



Asset Recovery Inc

9/15/10

Testimonial & Referral Release Form

Testimonial Statement:

Dear Mr. Fox,

Forgive me for waiting so long to respond to your letter of July 26, 2010.

Unfortunately, I have been sick. (Hospitalized).

(2) Thank you and your co-worker for your hard work.

(3) As I told you, I do not know where Lurabene Wright lives. I have not seen or spoken to her in years.

I can say you are respected and can be true your words, may you continued to help others.

Authorization and Release of Information

I understand my testimonial as outlined above and made on behalf of Asset Recovery Inc. may be used in connection with publicizing and promoting The Company and/or as a referral for its services. I authorize The Company to use my name, brief biographical information contained herein, and the Testimonial as defined on this form.

Signature: Virginia B. McRae

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: Virginia B. McRae

Address: 2141 Cortona Ave. Apt. 5J, Bronx, NY 10457

Telephone: 718-584-2465

Email: No Email address