

**Only Son Enterprises, LLC**

**Testimonial Release Form**

Date 4/28/2011

Testimonial Statement and/or Inventory of Testimonial Materials:

I had NO PRIOR EXPERIENCE with cleansing or detoxifying my body. Jaison's guidance  
enabled me to do the [master] cleanse properly. See, many people have heard of the  
cleanse and think they know how to tell people to do it, but Jaison's expertise got me through  
it correctly. After the cleanse my allergies took a long vacation. My sinuses cleared, my lungs  
cleared. It was like the clouds broke and the sunshine touched the earth! The emotional  
support from the Facebook group was also particularly helpful. Jaison organized that facet  
of the cleanse experience for us and it definitely made accomplishing a positive cleanse easier.

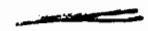
**Authorization and Release Information**

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: Isi [Handwritten Signature]

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

Printed Name: KHARI WYATT

Signature: Isi [Handwritten Signature]

Email: Redacted

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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