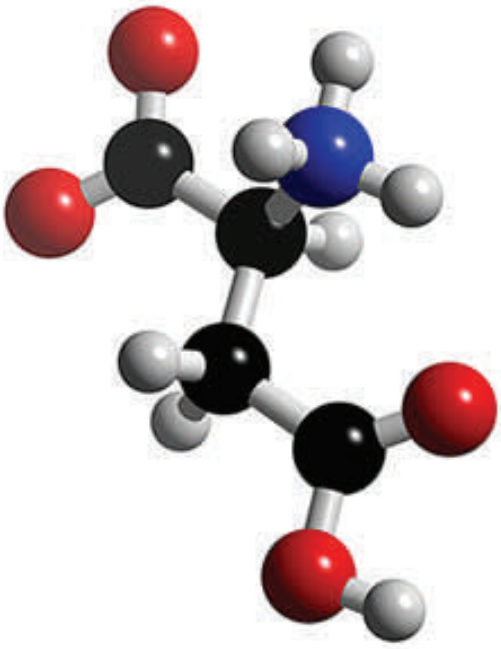
Tri-Amino Corporation

Business Plan

2007

Case Studies & Product Menu



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TRI-AMINO THERAPY

(RESTORING DYSFUNTIONAL CELLS TO NORMAL FUNCTION)

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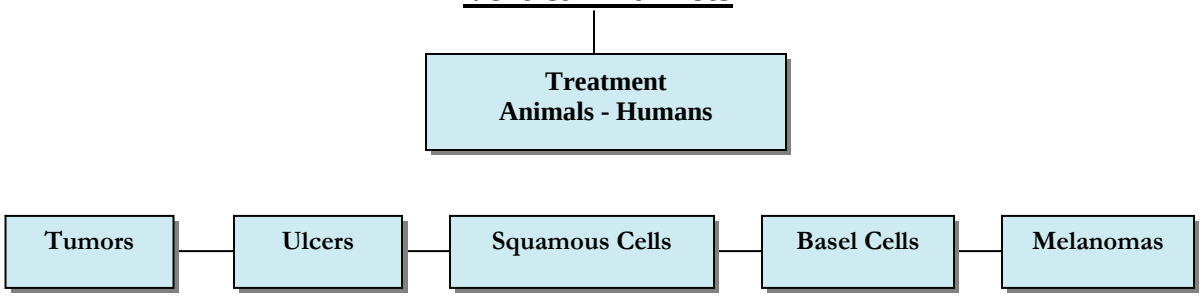
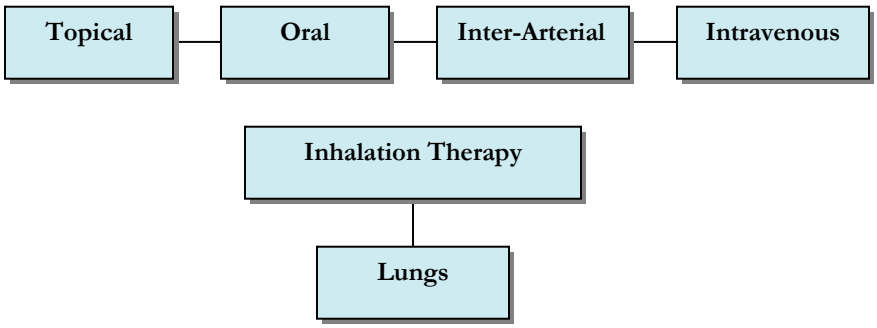


OTC Products

Dispersal Applications



Dr. Thomas Beatrous, MD

Basal Cell Carcinoma

T r i - A m i n o F o r m u l a e

Cancer Care Center of Montgomery

November 30, 2006

Mr. John S. Everding
5636 Bobby Drive
Livermore, California 94551

Dear Mr. Everding:

I have reviewed the pathology reports of Sylvia Sallen. The skin biopsies from 09/26/06 showed nodular basal cell carcinoma on biopsy specimen from skin of chin and right posterior earlobe. Cancer was noted involving margin of biopsy specimen and thus future excision was necessary to insure permanent local control and cure of her cancer. During the interval between the initial biopsy and definitive surgery Ms. Sallen used Tri-Amino lotion and on 09/26/06 (four weeks after initial biopsy) complete excision of right posterior earlobe lesion was performed with surgical specimen showing residual basal cell carcinoma with clear surgical margins. Three weeks later on 11/10/06 excision of lesion from chin was performed with surgical specimen showing no evidence of residual cancer. The fact that there was no cancer in the specimen from the chin of 11/10/06 would suggest that Tri-Amino lotion was effective in eradicating basal cell carcinoma from the skin. The fact that there was residual cancer from the surgical specimen of 10/24/06 suggests that there is a minimum length of time that Tri-Amino must be used prior to seeing anti-cancer activity and that that minimum amount of time would be on the order of six weeks. I think the findings of this case are very interesting and tantalizing and I believe a study using Tri-Amino lotion for patients with basal cell carcinoma could be justified and easily implemented. If there is anything I can do to help in forwarding plans for a future study, please contact me.

Respectfully submitted,

T. Beatrous, MD

Thomas E. Beatrous, M.D.
Radiation Oncologist
Cancer Care Center

TEB/es

300 St. Luke's Drive ■ Montgomery, Alabama 36117
Phone: (334) 273-8877 ■ Fax: (334) 273-9733 ■ (888) 267-2153

Tri-Amino

Client & Patient Studies

Patient Case Studies

Cancer Care Center of Montgomery

May 16, 2006

John Everding & J. Mark Kearns
C/o Steven R. Schutt
709 Frederick Lane
Prescott, AZ 86301

RE: Annie Allen
Chart No: 115851

Dear Steve:

As discussed with you, I saw Ms. Annie Allen in follow up today. She is now three months post treatment for locally advanced basi-squamous cell carcinoma right infraorbital skin with extension to nose and right inferior eyelid. She was treated with superficial electron beam therapy in combination with weekly 5-FU chemotherapy. In addition, Tri Amino lotion and capsules were given to maximize tumor response. All of this treatment has worked out quite well as the photo shows with complete resolution of disease and excellent cosmetic/functional outcome. Ms. Allen is quite happy with the result now three months post treatment and my exam today shows no evidence of recurrent or residual cancer. Recent PET scan follow up also confirms no evidence of malignant disease.

Steve, I am unable to tease out the contribution of each of the treatments (XRT, chemo, Tri Amino compound) but I cannot help but believe that the Tri Amino compound played an integral role in saving this patient's life. It should be noted that this is the first time in my medical experience that a carcinoma of this magnitude has been healed without the need of reconstructive surgery. I can only attribute this phenomena to the Tri Amino lotion and capsules. Since the other forms of treatment used were tissue destructive, only Tri Amino could have produced this result.

Best personal regards,

Thomas E. Beatrous, M.D.

Thomas E. Beatrous, M.D.
Radiation Oncologist
Cancer Care Center of Montgomery

TEB/wdm

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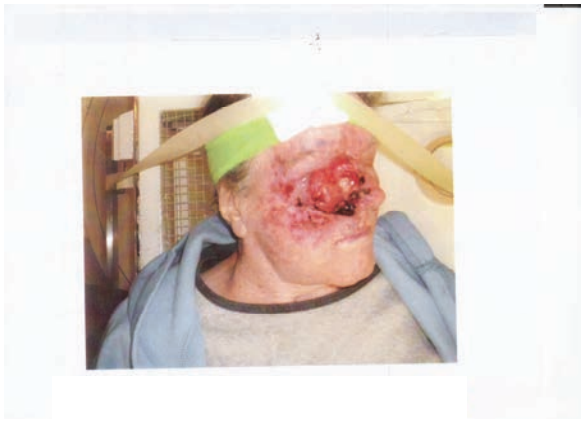
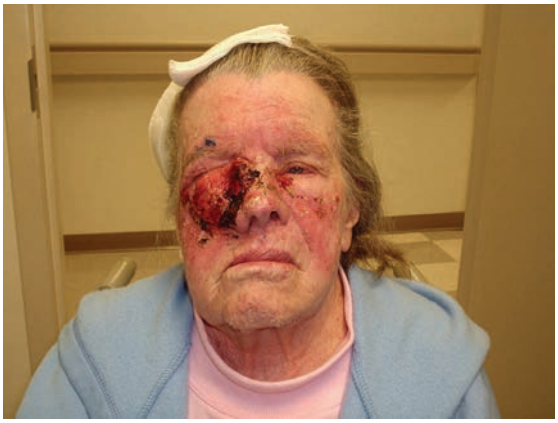
Fax: (334) 241-0062

