

DECA ALOE ARBORESCENS U. S. LP



Sharing Your Success Story

Dear Friend,

Thank you for volunteering to share your experience. Everyone benefits as we share our personal success stories with each other in nutrition and health. Here is the guideline for reporting your story.

1. Problems or symptoms before taking Deca Aloe Arborescens Dietary Supplement (such as headaches, back pain, fatigue, poor digestion, inability to function well, etc.).
2. How long did you take this supplement (e.g. number of bottles)?
3. Quantifiable results, if there are any. (Changes in blood tests, x-rays, photographs, reduction in pain killers, etc.).
4. Quality of life improvements. (Better ability to function, sleep, think, becoming more optimistic, accelerated recovery, reduced pain, etc.).

Please fill out the form on the other side of this page.

Please send your story to Deca Aloe Arborescens U.S. LP by Fax, Email or Mail.

- **Fax:** (512) 238-7047 Attn: Executive Assistant

- **E-mail:** info@aloedecaus.com

- **Mail:** Deca Aloe Arborescens U.S. LP
Attn: Executive Assistant
3500-B Wadley Place
Austin, TX 78728

Thank you for your help in sharing your story with others.

DECA ALOE ARBORESCENS U. S. LP

Successful Stories to Share

(Attach additional pages if required)

Your problems or symptoms before taking Deca Aloe Arborescens Dietary Supplement:

How long you took this supplement and number of bottles:

If available, report any quantifiable results: (Changes in blood tests, x-rays, photographs, amount of weight lost, reduction in pain killers)

Improvements you noticed after taking supplements: (Feel better, better energy, symptoms gone, better sleep, thinking, reduced pain, etc.)

(Please attach additional pages if required)

Thank you for your time. Please sign below.

I am the author of the above statements and I hereby authorize Deca Aloe Arborescens U.S. LP, Premier Research Labs and Quantum Nutrition Labs to use my story with others or to publish it.

Name _____

Signature _____

Address: _____

Date: _____

City/State/Zip: _____

Phone #: _____