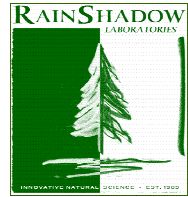


FORM B

Custom Formulating without a Prototype

Fax to: 503-366-3400

Email to: info@rainshadowlabs.com



Business Name: _____

Contact _____

Email: _____ Phone Number: _____

Your Product Description

What is the look and feel of the product that you have in mind?

What are the results that you would like to have this product deliver?

What claims will you be making about this product?

How will this product behave when it is applied?

Who will be using this product and why will they be using it?

Which ingredients are essential to you for this formulation?

Are there ingredients that you feel must be avoided in this formulation?

Price Point: _____

Color: _____

Fragrance/Scent Preference: _____

I understand and acknowledge that RainShadow Labs does not guarantee the success of my product. I also understand and acknowledge that RainShadow Labs will not be responsible for any marketing or claims on this product and that any outside certifications will be my responsibility. I acknowledge the \$130/hr lab fee.

Signature _____ Date _____