

CONTINGENT FEE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS, attorney Edward W. Cochran, hereafter "Attorney", is appointed and authorized to represent the undersigned for all claims he/she may have against Trans Union concerning the release of private/personal information to third parties.

Attorney is authorized to interview all parties, witnesses, government authorities, and all others determined by them to be interested or necessary; to appoint or hire others as required by his judgment; and to do all other acts desirable or necessary to pursue the above claims.

As his fee in this matter, I/we hereby agree that said Attorney shall retain **40%** of the gross sum obtained by settlement, verdict or otherwise.

As my own voluntary decision, I hereby elect, by checking this box, to donate **2.5%** of the gross sum obtained by settlement, verdict or otherwise to the **Chinese School Association in the United States**.

As my own voluntary decision, I hereby elect, by checking this box, to donate **10%** of the gross sum obtained by settlement, verdict or otherwise to (Name of Local School) Dallas Modern Chinese Language School

(Address) DMCLS, 16500 Shadybank Dr. Dallas, TX 75248

Any and all expenses necessary in the litigation of these claims will be advanced by the Attorney, together with the expense of administration, and will only be reimbursed from any amount recovered.

IN WITNESS WHEREOF, we have hereunto signed our names this _____ day of _____, 2009.

CLIENT SIGNATURES:

Name: _____
Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Social Security Number (last 4 numbers): _____

Credit Card Information

Name of Company: _____

Account/Card Number (last 4 numbers): _____

Name: _____
Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Social Security Number (last 4 numbers): _____

Credit Card Information

Name of Company: _____

Account/Card Number (last 4 numbers): _____

ATTORNEY SIGNATURE:

Edward W. Cochran, Esq.
20030 Marchmont Road
Shaker Heights, Ohio 44122

Direct all questions to Edward Cochran at 216-751-5546