EXCHANGE/RETURNS FORM

Name: 
Address: 
City: 
Phone: 
EMAIL: 
ORDER DATE: 
ORDER NUMBER: 
CHECK ONE

<table>
<thead>
<tr>
<th>QTY</th>
<th>PRODUCT DESCRIPTION</th>
<th>Refund</th>
<th>EXCHANGE</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ship Any Unused Products

Purchased within 60 days to:

Giani, INC
1 Lincoln Way
Saint Louis, MO 63120
800-650-5699

Giani, INC
1 Lincoln Way
800-650-5699

Saint Louis, MO 63120

REFUND/EXCHANGE FORM