

# Exhibit C: CCPA Consumer Declaration

TO: BombBomb

FROM: \_\_\_\_\_  
(Name of consumer)

I, \_\_\_\_\_, wish to exercise my right to know the specific pieces of information retained about me and/or delete information as permitted by the California Consumer Privacy Act. I am the consumer identified below and I attest that the personal information below is current and correct.

Full Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I request that the specific pieces of information be sent to [select one option]:

The mailing address above; or

The following address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Exhibit D: Authorized Agent CCPA Affidavit

TO: BombBomb

FROM: \_\_\_\_\_  
(name of consumer)

I, \_\_\_\_\_, state under oath as follows:  
(name of consumer)

1. I have elected to use an authorized agent to make requests on my behalf related to the California Consumer Privacy Act;
2. I designate the following [person/entity registered with the Secretary of State] (circle one) to act on my behalf in order to make such requests:

\_\_\_\_\_  
(name of individual)

\_\_\_\_\_  
(name of entity)

3. My authorized agent may make the following requests on my behalf:

- Request for right to know (categories of personal information)
- Request for right to know (specific pieces of personal information)
- Request to delete
- Request to opt-out

4. I understand that any responses produced in connection with a request under the right to know specific pieces of information will not be sent to my authorized agent, but will instead be sent directly to me at the address provided below.

5. I understand that I may be contacted directly in order to verify my identity and confirm the designation of my authorized agent.

I fully understand the above and agree that BombBomb shall not be responsible for any liabilities resulting from any misrepresentations made on this Affidavit.

Below is current and correct personal information about myself:

Full Legal Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I, \_\_\_\_\_, under oath, state that the above is true to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(date) (insert name and title of the officer)

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 \_\_\_\_\_ that the foregoing paragraph is true and correct.  
WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)