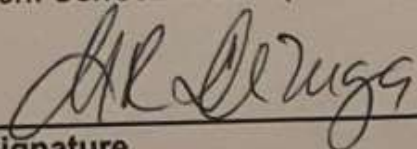


**LETTER OF AUTHORIZATION**

To Whom It May Concern:

I hereby authorize First Advantage to verify all information provided in my resume and application of employment, and to conduct enquiries as may be necessary, at their discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to First Advantage. I release all persons from liability on account of such disclosure. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Consent And Authorization

	_____
Signature	
MAIDYR.DEVEGA	_____
Printed Name (First, Middle, Last)	
8156	_____
Last four digits of Social Security Number	
02/10/23	_____
Date	

v.01/2014