Precious Moments Family of Companies, Inc. and/or Precious Moments Company, Inc., and/or Precious Moments, Inc., and/or Precious Moments Foundation (hereinafter "Company")

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 COMPANY TO RESPOND TO A CALIFORNIA CONSUMER PRIVACY ACT REQUEST IN ACCORDANCE WITH THE LAW.

Notary Public (seal)

Notary Public (signature)

My Commission expires: _____