



Consent to Release Confidential Information

I, _____, hereby authorize and request
_____, my accountant/tax preparer from
Gray, Proctor & McMannis, Certified Public Accountants, LLP, to release my
specified confidential personal tax information to:

Name: _____

Title/Functions: _____

Address: _____

Phone: _____

Deliver by:

Fax: _____

Email: _____

Disclosure shall be limited to the following specific types of information:

I understand that any cancellation or modifications of this authorization must be in writing, and that I have a right to receive a copy of this authorization. A photocopy or fax of this authorization shall be as effective and valid as the original.

Signature: _____

Date: _____