Opt-Out Notice

го:	Sulake, Inc. 1460 4 th Street, Suite #302 Santa Monica, CA 90401 Telephone: 310-395-0404 Facsimile: 310-395-0056 ATTN: "OPT-OUT" Department		
FROM:	DM: [FULL NAME]		
FULL S	L STREET ADDRESS		
CITY	Y		
STATE	TE AND ZIP CODE		
E-MAIL	AIL ADDRESS		
RE: MY ACCOUNT(S) WITH YOU List all user names with corresponding passwords, if applicable]			
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 more e-mail, except e-mail related to my pric transactions and communications, or in the good faith exercise of your le		
	Please do not disclose personally identifiable information with your non-affiliated third-party companies or individuals, except insofar as such parties are vendors facilitating the operation of your products or services and do not use the information for other purposes, and except for the "Mandatory Disclosures" or as part of a "Change of Control" (as each term is defined in our Privacy Policy).		
	Please do not disclose my creditworthiness to any affiliate.		
<u>OR</u>			
	I wish to terminate my account(s) and request that you make no further uninformation, except as it relates to my prior financial transactions and conferences of your legal obligations.		
Thank you for respecting my privacy and honoring my choices regarding my customer information.			
SIGNATURE:			
PRINT FULL NAME:			
DATE:			

TO: