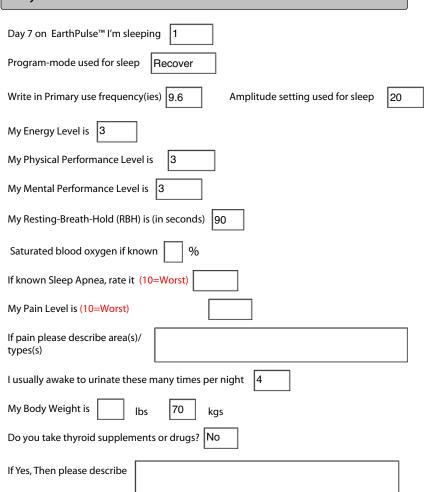
Magnetic Field Supplementation	Do you take thyroid supplements or drugs? Yes If Yes, Then please describe
	I usually awake to urinate these many times per night
	My Body Weight is Ibs 71 kgs
Last Name: Zhang Age: 54 Sex: Male	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
First Date of Use 12/06/15 Device: V5	Issue 1 Severity
SAVE THIS DOCUMENT EACH TIME YOU UPDATE IT	Issue 2 Severity
Day 0 On a Scale of 1 -10 (10=BEST)	Issue 3 Severity
Prior to EarthPulse™ I'm sleeping 3	Issue 3 Severity
My Energy Level is 6	Write in 4 different resistance or training movements.
My Physical Performance Level is 6	Write your current performance level in reps &/or
My Mental Performance Level is 6	resistance; or event length and speed or best combination that fits. (If this doesn't apply to you,
My Resting-Breath-Hold (RBH) is (in seconds) 110 Saturated blood oxygen if known %	leave blank.) If you play Golf, please add comment.
If known Sleep Apnea, rate it (10=Worst) If pain please describe	Comments
My Pain Level is (10=Worst) area(s) /types(s)	Course and dear this decourse to address the share Day 7



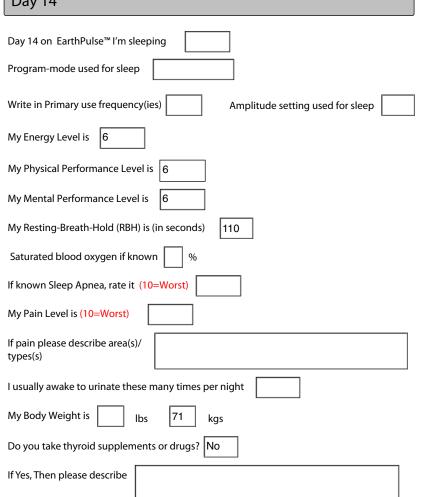
Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1	Severity
Issue 2	Severity
Issue 3	Severity
Write in 4 different resistance or training movemer	nts in
the space provided, write your current performance	ce level
in reps &/or resistance; or event length and speed of	or best
combination that fits (if this doesn't apply, leave bl	lank.) lf
you play Golf, please add comment.	

Resting Breath Hold (RBH) almost never fails to improve during first week. If RBH did fail to improve (or got worse which is even more rare), please re-read your RBH test instructions (in the the Important-Read-Me-First document. Usually a reduction can be tracked to a failure to oxygen load consistently with the past RBH test, or taking under cooler ambient temperature.

Comments: Please write as much as you would like in the space below. PARTICULARLY HELPFUL WOULD BE YOUR COMMENTS ON ANY CHANGES IN NUTRITIONAL SUPPLEMENTATION OR MEDICATION DURING THE TIME OF YOUR 90 DAY TRIAL.

Comments from Day 7



Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

Issue 1	Severity
Issue 2	Severity
Issue 3	Severity
Write in 4 different resistance or training	
movements in the space provided, write your	
current performance level in reps &/or	
resistance; or event length and speed or best	
combination that fits (if this doesn't apply,	

Please use the device nightly during the first 90-day period to maximize statistical probability and level of success. Please make sure you oxygen load properly to make your RBH as accurate as possible.