Ms. Allen Pictures:





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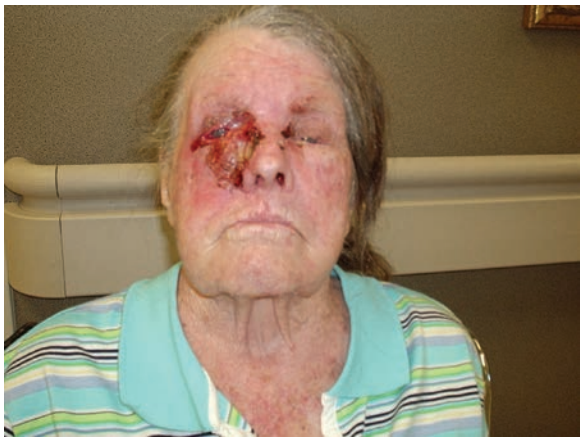

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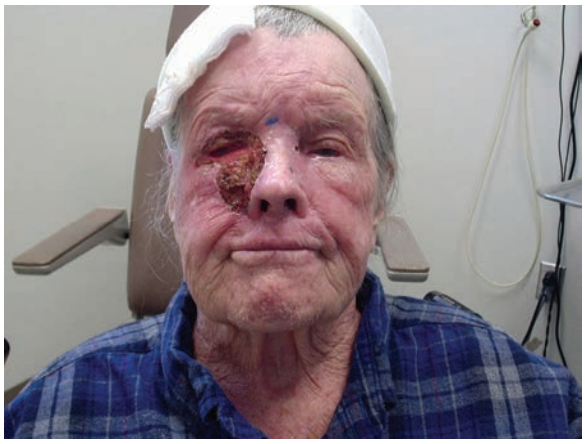

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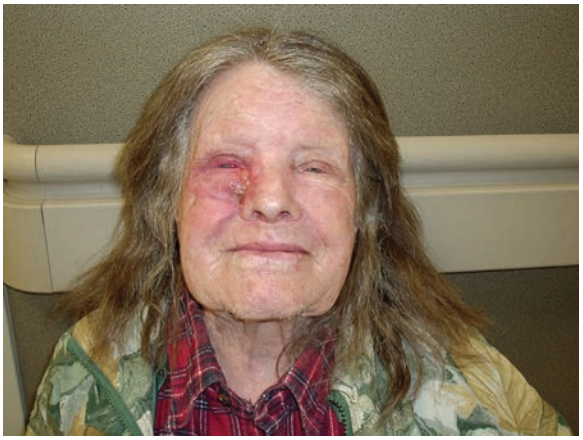


3-23-06

5-26-06

Cancer Free **05/20/06**

Dr. Thomas Beatrous, MD

Psoriasis

Cancer Care Center of Montgomery

Medical Oncologists/Hematologists
David G. Morrison, MD, PhD
Khalid Matin, MD

Radiation Oncologist
Thomas E. Beatrous, MD

CASE STUDY

NAME: **MARY DAVIS**
CHART#: **111862**
DATE: **10/16/06**

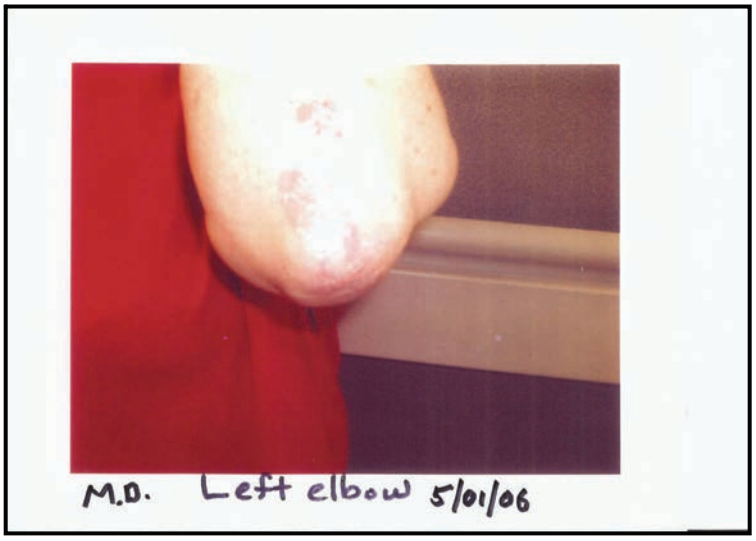
HISTORY: This is a 64 year-old white female previously treated by me for Stage IV squamous cell carcinoma of the cervix involving bladder. The patient received chemo/radiation completed 01/05 and on most recent PET scan and MRI from 10/11/06 there is no evidence of recurrent or metastatic disease. Patient was recently treated by me for extensive psoriasis involving bilateral elbows. Photos were taken of these areas May 1, 2006 and the patient was instructed to use Triamino lotion to left elbow and left leg twice daily and to leave the area on the right elbow untreated for comparison. She returned every two weeks for photos. Serial photos have shown impressive resolution of her psoriasis. On July 26, 2006 patient was told to start treating her right elbow with Triamino lotion twice a daily and to continue using the lotion on the left elbow and left leg as she had been doing. It is my professional opinion that the Triamino lotion has significantly helped this patient with control of her psoriasis.

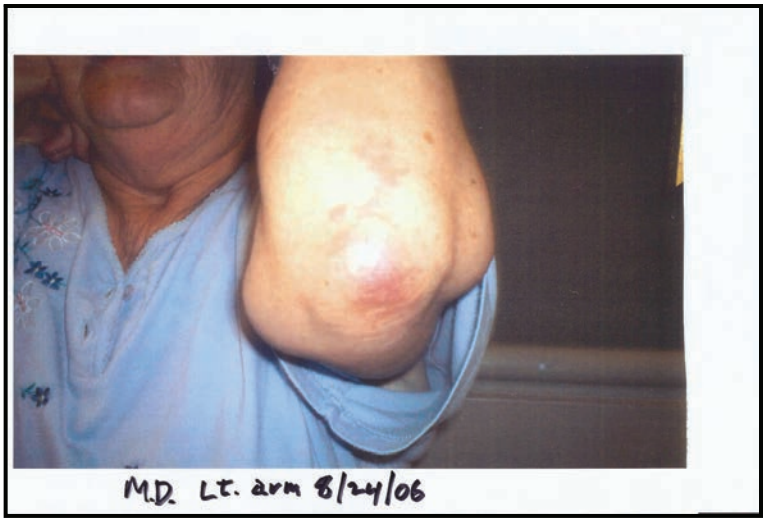
T. Beatrous, MD

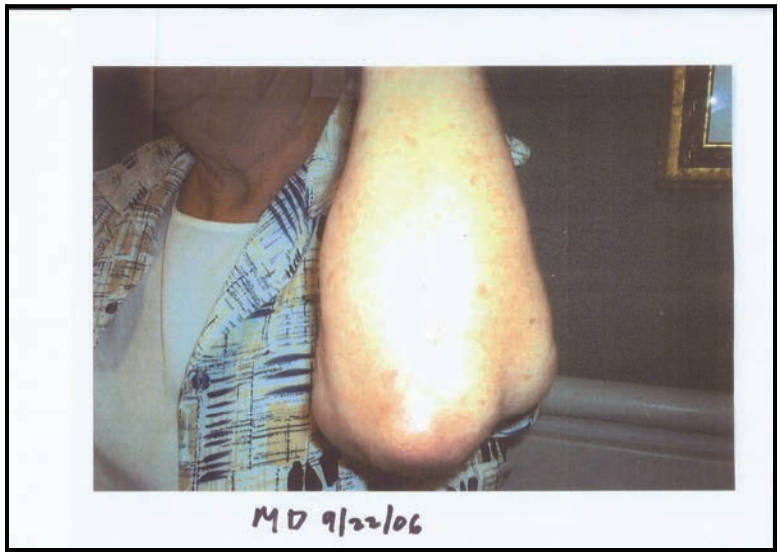
Thomas E. Beatrous, M.D.
Radiation Oncologist
Cancer Care Center

