



5595 Equity Ave. Suite 500, Reno, NV 89502
Ph: (775) 335-4700 Fax: (775) 335-4750

AGENCY AGREEMENT FORM #1052

Know all men by these presents:

That I (or we) _____

Social Security Number(s) of above: _____

Do by these presents appoint: _____

As my (our) agent for the purpose of accepting delivery of product and materials at the warehouse of Omnitrition International, Inc., 5595 Equity Ave, Suite 500, Reno, NV 89502 ("Omnitrition"), or at our Omnitrition distribution center located at:

- 545 Greg Street
Sparks, NV 89431

I (We) hereby acknowledge that title to any and all products upon the physical acceptance of the products and/or materials by the above-appointed agent.

I (We) will make no claim upon Omnitrition for any loss of products or materials after acceptance by my (our) agent, regardless of whether intentional or as a result of a natural occurrence.

Signature

Please Print Name

STATE OF _____

COUNTY OF _____

Subscribed and sworn to me before this _____ day of _____, _____ Year.
Day Month Year

Signature, Notary Public

For the state of