

ATTESTATION FOR AUTHORIZED AGENT CALIFORNIA CONSUMER PRIVACY ACT REQUESTS
(IF THE AUTHORIZED AGENT IS AN INDIVIDUAL)

I, _____, 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 _____, a resident of the state of California.
3. Choose one of the following:

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

_____ 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 California resident. In addition to this documentation, I also have enclosed a true and accurate copy of the valid government-issued photo identification of the consumer.
4. The attached authorization document is still in full force and effect.

Disclaimer: Sinomax USA, Inc. or its affiliate, as applicable (the "Company") reserves the right to have the California resident confirm their identity directly with the Company for verification purposes.

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

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____

Print Name: _____

Date: _____