Omnific LLC

The B.E.S.T. breast cancer diagnostic tool available

A dedicated partner in the fight against breast cancer

Table of Contents

1.0 Executive Summary

1.1 Product

Omnific LLC has developed a revolutionary new protocol that uses physiologic rather than anatomical indicators to detect breast cancer in women. This revolutionary protocol was designed to greatly reduce the risk of false positives while at the same time eliminating the need for costly and painful biopsies. B.E.S.T can identify tumors that are as small as 2 mm^3. This is 175 times smaller than current mammograms. The B.E.S.T protocol is the only cancer detection tool that provides quantitative results and can easily distinguish between calcium deposits, normal tissue, inflammatory (pre-cancerous) and cancerous tissue. It will allow doctors detect breast tumors early and accurately which will greatly contribute to the success rate of breast cancer treatments.

1.2 Customers

The customers are a combination of hospitals and patients. We are selling, to the hospitals, our services. Our service will be our technicians running the gamma camera, that most hospitals have, properly to screen for cancer. Our customers include the patients as it is them that we are helping by searching for the disease.

1.3 Evolution

With this type of technology, our limits are non-existent. While it may take time to gain the capital necessary to expand, our service will expand just as fast. We see our company moving to Las Vegas after Reno, then to UCLA in California. From there we will see the B.E.S.T protocol take over as the number 1 breast cancer screening protocol.

1.4 Investment Opportunity

We are currently approaching local investors to raise 25,000 dollars in capital for patent costs. As our business continues to grow we will seek out potential investors to fund our expansion into Las Vegas. Once our procedure is establish throughout the state of Nevada and replaces current breast cancer detection methods our company will attract to high profile investors in order to embark on national expansion.

2.0 Company Overview

2.1 Mission Statement

B.E.S.T BREAST is a dedicated partner in a woman's fight against breast cancer. We aim to provide the top breast cancer diagnostic tool so that women can be informed when their cancer is in its earliest stage, when it is most treatable.

2.2 Vision

B.E.S.T will offer the female community a screening procedure that will be more accurate and less painful than any other detection system currently on the market. Our company's primary goals are: to reduce the number of false positive, to eliminate the need for painful biopsy procedures, and to offer an accessible solution for rural communities who may not be exposed to quality detection methods. It is our vision that in the next five years B.E.S.T will become the number one method, within the medical industry of Nevada, in Breast Cancer detection.

2.3 Principle Members

Adam Kahn, Chief Executive Officer
(702) 271-3251
Akahn20@hotmail.com

Kyle Farnworth, Chief Financial Officer
(775) 790-9482
IvanK.farnworth@gmail.com

Corey Croasdell, Chief Information Officer
(775) 771-3713
Ccroasdell@yahoo.com

Christina Romeo, Public Relations/ Marketing specialist
(702) 445-0484
Christina.romeo@yahoo.com

Chad Brown,
(918) 767-2676
Chadbrown@thechadwick.com

2.4 Legal Structure

At our current stage we have established our business as a Limited Liability Company. As we continue to grow we will consider transitioning into a corporation in order to raise needed capital for national expansion.

2.5 History

In the early 2000's, Dr. Richard Flemming developed the B.E.S.T protocol. More than 10 years later, Dr. Flemming approached the business consultant Chad Brown with the idea of turning B.E.S.T into a viable business. In 2013, Chad Brown founded Omnific LLC. In the one year since its foundation, Omnific has not made any sales or generated revenue of any kind, nor had any viable business plan been developed.

In February 2014, Corey Croasdell was approached by a third party that informed him Mr. Brown was looking for a team to help him develop a business plan. Excited about the opportunity, Corey reached out to Adam Khan and Kyle Farnworth for help. Adding Christina Romeo in early March 2014 rounded off the team. Since that time, the team has worked hard to research and develop a sustainable business plan aimed at launching the B.E.S.T protocol into the market.

