Zippia, Inc. ("Zippia"),
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.

<table>
<thead>
<tr>
<th>Please check the applicable box</th>
<th>Personal Information Request</th>
<th>Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please disclose the categories of Personal Information that Zippia currently retains about me.</td>
<td>Any of the following pieces of information may be provided below to fulfill your request: full name, account username and password, physical address, email address, or phone number. We reserve the right to ask for additional pieces of information to fulfill your request.</td>
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<td>(2 pieces of information required)</td>
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<td>Please disclose the specific pieces of Personal Information that Zippia currently retains about me.</td>
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<td>(3 pieces of information required)</td>
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</table>
Please delete my Personal Information.

1. _____________________________
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2. _____________________________
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   _____________________________
3. _____________________________
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   _____________________________
(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: 


