

CONSUMER FILE REQUEST FORM

Please complete the entire form and return it to:

*Consumer Office*  
*Aire*  
*1300 I Street NW, Suite 400E,*  
*Washington, District of Columbia, 20005*

Please complete the entire form and return it to the address above.

Please send me a copy of my Aire Labs Inc. (Aire) Consumer File Disclosure, which discloses all of the information in my consumer file at Aire.

Consumer Information:

Full legal name	
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Street Address		Apt.#
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City:	State:	ZIP:
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Home telephone number	
Business telephone number	

Social Security number	
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Enclosures:

A copy of a document submitted as proof of your identity is required in order to process a request for your Aire Consumer Report. Please enclose a copy of one of the following with your request:

- Driver's license
- State-issued identification card
- Medicare health insurance card
- NUMI Form (Third Party Disclosure signed and dated by your local Social Security Administration office)

Your signature:

Date:

*Note: To protect your personal information, your Aire Consumer Report cannot be provided without your signature and all of the information indicated above.*