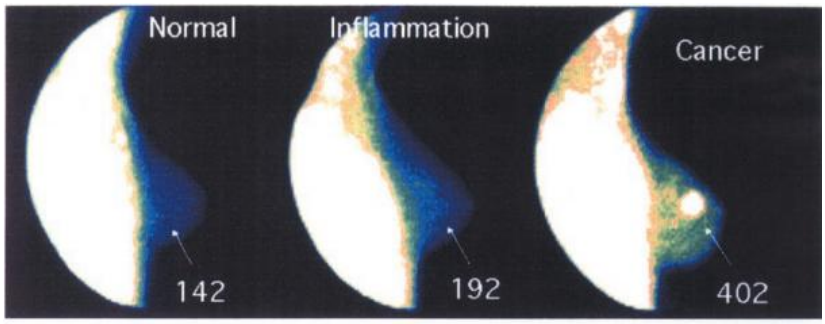
3.0 Product

3.1 Product Description

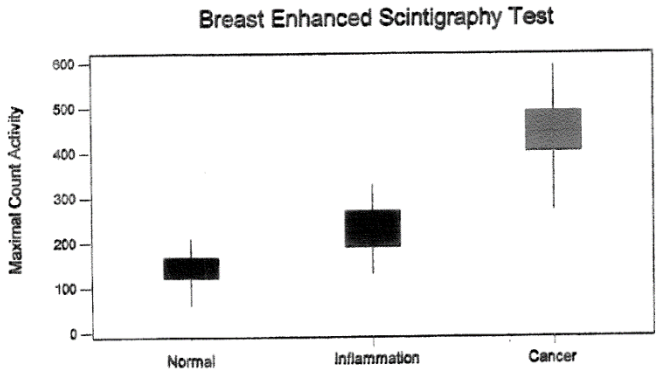
Breast Enhanced Scintigraphy Test (B.E.S.T) is a revolutionary new protocol designed to quickly screen and diagnose women for breast cancer. Current screening technologies use *anatomical* differences between different tissue types to screen for cancer. A biopsy is then performed to confirm or reject the results of the screening. B.E.S.T is revolutionary in the fact that it monitors *metabolic* differences between different cell types, in order to differentiate between normal tissue, pre-cancerous tissue, and cancerous tissue.

How it works

B.E.S.T utilizes the combined effects of the vasodilator dipyridamole (HDD) and the radioisotope Technetium (Sestamibi) in order to diagnose breast cancer. The delivery and subsequent uptake of sestamibi by a tumor is dependent on (1) the delivery of the isotope to the cancer (blood flow) and (2) metabolic activity of that tumor [1]. Administration of HDD dilates the blood vessels of the patient and ensures that a sufficient amount of sestamibi is delivered to all cells. Cells have been shown to incorporate sestamibi to different extents in an energy-dependent manner. Cells with high metabolic rates incorporate high levels of sestamibi. Because cancer cells are continuously growing, they must maintain a high metabolic rate. As a result, tumors take up a much larger amount of sestamibi than normal cells. Laboratory results show that Inflammatory cells uptake sestamibi to a greater extent than normal cells but to a lesser extent than cancerous cells [2]. Sestamibi is a radioactive compound that emits a small amount of radiation as it decays. A special camera, called a gamma camera, detects the radiation released by the sestamibi, quantifies it, and produces an image that can then be analyzed. Areas with high sestamibi uptake (cancer) appear as brighter and more intense spots on the readout. (see below)



The real advantage of the B.E.S.T protocol is the ability to quantify the results. This allows doctors to diagnose a patient without having to perform a biopsy. The gamma camera records the number of "scintillations" received by each photoreceptor and correlates that data with the appropriate location on the image. This data is recorded as Maximal Count Activity (MCA). The MCA value for any area of the breast image can easily be found using computing software. MCA values below 200 indicate healthy tissue, 200-300 shows inflammatory (pre-cancerous) tissue, and any MCA value greater than 300 specifies cancer



3.2 Pricing Structure

The price we feel that will be suitable for this procedure is a total of $1,000. The cost for the protocol will be $600 just to run the test. We will charge the hospital $100 per test. This way we will be able to bring in profits while also paying our technician $25 an hour. The hospital will then have $300 to pay their employees and bring in some profits.

3.3 Intellectual Property Rights

Omnific LLC currently has a patent application with the United States Patent and Trademark office. This patent is titled *Quantified Differentiation and Identification of Changes in Tissue by Enhancing Differences in Blood Flow and Metabolic Activity* and will prohibit other parties from using vasodilators in conjunction with radioactive compounds for the purposes of tissue differentiation and identification.

3.4 Legality

Vasodilator: High density dipyridamole (HDD) received FDA approval in 1996. According to ANDA 074521

Radioisotope: Technetium TC-99M (Sestamibi) received FDA approval in 1990 according to ANDA 019785

3.5 Competing Technology

The competing technology that we will encounter is that of the mammogram. The mammogram is an established test since the 1950s. It's been tested and shown to be somewhat effective in the detection of breast cancer. However, the technology is limited in its time and abilities.

4.0 Market and Demand

4.1 Market

An appealing prospect about operating within a medical field such as breast cancer is there will always be demand from the market and room for growth and improvement. With over 200,000 woman a year diagnosed with breast cancer in the United States we have a very promising opportunity of penetrating the national market after establishing B.E.S.T as a reliable procedure within Nevada. Our target market will include woman over the age of 18, but there will be a heavy concentration of woman over the age of 40, who are at significantly greater risk of developing breast cancer. They also account for more than half of mammogram screening procedures in the United States. In Nevada 56.2 percent of woman over the age of 18 reported having a mammogram with the past year, and 66.8 percent of woman over 40 had a mammogram within the last 2 years (http://health.nv.gov/PDFs/HSPER/Snapshots/SnapshotOfWomensHealth.pdf). From the 7 Northern Nevada counties we will initially operate in there are approximately 240,000 woman over the age of 18, if we multiply this population by the 56.2 percent of woman who are likely to undergo a breast cancer procedure we attain a potential target market of 134,880 woman.