Comments from Day 14

comment.

leave blank.) If you play Golf, please add

# Day 21 Day 21 on EarthPulse<sup>™</sup> I'm sleeping Program-mode used for sleep Recover Write in Primary use frequency(ies) Amplitude setting used for sleep 70 My Energy Level is My Physical Performance Level is My Mental Performance Level is My Resting-Breath-Hold (RBH) is (in seconds) 114 Saturated blood oxygen if known % If known Sleep Apnea, rate it (10=Worst) My Pain Level is (10=Worst) If pain please describe area(s)/ types(s) I usually awake to urinate these many times per night My Body Weight is lbs kas Do you take thyroid supplements or drugs? No

If Yes, Then please describe

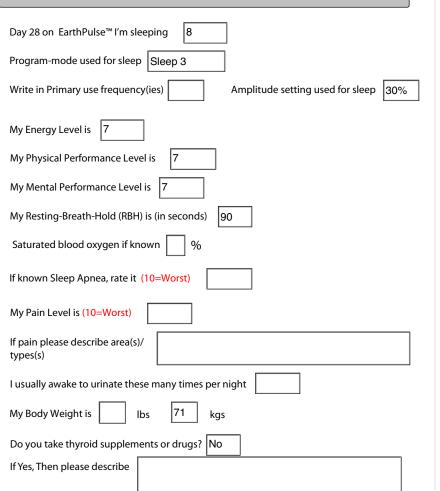
Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

lssue 1	Severity	
lssue 2	Severity	
Issue 3	Severity	

Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add comment.

Comments from Day 21: (Also tell us if ANY CHANGES MADE TO SUPPLEMENTS OR MEDICATIONS)





Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)

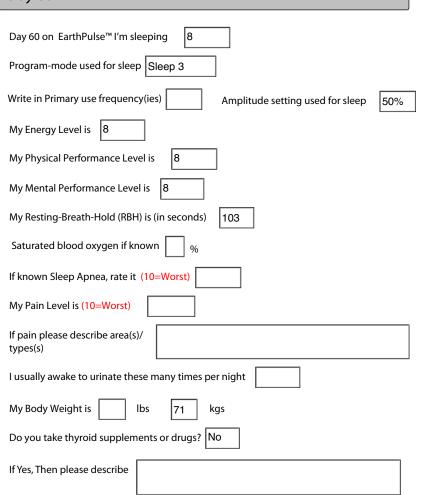
Issue 1	Severity
Issue 2	Severity
Issue 3	Severity
Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or	

Comments from Day 28: (Please use the device nightly during the first 90-day period to maximise statistical probability and level of success.)

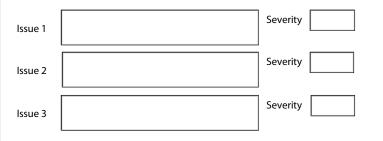
resistance; or event length and speed or best combination that fits (if this doesn't apply,

leave blank.) If you play Golf, please add

comment.



Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)



Write in 4 different resistance or training movements in the space provided, write your current performance level in reps &/or resistance; or event length and speed or best combination that fits (if this doesn't apply, leave blank.) If you play Golf, please add comment.

Comments from Day 60

Day 90	Describe up to 3 pre-existing issues if any (other than thyroid) and rate severity (10=Worst)
Day 90 on EarthPulse™ I'm sleeping 9	Issue 1 Severity
Program-mode used for sleep Sleep1	Severity
Write in Primary use frequency(ies) Amplitude setting used for sleep 40%	Issue 2
My Energy Level is 9	Issue 3 Severity
My Physical Performance Level is 9	Write in 4 different resistance or training
My Mental Performance Level is 9	movements in the space provided, write your
My Resting-Breath-Hold (RBH) is (in seconds) 105	current performance level in reps &/or resistance; or event length and speed or best
Saturated blood oxygen if known %	combination that fits (if this doesn't apply leave blank.) If you play Golf, please add comment.
If known Sleep Apnea, rate it (10=Worst)	
My Pain Level is (10=Worst)	Any comments you
If pain please describe area(s)/	would like to give on your 90-days trial
types(s)	period please do so
	Now if you'd like to loan your earthpulse out, to a friend to try, please do so
l usually awake to urinate these many times per night 2	
My Body Weight is Ibs 71 kgs	Please write as much as you would like here, then submit your feedback to us. Thank you and be well.
Do you take thyroid supplements or drugs?	
If Yes, Then please describe	