

I, \_\_\_\_\_, in connection with my request to receive the specific Personal Information collected in the past 12 months by JA Health and/or to delete the personal information that JA Health has (the "Request"), do hereby declare, under penalty of perjury under the laws of California and the United States, that I am the consumer or authorized agent for the consumer whose Personal Information is the subject of this Request.

This Declaration is made this \_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
[signature]