4.2 Demand

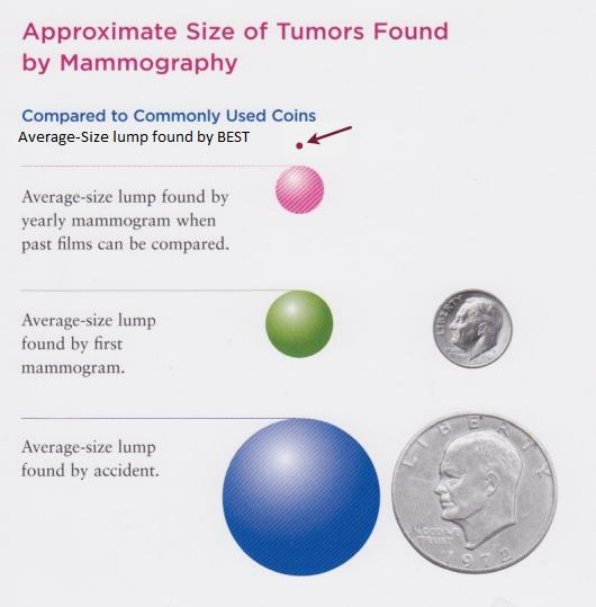
Elimination of False Positives

Even though current mammography technology has proven to be successful in early detection of breast cancer there are an extremely alarming number of false positives. On average 10 percent of woman are required to undergo a biopsy procedure upon results of the initial screening, only 20 percent of these woman will be diagnosed with cancer (cancer.org). These false positives lead to unnecessary medical costs and pain for patients, which have the potential to deter woman from recommended annual testing. These negative consequences could potentially diminish the reputation of diagnostic centers which could be detrimental to their business. The B.E.S.T procedure completely eliminates false positives and has the ability to accurately determine if

cancer cells are present without the need for a biopsy. B.E.S.T will improve the reliability of diagnostics centers diagnosis rates as well as make the procedure more comfortable and less frightening for new and annual screening patients.

Earlier Detection

Our procedure has the capability to detect tumors that are only 2mm in diameter, as opposed to a mammogram which, on average, identifies tumors 15mm in diameter. Early detection is extremely important because it allows for aggressive treatment during the early stages of the cancer which leads to a much greater chance of survival. Only 60 percent of current breast cancer detections are diagnosed at a localized stage, meaning the cancer has not begun to spread to other parts of the body, the five year survival rate for patients diagnosed at this stage is 98%. (http://www.cancer.org/acs/groups/content/@epidemiologysurveilance/documents/document/acspc-037535.pdf). B.E.S.T will allow diagnostic centers to increase detection at the localized stage because it has the capability to detect if a tumor is present much sooner than a mammogram.



Comprehensive Procedure

At the current moment in order for a woman to be properly diagnosed with breast cancer they have to proceed through a 4 stage process. They first receive an initial Mammogram and if anything looks out of the ordinary they will be recalled for a “close up” mammogram, in which the physician performs a second mammogram but takes pictures from more angles. If the physician determines based upon visual evidence that cancer cells may be present the patient then has to receive a sonogram. Depending on the results of the sonogram the physician will determine if a biopsy is then needed in order to determine if cancer cells are present. This

process is both time-consuming and highly expensive. B.E.S.T will effectively consolidate this overdrawn process into one simple 20 minute procedure which will attract woman to performing the procedure because it ultimately saves both time and money.

4.3 Customers

Our initial target customers are diagnostics centers and hospitals located in Reno and the surrounding area. These centers will have the opportunity to rent one our technicians who will act as vendors providing the B.E.S.T detection procedure to their clients. As stated previously 56.2 percent of woman over the age of 18 have reported having a mammogram within the past year, thus making Breast Cancer screening a high volume service in these establishments. The B.E.S.T protocol uses a gamma camera in order to read and interpret the radioactive signal of Sestamibi. Luckily, all major hospitals and diagnostic centers are equipped with this camera. Better yet, this camera is not always in use because there are not enough patients to fill the time for the entire day. This means that for certain hours every day, the gamma camera is not being used. We propose do develop a partnership with the hospitals and imaging centers to allow us to use this downtime in order to conduct B.E.S.T tests. Below is a table which displays our 3 primary target customers within a few months of beginning operations. Based on information we have accumulated thus far we estimated the hours these organizations nuclear camera's will be free for B.E.S.T. procedure use. Realistically 2 procedures could be administered within one hour, if we multiply this by the number of hours available the results gives us the number of procedures we could perform a week at each location.

Customers	Available Weekly Camera Time (Hrs.)	Test Administered Weekly
Reno Diagnostics Center	10	20
Carson- Tahoe Medical Center	15	30
Northern Nevada Medical Center	20	40

4.4 Competitors

Our technology competition will be from current breast cancer detection methods. The most prominent of these are mammograms, sonograms, and Magnetic Resonance Imaging (MRI). All of these are established protocols and are not expected to change in the upcoming years. Currently, the mammogram is the staple of breast cancer detection and is by far the most recommended test recommended by doctors. Furthermore, both sonograms and MRI are used as a supplement to mammograms and cannot stand alone as breast cancer screening methods. A method known as Tomosynthesis is now being developed and could turn into a competing technology down the road. However, tomosynthesis is simply a 3-D version of a mammogram and therefore is subject to the same limitations.

Mammograms: Mammograms are x-ray screening of the breast. During a mammogram, the woman's breast is pressed between two plates while the x-ray is taken. The results for a mammogram are shown as a black and white image that is then interpreted by a licensed physician.

Magnetic Resonance Imaging (MRI): MRI uses magnetic fields to create an image of the breast. A contrast agent is injected into the patients arm through IV before the test in order to provide better image quality. Tests result in a black and white image that must be interpreted by a licensed physician. MRIs are currently used to further investigate a particular area of interest generated from a mammogram. MRIs are considerably more expensive and do not replace mammograms.