TEB/es

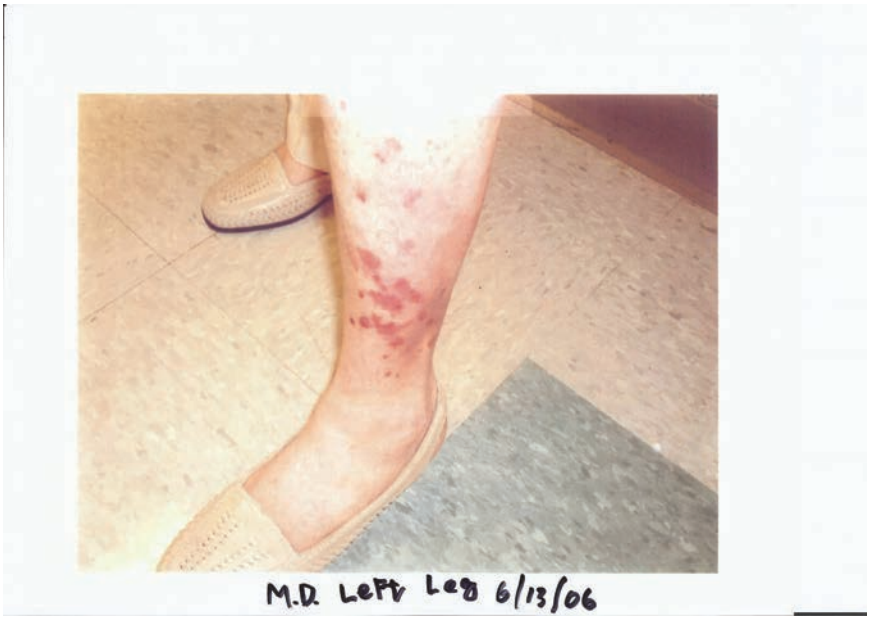
Ms. Davis Psoriases Pictures:

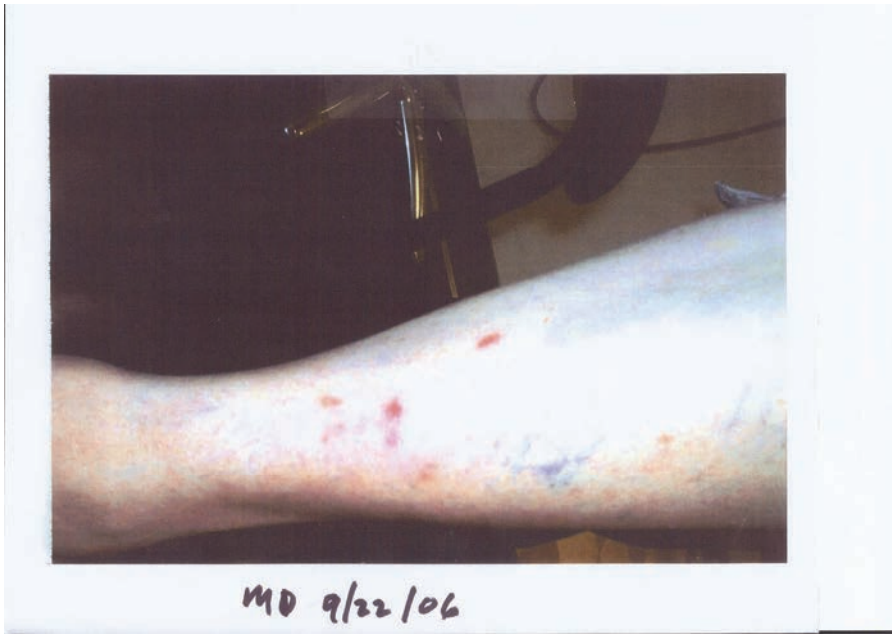






Psoriases Continued





Dr. Thomas Beatrous, MD

Cancerous Tumor & Lesions Tests

Cancer Care Center of Montgomery

September 28, 2005

Mr. John F. Everding
5636 Bobby Drive
Livermore, California 94551

Dear Mr. Everding:

In March of this year, I became aware of Stephen R. Schutt's "Free Amino Theory" and his invention of a Tri-Amino compound, which might prove useful in treating cancerous tumors and lesions. I requested a sample of the Tri-Amino compound for use on a patient suffering from a recurrent 12 cm x 12 cm squamous cell cancer of the vulva that, because of its location and previous chemoradiation, could not be re-treated by means of additional radiation therapy. I received a sample of the Tri-Amino lotion, and the patient (P.L.) began using it on or about May 18, 2005. She claimed immediate relief from the inflammation and used it twice a day.

I noted partial regression of the tumor to 9 cm x 9 cm in June and was convinced that the lotion was the cause of that partial regression, because the patient had no other form of treatment or therapy during the time of her use of the Tri-Amino lotion. Unfortunately, however, severe malnutrition and weight loss continued to plague this patient, resulting in continued generalized weakness and loss of appetite.

On or about September 1, 2005, the patient began taking the Tri-Amino material orally in capsule form. She received 300 mg per capsule three times a day.

On September 15th the patient was hospitalized for extreme malnutrition.

On September 18th, the patient P.L. expired after a progressive decline in weight and development of generalized edema due to protein malnutrition. She also had sepsis due to immunoincompetence. Vulva examination during this examination showed that her vulvar area appeared as if extensive surgical debridement had been performed with normal appearing skin and soft tissue surrounding a clean cavity at the site of the previous tumor. I believe the Tri-Amino lotion and capsules played a major role in causing the tumor necrosis in this endstage patient, and I believe further research using this compound is warranted.

I would gladly participate in any further research program that is developed for the Tri-Amino material.

Respectfully submitted,

Thomas E. Beatrous, M.D.

Thomas E. Beatrous, M.D.
Radiation Oncologist
Cancer Care Center of Montgomery

TEB/mpf

300 St. Luke's Drive ▪ Montgomery, AL 36117
Phone: (334) 273-8877 ▪ Fax: (334) 273-9733

Dr. Sherwin Raymond, MD, CM

Testimonial

Sherwin Raymond, MD
519 Abbott Avenue
Ridgefield, NJ 07657-2412
Tel: 201-845-6878

September 30, 2005

Mr. John S Everding
5636 Bobby Drive
Livermore, CA 94551

Dear Mr. Everding:

To begin with, I have known Mr. Steven R, Schutt for at least the past twenty-five years. During that time he has become my confidante and friend.

In 1992, I was witness to his first experimental use of what he called his "Tri-Amino" compound, on a squamous cell cancer, which disappeared in less than two weeks and has never reoccurred. Our mutual friend Mr. Jack Coons had this cancerous lesion on the tip of his nose and Mr. Schutt provided him with a bottle of the Tri-Amino Lotion. On or about the twelfth day, the wart like tumor dropped off, leaving no scar tissue. Needless to say I was amazed and astounded for I had never seen anything like that happen in my forty plus years of medical practice.

In January 2003 I began having reoccurrence of angina pains. I had angioplasty for blocked arteries ten years prior this angina pain. This signaled to me that the blockage had returned. Soon after this, when applying some of Mr. Schutt's Tri-Amino lotion to a minor laceration on my hand, I noticed that after forty-five minutes, the angina pains had disappeared. I called Mr. Schutt and informed him of the experience.

