DISTRIBUTOR’S NAME,

APPROVED AS TO FORM:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title (DELETE THIS SECTION IF NO Authorized person to sign, Title

LEGAL APPROVAL IS NEEDED)

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned verifies that he/she has read the foregoing Agreement and agrees to accept and abide by all of its terms and conditions.

By: Name

Title:

STATE OF COLORADO )

) ss.

COUNTY OF )

The foregoing instrument was acknowledged before me this day of 20xx, by

 as for

 .

Witness my hand and official seal. My commission expires:

{S E A L}

Notary Public