

Privacy Policy Authorization

Authorization for Submission of Communication Privacy Policy on Behalf of
My Favorite Doctor- Clarksville

I, Reza Eftekhar, hereby authorize SKED Inc. to submit the Communication Privacy Policy on my behalf. I acknowledge that SKED Inc. has my consent to represent me in the submission of this policy document, which outlines the terms and conditions regarding the collection, use, and protection of communication-related data.

I affirm that I am the authorized representative of My Favorite Doctor- Clarksville and have the legal authority to grant this authorization. I understand that the Communication Privacy Policy submitted by SKED Inc. will be considered valid and binding on behalf of My Favorite Doctor- Clarksville.

Signature: Reza Eftekhar

[Today's Date] 01/30/2026

[Full Name and Title] Reza Eftekhar/ Managment

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