

**CALIFORNIA CONSUMER PRIVACY ACT (CCPA)  
AGENT AUTHORIZATION STATEMENT**

I, \_\_\_\_\_(NAME)\_\_\_\_\_, hereby appoint  
\_\_\_\_\_(AGENT)\_\_\_\_\_ (Agent) as my third party-designee and authorize Agent to  
make a request pursuant to the California Consumer Privacy Act (CCPA) on my behalf. I further  
authorize Agent to correspond with **All One God Faith, Inc.** (dba Dr. Bronner's) and its  
employees, agents, affiliates, officers, directors, or representatives on my behalf in all matters  
with respect to communications relating to the CCPA.

I hereby agree to notify Dr. Bronner's in writing of any cancellation of this Agent  
Authorization Statement. Such notices should be emailed to Dr. Bronner's at  
info@drbronner.com or sent via postal mail to: P.O. Box 1958, Vista, CA 92085.

IN WITNESS WHEREOF, the undersigned has executed this Agent Authorization  
Statement in \_\_\_\_\_(CITY)\_\_\_\_\_, California on \_\_\_\_\_(DATE)\_\_\_\_\_.

By: \_\_\_\_\_

Name: \_\_\_\_\_