

# TecMed, Inc. Shareholder Access Authorization Form

An essential part of our security to the stockholder is to ensure that your files remains confidential.

It is now our policy to communicate with authorized individuals only. No other person will be allowed access to information from your file other than you without your specific authorization. In order to protect your file we require the form below completed, signed, and returned to the corporate office at 109 East 17<sup>th</sup> Street, Suite 5175, Cheyenne, Wyoming 82001 at your earliest convenience.

In order to maintain this security, we require that you select a password for your file. Please have this password available for all communications (written, telephone or e-mail). As with any password, we ask that it be kept in a safe place.

*(Please print clearly)*

Name of Shareholder: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Telephone:(day) \_\_\_\_\_ (evening) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Password:**

Printed Full Name of Shareholder: \_\_\_\_\_

Full Signature of Shareholder: \_\_\_\_\_

DATED: \_\_\_\_\_

**OR:** *I hereby transfer and assign communication authority to the below named Authorized Individual.*

Full Signature Providing Authorization: \_\_\_\_\_

DATED: \_\_\_\_\_

Printed Name of Authorized Individual: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Telephone:(day) \_\_\_\_\_ (evening) \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_