STEALTH WAS PROVEN TO BE THE MOST POWERFUL ANTIOXIDANT IN THE WORLD
DURING A LOCKED DOWN NOTARIZED STUDY

WE PUT STEALTH IN THE MOST HOSTILE FREE RADICAL ENVIRONMENT IN THE WORLD
HUMAN LUNGS FILLED WITH CIGARETTE SMOKE

Foreword: 2014 Stealth Detox Performance Water is in the final preproduction stages and is a locked down corporate top-secret. Many future preproduction aspects of the system are intentionally undisclosed and are proprietary in nature and will not be discussed in further detail than what appears in this document. Present prototypes produce clean water without anything added to the water in two clustered levels a third clustered level is in development.

The development of Stealth Detox Performance Water began as a theorem by inventor rj based on several connective truths between free radicals, antioxidants, the human body, - + fluctuations in oxygen reduction potential, manipulation in the stringing of water molecules, and the active energy generated through the use of fluctuations in mV to cluster increased negative charges on water molecules when bonding water molecules.

The work of Dr. Lester Packer, Ph.D. provided insight and connective development. Dr. Packer Ph.D. is the world's foremost free radical/antioxidant research scientist. He received his Ph.D. in Microbiology and Biochemistry from Yale University and has been the head of the Packer Lab at the University of California, Berkeley for over 35 years. http://academic.research.microsoft.com/Author/50361145/lester-packer

In the beginning we sought to develop a beneficial product to athletes and the general public seeking to provide increased performance in both strength and cardio during workouts while drinking (SDPW) before and during a workout. In an earlier undocumented study we provided bottles of (SDPW) to a few professional athletes, as well as a few individuals who work out daily at the local gym. We are pleased to announce that everyone reported increased strengths and better cardio performance that prompted a larger documented study scheduled for early next year. (2016)

In May of 2015 we made several major advances in the molecular structures of (SDPW) that we thought might enhance the ability of (SDPW) to strip free radicals from the body in a more powerful rapid manner.

In June of 2015 we conducted another small uncontrolled study with a few individuals that were given a bottle of (SDPW) to drink in an unsupervised manner daily and return for another bottle the next day.

Those results of those tests immediately turned our focus to cigarettes, nicotine, and cotinine production in the body and the effect of (SDPW) on the body's liver, kidneys, spleen, and lungs, during continual smoking events. We discovered that (SDPW) contained antioxidant power beyond our expectations as it demonstrated the ability to produce rapid nicotine and cotinine clearance within the body during live smoking events.

Foundational Introduction

Cigarette smoking is the number one risk factor for lung cancer. In the United States, cigarette smoking is linked to about 90% of lung cancers. Our interest was in killing free radicals in the body. http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm There are any numbers of studies explaining how nicotine and cotinine travel throughout the body, are developed in the body, stored and excreted. One report in particular contains a wealth of knowledge entitled **Metabolism and Disposition Kinetics of Nicotine** from brilliant minds at the University of California, San Francisco, by Janne Hukkanen, Pleyton Jacob III, and Neal L. Benowitz. This excellent detailed study is one of the best available on the defined processes of nicotine and cotinine within the body. http://pharmrev.aspetjournals.org/content/57/1/79.full

Questioning we asked; how do we go "beyond over the top" of their genius knowledge in order to develop a way to potentially impact or reduce nicotine consumption by the body's organs, and how to validate that fact by demonstrating a proof positive reduction in the production of and the rapid removal of cotinine during a continued smoking event. THIS HAS NEVER BEEN DONE IN ALL OF HISTORY. We asked ourselves; Is it even possible to affect the nicotine levels, or the chemical makeup of nicotine. Is it possible to limit the amount of nicotine absorbed by the body during normal daily unaltered smoking events by nicotine addicted smokers?

What potential, or resultant health benefits could be derived from drinking (SDPW)? **I**s it possible to reduce nicotine addiction while not altering the continual smoking habits of cigarette smokers? What about NNK and NNN two known carcinogen by-products of nicotine; can we affect their production in the body as well since we know that nicotine is responsible for the rapid growth of lung cancer and speeds the growth of cancer tumors throughout the body. http://www.webmd.com/cancer/news/20060720/nicotine-speeds-lung-cancer

UNDERSTANDING NICOTINE, COTININE, AND THE INSURANCE STANDARD

It should be noted that neither nicotine nor cotinine have been directly connected to cancer and those facts are WELL publicized. [something the tobacco industry lobbied to obtain] What is not understood by most smokers or understood by the general public is the FACT that nicotine has two brothers produced by nicotine in the body often referred to as the potent carcinogen, NNK, and the weaker carcinogen, NNN, both are nitrosamines

formed from nicotine and they both make cancer happen. Further research is needed to determine what affect (SDPW) might have had on NNK, and NNN as that research was not included during this study.