Sonograms: Sonograms use sound waves to outline parts of the body. The transducer emits sound waves which are picked up as echoes as they bounce off body tissues. These echoes are converted by a computer into a real-time black and white image that can be read by a licensed physician. Sonograms do not replace mammograms, but are used instead to focus on an area of interest found by a mammogram.

Tomosynthesis: Tomosyntheis is a 3-Dimensional mammography test in which the breast is compressed between two plates and the machine takes multiple low dose x-ray images at different angles. These images are then compiled into a single 3-Dimensional image. This can be helpful for doctors trying to determine whether a spot of interest is normal dense breast tissue, inflammatory tissue, cancerous tissue, or simply benign a calcium deposit. This procedure is not yet established in the medical field.

Of the current procedures, only mammograms are allowed to stand alone as a screening procedure. Both MRI's and sonographs are used in conjunction with mammography to help specify the results of a mammogram before the doctor orders a biopsy.

4.5 Competitive Advantage

Competitive Advantage

B.E.S.T offers several significant advantages compared to the protocols in use today (mammograms, sonography, and MRI tests).

B.E.S.T Quantitative not Qualitative

The current screening procedures result from the reading of a black and white image by either a technician or a physician. Due to the difficulty of this, 20% of existing breast cancers are missed during mammograms. B.E.S.T results are in a numerical value that can be compared with benchmark values to diagnose cancer. It does not involve identifying shades of grey. B.E.S.T will substantially reduce the 20% of cancers that are missed by mammograms.

B.E.S.T can detect cancer EARLIER!

B.E.S.T uses metabolic differences to distinguish between: calcium deposits, normal tissue, pre-cancerous tissue, and cancerous tissue. Because of this, B.E.S.T is able to identify tumors that would be indistinguishable using a mammogram. The average-sized tumor found by B.E.S.T is 175 times smaller than the Average0-size lump found by mammograms.

Current tests are screening not diagnostic

Mammograms, MRIs and sonographs don't diagnose cancer. Biopsies are required to confirm the results of the screening. B.E.S.T differentiates between cancers and other tissues providing conclusive diagnosis of cancer.

B.E.S.T eliminates false-positives

80% of biopsies are negative for cancer. Because B.E.S.T can accurately differentiate between tissue types, false-positives are eliminated. This will save millions of dollars for patients, insurance companies and society.

B.E.S.T can be used to analyze treatment effectiveness

Current breast cancer treatment often results in inflammation of the breasts. MRI's, mammograms, and sonographs cannot distinguish this inflammation from cancerous tissue and cannot therefore be used to track the progress of a treatment. Doctors must wait until the culmination of the treatment to determine if it was successful. Because B.E.S.T differentiates between inflammation and cancer, it CAN be used to track treatment effectiveness

Radiation exposure

B.E.S.T exposes the patient to one-third of the x-ray radiation that mammograms do.

Cost Effective

Breast cancer screening using sestamibi scintimammography in conjunction with mammography, this is cost effective in avoiding biopsies in healthy patients. [http://0-www.minervamedica.it.innopac.library.unr.edu/en/journals/nuclear-med-molecular-imaging/article.php?cod=R39Y2000N02A0168]

5.0 Management Team

Adam Kahn, Chief Executive Officer
Adam is currently an undergraduate at the University of Nevada, Reno. He will graduate in December of 2014 with a degree in Accounting and Economics. Adam is a highly motivated and determined professional who has already been exposed to the corporate world through an internship with Lufthansa German Airlines in San Francisco, and his current partner-facing role with Microsoft. Adam has experience in project management, leadership, business development, and partner networking. He will pursue an MBA after acquiring more business knowledge and experience in the real word.

Kyle Farnworth, Chief Financial Officer
Kyle is currently an undergraduate at the University of Nevada-Reno. He is pursuing a B.S. in Finance and Economics. His completion date will occur in May of 2015. As a student of business, when Kyle was approached with the prospect of starting a company that was in the business of helping women, he couldn't say "yes" fast enough.

Corey Croasdell, Chief Information Officer
Corey is currently an undergraduate student at the University of Nevada – Reno. He is pursuing a BC in Biochemistry and a minor in Analytical-Organic chemistry. He will complete his degrees in May of 2015. He has worked in the Ronald S. Pardini cancer research laboratory for three years. After hearing about the science behind Omnific, Corey was excited to jump on board and explore the business side to science. Corey's scientific background will allow him to branch out to hospitals and clinics in order to explain the technology and develop business relationships.

Christina Romeo, Public Relations/Marketing Specialist
Christina is currently an undergraduate at the University of Nevada-Reno. She will graduate in the May of 2014 with a Journalism major with a concentration in public relations. Christina is currently in a public relations intern role at a local Reno on-profit called Think Kindness. Her Resume for public relations and marketing also includes high profile clients such as Sports Illustrated and Miss USA. Christina is a passionate individual who will be able to effectively build relationships with organizations and partners throughout the community.

6.0 Operating Strategy

6.1 Growth Strategy

Our growth strategy consists of 3 different phases. Each phase will focus on either the growth of our employees, the growth of our customer base, or a combination of both.