We decided to experiment to find out if the Tri-Amino lotion was truly the cause of this phenomenon. I waited thirty-six hours and the chest pains returned. I then applied the lotion to the palms of my hands and the pains disappeared forty-five minutes later. Than I waited for another thirty-six hours and the pains returned. I then applied the lotion to an external hemorrhoid. I knew that if the Tri-Amino lotion were really responsible for the suppression of the angina pain, then the discomfort would disappear in less time because the hemorrhoid was a direct venous route to the heart. Twenty-seven minutes after the application of the lotion, the pains again disappeared.

I than began to use the Tri-Amino lotion daily on various parts of my body.

In June of 2003 I took a trip and was away for six days. When packing, I forgot to put the lotion into my suitcase and was without it throughout the trip. The pains never returned. I discontinued use of the lotion at that time and to this day have had no angina pains.

I suffered from extreme hypertension and even with blood pressure medications lost my kidney function. As a consequence I am now a regular dialysis patient. One very objectionable side effect of dialysis is that for several hours after the treatment all patients have terrible itching all over their bodies. Because the patients' kidneys are non-functioning, they are all restricted to the use of a 1% Lidocaine anesthetic, which hardly produces any itching relief at all.

Mr. Schutt kindly provided me with some Tri-Amino lotion that also contained Doxepin Hydrochloride. I tried it immediately after the dialysis treatment. The relief was total and complete. There were no signs of side effects of any kind and the relief lasted at least twenty-four hours with no diminution of sensation or other signs of anesthesia.

After approximately six weeks of Tri-Amino/Doxepin lotion use, the itching problem had permanently disappeared and has not returned during the last six months. In this period of time I have not needed to use any of the Tri-Amino/Doxepin lotion and am the only patient at the dialysis clinic that has no itching after treatment.

In closing, I am very interested in Mr. Schutt's concept of restoring function to dysfunctional organs by infusing Tri-Amino solution into the arterial side of the blood supply to the dysfunctional organ. If Dr. Ruiz's clinic has suitable dialysis machinery with competent technicians, I would be willing to become a test subject for this procedure.

Very truly yours,

Sherwin H. Raymond

Sherwin Raymond, MD. C.M.

Dr. Sherwin Raymond, MD, - C.M.

Basal Cell Carcinoma

T r i - A m in o F o r m u l a e

Sherwin Raymond, MD
519 Abbott Avenue
Ridgefield, NJ 07657-2412
Tel: 201-945-6878

November 27, 2006

Mr. John S Everding
5636 Bobby Drive
Livermore, CA 94551

Dear Mr. Everding:

In my capacity as a medical advisor to the Tri Amino Corporation, I have examined the dermatopatholigist's reports of 9/28/06, 10/26/06 & 11/14/06 regarding patient Sylvia Sallen. I am of the opinion that Mr. Schutt's "Free Amino Ion Theory" is proven by this documentation.

The 9/28/06 report clearly defines both of Ms. Sallen's carcinomas as "nodular type present at margins". This would indicate that the carcinomas were spreading.

The 10/26/06 report of the surgically excised tissue mass from the right posterior earlobe stated that the margins were "free". This means that the nodules had stopped spreading. Both of the post operative reports state "Changes Consistent With Prior Surgical Site". There is no evidence of tissue destruction as would be present in various forms of chemo-therapy or radiation.

The 11/14/06 report of the surgically excised tissue mass from the chin stated: "No Residual Carcinoma Identified". There is no known example in the literature of either spontaneous disappearance of basal cell carcinoma or its reversal without destruction of tissue. Schutt's theory states: **"Free amino ions bonding to unstable nucleic acids in the nuclei within dysfunctional cells result in biosynthesis, which causes alignment, stabilization and return to the pre-programmed function of those cells".**

Since Tri-Amino lotion was the only pre-surgical therapy used I can only conclude that the Tri-Amino lotion was the cause of the reversal and disappearance of the carcinomas, hence proving Schutt's theory in this case.

Very truly yours,

Sherwin H. Raymond M.D. C.M.

Sherwin Raymond, MD, CM

1

Ms. Sylvia Sallen

Ref:

Dr. Jill A. Cohen, MD, P.C.

Dermatopathology Laboratory

Jill A. Cohen, M.D., P.C.
DERMATOPATHOLOGY LABORATORY

Patient: **SALLEN, SYLVIA**		DOB:	6/5/1928
Specimen #:	**JC06-27571**	Sex:	Female
Specimen Received:	9/27/2006	Physician:	Fleck, Robin
Report Date:	9/28/2006	Procedure Date:	9/26/2006

Notified pt. 10-3-06

SITE:

A. chin B. right posterior earlobe

CLINICAL DX:

A-B. r/o BCE

GROSS:

A. Labeled "chin", 7 mm irregular shave of skin. In toto.
B. Labeled "right posterior earlobe", 6 mm irregular shave of skin. In toto.
JAC/

MICROSCOPIC:

Performed

Done

DIAGNOSIS:

A. SKIN OF CHIN: Exc
BASAL CELL CARCINOMA, NODULAR TYPE
PRESENT AT MARGINS

B. SKIN OF RIGHT POSTERIOR EARLOBE: Exc Done
BASAL CELL CARCINOMA, NODULAR TYPE
PRESENT AT MARGINS

Jill A. Cohen MD

Jill A. Cohen, M.D.
Board Certified Dermatopathologist

98661 CPT Codes: 88305-2

635 N. Craycroft, Suite 101, Tucson AZ 85711 (520) 320-7681
jcdermpath@aol.com

12/12/06 pathology reviewed Sharon Raymond M.D. C.M

Jill A. Cohen, M.D., P.C.
DERMATOPATHOLOGY LABORATORY

Patient: **SALLEN, SYLVIA**		DOB:	6/5/1928
Specimen #:	**JC06-30588**	Sex:	Female
Specimen Received:	10/25/2006	Physician:	Fleck, Robin
Report Date:	10/26/2006	Procedure Date:	10/24/2006

Notified pt. 11/10/06 JJ.

SITE:

right posterior earlobe

CLINICAL DX:

proven BCE (superior margin)

GROSS:

Labeled "right posterior earlobe", 2.3x0.9x0.2 cm oriented ellipse of skin, with a suture at the 12:00 site. The 12:00-3:00-6:00 margins are inked blue; the 6:00-9:00-12:00 margins are inked black. Serially sectioned from superior through inferior in four blocks in toto.
JAC/

MICROSCOPIC:

Performed

DIAGNOSIS:

SKIN OF RIGHT POSTERIOR EARLOBE:
RESIDUAL BASAL CELL CARCINOMA, NODULAR TYPE
MARGINS FREE
CHANGES CONSISTENT WITH PRIOR SURGICAL SITE

Jill A. Cohen MD

Jill A. Cohen, M.D.
Board Certified Dermatopathologist

98661 CPT Codes: 88305-1

635 N. Craycroft, Suite 101, Tucson AZ 85711 (520) 320-7681
jcdermpath@aol.com

12/12/06 Pathology reviewed Sharon Reynard M.D.C.M.

Jill A. Cohen, M.D., P.C.
DERMATOPATHOLOGY LABORATORY

Patient: **SALLEN, SYLVIA**		DOB:	6/5/1928
Specimen #:	**JC06-32744**	Sex:	Female
Specimen Received:	11/13/2006	Physician:	Fleck, Robin
Report Date:	11/14/2006	Procedure Date:	11/10/2006

Notified pt. 11-17-06 JJ

SITE:

chin

CLINICAL DX:

proven BCC. right side margin

GROSS:

Labeled " chin" , 2.5x1.0x0.3 cm oriented ellipse of skin, with a suture at the 3:00 (right side) site. The 9:00-12:00-3:00 margins are inked blue; the 3:00-6:00-9:00 margins are inked black. Serially sectioned from 9:00 aspect through 3:00 aspect in four blocks in toto.
JAC/

MICROSCOPIC:

Performed

DIAGNOSIS:

SKIN OF CHIN:
NO RESIDUAL CARCINOMA IDENTIFIED
CHANGES CONSISTENT WITH PRIOR SURGICAL SITE

RJ

Jill A. Cohen MD

Jill A. Cohen, M.D.
Board Certified Dermatopathologist

98681 CPT Codes: 88305-1

635 N. Craycroft, Suite 101, Tucson AZ 85711 (520) 320-7681
jcdermpath@aol.com

12/12/06 Pathology reviewed Sherwin Raymond M.D.C.M

Mr. Steven R. Schutt

Testimonial

Dr. Sherwin Raymond

Kidneys Results

Steven R. Schutt
709 Frederick Lane
Prescott, AZ 86301
Tel: 928-541-0462
E-Mail: srschutt@msn.com

December 18, 2005

From: Steven R. Schutt

To: John Everding

Re: Synopsis and progress report.

