



REGISTERED AGENT SUBMITTED - EXERCISE MY DATA RIGHTS

In addition to this form, all authorized agents must provide written authorization from the account holder confirming their authority. This document must contain the account holder's first and last names, email address, and their consent designating you as the registered agent. The account holder must also sign and date the authorization. In lieu of written permission, a copy of a validly executed power of attorney naming you as the account holder's authorized representative is acceptable.

Account Holder

First name: *

Last name: *

Email associated with account: *

Contact email if different than account email:

I would like to exercise my right to: *

Access My Data
Circle Only One: Delete My Data
Receive Copy of My Data

Where do you live? *

State of California (USA)
Circle only one: State of Virginia (USA)
European Union (EU)

Registered Agent

Agent's first name: *

Agent's last name: *

Agent's contact email: *

Contact email if different than account email:

*Required field

- Under penalty of perjury, I certify that the information I have provided above is true and correct and that I am the person whose name appears above.
- I have reviewed the Right to Deletion section of the privacy policy on the www.iprepped.com website, and understand when my data may be unable to be deleted.

Account Holder Signature

Date

Registered Agent Signature

Date

Please mail completed form and required documentation to:
 I Prepped, LLC
 Attn: Data Controller
 40 Plaza Way, Ste 8-182
 Mountain Home, AR 72653