

Only Son Enterprises, LLC

Testimonial Release Form

Date 5/1/11

Testimonial Statement and/or Inventory of Testimonial Materials:

Jaison is VERY knowledgeable about the entire detoxification process. He knew exactly
what was going on when I described the things that were happening to my body. He made me
feel very comfortable and very secure. As a result of his guidance, my cravings definitely
changed--I eat more fruits and vegetables on a regular basis. I'm paying more attention to my
body and exercising and trying to live a healthier lifestyle. I don't think I could've done it
without his videos and everybody else in the Facebook Group he created.

Authorization and Release Information

I understand my testimonial as outlined above (the "Testimonial") and made on behalf of **Only Son Enterprises, LLC** (hereinafter called "Only Son Enterprises") may be used in connection with publicizing and promoting Only Son Enterprises, LLC and its affiliates. I authorize Only Son Enterprises, LLC and its affiliates to use my name, brief biographical information, and the Testimonial as defined on this form.

I hereby irrevocably authorize Only Son Enterprises, LLC and its affiliates to copy, exhibit, publish or distribute the Testimonial for purposes of publicizing Only Son Enterprises, LLC and its affiliates' programs or for any other lawful purpose. These statements may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I agree that I will make no monetary or other claim against Only Son Enterprises, LLC and its affiliates for the use of the statement.

In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I hereby hold harmless and release Only Son Enterprises, LLC and its affiliates from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any

other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: /s/ Davida Sef

I have read the authorization and release information and give my consent for the use as indicated above.

Printed Name: Davida Sreetchings

Signature: /s/ Davida S

Email: Redacted

Address: _____

City, State, Zip: _____

Telephone: _____

Date: 5/1/11