Phase 1

Our business model well be structured as a medical vendor. Instead of selling the procedure to diagnostic centers and hospitals, these businesses will have the opportunity to rent one of our technicians who will only administer the B.E.S.T, procedure. We will receive compensation to cover the technician's salary as well as earn an acceptable profit. Operating in this manner allows us to effectively place our procedure in numerous establishments without investing in expensive gamma cameras, nurses, mal-practice insurance, materials, and physicians. In essence Omnificent LLC will act as a service company. We are expecting that a technician will be able to work up to 40 hours a week, 48 weeks a year the year. As the demand for our services surpasses the total work time for our technician, we will acquire a new individual to meet demand. The time to hire more Technicians will happen during the course of year 1 and further on into our future.

Phase 2 is the growth of our customer base and expansion of our company. Each hospital has an amount of time available to be used on each of their Nuclear Imagine Cameras. We will surpass this amount as our demand grows and need to venture to different hospitals and diagnostic centers. We will also move out of the "home office" into a separate office space, thus adding more credibility and hopefully expanding our services. This date shall occur in year 2.

Phase 3 will see Omnific move south to Las Vegas. This will allow us to tap into a larger customer base and will create a higher revenue stream. The growth to Las Vegas will see us buying an office before we move down. We expect this date to come at the beginning of year 4.

Future Growth

Once we grow to the point of having market control in the state of Nevada, we have arrived at a few options:

Acquisition by a larger company:

The acquisition of the company by a larger one will allow for the growth of this protocol across state borders and even national borders quicker than we could. A large company will be able to service this market with far greater ease.

Licensing of B.E.S.T. Protocol

The amount of time and man power for our company may become too large to where we are unable to meet demand. Therefore we will license our protocol to the hospitals and allow them to use it with their own technicians.

Continued Growth by Omnific

The business continues to grow to the point where we will move across borders. We will move to UCLA first as we already have support from a doctor, Iraj Khalkahi, a specialist in the Department of Radiology at the UCLA Medical Center. As we grow consistently, we will be taking on my investments from different entities and possibly become an S-Corporation.

6.2 Prospects

Due to our unique and life saving product, the amount of prospects that Omnific has is a very large number. We have listed only a handful of hospitals that would be able to perform the B.E.S.T test. The list of total hospitals and diagnostic capable of performing B.E.S.T is around 35 establishments.

Reno	Las Vegas
Carson-Tahoe Cancer Center	Valley Hospital Medical Center
Renown	Centennial Hills Hospital
Northern Nevada Medical Center	Nevada Cancer Institute
St. Mary's	

6.3 Marketing Strategy

Marketing Strategy

In order to penetrate a cautious medical market it is imperative for us to first build trust with the public and create assurance that B.E.S.T is a safe, reliable and more effective than current breast cancer detection procedures.

Community Relations

Creating strong relations with the community through breast cancer organizations and public events in the early stages of our products release will prove to be critical if we hope to become the number one choice for detection procedures. Our marketing strategy will focus on building brand awareness with reputable breast cancer foundations. We will first seek to build a partnership with the Susan G. Komen breast cancer research foundation, Northern Nevada Cancer Coalition, and American Cancer Society-Reno Chapter. These organizations will bring exposure and help ensure acceptance of our procedure throughout Northern Nevada. Susan G. Komen and the American Cancer society are both national organizations, if we are able to build strong relationships initially this could create a promising partnership which will provide national exposure.

Media Exposure

In order to continually expose and update the community on the benefits of B.E.S.T we will seek to build partnerships with local T.V. stations as well as publications such as the Reno Gazette Journal. We have already established a relationship with KTVN Reno channel 2 anchor Wendy Demonte. Ms. Demonte is a strong supporter of breast cancer awareness and has agreed to cover the first B.E.S.T. procedure performed In Northern Nevada. As woman begin to have the B.E.S.T procedure we will seek to build stronger relationships with print media sources in hopes that B.E.S.T content will be displayed on a bi weekly or monthly basis.

Word of Mouth

As our procedure continual gains exposure from the community and has proven successful in the minds of the medical industry and public of Northern Nevada our greatest marketing tool in the long run will be doctor and patient referrals. We are certain that once B.E.S.T becomes established throughout the Northern Nevada community woman will prefer to visit diagnostic centers that offer the B.E.S.T procedure.

6.4 Sales Strategy

Our sales strategy for convincing diagnostic centers and hospitals into converting to the B.E.S.T procedure will focus on emphasizing accuracy, patient comfort, and higher profit margins. The accuracy of the B.E.S.T. procedure will directly affect the number of satisfied and returning customers for these businesses. If a patient was incorrectly diagnosed in the previous year it is likely they would not return for an annual screening. B.E.S.T. will also greatly improve patient comfort. Patients will no longer have to expose their breasts to imaging devices that smash them together, they also do not have to be exposed to the emotional toll subjected upon patients when proceeding through the mammogram process. With the improvements in accuracy and physical and emotional comfort of B.E.S.T. centers should immediately experience an influx of new and returning patients.

A majority of diagnostic centers and hospitals who currently offer breast cancer testing are already in possession of the gamma camera required for the B.E.S.T procedure. This means that it would be relatively inexpensive and simple to transition into using the B.E.S.T. procedure. The two compounds required to administer the procedure, the vasodilator and radio isotope both already have insurance codes which allows the centers to bills these direct materials to the insurance companies. Lastly, since our service will only compromise of administering the procedure and the center is responsible for providing the camera and the diagnostic, they will receive a substantial amount of the revenue after paying for the hourly wage of the technician as well as our service fee.

