

Hovercast Inc. (“Hovercast”)

**VERIFICATION OF IDENTITY AND DESIGNATION OF AUTHORIZED AGENT
 (“Verification”)**

Full Name: _____
(Must fully match name submitted with request)

Name of Authorized Agent: _____

I, _____ (Name of Consumer Request Subject), hereby declare under penalty of perjury under the laws of the State of California that I am the consumer identified above, and I hereby authorize _____ (Name of Designated Agent) to act on my behalf with respect to exercising my rights in accordance with the California Consumer Protection Act.

I agree that this document may be signed electronically, and that an electronic signature will be deemed to be of the same force and effect as a handwritten signature for the purposes of validity, enforceability, and admissibility.

Date: _____

Signature: _____