Instructions: The AUTHORIZED AGENT must complete this form or provide documentation establishing registration with the California Secretary of State.

| 1. | I, do hereby declare and certify that I reside at (Full Name: First, Middle Initial, Last) | | | |
|----|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|--|--|
| | inin | (City/Town) | | |
| | in the State of California. | | | |
| 2. | I have been duly authorized by(Name of C | to make requests on his or | | |
| | her behalf, pursuant to the California Consumer Priv | vacy Act and/or other applicable data protection law. | | |
| 3. | is the reg (Name of Consumer) | istered customer for telephone number | | |
| | and for the follow (Telephone Number) | ing email addresses:(Email Addresses) | | |
| | | | | |
| 4. | I submitted Consumer Privacy Request Number | (Consumer Privacy Request Number) | | |
| | deletion or opt-out rights on behalf of(Name o | of Consumer) | | |
| | | | | |

I swear or affirm, under penalty of perjury, that this statement is true and correct.

(Authorized Agent)

Subscribed and Sworn before me this day: ________________(Notary Public)

Instructions: Complete this affidavit before a notary public and submit it to verify your request. Please note, we cannot accept the affidavit without the signature and seal of a licensed notary public.

| 1. | l, do hereby declare and certify that I reside at (Full Name: First, Middle Initial, Last) | | | |
|----|--------------------------------------------------------------------------------------------|--------------------------------------|----------------|-------------------------|
| | in _ | | | |
| | (Street Address) | (City/Town) | | |
| | in the State of California. | | | |
| | | | | |
| 2. | I am the registered customer for telephone numbe | r(Telephone Nu | mber) | _ and for the |
| | following email addresses: | (Email Addresses) |) | |
| 3. | l authorize | of | | |
| | (Representative Full Name) | | (Street Ad | ddress) |
| | in(City/Town) | in the State of | (State) | 1 |
| | to submit Consumer Privacy Request Number | (Consumer Privacy Request Number) | on my beł | nalf of order to obtain |
| | information and/or to request deletion or opt-out ri | ghts for me under the | e California C | Consumer Privacy Act. |

I swear or affirm, under penalty of perjury, that this statement is true and correct.

(Consumer Signature)

Subscribed and Sworn before me this day: __________(Notary Public)