ABSTRACT: GOING "Beyond Over The Top"

The effect of (SDPW) on of the body's liver, kidneys, spleen, and lungs; and the ability of (SDPW) to neutralize massive free radical attacks during continual unaltered smoking events; can (SDPW) produce rapid nicotine and cotinine clearance.

In this study we sought to find a way to break the entire chain of events or break the chain of events at any point in the development of cotinine in the liver, kidney, spleen, and lungs with the use of (SDPW). In humans, nicotine is primarily metabolized in the liver into cotinine about 70% of the time as the blood is cleansed in the liver. In the metabolism of xenobiotics in the body the enzyme CYP2A6 is the primary enzyme in the liver responsible for the oxidation of nicotine and cotinine.

Is it possible to stop or reduce what would have been normal cotinine production in the liver, kidney, spleen, and lungs by any significance by stripping free radical toxins including nicotine associated with inhaling cigarette smoke through the use of (SDPW)? Cotinine is normally found in higher concentrations than nicotine in plasma, saliva, and urine, and measurements in any one of these fluids can be used as a marker for nicotine intake. Cotinine is a by-product formed after the chemical nicotine enters the body. Measuring cotinine is preferred to measuring nicotine because cotinine remains in the body longer and is a good indicator for determining heavy to light, or even second-hand smoke. Cotinine is the primary biomarker by insurance companies for revealing the body's exposure to/or use of tobacco smoke. INSURANCE RISK premiums are based on this standard. http://www.cdc.gov/biomonitoring/Cotinine_FactSheet.html

ASSUMPTIONS

This study seeks to break the normal chain of events at any point in the development of cotinine in the liver, kidney, spleen, and the lungs with the use of (SDPW) without altering the lifestyle of the smokers smoking habits. In this monitored, controlled, notarized study, the question we seek to answer; is it possible to break the chain of cotinine production in the body by saturating the body's organs the liver, kidney, spleen, and lungs with Stealth Detox Performance Water that contains a strong antioxidant property.

It is our hypothesis that total saturation of the organs over a period of several weeks and months will possibly improve results. We know that (SDPW) is actively stripping other toxins and free radicals in the body at the same time that it is stripping nicotine and cotinine therefore saturation over several weeks or months may yield better results than this test.

Based on previous studies: If we can lower cotinine production that would scientifically and hypothetically imply that (SDPW) must have a POSITIVE LIMITING CORRESPONDING EFFECT ON REDUCING NICOTINE consumption, or possibly changing the chemical makeup of nicotine, and or the possibility of lowered amounts of nicotine entering the smoker's body through the small alveoli in the lungs during a continual smoking event. Based on every previous study on nicotine and cotinine, if (SDPW) produces a continued reduction in cotinine levels this would point to any possible number of major breakthroughs from nicotine addiction, to nicotine intake levels, as well as directly affecting any number of health dangers associated with cigarette smoking according to the insurance standard of RISK levels in cotinine detection.

Present science and all foundational studies in the production of cotinine will find it extremely difficult to explain away a constant drop in cotinine levels without the cessation of smoking.

A constant drop in cotinine levels while continually smoking would have to directly correlate to a drop in nicotine intake when smoking habits are not altered. This would point to several potential changes including the chemical nature of nicotine during the absorption of nicotine by the small alveoli of the lung; or the levels of nicotine entering the body through the small alveoli are being reduced, neutralized, or stripped from the body as a free radical toxin immediately upon entry into the body.

Every scientific study to this present date and time October 26, 2015 4:14PM on the formation of cotinine from nicotine during a cigarette smoking event will **validate** the truths underlined above as correct scientific determinative methodology. Without the cessation of smoking the body would have no choice but to continue the conversion of nicotine into cotinine in the liver. Masking the cotinine production levels is not a possibility, if the smoking habits of the smoker have not changed since cotinine is the direct by-product of nicotine.

