Precious Moments Foundation (hereinafter "Foundation")

Consumer Information:

_____ _____
First Name ***Last Name***

AFFIDAVIT FOR AUTHORIZED AGENT
CALIFORNIA CONSUMER PRIVACY ACT

STATE OF_____)
) SS.
COUNTY OF _____)

I,_____, being first duly sworn, hereby state as follows:

1. I am over the age of 18, have personal knowledge of the facts recited herein, and would and could competently testify to the same.

2. I hereby verify that I am legally authorized to make a request on behalf of the above-named Consumer.

3. The enclosed Power of Attorney is a true and accurate copy; OR

4. If the authorization documentation is not a Power of Attorney, then I hereby verify that the enclosed document is a true and accurate copy of my authorization to request personal information on behalf of the aforementioned consumer. In addition to this documentation, I also have enclosed a true and accurate copy of the valid government-issued photo identification of the consumer.

5. The attached authorization document is still in full force and effect.

I UNDERSTAND THAT THE INFORMATION PROVIDED HEREIN IS TO BE RELIED UPON BY THE FOUNDATION TO RESPOND TO A CALIFORNIA CONSUMER PRIVACY ACT REQUEST IN ACCORDANCE WITH THE LAW.

Date_____ _____
Signature

_____
Printed Name

On this _____day of _____, 20_____, before me

_____ personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

_____ _____
Notary Public (seal) ***Notary Public (signature)***

My Commission expires: _____