Opt-Out Notice

	225 Santa Monica Blvd., Suite 400 Santa Monica, CA 90401 Telephone: 310-395-0404 Facsimile: 310-395-0056 ATTN: "OPT-OUT" Department	
FROM:	[FULL NAME]	
FULL S	TREET ADDRESS	
CITY		
STATE	AND ZIP CODE	
E-MAIL	ADDRESS	
[List all	ACCOUNT(S) WITH YOU user names with corresponding rds, if applicable]	— —
I would like to "opt out" of the following uses of my personally identifiable information [check only those that apply]:		
	Please do not send me any further commercial (promotional / marketing) e-mail, including newsletters. I understand that you may continue to send me e-mail of a transactional nature such as relating to my acco	unt.
	Please do not disclose personally identifiable information with third-party companies or individuals for sucl parties direct marketing purposes. I understand that you may continue to make disclosure to your vendor facilitating the operation of your products or services and the "Mandatory Disclosures" or as part of a "Cha Control" (as each term is defined in the Privacy Policy).	S
<u>OR</u>		
	I wish to terminate my account(s) and request that you make no further use of my personally identifiable information, except as it relates to my prior transactions and communications, for your business records purposes and in the good faith exercise of your legal obligations.	
Thank y	ou for respecting my privacy and honoring my choices regarding my customer information.	
SIGNA	URE:	
PRINT FULL NAME:		
DATE:		

TO:

Sulake, Inc.