INCLUSIVE STATEMENT FOR ADDITIONAL CLARITY ON THE COTININE CHAIN: Nicotine is distilled from burning tobacco, the tiny tar droplets containing nicotine are inhaled from cigarette smoke and the small alveoli of the lung absorbs the nicotine from cigarette smoke. A cigarette on average has a half-life cycle of about 2 hours and every cigarette smoked is accumulative in the body throughout the day and cotinine levels can and often do increase overnight.

We mention this brief understanding because based on that solid scientific fact it should be virtually impossible to record even a substantial drop in cotinine levels in a smoker that continues to smoke all day without restrictions, or NO cotinine detected at the insurance standard of (below 500). Especially when the half-life cycle of 2 hours is factored into the equation from those who smoke a pack or more daily**.**

LIMITED UNDERSTANDING OF THE PRODUCT

STEALTH DETOX PERFORMANCE WATER USED DURING THE STUDY

During the study we will seek to explore and demonstrate the actual effects of X-Factor Laboratories Inc.'s Stealth Detox Performance Water (SDPW) on toxins and free radicals in the body. Full information on the actual invented technology of Stealth Detox Performance Water is proprietarily restricted and will not be readily available for disclosure but we can share these comments; first and foremost it is water in an altered molecular structure with nothing added its just water in another structure; both electrons negative and positive through (- + ORP) are grouped into large active power celled antioxidant clusters that vary in size infused with multiple structured levels that are capable of free radical negation through power celled clustered molecular activities of (- + ORP) fluctuation.

Much of the knowledge gained during this study was used in the final development of Stealth Detox Performance Water units which will now contain three clustered levels instead of the present units that contain only two clustered levels.

This Study Was Done In A Controlled Environment, Monitored, Witnessed, And Notarized.

The participant's one female and four males were all heavy smokers of at least one pack per day and two electronic e-cigarette smokers. Nothing has been added to the (SDPW) at any time and the testing was done with the use and conversion of public tap water into clustered levels through a (SDPW) system.

While the study did not take into consideration the height, weight, ethnicity, or any physical characteristics it did collect that data. The brands of cigarettes were recorded along with all e-cigarette information. The group was monitored to ensure all data was kept pure, this study was about individuals who continued to smoke cigarettes without changing their lifestyles except for drinking (SDPW) for only 7 hours each day of the study.

Can (SDPW) affect real change in cotinine levels under unaltered continual smoking events?

The study was set up to allow participants to continue smoking as they would normally do on a daily basis.

There were two (SDPW UNITS) used during the testing and different groups of active power celled molecules in size and clustered strengths were used with varying (ORP +/-) infusions and fluctuations to gain additional knowledge for continued product development. Participants were given various (ORP +/-) levels of (SDPW) and one participant was given a placebo of plain purified water for two and a half days then switched to (SDPW) for one and a half days to measure any possible changes. The varying (- + ORP) clustered level changes during the study are considered confidential information and will not be included in this report. The knowledge gained from the varying clustered levels will be used for final product development. The varying (- + ORP) clustered levels did not affect the final data of this report but the knowledge gained will make a more powerful system.

1. The study was conducted between 8:30AM daily and 4:30PM daily and there were no restrictions whatsoever placed on smoking or the number of cigarettes each participant could smoke. There were no restrictions on food intake or other drinks up to 9AM each day, and there were no restrictions on food or drink after 4:30PM each day. Lunch was bought in to keep the participants under surveillance with no possibilities of drinking any other liquids.

The only restriction during the study was liquid intake, and that would be a measured 10oz glass of (SDPW) beginning at 9AM and continuing every hour until the last distribution at 4PM.