The last week in October, Dr. Sherwin Raymond (whose CV you already have), received 50 X 550 mg capsules of the TriAmino formula for his experimental use. Dr. Raymond lost the use of his kidneys early in January 2005 and has been on dialysis treatment since that time.

He reported back that approximately ten days after he started taking the TriAmino he began to urinate very small amounts (10 cc a day) on an irregular basis. On or about November 11th Dr. Raymond reported that the very fist time he ingested a TriAmino capsule it lowered his blood pressure to 60/30. I am reporting this phenomena because Dr. Raymond stated to me "I have suffered acute Hyper- tension most of my adult life and have taken every known medication for it. I have never seen or known of anything that acted as quickly nor lasted as long as your TriAmino compound." This property of TriAmino must be carefully investigated, as hypertension is the leading killer in the world today.

Dr. Raymond subsequently advised that he cut the dose to 50 mg per day and the minute amounts of urination began 10 days later. On November 18th, he advised that the 10 cc urinations were consistent and occurring regularly. On November 25th, he began to increase the dosage and by December 2nd was taking a full capsule daily. Also at that time he indicated that the quantity of urine excreted had increased to 15 cc a day. On December 9th, he reported that he was urinating twice a day (approximately 10 cc each time). On December 16th, He noted the following improvements in his condition:

1. That his twice, daily urinations were now between 15 and 20 cc each time (for a daily total of between 30 and 40 cc).

2. The dialysis treatment time had been cut from three and one half hours to three and then to two and a half hours per visit (his normal schedule was three and a half hours per visit, with three visits per week).
3. Normally the dialysis treatment removed 3 ½ liters of fluid per visit but during the last visit only 2 ½ liters of fluid were removed.

All of this evidence apparently constitutes proof that the TriAmino material is positively affecting his kidneys. I cannot say with certitude whether the Tri Amino material is restoring kidney tissue, removing granulation tissue or removing mineral blockage. This will have to be determined by MRI's and or Cat Scans.

Respectfully submitted,

Steven R. Schutt,
Inventor of TriAmino formulae and author of Free Amino Theory.

Addendum
December 20, 2005

On this date Dr. Raymond advised that since November 6, 2005, he discontinued **all** blood pressure medications so that his reporting of stable and normal blood pressure could only be ascribed to the Tri Amino compound.

Dr. Raymond stated that his hypertension had virtually disappeared and further, that since November 6th, his blood pressure had normalized to 120/70 which is a reasonable pressure that might be described as abnormally good for a person in his early eighties.

Dr. Raymond further advised that he felt better than he had over the preceding thirty-five years.

Regarding his urinary problems, Dr. Raymond restated his observations that he was consistently excreting between 15 and 20 cc of urine twice a day and irregularly voiding as much as 25 cc during urination.

Respectfully submitted,

Steven R. Schutt,
Inventor of TriAmino formulae and author of Free Amino Theory.

Mr. Steven R. Schutt

Testimonial

Ref:

Mr. Steven Schutt’s Brother in Law

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

(COPD)

Emphysema

Subj: **Regarding COPD Emphysema**
Date: 11/6/2006 10:12:23 P.M. Pacific Standard Time
From: srschutt@msn.com
To: sumpton@aol.com, john.everding@gmail.com

John:

My brother in law has been on constant Oxygen supplementation for the last four and a half years as a result of Chronic Obstructive Pulmonary Disease (COPD). This disease is medically thought to be a one way street with no known cases of reversal.

On 10/03/06, he started to use the Rx version of Tri-Amino inhalant in a small volume nebulizer (model obtained from Liberty Medical). His dosage was 7 minutes per use three times a day. On 10/06/06, I spoke with him and he reported that in the day before (10/05/06), when he had completed the second session of the day he felt a burning pain in the chest, began spasmodic coughing and later coughed a large mass (approximately 1/4 cup) of greenish yellow mucous. There after he had other coughing sessions but all the mucous came out as white or clear. The following week he traveled to Palm Springs, CA for a medical appointment and spent the night in a motel. He didn't use the Oxygen inhalator all night which was the first time in the four and a half years that he was without supplemental Oxygen all night.

When we discussed this a few days later we both thought that the lack of need for supplemental Oxygen was due to the greater air pressure at sea level. It should be noted that Prescott is at 5600 feet and he has lived there for several years and has become acclimated to the altitude.

He told me that after the expectoration of the large mucous mass his breathing was much easier and he needed less supplemental Oxygen (with an average metering number of 4), the metering number gradually decreased to 3, then to 2, and on down to 1. On or about 11/02/06, the metering was running at between .5 to .75 and his time exclusively on room air had increased from a daily total of one to two hours to
three to four hours.

On 11/04/06, he told me that on the night of 11/03/06 he went to bed setting the supplemental metering at .75. When he awakened in the middle of the night to go to the wash room, he discovered that he had not turned the supplemental Oxygen on. He said that he felt like he didn't need the supplemental Oxygen so he did not turn it on when he returned to bed. When he awakened the next morning he said he felt fine, and was breathing normally.

My brother in law has stated: "Only the Tri-Amino inhalant could have been responsible for this reversal of the COPD". I have checked with medical experts (both Sherwin Raymond and Tom Beatrous) and they both agree that this is a highly significant breakthrough.

As we gather more data my brother in law has agreed to put all of this in letter form to the Tri-Amino corporation.

Incidentally, Tom Beatrous has a patient suffering from colon cancer. The cancer has traveled to her lungs. She has been on the capsules and has started on the inhalant. Tom told me today that the patient has reported that her breathing was much easier since starting the inhalation of Tri-Amino. She will be evaluated by pet scan in two weeks and we will know at that time if he tumor mass has decreased.

Regards,

Steven R. Schutt

Wednesday, November 08, 2006 America Online: Sumpton

Shingles

To Whom It May Concern:

This letter is to state that for the last several months I have been testing and evaluating an experimental cream for the treatment of shingles provided to me by Kay Berntsen.

I have suffered with the effects of shingles for the last 21/2 years, sometimes with outbreaks of raw sores and sometimes with a severe burning and tingling sensation on my whole upper torso and lower back.

As I am sure you are aware, the symptoms of shingles come and go, depending on the stress level one is enduring. I have found after continued application of the cream it has lowered the pain to a very tolerable level. It has also softened the skin in the areas where the shingles were most prevalent and scar tissue has softened and is not nearly as sensitive as before.

Continued use of the cream has proved to be as stated in the earlier applications.

If one has never had a prolonged case of shingles, it may be very difficult to realize how discomfort of the skin can affect ones daily life along with the stress of daily living.

I would definitely encourage continued research in this area. Over all, I am very thankful for the opportunity to test this cream.

