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Exhibit "B"

97 20

Enrollment Record

No..... 193.....

YOU ARE HEREBY AUTHORIZED to enroll me as a member of the Sanitarium Health Extension Service School of Health.

It is understood that I am under no financial or other obligation, but inasmuch as the instructors are giving their time for the welfare of the people, I will endeavor to be faithful in attendance at the classes to receive the benefit they come to give.

Name.....

Phone..... Address.....

E.G. White Research
FILE COPY