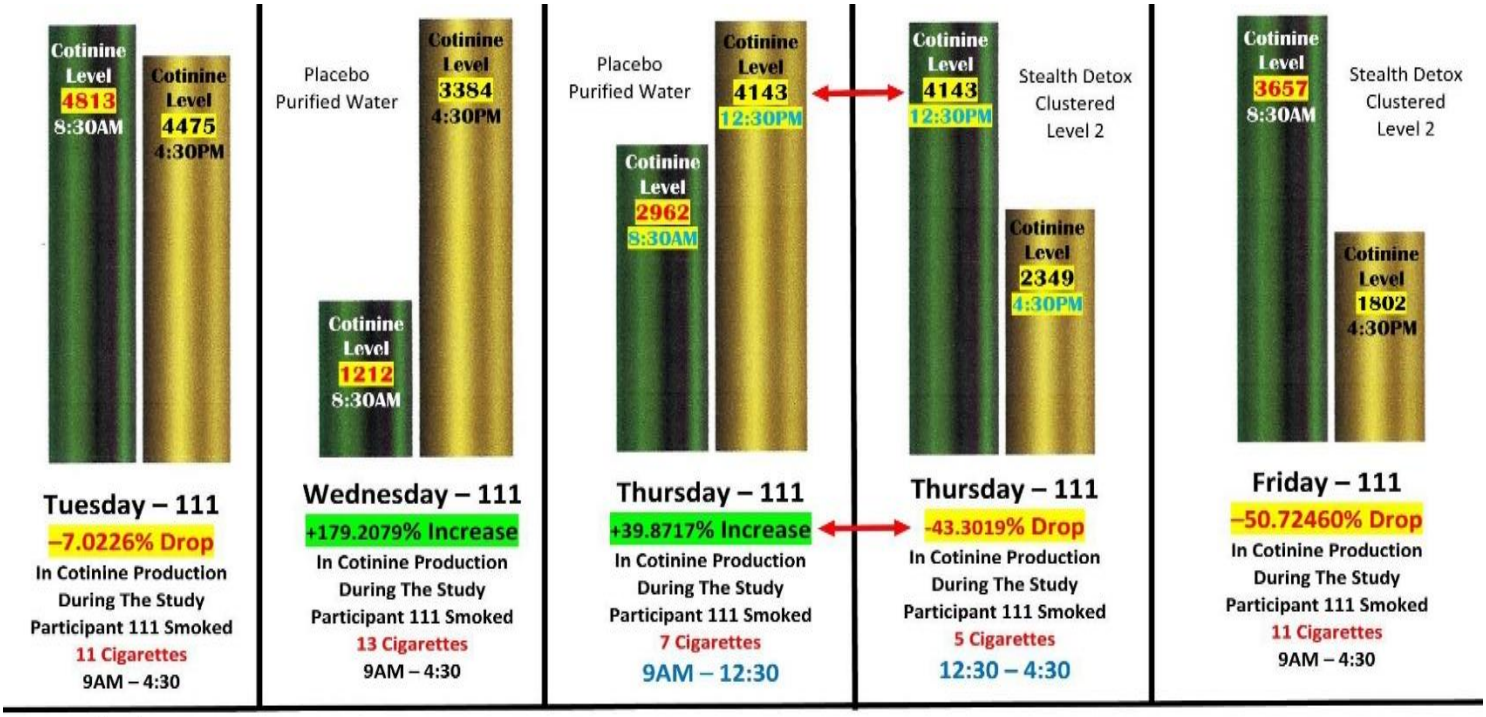
2. The participants were given a sheet of paper each day of the study and were instructed to mark the sheet for the times they smoked during each hour of the study. The times recorded represent the time they lit the cigarette.

3. Urine samples were collected daily at 8:30AM, before the first distribution of (SDPW) at 9AM. Samples were collected at 12:30PM and 4:30PM daily and sent to Lab Trust in Covington Louisiana for cotinine testing levels daily. Our objective was to obtain daily measurement of cotinine levels between 8:30AM and 4:30PM in the production of cotinine levels; we had no way of knowing how many 2-hour half-life cycles were in the participant's body at 9AM. The 12:30PM urine measurement was used when a participant was given a higher or lower fluctuated level + - (ORP) in the afternoon to gain additional product knowledge. Two willing subjects were also tested for THC levels at various times during the study.

4. After the last urine sample of the day at 4:30 the participants were not placed on any restrictions for smoking, drinking or eating, between the hours of 4:30PM and 9AM the next day.

5. During the study, at the end of day-one we discovered the female participant suffered with epilepsy and Crohns disease. http://www.ccfa.org/what-are-crohns-and-colitis/what-is-crohns-disease/

Based on that revelation we suspected that free radical negation of toxins would be diverted towards other free radicals working in the body possibly syphoning the full strength of clustered (SDPW). Both e-cigarette participants proved to be very interesting prompting the prospects of a separate e-cigarette study.