Respectfully,

Bill Batchelder

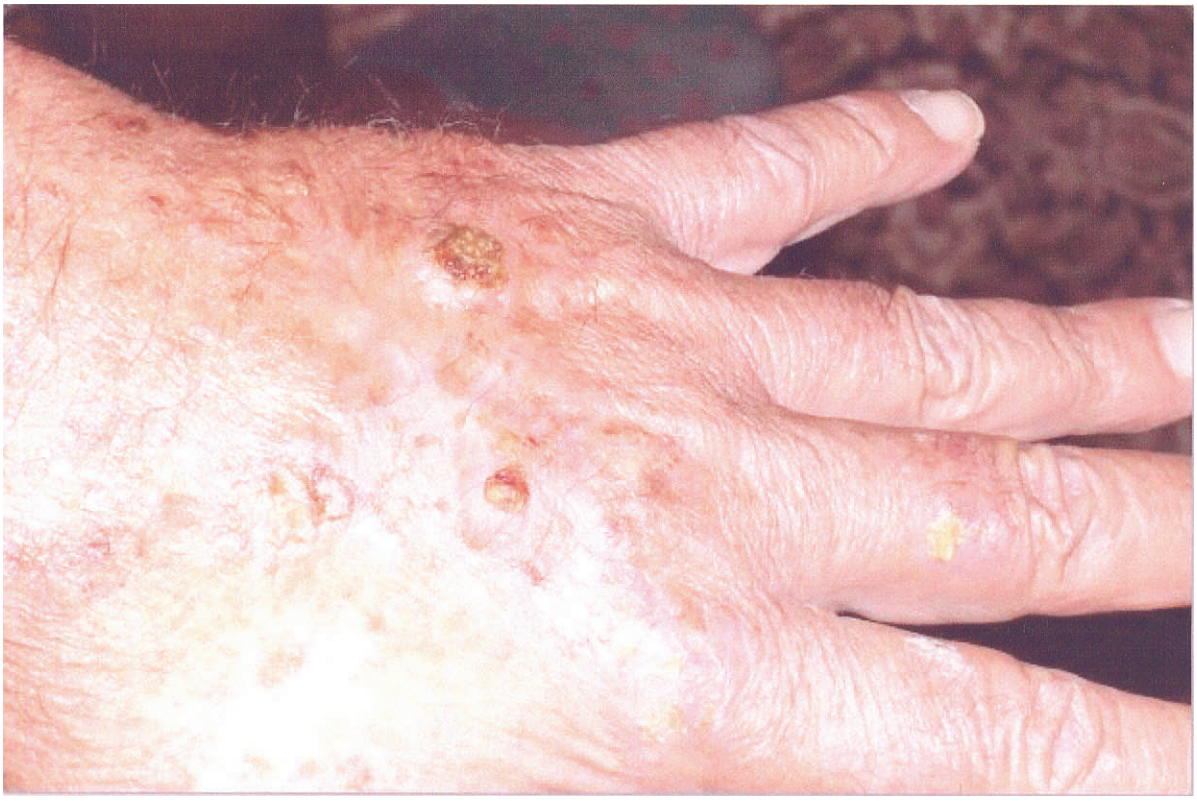
Batchelder

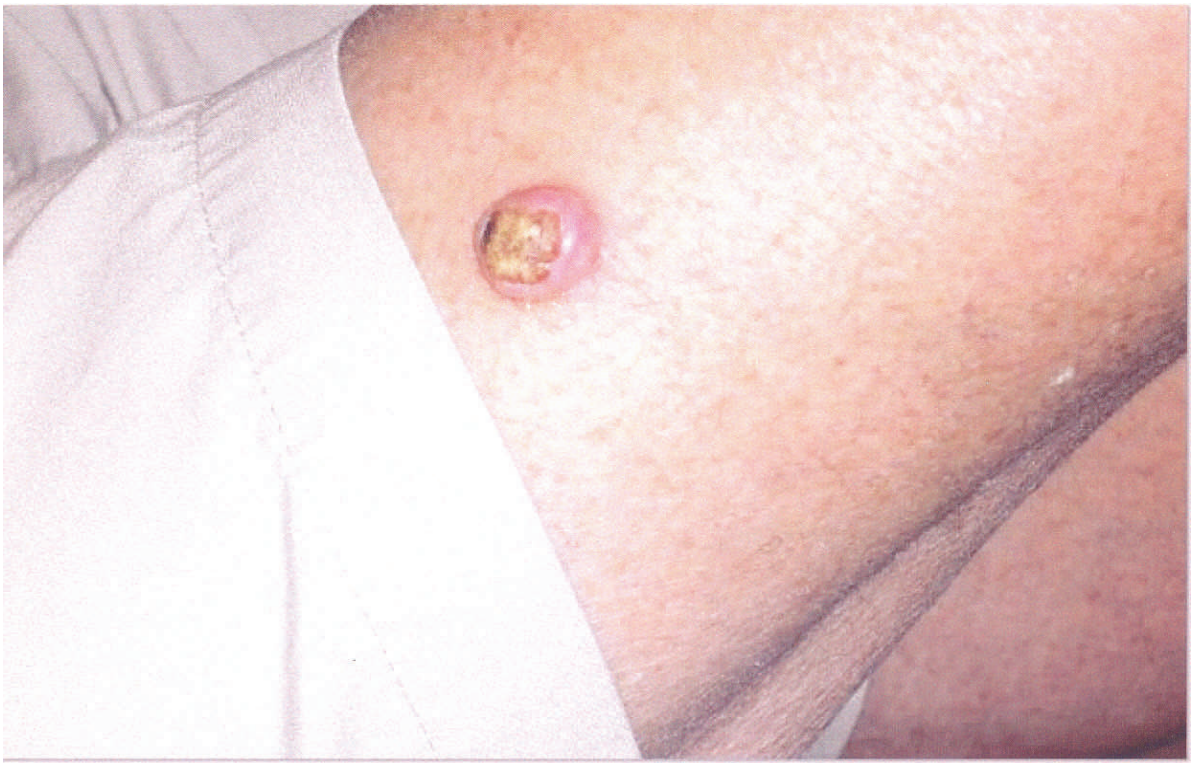
OKLAHOMA CITY
OK 731 2 T
18 MAR 2005 PM

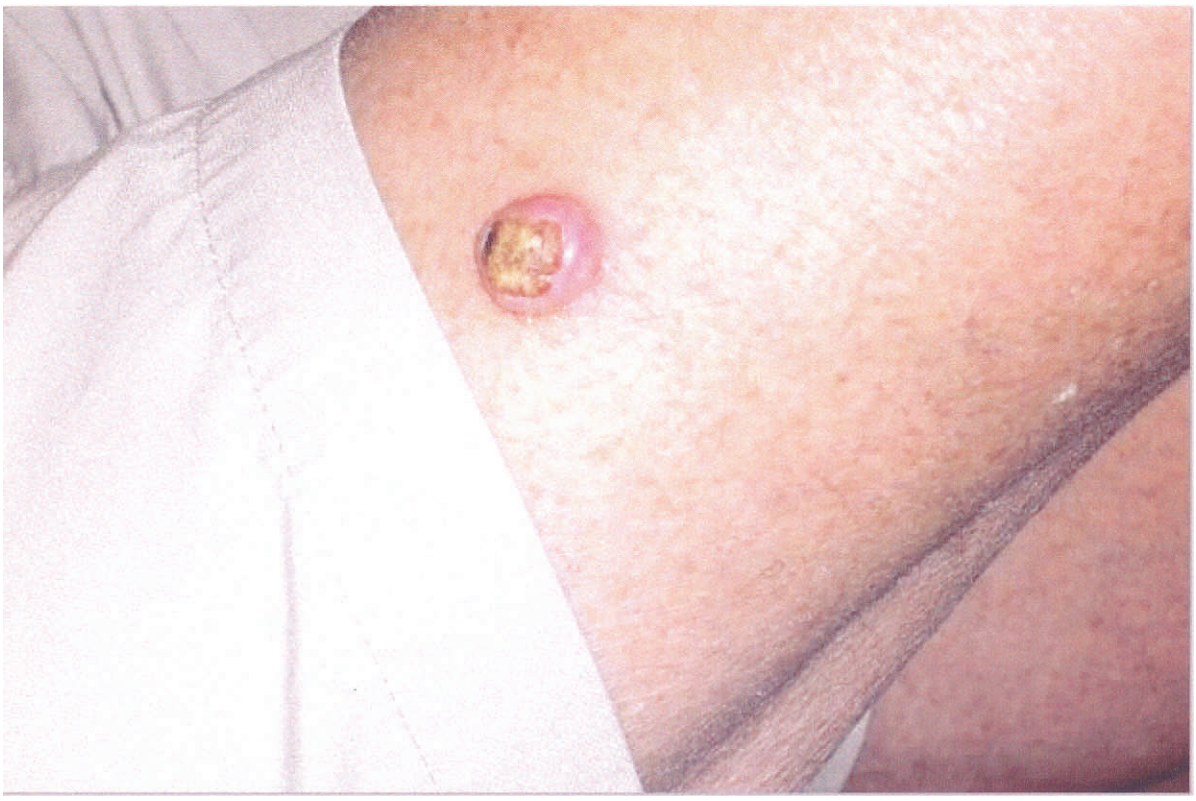
