

Freedom Debt Relief, LLC.**1875 S Grant St Ste 300 San Mateo, CA****94402-7025**

Date: 6/30/2025

Account/Reference #: _____

To Whom It May Concern:

I (we) have retained the services of Freedom Debt Relief, LLC to assist me in resolving my debt and have granted it this Limited Power of Attorney. You are hereby authorized to release to my attorney and agent, all financial records, confidential and otherwise and other data pertaining to my above-referenced account; review my account history with my attorney; and to discuss my account in all respects with my attorney.

Cease and desist all communications regarding this account. Do not contact me by any mode of communication, including phone calls, emails, letters, or other correspondence. All communications must be directed exclusively to my agent, Freedom Debt Relief, LLC, and its authorized representatives

Further, my agent is authorized to negotiate all matters pertaining to my account; to make and receive offers of settlement; and to reach an accord and satisfaction of my debts. Please be further advised that I (we) grant to my Agent the full power, right, and authority, to do every act, deed, and thing necessary to be done, in order to carry out the above authorized acts, as if I was personally present and so acting.

The Limited Power of Attorney shall continue in full force and effect until such time as it is withdrawn in writing. A copy of this agreement is to be considered the same as an original for use by my creditors and I (we) authorize it being sent to my (our) creditors via fax or email.

RANDLE L WIDHALM

Client Name

Co Client Name_____
Signature_____
Signature781-79-4086 (s)

SSN

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