

HEALTHY HEARTS CLUB
Your health . . . Your responsibility

Powerful Products

Heart And Body Extract . . . Helps maintain a healthy heart system. A healthy heart system prevents heart attacks, strokes, aneurisms, etc. HHC Products address leading health concerns, including heart health, prostate health, sexuality, menopause, PMS, stress and arthritis.

Powerful Pay Plan

Earn a \$20.00 fast start bonus on a \$70.00 sale!
Earn a 40% Fast Start Bonus on 5 larger enrollment packages.
Create lasting financial freedom with HHC Powerful Unilevel.
PLUS 3%- 4% Generation bonuses, designed to create huge checks!
Our incredible Marketing Plan, available 24 hours a day, will create lasting financial independence.

We Guide and Support You

We know that you will need more support. We therefore will train you via state of the art systems, including tele-conferencing, documentation on-line packed and ready to go, and complete Fax-On-Demand support (FOD). Our high tech information, training & round the clock technical support is the best in the industry.

Save Save Save \$\$\$

Purchase HHC Products at wholesale. Sell at retail for a significant profit. Own your own Cyber Store now with international financial capability. The company will do the drop shipping for you. No need to carry inventory or stand in line at the post office.

We Will Deliver

Our promise to you is prompt & timely delivery of products.
On-time delivery of all bonus checks, direct deposit to your account.
Support when and where you need it, NOW!!!
Information when and where you need it, NOW!!!

YOUR HEALTH: YOUR RESPONSIBILITY

PART ONE: COMPANY GOALS

- To provide quality products that address today's health concerns, especially heart and prostate health
- To provide a referral compensation plan that is simple and residual, wealth building and long lasting
- To pay the valuable member quickly (direct bank deposits) and often

PART TWO: PRODUCTS

- Bone And Joint Extract
- Calcium Extract
- Cell Cleanse Extract
- Detoxifier Extract
- Female Balance Extract
- Foundation Tonic
- Gentleman Extract
- Ginseng Extract
- Gland Extract
- Heart and Body Extract
- Immune Compound
- Kidney/Bladder Extract
- Liver Support Compound
- Male Virility Extract
- Natures-Weigh
- Pain Extract
- Regeneration Extract
- Respiratory Extract
- Stabilizer Compound
- Stress Extract

HEALTHY HEARTS CLUB UNIQUE PRODUCT LINE

Bone and Joint Extract – Combats arthritis and rheumatism.

Alterative and diaphoretic qualities detoxify the body.

Hydrangea aids in dissolving calcification around the joints.

Calcium Extract - Balanced formula that encourages the body to properly utilize and absorb calcium

Rich in silica and silicates, which promote calcium absorption

Cell Cleanse Extract – The dynamic and essential part of any treatment for cancer and long-term rejuvenation programs. A most powerful cell cleanser and detoxifier. It also is nutrient rich to help rebuild the body.

Detoxifier Extract – A nutritive supplement for degenerative disorders. It has great blood cleansing properties because of its high lignan content. It has chemo preventive for certain tumors. It also has strong anti- viral properties

Foundation Tonic – This great tasting tonic has been specially formulated to provide the nutritional support one needs to have a well-balanced nutritional foundation on a daily basis. Boosts energy and feeling of well-being and health.

Female Balance Extract – Unique combination of natural herbs proven to enhance sensations and increase sex drive

Many other positive benefits NO NEGATIVE SIDE EFFECTS

Effectively balances hormones, excellent for PMS, hot flashes, and night sweats

Gentlemen Extract - Combination of herbs, which have a soothing, cleansing and corrective influence on the entire male reproductive system, especially prostate.

Gland Extract – A nourishing formula for the glandular system. Increases absorption and utilization of nutrients and stimulates glandular balance and activity. The herbs in this formula are picked mainly for their nutrients and digestive values

Ginseng Extract- Helps increase and balance energy levels, especially in endurance activities, Reduces stress. Gives general sense of well being

Heart & Body Extract - Unclogs arteries throughout the body -. Relieves angina pain, Improves circulation-- Stabilizes blood pressure

Prevents heart attacks, strokes and aneurisms, effective for congestive heart failure, helps irregular heartbeat, arrhythmias, and mitral valve prolapse.

