

PERMISSION GRANTED

This form is a limited power of attorney and will be used for the sole purpose of helping with the restoration of your credit. This does not give us full power of attorney over any of your other affairs. I/We, _____, a resident of _____ county, of the State of _____ give CMCR, LLC. Its officers, employees and agents, as my assistants, in and on my behalf, as set forth in the following matters only. Signing of correspondence addressed to the credit bureaus, signing of correspondence addressed to creditors, obtaining information over the telephone, fax, and Internet, through written or online correspondence from credit bureaus, creditors, or collection agencies. I further authorize CMCR, LLC their officers, employees and agent’s bearer this release or copy thereof within 12 months of this date to obtain any information in my credit report that may involve medical records and/or credit records. I hereby direct said record holder authorization to release ally requested information upon the presentation of this durable Limited Power of Attorney for limited purposes. I hereby release the bearer of this authorization as well as the recipient, including but not limited to, the Custodian of such records, Repository of the Court Records, Credit Bureaus (TransUnion, Equifax, Experian), consumer reporting agencies, retail business establishments, lending institutions, student loan agencies (public and/or private), including whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this Authorization to Release Information, or any attempt to comply with it. Should there be any questions as to the validity below. I have the right to revoke or terminate this Limited Power of Attorney Release, you may contact me as indicated below- I have the right to the Limited Power of Attorney at anytime. This Limited Power of Attorney shall terminate 12 months from the date of execution set forth below. All questions pertaining to validity, interpretation and administration of this Limited Power of Attorney shall he determine in accordance with the laws of the State of Kansas. This Limited Power of Attorney is valid throughout the United States and all information set forth in the paragraph above by signature below.

Signature:

Signature:

Date:

This page gives us your permission to sign the letter on your behalf. Please sign, date and return back with a copy of your driver’s license and social security card.

Thanks,

CMCR, LLC