

VERIFIABLE CONSUMER REQUEST FOR ACCESS TO PERSONAL INFORMATION

I, _____, request that Algenist disclose the following as applicable for the past twelve months (please check boxes):

- The categories of personal information collected about me.
- The specific pieces of personal information collected about me.
- The categories of sources from which my personal information was collected.
- The business or commercial purposes for collecting my personal information.
- The categories of third parties with whom Algenist shares my personal information.
- The categories of personal information Algenist sold about me and the categories of third parties to whom my personal information was sold, by category or categories of personal information for each third party to whom my personal information was sold.
- The categories of personal information that the business disclosed about me for a business purpose.

Please indicate whether you request our delivery of the requested information by

(Choose One)

- Mail or
- Electronic Delivery

I understand that I may make a verifiable consumer request for access or data portability twice within a twelve-month period.

Print Name of Consumer

Date

Signature of Consumer

Phone Number

Please submit this request to customerservice@algenist.com or mail to:

Algenist
Atten. Privacy Dept.
500 N. Brand Blvd., Suite 1700
Glendale, CA 90230