-PARTICIPANT'S LISTINGS IN THE PPMLS THROUGH THE SALE OR EARLIER TERMINATION OF THE LISTING AND THAT FAILURE TO DO SO MAY RESULT IN FINES; AND (II) IF I TERMINATE AND THEN RENEW MY PPMLS PARTICIPATION WITHIN A 12 MONTH PERIOD I MAY BE REQUIRED TO PAY ADDITIONAL ACCRUED DUES AND FEES PURSUANT TO THE PPMLS RULES AND REGULATIONS.

Dated at Colorado Springs, Colorado this _____ day of _____, _____.

Name of REALTOR® Principal or Designated REALTOR®/Participant:

(please print)

Signature _____

Colorado License Number _____

Broker Number _____ with _____ Board/Assoc.

Company Name _____

Company Address _____

Company Telephone Number: (_____) _____

From the time of receipt of all completed documentation, please allow two business days to process your application.