

**Extreme Biosciences Corporation
Distributor Profile**

Company: _____
Contact: _____
Address: _____
City/State/Zip: _____
Country: _____
Phone: _____ **EIN Number:** _____
Email: _____ **Website:** _____

In which country or countries do you currently focus your sales efforts?

What is the size of your company compared to other distributors in your area? Small Medium Large

Number of Employees: Total: _____ Outside Sales: _____ Customer Service Reps: _____

Approximate annual sales in U.S. dollars (check one):

<\$500,000 \$500,000-\$1,000,000 \$1-\$5 Million \$6-\$10 Million \$11-\$25 Million >\$25 Million

What are your Company's Target Markets? (list from strongest (1) to weakest (5), use N if not involved):

Government _____ **Laboratories** _____ **Clinics** _____ **Insurance** _____ **Hospitals** _____ **Other (specify)** _____

Please indicate the products you would like to distribute and your target markets:

PRODUCTS: (please check)

TARGET MARKETS:

- | | | |
|-----------------------|--------------------------|-------|
| 1. Noxygen | <input type="checkbox"/> | _____ |
| 2. Extreme K.O. | <input type="checkbox"/> | _____ |
| 3. Cre Cell | <input type="checkbox"/> | _____ |
| 4. Protien Shakes's | <input type="checkbox"/> | _____ |
| 5. Powdered Shots | <input type="checkbox"/> | _____ |
| 6. Health Supplements | <input type="checkbox"/> | _____ |
| 7. Other | <input type="checkbox"/> | _____ |

Do you currently sell any other Health products? Yes No

If yes, which products? _____

If no, please specify reason: _____

What other medical products do you distribute? _____

Please list all products you distribute: _____

Which tradeshow/conventions do you attend each year? _____

Please provide us with two business references:

Business Reference 1

Company Name: _____
Contact Name: _____
Contact Phone: _____
Email: _____

Business Reference 2

Company Name: _____
Contact Name: _____
Contact Phone: _____
Email: _____

To support your Distributor Profile, please provide us with a general business/marketing plan. Please either complete the questions below or send us separately an outline of the following:

What are your perceived market opportunities for product (s) of interest?

Estimation of the size of the target markets (units/sales).

What is your perceived value proposition of the product (s) compared to what is currently available?

Provide a summary of current competitive environment (i.e., who are the competitors, how are competitors positioned, pricing, estimation of unit sales of competitor products, etc.).

Provide a brief description of how your company is positioned to market and sell the products (s) to the target markets.

Overview of your regulatory and registration process, estimation of the time and cost for registration/evaluation.

What is your sales forecast by quarter for years 1 through 3?

Please fax to 850-583-0400 or email to: sales@extremebiosciences.com