Am Red March Cross

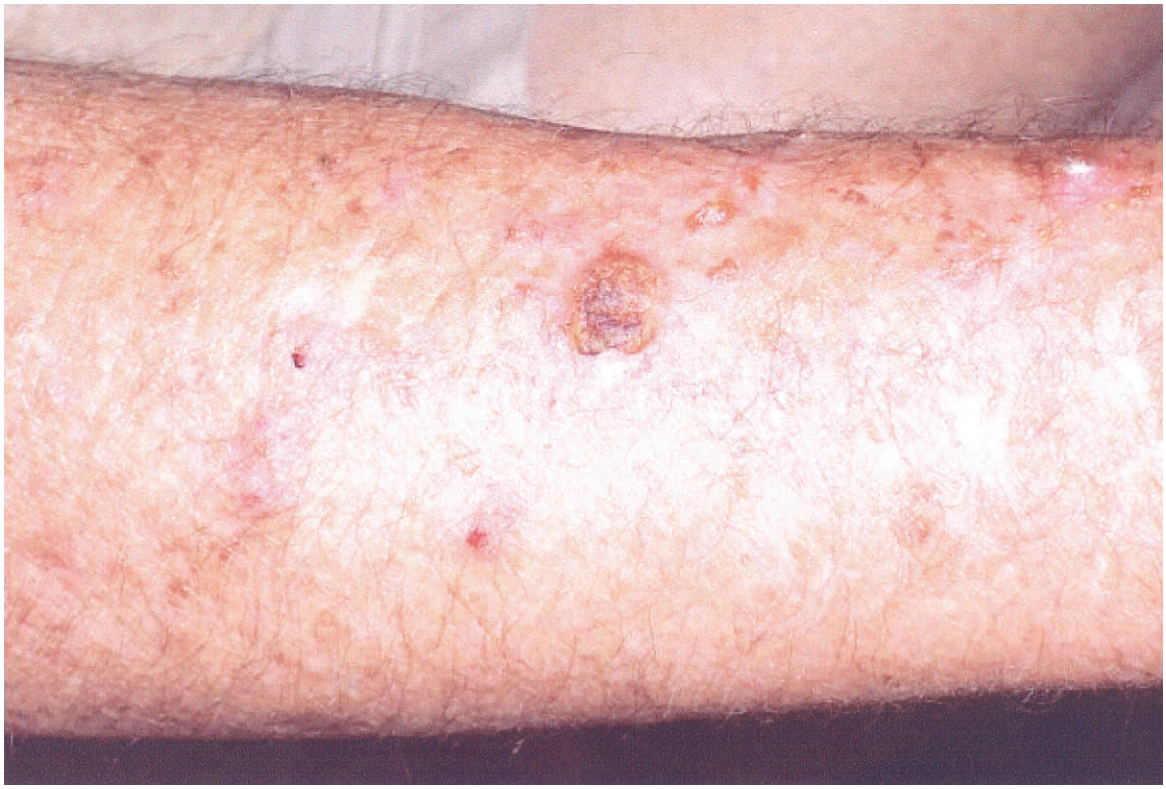
Kay Berntsen

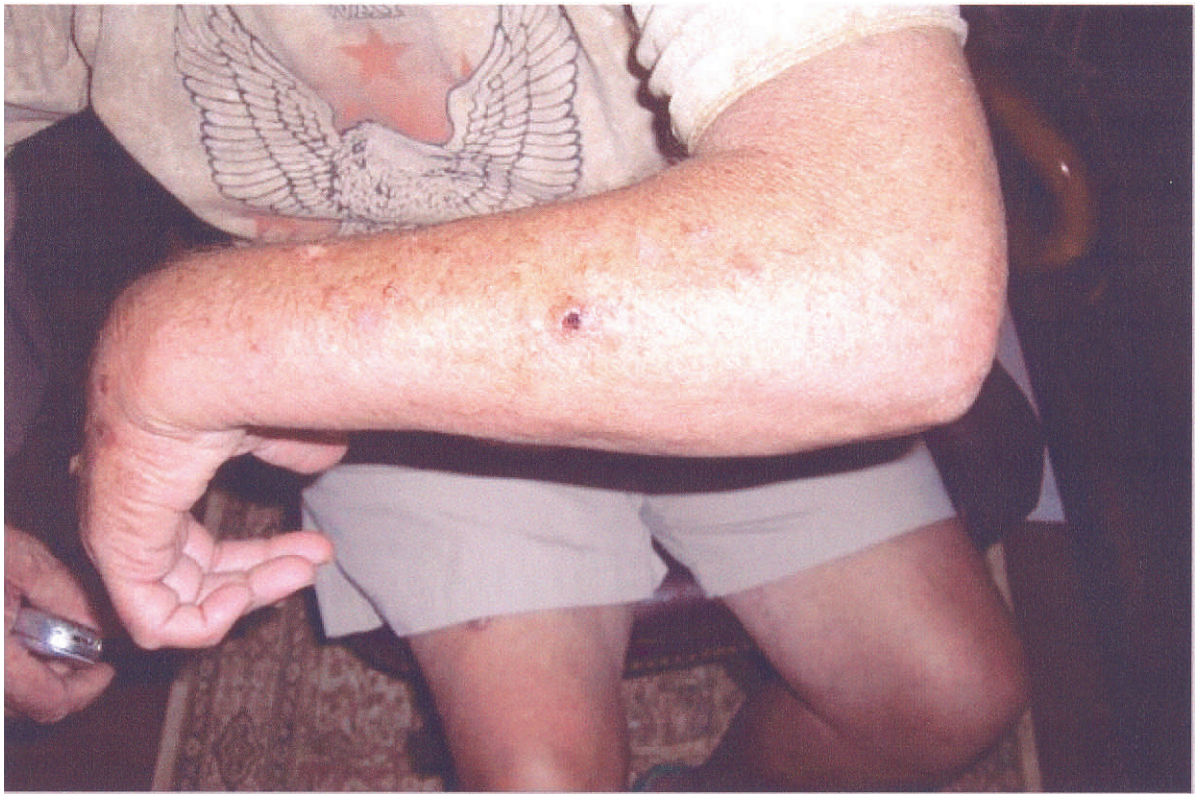
Mr. John Wrench











Latitude Pharmaceuticals, Inc.

