

**ENADA NADH FORM**

Please do your best to fill out this form as accurately as possible.  
We will notify when the announcement is posted. Please make sure  
you check your spelling.

In completing this ENADA NADH form please fill out complete names  
In Address and locations, please give city state and zip.

Date you want ENADA NADH to come out\_\_\_\_\_

ENADA NADH will not be published until receive a date.

If partners are available please list full names of all partners involved

Full names and address of ENADA NADH \_\_\_\_\_

Partners (include address) \_\_\_\_\_

other partners (include address)\_\_\_\_\_

Are the ENADA NADH partners on the Internet? Yes\_\_\_\_ No\_\_\_\_

If no list the relationship of the ENADA NADH \_\_\_\_\_

Company been in business for how long?\_\_\_\_\_

Partner employed by\_\_\_\_\_

NAME AND DAYTIME NUMBER (WITH AREA CODE) OF A PERSON AVAILABLE TO ANSWER QUESTIONS

\_\_\_\_\_

I certify to the best of my knowledge my information is true.

(Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

mail completed forms to:

ENADA NADH DEPT  
enada nadh times  
po box 391  
midland tx 79701