

Commissioned, LLC
California Consumer Personal Information Request Form

I confirm that I am a California consumer as defined in section 1798.140(g) of the California Consumer Privacy Act.

| Please check the applicable box | Personal Information Request | Verification Any of the following pieces of information may be provided below to fulfill your request: Name, email address, username and password, passions provided, etc. We reserve the right to ask for additional pieces of information to fulfill your request. |
|---------------------------------|--|--|
| <input type="checkbox"/> | Please disclose the categories of Personal Information that Commissioned, LLC currently retains about me. | 1. _____ _____ 2. _____ _____ (2 pieces of information required) |
| <input type="checkbox"/> | Please disclose the specific pieces of Personal Information that Commissioned, LLC currently retains about me. | 1. _____ _____ 2. _____ _____ 3. _____ _____ (3 pieces of information required) |
| <input type="checkbox"/> | Please delete my personal information. | 1. _____ _____ 2. _____ _____ |

| | | |
|--|--|---|
| | | 3. _____ _____ (3 pieces of information required) |
|--|--|---|

I declare under penalty of perjury that **I am the consumer whose personal information is the subject of this request** and whose information is contained within it.

Printed Name: _____
 Signature: _____
 Date: _____
 Address: _____
 Phone No.: _____
 Age: _____

I declare under penalty of perjury that **I am the authorized agent of the consumer whose personal information is the subject of this request.** A notarized statement containing my signature and the signature of the consumer I represent is attached to confirm my authority to make this request.

Agent Printed Name: _____
 Agent Signature: _____
 Date: _____
 Address: _____
 Phone No.: _____
 Age of Consumer: _____

How would you like to receive the information you have requested:

- Email
- Mail

Please provide the address where we should send the requested information:

Name: _____
 Email Address: _____
 Physical Address: _____

PLEASE RETURN THIS FORM TO:

Commissioned LLC
 1900 NE 3rd Street Suite 106 #190
 Bend, OR 97701