

CORGENIX
FORM 3: U.S. CONSUMER PRIVACY
REQUEST TO KNOW/ACCESS

The purpose of this form is to collect relevant information in relation to a Request to Know/Access from a U.S. resident of California or Virginia, a parent or legal guardian acting on their behalf, or an authorized agent submitting such a request on behalf of a California resident. (Please note that at this time, Virginia does not permit authorized agents to make requests to know or access on behalf of other individuals, but does permit a parent or legal guardian to make such a request on behalf of a minor or incapacitated individual.) The information that you provide will only be used for the purposes of verification and processing your request, and not for unrelated purposes.

Once submitted, you will receive an email (at the address you provided), confirming that Corgenix has received and is processing your request. You will also receive additional notification in relation to whether we were able to fulfill your request and, as applicable, our response.

Corgenix processes Requests to Know/Access within 45-days of receipt. In the unlikely event that we require additional time, we will contact you and let you know the reason why we require additional time. If so, your request will be processed no later than 90 days from receipt.

Please note that the right to know/access is not absolute, and there are a number of exceptions that apply. Corgenix will process your request in accordance with the requirements of your state's consumer privacy law, taking into account those exceptions.

Check One:

I am making this request on my own behalf.

I am making this request as an authorized agent on behalf of a California resident. (At this time, Virginia does not allow an authorized agent to make a request to know/access on behalf of another individual, except in the case of a parent or guardian (see below).

I am making this request as a parent or guardian, on behalf of a minor or an incapacitated spouse.

Check One:

I am exercising the right to know via this form.

I am exercising the right to access via this form.

Check as applicable to help us identify the individual seeking to exercise the right to know/access:

Healthcare professional

- Patient
- Customer
- Employee, former employee or temporary employee
- Business partner /vender
- Supplier
- Website visitor
- Other (specify): _____

Provide the following information about the individual whose data is the subject of the request for deletion.

Full Name*: _____

Street Address*: _____

City, State, Zip Code*: _____

Email Address *: _____

Phone Number*: _____

Last Four Digits of Your Social Security Number: _____

Las Four Digits of Your Driver's License Number: _____

Description of the personal information:

Approximate dates when your personal information was collected by Corgenix: _____

Corgenix business collecting your information, if known: _____

General description of the type of information that we may have collected about you, such as engine sale(s), engine repairs, generator sale(s), generator repairs, questions to our Customer Care team, interactions with a distributor, interactions with Corgenix in relation to telematics, etc.

If the request is being made by an authorized agent on behalf of a California resident, provide the following:

Full Name of Authorized Agent*: _____

Business Name of Authorized Agent (if applicable) _____

Address of Authorized Agent: _____

Email Address of Authorized Agent *: _____

Phone Number of Authorized Agent*: _____

Residents of California but not Virginia are permitted to use an authorized agent, provided that the surrounding requirements for doing so are fulfilled under the California consumer privacy laws.

If the request is being made by a parent or legal guardian on behalf of a minor or an incapacitated spouse, please provide the following:

Your Full Name _____

Your relationship to the individual about whom the request to know/access relates (e.g., parent, legal guardian, spouse):

Your Address: _____

Your Email Address: _____

Your Phone Number: _____

Corgenix does not knowingly collect information from minors for any commercial purposes.

Additional Information to help us identify the relevant personal information in our files:

Individual Certification: I confirm under penalty of perjury that I am the individual identified on this form, and make this request on my own behalf, to request that Corgenix fulfill my request to know/access. I confirm that the information provided above is accurate to the best of my knowledge and belief. I also understand that if I submit information that is knowingly fraudulent or incorrect, I will be violating the law and may be subject to enforcement by Corgenix and/or law enforcement agencies and may also be subject to a lawsuit by the individual who I am representing myself to be. I also confirm that I am at least 16 years of age.

Signature

Date

Authorized Agent Certification: I confirm under penalty of perjury that I am the authorized agent of the individual identified on this form and am submitting this request. I confirm that I am authorized by that California resident to act on his/her behalf in making this request, and also expressly confirm that have obtained a letter from that individual documenting that authorization. I understand that I may be required to submit a copy of that letter to Corgenix in order to proceed with the opt-out request as an authorized agent. I also understand that if I submit information that is knowingly fraudulent or incorrect information, either about myself or the California resident, I will be violating the law and can be subject to civil or criminal penalties. I certify that I am at least 16 years of age.

Signature

Date

Parent/Guardian Certification: I confirm under penalty of perjury that I am the parent or legal guardian of the individual identified on this form. I understand that I may be required to submit additional verification to Corgenix to confirm my authority to act on that individual's behalf. I also understand that if I submit information that is knowingly false or incorrect, either about myself or the individual about whom the request to know/access relates, I will be violating the law and can be subject to civil or criminal penalties. I certify that I am at least 16 years of age.

Signature

Date

PLEASE EMAIL THE COMPLETED AND SIGNED FORM TO: privacy@corgenix.com

If you have any questions, you may also contact us at that email address.

Thank you.