XANGO STATEMENT OF BENEFICIAL INTEREST

XanGo LLC // P.O. Box 900 Lehi, UT 84043 // Orders 1-877-GO-XANGO // Fax 801-816-8159

Directions:

1. Complete and submit this statement along with the Distributor Agreement when applying as a business for a Distributorship or when changing the EIN of a business Distributorship.
2. Mail to: XanGo LLC, PO Box 900, Lehi, UT USA 84043 or fax to: 801-816-8159

Select the business type:

◯ Partnership ◯ Corporation ◯ Limited Liability Company ◯ Other (specify) _____

name of primary officer (last, first, middle initial)	NRIC no.
title	phone number
signature X	date

name of business (to appear on all correspondence)	registration of company (ROC) no.
mailing address	distributor's ID number
postal code country	phone number
sponsor's name	sponsor's ID number

List ALL parties with a Beneficial Interest in the Applicant or Distributor:

A Person is deemed to have a Beneficial Interest in a Distributorship if he/she/it has: (1) any direct or indirect ownership in a Distributorship as an individual, partner, shareholder, member, manager, beneficiary, trustee, officer, director or principal of a Distributorship; (2) has any actual or de facto control over a Distributorship; (3) receives any income directly or indirectly from a Distributorship (other than the receipt of income pursuant to the Compensation Plan by an Upline Distributor); (4) receives familial support from a Distributorship; (5) receives spousal support derived from a Distributorship; (6) is a member of the Distributor's immediate household; (7) is a spouse or Co-habitant; or (8) has any other similar interest in a Distributorship.

The Applicant / Distributor signing below represents and warrants that (i) the persons listed below are the only persons with a Beneficial Interest in the Applicant / Distributor and, (ii) such individual(s) have had no Beneficial Interest in any other XanGo Distributorship for the preceding six month period. Each of the signers below certifies that the information given on the form is true and correct as of the date listed below.

Other parties with a Beneficial Interest:

name of primary officer (last, first, middle initial)	NRIC no.
title	phone number
signature X	date

name (last, first, middle initial)	NRIC no.
title	phone number
signature X	date

name (last, first, middle initial)	NRIC no.
title	phone number
signature X	date

Attach another Statement of Beneficial Interest form for additional names.

This Statement of Beneficial Interest form must accompany the Distributor Agreement. All future changes to this business organization must be submitted in writing and must include the names and signatures of all original parties. XanGo and its affiliates reserve the right to accept or reject any application to become a Distributor.

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