111 a male 56, 204 lbs. brand Marlboro cigarettes arrived one day late for the study.
He was given a placebo of purified water for two- and one-half days on Tuesday, Wednesday and one half of a day on Thursday. Then on Thursday afternoon and all-day Friday he received (SDPW) clustered level # 2.
The Tuesday –7.0226% Drop is not considered significant because of the unknown half cycle lives of smoking events before his arrival.

ANALYSIS OF DATA: The Tuesday –7.0226% Drop is not considered significant because of the unknown half cycle lives of smoking events before his arrival.

What is significant is the drop in cotinine production on Thursday afternoon a -43.3019% Drop and the continued drop in cotinine production on Friday –50.72460% Drop when the purified placebo was replaced with (SDPW) clustered level #2

 # 333 male 30, 160 lbs. smoked Newport cigarettes

Drinking (SDPW) level # 2 the entire week.

Participant requested THC testing later in the week since his friend # 444 had requested THC levels all week and we were curious because the metabolism of THC occurs mainly in the liver in the same manner nicotine converts cotinine and is part of the same cytochrome P450.

We consider this participant a major validation demonstrating the ability of (SDPW) to alter the production of cotinine during continued unaltered smoking events.

The number of cigarettes smoked daily makes it nearly impossible to expect a drop cotinine production when the 2 hour half-life of cigarettes is factored into the equation.

 # 444 Male 30, 175 lbs. smokes Newport cigarettes

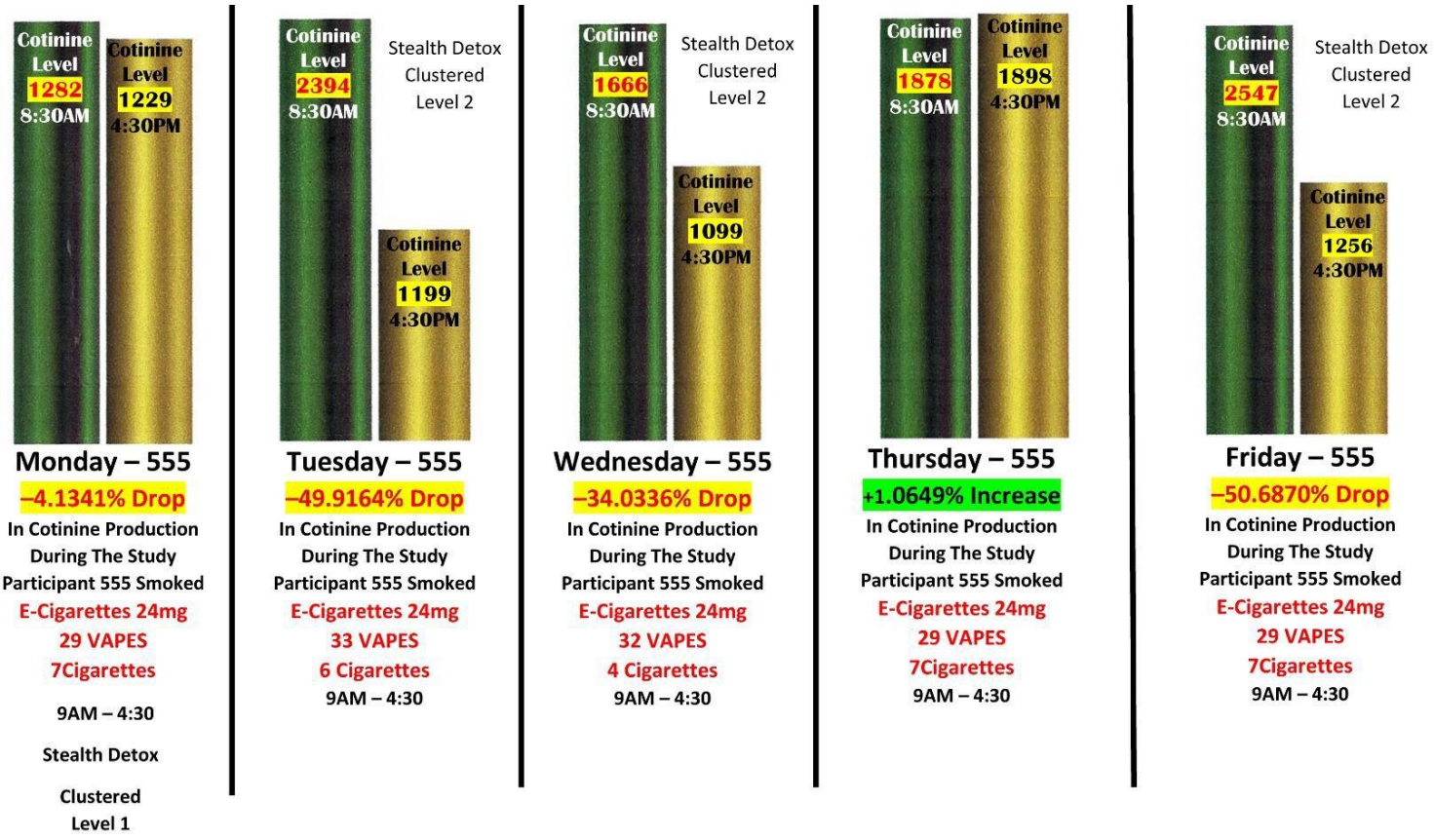
On Monday the participant requested THC levels and informed us that he had smoked cannabinoids that morning. He received (SDPW) clustered level 1 from 9AM until 12PM.

