

**CONTINUING PERSONAL GUARANTY**

In consideration of Rose City Labs, LLC ("RCL") providing testing and analysis services to Client under an Open Account, the undersigned (individually and/or collectively, the "Guarantor") hereby fully guarantee(s) and agree(s) that the Guarantor shall be jointly and severally liable for the payment of any amount Client owes RCL from time-to-time under the Open Account, together with all service or other charges, damages and costs for which Client may be obligated to RCL, including all costs and expenses of collection, suit, or other legal action, including reasonable attorney's and paralegal fees incurred through trial, on appeal, or in any administrative proceedings brought as a result of the commercial relationship between them. Guarantor hereby waives notice of acceptance hereof, amount of sale, dates of shipments or deliveries, notice of default in payment and legal proceedings against Client. Guarantor acknowledges that the execution and delivery of this Guaranty to RCL is a condition for extending commercial credit to Client.

Guarantor understands and agrees that Guarantor's liability under this Guaranty shall be unlimited, unconditional, absolute and continuing, and that this is a guaranty of payment.

RCL shall have the right to pursue enforcement of this Continuing Personal Guaranty without first seeking payment from Client.

Guarantor consents to RCL's use of a non-business consumer credit report on Guarantor to further evaluate the creditworthiness of Guarantor as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit to Client. Guarantor hereby authorize(s) RCL to utilize a consumer credit report on Guarantor from time to time, in connection with the extension or continuation of business credit to Client.

IN WITNESS WHEREOF, the undersigned hereby execute(s) this Guaranty this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Residence: _____	Residence: _____
Tel. No. _____	Tel No. _____
Fax No. _____	Fax No. _____
Cell No. _____	Cell No. _____
SSN: _____	SSN: _____

Do not use corporate or business titles as they are inapplicable.  
Please keep a copy for your records and mail original document to:  
**Rose City Laboratories, LLC, 11119 SE Division Street  
Portland, OR 97266**