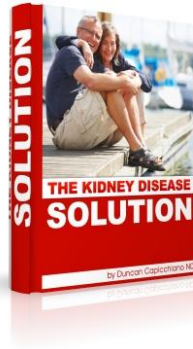


The Kidney Disease Solution - Order Form



Full Name: _____

Address: _____

City/Suburb: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone: _____

E-Mail (most important): _____

(Please note: that all sales are final for bank check or money orders, the money back guarantee will not be offered for this type of payment. Guarantee applies to credit cards only.)

Before sending a bank check or money order please email support for the local exchange rate for converting \$67.00USD to Australian Dollars, bank checks or money orders in \$USD will be returned to the sender. Email: support @ thekidneydiseasesolution.com

Make the Bank Check OR International postal money order out to: **Empowered Health Solutions Pty. Ltd**

Mail this Form to:

Empowered Health Solutions Pty. Ltd.
6 Main Street
Blackburn, Victoria, 3130
Australia

Please note: The complete Kidney Disease Solution program (including all bonuses) will be sent via email as soon we have received your payment. If you have any further questions or queries please contact us on email: support @ thekidneydiseasesolution.com

Thank you for your business.