Dr. Andrew Chen, CEO

CONFIDENTIAL

Proposal

For

Preparation of Tri-Amino Raw Material and a Topical Lotion

Submitted to: **Tri-Amino Corporation**

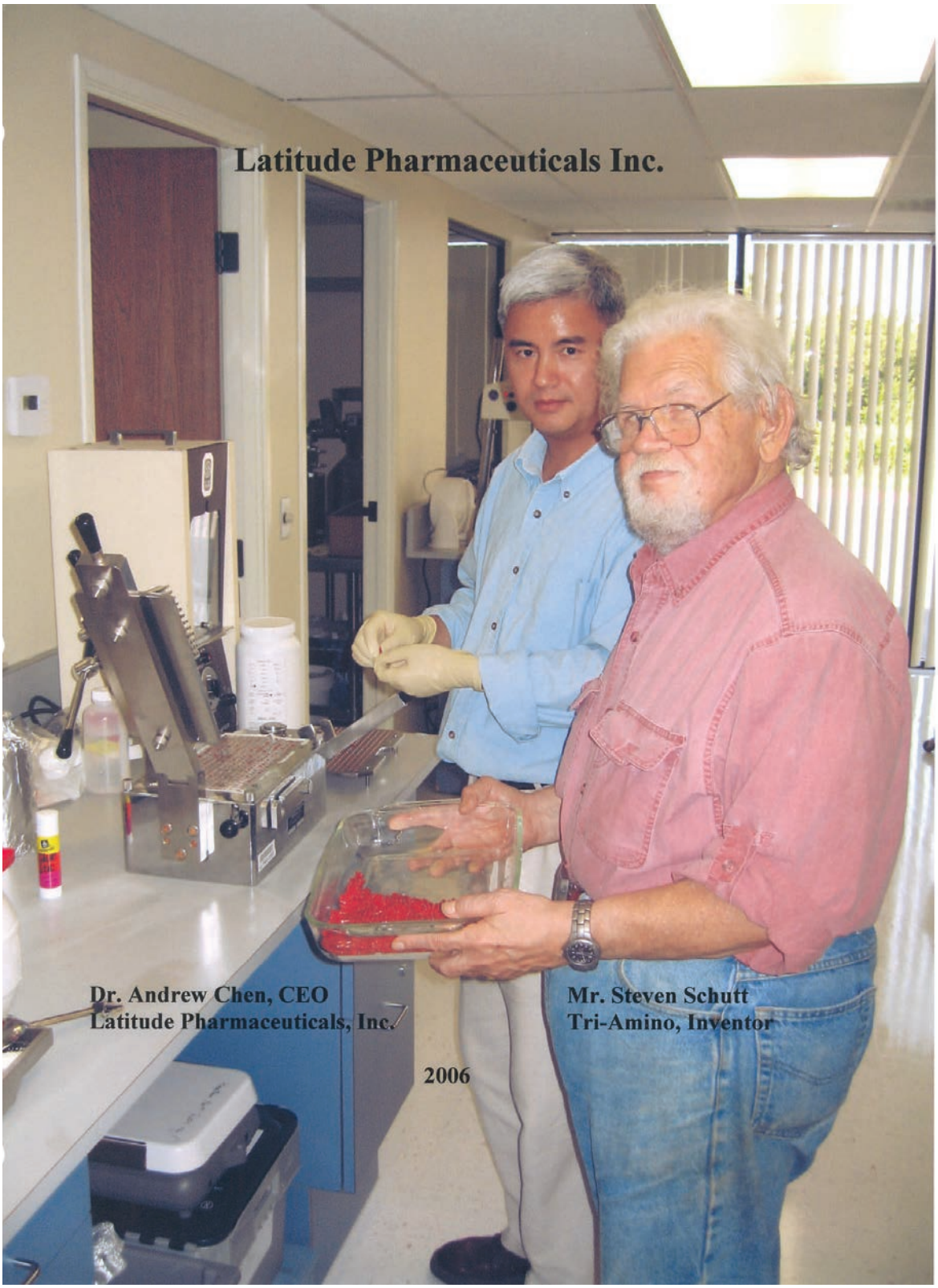
Prepared by: **LATITUDE Pharmaceuticals Inc.**

Date: **June 26, 2006**

Contract# **20060626**

LATITUDE Pharmaceuticals Inc.
6364 Ferris Square, San Diego, CA 92121
Tel: 858-546-0897 Fax: 858-546-0958


Latitude Pharmaceuticals Inc.
Dr. Andrew Chen, CEO
Latitude Pharmaceuticals Inc.
Mr. Steven Schutt, Dir
Tri-Amino, Investor
Mr. Pat Flaherty, Dir
Tri-Amino
Dr. Stephen Wu
Latitude Pharmaceuticals, Inc.
08/2006


Latitude Pharmaceuticals Inc.
Dr. Andrew Chen, CEO
Latitude Pharmaceuticals, Inc.
Mr. Steven Schutt
Tri-Amino, Inventor
2006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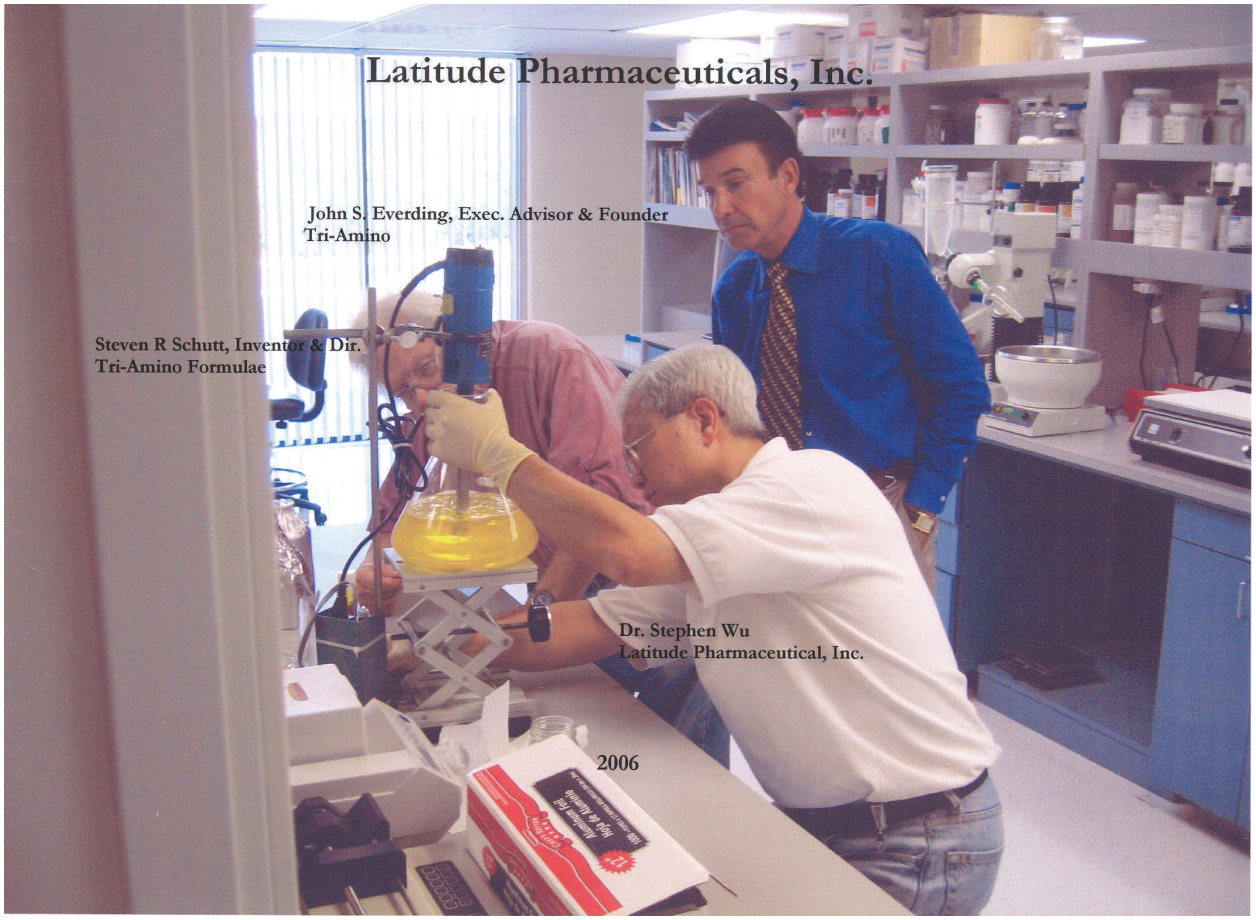
Steven Schutt, Dir.
Tri-Amino
Dr. Stephen Wu
Latitude Pharmaceuticals, Inc.
08/2006


Latitude Pharmaceuticals, Inc.
John S. Everding, Exec. Advisor & Founder
Tri-Amino
Steven R Schutt, Inventor & Dir.
Tri-Amino Formulae
Dr. Stephen Wu
Latitude Pharmaceutical, Inc.
2006

Product Menu


AMINO
LOTIONS, INHALER & CASPULES
Tri-Amino Capsules


Triamino Capsules
Triamino Capsules

T R I - A M I N O

THE FUTURE OF HEALING