

**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 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  
5341 Old Redwood Hwy, Ste 210  
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):

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