Shrinks enlarged hearts

Immune Compound- Synergistic formula to boost immune system
Should be taken with Vitamin C for maximum effectiveness

Kidney / Bladder Extract – A stimulating diuretic, urinary antiseptic, raises resistance to bacterial infection, from bladder and kidney.

Liver Support Compound – Herbs chosen to support liver function, helps liver metabolize toxins. Anti-inflammatory, diuretic, liver protective, digestant, laxative, nutritive and restorative properties.

Male Virility Extract – Unique formula proven to enhance performance, sex drive, and pleasure. Many other positive effects

Natures-Weigh – New weigh loss extract that contains a specially chosen blend of herbs, which for years have proven beneficial for suppressing the appetite, increasing glandular activity, and slowing absorption of lipids and naturally stimulating your metabolism. Nature's-Weigh is very helpful for reducing cravings, to sugars and salty problem foods. It increases thirst, so you drink more water. It has an effect on keeping your bowel movements regular.

Pain Extract—This formula is an analgesic and nervine formula that not only relieves pain but helps relieve the stress that accompanies it. It also contains different nutrients that are essential for a healthy nervous system. Works quickly and effectively.

Regeneration Extract –A must in the healing process of broken bones, sprains, torn muscles or cartilage. Green extract speeds the healing process, considerably, relaxes muscles, and helps relieve pain. Is useful for regenerating all cells including neurons.

Respiratory Extract – A lung and upper respiratory formula. Acts as an expectorant to clear lungs of excess mucus a great post-smoking formula

Stabilizer Compound – A compound to decrease blood glucose. Regulates blood sugar. Highly effective. If on insulin injections, monitor three times per day, as this does regulate blood sugar effectively. Less insulin is required. Studies show using this formula can lead to regeneration of pancreatic cells.

Stress Extract –A natural tranquilizer. An excellent formula for nervous problems ranging from chronic insomnia to hysteria, headaches, nervous twitching, stress, fits and convulsions. It soothes, quiets, relaxes and heals the nerves and associated tissues.

HHC RESIDUAL REFERRAL COMPENSATION PLAN

▶ Retail profit – Become a member for only \$70. This entitles you to retail the products and have the company drop-ship them to your customers (no inventory to store or line-ups at the post office). You are entitled to purchase wholesale.

▶ Earn Fast Start Bonuses-Each time you make a membership sale of \$70.00 you earn a quick \$20.00

▶ Everyone goes on a \$60.00 autoship. This amount includes shipping /handling and your website maintenance is included for 2 websites which you receive as a member.

▶ You only need to make 1 sale to qualify for commissions

Powerful Unilevel Referral Plan pays out a maximum 50% to its valuable members...

- | | |
|----------------|----------------------------|
| ▶ First Level | pays \$9.00 per sale = 18% |
| ▶ Second Level | pays \$4.00 per sale = 8% |
| ▶ Third Level | pays \$3.00 per sale = 6% |
| ▶ Fourth Level | pays \$3.00 per sale = 6% |
| ▶ Fifth Level | pays \$6.00 per sale =12% |

Total payout \$25.00/\$50.00 =50%

▶ Generation Bonus

For those that can recruit and maintain 6 active members on Autoship and who have \$1500.00 in total group volume a 3% Generational Bonus going down 4 generations is enabled. This bonus is given so you can enjoy the benefits of a large sales organization expanding many levels deep. There is more compensation for higher producers. Please see official company literature on the subject for more details.

HHC Residual Referral Compensation Plan

- Each member must be on the \$60.00 (includes shipping and handling) monthly auto-ship in order to qualify for the HHC Residual Referral Compensation plan
- Fast Starts are paid weekly; the residual referral checks are calculated and paid monthly. Retail sales are calculated and paid monthly. The 3% generation bonus is calculated and paid monthly.
- The \$60.00 Auto-ship automatically purchases a HHC Product Package. This also serves to maintain, up to date genealogy on the member's *Cyber Store*.

