

**REMOVAL OF DRAFT STATUS FORM**

**Please complete EITHER Part A OR Part B and sign and date the Form.**

**Please then mail, fax, or email the signed form back to us as follows:**

**MAIL:** EWANID Service Centers, PO Box 428, Spokane Valley, WA, 99037

**FAX:** (509) 892 9127 **EMAIL:** help@ewanid.com

**PART A**

**RELEASE TO LICENSED ATTORNEY**

Please remove the term "draft" from the document(s) below and forward them to my attorney who is licensed to practice law in the State to which the document(s) pertain.

NAME OF ATTORNEY \_\_\_\_\_

STREET OR P.O. BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

Signature: \_\_\_\_\_

Customer Name: John Doe

Address: 9000 Any Street  
Anytown, Washington 00000

***Skip Part B, if Part A has been completed***

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**PART B**

**RELEASE OF LIABILITY**

**READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS**

In exchange for removing the term "draft" from the document(s) below which were produced and organized in "draft" form by EWANID Service Centers ("EWANID"), of PO Box 428, Spokane Valley, Washington, 99037-0428, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree that I was advised by EWANID, or the employees, representatives or agents of EWANID to seek the advice of an attorney or other qualified legal professional in the State(s) to which the document pertains about the legality of the document in its final format before signing, having witnessed, or having notarized (whichever so applies) the document. I state, with full knowledge of the implications and without duress, that I have decided not to seek the advice of an attorney or other qualified legal professional in the State(s) to which the document pertains.
2. I recognize that there are certain inherent risks and liabilities associated with the use of the document in its final format without such legal advice and I assume full responsibility for financial loss to myself and (if applicable) my family members, and further release and discharge EWANID for financial loss arising out of my or my family's use of use of the document in its final format, whether caused by the fault of myself, my family, EWANID or other third parties.
3. I agree to indemnify and defend EWANID against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of the document in its final format.
4. I agree to pay for all damages caused by my or my family's negligent, reckless, or willful actions in using the document in its final format.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Washington law.

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS**

Dated: 10 October 2009

Signature: \_\_\_\_\_  
Participant: John Doe  
Address: 9000 Any Street  
Anytown, Washington 00000

**Documents covered by this form:**