

**REQUEST TO KNOW
PURSUANT TO THE CALIFORNIA CONSUMER PROTECTION ACT**

If you are a California resident, you have the right to request that **any of the Cascade 365 Group of Companies**, delete personal information that it has collected from you.

Please check the company that you are making your request to:

- _____ **Cascade Capital, LLC**
- _____ **Cascade Capital, LLC – Series A**
- _____ **Cascade Capital, LLC – Series B**
- _____ **Cascade Capital, LLC – Series C**
- _____ **Cascade Capital, LLC – Series D**
- _____ **Cascade Capital Funding, LLC**
- _____ **Cascade Receivables Management, LLC**

To verify your request, you must provide us with the following information that we will match against information we possess:

[1]: Last 4 digits of your social security number:

Response: _____

[2]: Your County of Residence:

Response: _____

[3]: Last 4 digits of the Original Creditor Account Number you were contacted about:

Response: _____

Please check the following types of information that you are requesting:

- Categories of personal information collected about you
- Categories of sources from which the personal information was collected
- Categories of personal information that sold or disclosed for a business purpose about you
- Categories of third parties to whom your personal information was sold or disclosed for a business purpose
- The business or commercial purpose for collecting or selling your personal information
- Specific pieces of personal information which the Cascade 365 Company receiving the request has about you.*

*Note: To request specific pieces of information, you must enclose with this form a signed declaration made under penalty of perjury that you are the consumer whose personal information is the subject of the request.

To submit your request, complete this form and click the Submit button below. If you prefer, you can print out this form, complete it, and mail it to the following address:

Cascade Receivables Management, LLC
Attn: CCPA Response Team
1670 Corporate Circle, Suite 202
Petaluma, California 94954

In the alternative, you can call our toll free number at 866-723-1187 and request that we mail you a form which you can complete and mail back to us.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

ADDRESS: _____

PERSONAL EMAIL ADDRESS (if you would like to receive responses to this request by email):
