

Testimonial & Referral Release Form

| Testimonial Statement: |
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| To whom it concerns John Fot has help me |
| get a refund form taxes over to me, He did a |
| great job. He always accepted my calls and was alway |
| If front with me. I would like to thank him because |
| he came into out life when he was reided. |
| Thank you John Fot, Gal Bless you, |
| 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: |
| I have read the authorization and release information and give my consent for the use as indicated above. |
| Printed Name: Myra Pugh |
| Address: 213 Dor mont Dr. Telephone: Hut 256-852-1241 |
| Email: |
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