7. Critical Risks

Internal threats	
Problems	Solution
High Allergy Rate	There are many types of different vasodilators and Radioactive isotopes that we can use.
Can't Find Enough Qualified Employees	Pay for training certification for individuals who we deem appropriate
Not Enough Capital	Seek out new investors. Attain more partners.

External Threats	
Problems	Solution
Hospitals Refuses allowance to Cameras	Look into purchasing our own. Try and get one donated. Explain to the hospital how it will benefit everyone.
Competitive Technology	The technology of B.E.S.T. is so advanced and so precise, a technology available is a long way away
No Investors	Take out a higher loan
No Patent Approval	Re-apply for patent with a more precise patent description
Single Mammogram is Cheaper	B.E.S.T. protocol is a single test with screening and ultimately diagnosis. Mammogram route will see as many as four test until diagnosis

8 . Income Statement

Income Statement Breakdown

In our first year of operations we are estimating to bring in a total Revenue of $1,284,950.20. We expect $10,000 in January (100 tests) and continue to grow at a steady growth rate of 30% until July. In July we feel that our growth will expand even further as more and more women hear about our product. Our growth in revenue is directly linked to a growth in customers. We calculated that the average technician will be able to administer 80 photographs a week or 320 tests a month. As the month's progress and we receive over 320 tests a month, we need to add a new technician. This can be seen as "Training Expense" in May and August through December of our first year. A major cost for our Miscellaneous Expense is drug tests and background checks. Our professional fees come from us bringing in a separate entity to help with accounting and legal advice.

Ominfic LLC
Imcome Statement
For Months Ending Jan-Dec, 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Revenue												
Sales	$10,000	$13,000	$16,900	$21,970	$ 28,561	$37,129	$55,694	$83,541	$125,311	$187,967	$281,951	$422,926
Total Sales	10,000	13,000	16,900	21,970	28,561	37,129	55,694	83,541	125,311	187,967	281,951	422,926
Expenses												
Salary Expense	(1,250)	(1,625)	(2,113)	(2,746)	(3,570)	(4,641)	(6,962)	(10,443)	(15,664)	(23,496)	(35,244)	(52,866)
Executives Expense	-	(8,000)	(8,400)	(8,820)	(9,261)	(9,724)	(10,210)	(10,721)	(11,257)	(11,820)	(12,411)	(13,031)
Training Expense	(600)	-	-	-	(600)	-	-	(600)	(600)	(1,200)	(1,800)	(2,400)
MISC Expenses	(1,500)	-	-	-	(250)	-	-	(250)	(250)	(500)	(750)	(1,000)
AdvertisingExpense	(1,000)	(1,100)	(1,210)	(1,331)	(1,464)	(1,611)	(1,772)	(1,949)	(2,144)	(2,358)	(2,594)	(2,853)
Professional Fees	-	(3,000)	(3,450)	(3,968)	(4,563)	(5,247)	(6,034)	(6,939)	(7,980)	(9,177)	(10,554)	(12,137)
Supplies Expense	(200)	(210)	(221)	(232)	(243)	(255)	(268)	(281)	(295)	(310)	(326)	(342)
Amortization Expense	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)
Total Expenses	(4,758)	(14,143)	(15,601)	(17,305)	(20,159)	(21,686)	(25,454)	(31,391)	(38,398)	(49,069)	(63,886)	(84,837)
Net Income (Loss)	$ 5,242	$ (1,143)	$ 1,299	$ 4,665	$ 8,402	$15,443	$30,240	$52,150	$ 86,913	$138,898	$218,065	$338,089

As we progress into year two, we decided to forecast each month to have the equally same amount of business. The reason for this forecast is that while we are growing, shown by our Revenue of being $3,000,000 in year two, we assume since a test for breast cancer should be done yearly, we will have repeat customers. Along with the repeat patients, we also attribute a growth of 5 percent in new patients. This year we expect at least 30,000 tests to be done by our technicians, roughly 23% of the market.

Ominfic LLC
Imcome Statement
For Months Ending Jan-Dec, 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Revenue												
Sales	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$ 250,000	$250,000
Total Sales	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Expenses												
Salary Expense	(31,250)	(31,250)	(31,250)	(31,250)	(31,250)	(31,250)	(31,250)	(31,250)	(31,250)	(31,250)	(31,250)	(31,250)
Executives Expense	(40,000)	(40,000)	(40,000)	(40,000)	(40,000)	(40,000)	(40,000)	(40,000)	(40,000)	(40,000)	(40,000)	(40,000)
Training Expense	-	-	-	-	-	-	-	-	-	-	-	-
MISC Expenses	(200)	-										
Advertising Expense	(2,500)	(2,750)	(3,025)	(3,328)	(3,660)	(4,026)	(4,429)	(4,872)	(5,359)	(5,895)	(6,484)	(7,133)
Professional Fees	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)	(15,000)
Supplies Expense	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)
Depreciation Expense	(1,687)	(1,687)	(1,687)	(1,687)	(1,687)	(1,687)	(1,687)	(1,687)	(1,687)	(1,687)	(1,687)	(1,687)
Amortization Expense	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)	(208)
Total Expenses	(91,846)	(91,896)	(92,171)	(92,473)	(92,806)	(93,172)	(93,575)	(94,018)	(94,505)	(95,041)	(95,630)	(96,279)
Net Income	$ 158,154	$ 158,104	$ 157,829	$ 157,527	$ 157,194	$ 156,828	$ 156,425	$ 155,982	$ 155,495	$ 154,959	$ 154,370	$153,721

