

50 DIDREX MG FORM

Please do your best to fill out this form as accurately as possible. We will notify when the announcement is posted. Please make sure you check your spelling.

In completing this 50 didrex mg form please fill out complete names In Address and locations, please give city state and zip.

Date you want 50 didrex mg to come out_____

50 didrex mg will not be published until receive a date.

If partners are available please list full names of all partners involved

Full names and address of 50 didrex mg _____

Partners (include address) _____

other partners (include address)_____

Are the 50 didrex mg partners on the Internet? Yes____ No_____

If no list the relationship of the 50 didrex mg _____

Company been in business for how long?_____

Partner employed by_____

NAME AND DAYTIME NUMBER (WITH AREA CODE) OF A PERSON AVAILABLE TO ANSWER QUESTIONS

I certify to the best of my knowledge my information is true.

(Name) _____ (Signature) _____

mail completed forms to:

50 DIDREX MG DEPT
50 didrex mg times
po box 391
midland tx 79701