The HHC Residual Referral Plan Breakdown (Diagram A)

QUALIFY WITH: \$60.00 Monthly Auto Ship

LEVEL	SALES	COMMISSION	CUMULATIVE	AUTOSHIP
1	3@\$9	\$27	\$27	\$60
2	3@\$4	\$36	\$63	\$60
3	27@\$3	\$81	\$144	\$60
4	81@\$3	\$243	\$387	\$60
5	243@\$6	\$1458	\$1845	\$60

Diagram A shows you an example of if you sponsored three new members who also sponsored 3 members down 5 levels. Now lets look at the power of duplication of effort

The HHC Residual Referral Plan Breakdown (Diagram B)

Qualify With: \$60.00 Monthly Auto Ship

LEVEL	SALES	COMMISSION	CUMULATIVE	AUTOSHIP
1	6@\$9	\$54	\$54	\$60
2	36@\$4	\$144	\$198	\$60
3	216@\$3	\$648	\$846	\$60
4	1296@\$3	\$3888	\$4734	\$60
5	7776@\$6	\$46656	\$51390	\$60

Diagram B shows you an example of if you sponsored 6 new members who also sponsored 6 members down 5 levels. As you can see this is very powerful as it is only \$70.00 to join which is very affordable. Notice the pay is \$51,390.00 per month or \$616,680.00 per year! Add on the 3% Generation bonus and you have financial freedom!

Member Application

To sign up is very simple: (1) Fill out application below completely; (2) Obtain U.S. Money Order, Certified funds or check in amount of \$70.00 US; (3) **Send Funds, Application and Auto ship Form to address below**; Or if you prefer you can pay by credit card or electronic checking. (4) Once Your Application with funds is received, you will then be given an ID number and your Cyber Store will become permanent, and will be placed on a first come first serve basis into HHC Residual Referral Compensation plan. Your Cyber Stores will be operational immediately upon receipt of application and payment.

Please fill out all the fields below including how you wish to enroll.

Name: _____ **SS/SIN#** _____

Street Address: _____ **City:** _____

State/Province: _____ **Country:** _____ **Zip/Postal:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Sponsor's Name: _____ **Sponsor's ID#** _____

I wish to enroll for the HHC Residual Referral Compensation Plan I understand that my \$70.00 is purchasing: 2 HHC Cyber Stores, Starter kit, 1 CD, 1 information mailing system, life time membership in Healthy-Hearts Club. This includes S&H.

You receive one product of your choice: Please choose one item:

Bone And Joint Extract	Immune Compound
Calcium Extract	Kidney / Bladder Extract
Cell Cleanse Extract	Liver Support Compound
Detoxifier Extract	Male Virility Extract
Female Balance Extract	Natures-Weigh
Foundation Tonic	Pain Extract
Gentleman Extract	Regeneration Extract
Ginseng Extract	Respiratory Extract
Gland Extract	Stabilizer Compound
Heart and Body Extract	Stress Extract

I also understand and agree that in order to be eligible to receive the residual referral checks, I must enroll in the monthly Auto-Ship of The \$60.00. Please initial the box to agree to the above. **Due to the speed at which commissions are paid, all HHC payments for both the new membership sales and the HHC Residual Compensation plan are non refundable.. I understand I will be responsible for any fees incurred as a result of charge backs that I initiate.**

I hereby apply to become an independent member for Healthy-Hearts Club. I have read & understand & agree to abide by the provisions, which are printed in this agreement. I WILL NOT MAKE ANY CLAIMS, WHATSOEVER, OF THERAPEUTIC, MEDICAL OR CURATIVE VALUE OF ANY KIND RELATING TO ANY OF Healthy-Hearts Club PRODUCTS. I understand if I do not abide by all of the conditions of being a member my membership may be terminated by the Company, including the termination & loss of all monies past, present, and future currently owing.

I Agree () Date: _____ **Signature** _____ **Printed Name** _____

HEALTHY HEARTS CLUB
50-936 PEACE PORTAL DR, BLAINE, WA 98230
TEL 1-866-295-5305 FAX 604-540-9365 E-MAIL harris9304@shaw.ca