Years 3, 4, and 5 will see even further growth in both our revenues and expenses. Starting year three, we will also begin taking customers on account, as we will have enough capital to pay our employees. One reason for the growth in revenue is that we will be spreading out across the state of Nevada to Las Vegas, where a large amount of hospitals and women wanting this protocol will be. It is a safe assumption that we will make around $10,000,000 in year 5, as that is only 10,000 tests.

Omnific LLC
Income Statement
For the Year Ending Decemeber 31st

	2017	2018	2019
Revenue			
Cash Sales	$ 3,500,000	$ 4,900,000	$ 7,000,000
Credit Sales	1,500,000	2,100,000	3,000,000
Total Sales	5,000,000	7,000,000	10,000,000
Expenses			
Salary Expense	(625,000)	(875,000)	(1,250,000)
Executives Expense	(720,000)	(828,000)	(910,800)
Training Expense	-	(3,000)	(3,000)
MISC Expenses	(10,000)	(20,000)	(30,000)
Advertising Expense	(100,000)	(150,000)	(150,000)
Professional Fees	(180,000)	(360,000)	(390,000)
Supplies Expense	(15,000)	(30,000)	(40,000)
Depreciation Expense	(20,250)	(35,250)	(30,250)
Amortization Expense	(2,500)	(2,500)	(2,500)
Total Expenses	(1,672,750)	(2,303,750)	(2,806,550)
Net Income	$ 3,327,250.12	$ 4,696,250.12	$ 7,193,450.00

9 . Balance Sheet

Due to our business model we have decided to forego leasing or purchasing any office space in the first year of operation and operate from a home based office. We will apply for a small business loan of 25,000 and raise 25,000 in capital from outside investors in order to cover patent costs of 50,000. The structure of our operations will not allow us to accept any receivables from customers because we are required to have cash on hand in order pay our staff's salaries. As we continue to build our cash base we will have enough funds to have the ability to accept receivables after two years of operating. Since our business model does not require us to have make a large investment in infrastructure we will pay all expenses with cash to avoid high interest costs on borrowing.

As our business continues to grow, we will purchase an office in Reno, used for headquarters in year 2 and a satellite office in Las Vegas, as we expand south at the very end of year 3. Both of these buildings, and the contents they contain, will be purchased with company capital and raised equity from potential investors. After 5 years of successfully establishing our product in both Las Vegas and Reno we will take advantage of relationships built in California and expand our business into Los Angeles and various other states. In order to begin a national campaign 5,000,000 dollars of equity will be raised in our 5th year of operations.

Omnific LLC
Comparative Balance Sheet
At December 31st

	2015	2016	2017	2018	2019
Current Assets					
Cash	$ 900,762	$ 2,475,011	$ 4,625,011	$ 8,729,011	$ 20,055,011
Contracts Receivable			1,500,000	2,100,000	3,000,000
Supplies	-	90	-	-	
Long Term Assets					
Building	-	355,000	555,000	550,000	550,000
Equipment	-	10,000	10,000	30,000	30,000
Office Furniture		10,000	10,000	20,000	20,000
Less: Accumulated Depreciation	-	(20,250)	(40,410)	(70,660)	(100,710)
Intangible Assets					
Patents	50,000	50,000	50,000	50,000	50,000
Less: Accumulated Amortization	(2,500)	(5,000)	(7,500)	(10,000)	(12,500)
Total Assets	$ 948,262	$ 2,874,851	$ 6,702,101	$ 11,398,351	$ 23,591,801
Current Liabilities					
Accounts Payable		-	-	-	-
		-	-	-	-
Long-Term Liabilities		-	-	-	-
Notes Payable	25,000	-	-	-	-
Stockholders Equity					
Equity	25,000	100,000	600,000	600,000	5,600,000
Retained Earnings	898,262	2,774,851	6,102,101	10,798,351	17,991,801
Total Stockholder's Equity	923,262	2,874,851	6,702,101	11,398,351	23,591,801
Total Liabilities & Stockholders Equity	$ 948,262	$ 2,874,851	$ 6,702,101	$ 11,398,351	$ 23,591,801

10. Statement of Cash Flows

The outflows flows for our business will be quite limited. One reason for this is we will avoid Accounts Payable and Note payable. We did, for the first month, take a note out for $25,000 in order to acquire funds for operations. For the remaining five years however, we will decide use cash for all business expenditures and investments. Our operations model will allow us to accrue enough cash to avoid having to borrow any funds. Another reason for this is, as we grow we will attract the attention of potential investors. Our primary investment outflows of cash will be target at purchasing buildings, as well as equipment and furniture

Omnific LLC
Comparative Statement of Cash Flows
For the Years Ending December 31st, 2017-2019