At 1PM we changed the (- + ORP) but maintained the clustered level 1 structure and obtained a vast amount of unexpected knowledge for future modifications.

For the remainder of the week we gave the participant (SDPW) clustered level 2 while experimenting with varied (- + ORP) for greater knowledge in the impact on THC. The levels on cotinine and THC were significantly lower for the remainder of the week.

On Wednesday the THC dropped below the detectable cut off level of 50.

 # 555 female 23 155 lbs. e-cigarettes 24mg nicotine ** Very interesting participant



On Monday the participant received (SDPW) clustered level 1 from 9AM until 12PM. The same as #444

At 1PM we changed the (- + ORP) but maintained clustered level 1 structure, by doing this we obtained more unexpected knowledge for future modifications on the final production units for (SDPW).

*** During the study, at the end of day one the female participant informed us that she suffered with epilepsy and Crohns disease. http://www.ccfa.org/what-are-crohns-and-colitis/what-is-crohns-disease/ based on that revelation we suspected that free radical negation of toxins associated with nicotine and cotinine production would be diverted towards other free radical activity working in the body creating a syphoning effect on the full strength of clustered (SDPW) by fighting free radical toxins and negative acids elsewhere.

Based on her revelation, for the remainder of the week we gave the participant (SDPW) clustered level 2 from 9AM until 12PM each day. While experimenting with varied (- + ORP) clustered levels from 1PM until 4PM.

That data solidifies nearly all of our developmental clustered levels for (SDPW) systems. **Her 12:30 urine samples gave clear direction for the necessity for three clustered levels of (SDPW).**

 # 777 male 23 years 345 pounds Complex e-cigarette 15 mg 0.5 ohms 150 watts 5 volts 80/20 vg-pg

The clouds emitted from this e-cigarette where huge.

When smoking the participant Vaped normally for about 5 minutes during each recorded event.

Four days were below the 500 cut off level for cotinine detection according to the insurance standard. Making his reading under normal testing at 500 the report would say NOT DETECTED.

The results of # 777 compels us to pursue a full e-cigarette study with (SDPW) once we understand the technologies used in today's market.

Summary, Conclusions, and Observations:

The results "were beyond over the top" of what we expected and they speak volumes about the need for further examination. All of our questions about how many clustered levels to develop were answered by the results. We believe that we have only touched the surface with the possibilities for the use of (SDPW). We know there is not a free radical, toxin or a negative acid in the body that cannot be affected to some degree by (SDPW).

Further study is needed in the following areas:

1. A definitive answer(s) on where, what, when, or how we affected nicotine as it enters the body.

2. Saturation of the body's organs with (SDPW), at what point are the maximum benefits obtained.

3. Testing is needed on other health problems in order to understand the peripheral effects of (SDPW) on the entire body.

(a) Type II diabetes

(b) Blood Pressure

(c) Inflammation & total body acids

(d) Cholesterol

(e) UTI

(f) Acid reflux

(g) Uric acid

(h) Ulcerative colitis

(i) Crohnes

** Some limited testing has been done on the peripheral areas listed above and the results were encouraging. However, longer controlled studies are required before any definitive conclusions can be made.

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COPIES OF URINE TEST RESULTS ARE AVAILABLE IN A SEPARATE FILE ALONG WITH ALL NOTARIZED STATEMENTS AND DAILY SMOKING SHEETS.

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