Member Agreement

1. I am of legal age in the State or Province in which I reside.
2. I shall become an Independent Member with Healthy-Hearts Club., hereafter [HHC], upon acceptance of the data submitted on my member application. I shall have the right to sell the products offered by HHC. I agree to abide by the HHC Policies & Procedures, which may be amended from time to time by HHC at its discretion.
3. If I enroll under my company name I understand that my Full Name, and Federal ID# is also required. HHC also requests your SS #. I understand that all government issued ID #'s are subject to being checked.
4. I understand that I am not an employee of HHC and that I am responsible for my own business.
5. I understand that the product names and logos are valid trademarks. I understand that I may use such trademarks in printed materials for marketing HHC products provided that I place the “®” symbol next to each occurrence of such trademarks and I produce such materials in accordance with the HHC standards of quality. I understand that I may not use the product names or logos for any products without prior written approval.
6. I have carefully reviewed the HHC’S Residual Referral compensation plan, Policies & Procedures. I acknowledge that they are incorporated as part of this agreement in their present form and as modified from time to time by HHC.
7. I understand that I may not make any statements or representations whatsoever regarding HHC and its products other than those approved and supplied by HHC. I agree that any violation of this regulation may result in a Notice to Correct, sent via certified mail and refusal to remedy within 14 days may result in termination as a member. HHC may terminate a member at any time if the member breaches this agreement or engages in any conduct that may bring disrepute to HHC or which is in violation of any law or government regulation or ordinance. I understand if I don’t abide by all of the conditions of being a member my membership may be terminated by the Company, including the termination & loss of all monies past, present, & future, which are currently owing.
8. I understand that to become a HHC Member and Retail Products, there is no purchase necessary. I understand however that in order to qualify for commissions in the HHC’s Residual Referral Compensation plan I will be required to activate my business center with a \$70.00 retail purchase activation fee, which includes one HHC starter Pack I may choose to do so at any time I wish. I must also sign up for the Monthly Auto-Ship consisting of one HHC product at the minimum price of \$60.00 dollars including shipping and handling. This will allow me to receive The HHC residual referral commission checks, fast start checks and retail bonuses

9. HHC's program is based upon retail sales to the ultimate consumer. HHC realizes that members may purchase products for personal consumption and recognizes such sales as retail sales for end user consumption. The compensation plan is based upon retail sales. With each order placed, a member certifies that he/she has sold or used for personal consumption at least seventy percent of previous orders. Members are not required to carry a specific inventory. It is up to their discretion to stock enough inventory to service their business needs based upon actual and projected retail sales. All forms of front end loading or stockpiling products are discouraged. I understand that HHC may verify retail sales through any method it deems appropriate. Members must keep and retain complete receipts of retail sales and provide them to HHC upon request.
10. I agree to Indemnify and hold harmless HHC (and it's officers, executives, members, employees and agents) against any claims, liability, obligations, expenses, (including attorney's fees) or damages arising out or any representation made by me in connection with any HHC products.\
11. This agreement may be cancelled by either party at any time by written notification. Said cancellation must be received by certified mail, return receipt requested. No fax or verbal cancellation shall be accepted as a cancellation. This is done to protect both members and HHC from any misunderstanding as to the date of cancellation. Official cancellation date of a member is the day we receive the certified letter in our offices in Blaine, Washington. Due to the speed at which commissions are paid, all HHC payments for both the HHC Residual Referral Compensation plan and the New Membership sales are non-refundable. I understand I will be responsible for any fees incurred as a result of charge backs that I initiate.
12. I will not make any false or misleading statements, or income projections to prospective or existing members about HHC or it's compensation plan.. This is prohibited.
13. When a member discontinues their auto ship for three consecutive months they will be cancelled out, and be removed from our payout systems. They will automatically lose their down line. To be reinstated a member must restart autoship and will be placed in the next available spot of their sponsor. Under no circumstances will HHC rebuild the down line of a cancelled member.
14. In the case of death, rights of the Healthy Hearts Club Member in the Healthy Hearts Club Compensation Plan shall pass on to the heir
15. I have familiarized myself with the HHC products and I acknowledge that these products are not considered medicines for the specific treatment of any disease or disorder either mental or physical. I will not participate in diagnosis, prognosis, evaluation or treatment of any disease; physical or mental disorder unless I have the necessary accredited medical education and training to do so In accordance with the terms and conditions contained in this Agreement, I hereby agree to become an Independent member with HHC and agree to all the Policies and Procedures as stated above.

Signature _____ Date _____ Printed
Name _____

Healthy Hearts Club

#50-936 Peace Portal Dr, Blaine, WA 98230,

Phone 1-866-295-5305 Fax 604-540-9365

harris9304@shaw.ca

AUTOSHIP PRODUCT ORDER FORM \$60.00

You will need to complete the data below in order for us to place you on the Autoship Program. If you are unsure of how to fill out any of the entries, please call your sponsor for help. Make sure all entries are completely accurate. Autoship Orders should be faxed or emailed.

