

CALIFORNIA CONSUMER PRIVACY ACT
[1798] ARTICLE 4 - VERIFICATION OF REQUESTS

AUTHORIZED AGENT
(Statute 999.326)

Explanation

California consumers have the right to give instructions about exercising their own privacy rights, including the right to authorize someone else to exercise privacy rights on the consumer's behalf.

Part 1 of this form is a power of attorney that designates another individual or organization as my primary agent for making privacy-related decisions and taking actions necessary to enact those decisions. These decisions and actions that I authorize my agent to make on my behalf include:

- (a) Consenting or revoking my consent to any policy, notice, terms of use, product, service, or agreement that affects my privacy rights, my personal safety, and my risk exposure to unauthorized data disclosure.
- (b) Selecting or terminating agreements with vendors and third-parties, including service providers and commercial, non-profit, and governmental institutions that collect or process my personal information.
- (c) Registering for online accounts, sharing personal information directly with vendors and third parties, accessing my online accounts and impersonating my digital identity through shared security credentials.
- (d) Approving or disapproving selection of privacy tests to run, evidence to publish, and formal complaints to file with legal authorities and organizations acting as consumer advocates.

Part 2 of this form authorizes specific instructions, limitations, or provisions applicable to named individuals and/or entities.

Part 3 of this form provides legal authentication that I am a resident of the State of California, and that I personally signed this consent directive which is dated and signed by a notary public. I consent to the use of this form to verify my identity with any first-party vendors, service providers, institutions, or government agencies in possession of my personal information, and I consent to these first-parties sharing copies of this form with third-parties who require verification of my identity as a California resident prior to processing my personal information.

I may revoke this agent authorization consent directive or replace this form at any time, which is effective 10 business days after notifying individuals and entities by email or personal service of my revocation status. All revoked agent authorizations shall be listed on a website accessible to the public.

PART 1
POWER OF ATTORNEY FOR PRIVACY AND PERSONAL SAFETY RIGHTS

(1.1) DESIGNATION OF AGENT: I designate the following individual or organization as my authorized agent:

Craig Stanton Erickson, dba PrivacyPortfolio, LLC.

(name of authorized agent)

1620 Central Avenue APT B

(address)

Alameda

CA

94501

(city)

(state)

(ZIP code)

(510) 330-8638

(510) 330-8638

(home phone)

(work phone)

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all decisions and take all actions on my behalf regarding my privacy and personal safety rights, except as I state here:

a) By default, my agent must not share my credentials or sensitive personal information with anonymous individuals, service account aliases, or bots and AI-powered mechanisms including their technical components.

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective on the date this consent directive is signed by me.

(1.4.) AGENT'S OBLIGATION: My agent shall make decisions and take actions for me in accordance with this power of attorney for my privacy and personal safety rights, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall represent me in accordance with what my agent determines to be in my best interest, considering my personal values to the extent known to my agent.

PART 2

AGENT INSTRUCTIONS, LIMITATIONS, AND PROVISIONS

(2.1) AGENT'S SPECIFIC INSTRUCTIONS: My agent is authorized to follow specific instructions, limitations, or provisions applicable to named individuals and/or entities.

a) By default, my agent must draft and electronically sign a Data Processing Agreement between individuals and/or entities that demand any conditions, requirements, or claim any exceptions to my personal preferences as authorized in this consent directive.

b) By default, my agent must publish on a website accessible to the public, a list of named individuals and/or entities that have electronically signed a Data Processing Agreement with my agent. This list may be shared with all third-parties and other stakeholders of the named individuals and/or entities for the purpose of encouraging compliance with downstream partners and providers who process my personal information.

c) By default, my agent must publish on a website accessible to the public, a list of named individuals and/or entities that have refused or neglected my agent's request to electronically sign a Data Processing Agreement. This list may be shared with all third-parties and other stakeholders of the named individuals and/or entities for the purpose of discouraging non-compliance with downstream partners and providers who process my personal information.

d) By default, if a Data Processing Agreement contains any conditions, requirements, provisions, or exceptions which are illegal or coerced, and which deviate my personal preferences as authorized in this consent directive, my agent must file a formal complaint against the named individual and/or entity with relevant enforcement agencies and consumer advocacy organizations. This complaint may be shared with all third-parties and other stakeholders of the named individuals and/or entities for the purpose of notifying downstream partners and providers who process my personal information that the controller of my personal data might be instructing third-party processors to engage in prohibited data processing actions.

PART 3

SIGNATURES AND ACKNOWLEDGEMENT

(3.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

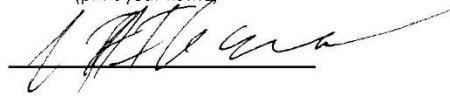
(3.2) SIGNATURE: Sign and date the form here:

April 10, 2024

Craig Stanton Erickson

(date)

(print your name)



(sign your name)

1620 Central Avenue APT B

(address)

Alameda

CA

94501

(city)

(state)

(ZIP code)

(3.3) ACKNOWLEDGMENT

State of California, County of Alameda

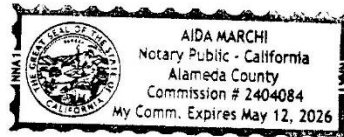
On April 10th, 2024, Craig Stanton Erickson, a US Citizen residing in the State of California,

personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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.

Aida Marchi, Notary Public

(insert name and title of officer)



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.