	2017	2018	2019
Cash Flows From Operating			
Net Income	$ 3,327,250	$ 4,696,250	$ 7,193,450
Increase in Accounts Receivable	(1,500,000)	(600,000)	(900,000)
Add: Deprecation Expense	20,250	35,250	30,250
Add: Amortization Expense	2,500	2,500	2,500
Total Cash Provided by Operating Activities	1,850,000	4,134,000	6,326,200
Cash Flows from Investing			
Purchase Building	(200,000)	-	-
Purchase: Office Furniture	-	(10,000)	-
Purchase Equipment	-	(20,000)	-
Investment in patent	-	-	-
Total Cash Provided by Investing	(200,000)	(30,000)	-
Cash Flows From Financing			
Capital Contributed, Partner	500,000	-	5,000,000
Issuance of Notes Payable	-	-	-
Repayment of Notes payable	-	-	-
Total Cash Provided by Finance Activities	500,000	-	5,000,000
Net Cash Flow	2,150,000	4,104,000	11,326,200
Beginning Cash	2,475,011	4,625,011	8,729,011
Ending Cash	$ 4,625,011	$ 8,729,011	$ 20,055,211

Omnifinc LLC
Statement of Cash Flows
For the Months Ending Jan-Dec 2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cash Flows From Operating												
Net Income	$ 5,241.67	$ (1,143.33)	$ 1,298.67	$ 4,665.40	$ 8,401.72	$ 15,442.97	$ 30,239.97	$ 52,149.89	$ 86,913.19	$ 138,897.94	$ 218,064.69	$ 338,088.85
Add: Amortization Expense	208	208	208	208	208	208	208	208	208	208	208	208
Changes in Accounts Payable	-	-	-	-	-	-	-	-	-	-	-	-
Changes in Accrued Liabilities	-	-	-	-	-	-	-	-	-	-	-	-
Total Cash Provided by Operating Activities	5,450	(935)	1,507	4,874	8,610	15,651	30,448	52,358	87,122	139,106	218,273	338,297
Cash Flows from Investing												
Purchase Building		-	-	-	-	-	-	-	-	-	-	-
Purchase Equipment		-	-	-	-	-	-	-	-	-	-	-
Investment in Patent	(50,000)	-	-	-	-	-	-	-	-	-	-	-
Total Cash Provided by Investing Activities	(50,000)	-	-	-	-	-	-	-	-	-	-	-
Cash Flows From Financing												
Capital Contributed, Partner	25,000											
Note Payable	25,000											
Total Cash Provided by Finance Activities	50,000											
Net Cash Flow	5,450	(935)	1,507	4,874	8,610	15,651	30,448	52,358	87,122	139,106	218,273	338,297
Beginning Cash	-	5,450	4,515	6,022	10,896	19,506	35,157	65,605	117,964	205,085	344,191	562,464
Ending Cash	$ 5,450	$ 4,515	$ 6,022	$ 10,896	$ 19,506	$ 35,157	$ 65,605	$ 117,964	$ 205,085	$ 344,191	$ 562,464	$ 900,762

Omnifinc LLC
Statement of Cash Flows
For the Months Ending Jan-Dec 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cash Flows From Operating												
Net Income	$ 158,154	$ 158,104	$ 157,829	$ 157,527	$ 157,194	$ 156,828	$ 156,425	$ 155,982	$ 155,495	$ 154,959	$ 154,370	$ 153,721
Add: Deprecation Expense	1,687	1,687	1,687	1,687	1,687	1,687	1,687	1,687	1,687	1,687	1,687	1,687
Add: Amortization Expense	208	208	208	208	208	208	208	208	208	208	208	208
Total Cash Provided by Operating Activities	160,050	160,000	159,725	159,423	159,090	158,724	158,321	157,878	157,391	156,855	156,266	155,617
Cash Flows from Investing												
Purchase Building	(355,000)	-	-	-	-	-	-	-	-	-	-	-
Purchase: Office Furniture	(10,000)	-	-	-	-	-	-	-	-	-	-	-
Purchase Equipment	(10,000)	-	-	-	-	-	-	-	-	-	-	-
Investment in patent	-	-	-	-	-	-	-	-	-	-	-	-
Total Cash Provided by Investing Activites	(375,000)	-	-	-	-	-	-	-	-	-	-	-
Cash Flows From Financing												
Capital Contributed, Partner	75,000	-	-	-	-	-	-	-	-	-	-	-
Issuance of Notes Payable	-	-	-	-	-	-	-	-	-	-	-	-
Repayment of Notes payable	-	-	-	-	(25,000)	-	-	-	-	-	-	-
Total Cash Provided by Finance Activities	75,000	-	-	-	(25,000)	-	-	-	-	-	-	-
Net Cash Flow	(139,950)	160,000	159,725	159,423	134,090	158,724	158,321	157,878	157,391	156,855	156,266	155,617
Beginning Cash	900,672	760,722	920,722	1,080,447	1,239,870	1,373,959	1,532,683	1,691,004	1,848,882	2,006,273	2,163,128	2,319,394
Ending Cash	$ 760,722	$ 920,722	$ 1,080,447	$ 1,239,870	$ 1,373,959	$ 1,532,683	$ 1,691,004	$ 1,848,882	$ 2,006,273	$ 2,163,128	$ 2,319,394	$ 2,475,011