Shipping: (US Orders shipped UPS, Canadian Orders shipped Express Post)

We can ship to your address, or we can drop-ship this order to another address. Ship my product to:

Name _____ Shipping Address _____

Phone _____

Fax _____

E-Mail _____

For auto ship I desire: (please pick one of the following)

You receive one product of your choice,
Please choose one item:

Bone And Joint Extract	Immune Compound
Calcium Extract	Kidney / Bladder Extract
Cell Cleanse Extract	Liver Support Compound
Detoxifier Extract	Male Virility Extract
Dream-a-Weigh	Mega-Mineral Extract
Female Balance Extract	Nature's-Weigh
Foundation Tonic	Regeneration Extract
Gentleman Extract	Respiratory Extract
Gland Extract	Stabilizer Compound
Ginseng Extract	Stress Extract
Heart & Body Extract	

I can change my choice upon notifying Healthy-Hearts Club by the 15th of the previous month.
My payment method is indicated on the payment options sheet.
NOTE: PAYMENT OPTION 1 is not available for autoship.

I authorize Healthy Hearts Club hereafter HHC to debit my account, as indicated of the payment option form, \$60.00 US every 30 days. In return HHC agrees to ship the product of my choice. I understand this works as if I had placed and paid for a separate order every month. I understand that my signature is not required each time. I understand that if any fund transfer request is not honored I will be held liable for the required amount plus \$30.00 US service charge.

Signature _____

Print Name _____

Dated _____

NOTE: IF PAYMENT OPTION IS DIFFERENT THAN ORIGINAL APPLICATION A SEPARATE SHEET INDICATING THIS MUST BE ATTACHED.

HEALTHY HEARTS CLUB
#50-936 Peace Portal Dr. Blaine WA. 98230
Tel-604-540-9304 Fax-604-540-9365 Email harris9304@shaw.ca

OPTION ONE

- I wish to pay by bank draft/money order or check.

My payment of () \$70.00 is attached

OPTION TWO

- I wish to pay by credit card. *I hereby authorize my credit card to be charged () \$70.00*

Card type (select one):

- VISA
- M/C
- Discover
- American Express

Card # _____

Expiry date (month/year) _____

Name on Card _____

Signature _____

OPTION THREE

- I wish to pay by ACH electronic checking.

I wish to authorize ACH to debit my account \$70.00

To select this option simply click on the link below. After completing your payment you will be redirected back to this application page. Fill out the application form and in the payment section type the words "ACH electronic checking" and submit.

COMMISSION CHECKS: Please select one of the following options.

- I wish to receive my commission checks by mail.
- I wish to receive my commission checks by automatic bank deposit.

Link to ACH page

For credit card customers only

Prior to submitting your member application forms please fill out (in legible printing) and mail or fax this form to our office.

CREDIT CARD DEBIT AUTHORIZATION FORM

I hereby authorize Sharon Harris Distributors DBA Healthy Hearts Club (HHC) to bill my credit card every 30 days. In return HHC will ship to me once per month the product(s) of my choice as indicated on the auto ship form. I understand that in order to stop my participation in the monthly auto ship I must submit my cancellation in writing at least 15 days prior to the billing date.

Card Type _____

Card Number _____

Card Holder Name (as it appears on the card) _____

Card Expiration Date _____

Authorized Signature _____

For ACH/electronic checking customers only
Prior to submitting your membership application forms please fill out (in legible printing)
and mail or fax this form to our office.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

- 1 Yes, I would like to take advantage of the security and convenience of electronic funds transfer scheduled or periodic payments.
- 2 As a duly authorized check signer on the financial institution identified below, I authorize you (KO Technology) to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable.
- 3 Furthermore, if any such electronic debit(s) should be returned by my financial institution as NSF (Non-Sufficient Funds), I authorize KO Technology to collect a fee of \$30 per item by electronic debit from my account (identified below).
- 4 For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.
- 5 I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE_____

DATE_____

Financial Institution account "identifying information":

Enter financial institution account information in the fields below OR attach a VOID check.

Financial Institution	Branch
City	State/ZIP CODE
Transit/ABA#	Account #

ATTACH VOID CHECK HERE

This is the 9 digit transit /ABA #

The account # is usually to the right of the
Routing #. Sometimes the check # is between the
Routing & Account #'s