



**Plan To Get a Great Many More Years  
of Healthy Living**  
**Maybe As Long As We Choose ie Open Ended  
Healthy Lifespan**

John M. "Johnny" Adams  
CEO / Executive Director, Aging Intervention Foundation  
[www.AgingIntervention.org](http://www.AgingIntervention.org)  
JAdams@AgingInterventionFoundation.org  
(949) 922-9786

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Last updated June 6, 2022. You may not have the current version. Contact me for the current version.

First a few candidates for further development:

**Most important**

- Reset the epigenome (DNA methylation and others) to a more youthful biological age / cellular reprogramming -- possibly using Yaminaka factors and others.
- Gene editing/therapy -- greatest interest is knock-ins of youth enhancing genes.

**Highly important**

- More effective senolytics - therapies that remove senescent cells, which basically are old worn out "zombie" cells that stay around causing problems
- Remove harmful pro-aging factors from blood and tissues
- Add youth enhancing factors found in young blood to older people, and remove harmful factors
- Restore mitochondria function
- Microbiome – personalized, probiotics and transplants
- Further development and refinement of high value therapies offering at least some healthspan and lifespan improvement. Example SGL2 inhibitors like Jardiance for glucose control
- And this one will seem highly visionary and extreme, and even bizarre -- full body transplant with lab-grown bodies (obviously this one is very long term).

And many other innovative advances, available now and yet to be conceived.

**PART 1: BACKGROUND for THE PLAN.....page 1**  
**Important Info You Need to Know. Includes some reasoning, reality of the challenge, inspirational quotes.**

**PART 2: THE PLAN .....page 11**  
**Details like project definitions, product/deliverables, budget breakdown, timeframe, schedule breakdown, milestones, tasks/roles/accountability, any other components, communication systems and other scientific and practical details and people, materials, methods, equipment etc will be included for each project**

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**PART 1: BACKGROUND - and Why This Is Important To You**

Those who have been carefully watching for many years – and like myself, participating – in the use and creation of aging intervention therapies, are finally seeing some early results in humans.

You, like me, are probably engaged in a personal plan to use the best therapies and methods available now to increase healthy lifespan (or slow and ultimately reverse biological aging and age-related decline for more years of healthy living, or however you want to say it).

In my estimation based on personal experience and working with world-class innovators, the currently available therapies and methods - "the usual suspects" as I call them

like conventional methods - regular medical checkups, nutrition, exercise etc

and some pharmaceuticals - metformin, rapamycin, senolytics, NAD, exosomes, blood plasma and placenta based products, and others

**will only get us a few more healthy years – maybe many more if we prevent a disease or diagnose and treat it early.**

**THAT’S NOT ENOUGH.**

Hence the following plan get a great many more years of healthy living – maybe as long as we choose.

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**A Little About Me - why qualified to lead this, AND why I would be great to work with**

For over 40 years I’ve been steadily building a wide range of skills and accomplishments in order to mount a full assault on the greatest challenge, adventure and high-stakes game ever: solving aging.

In 1999 when there was a reduction of career and family obligations it became a most significant driving force in my life.

In 2017 I was finally able to quit a very good job and charge forward in our mission full-time. Although I was practicing some practical applications that were getting some measurable results, up until about 4 years ago I was still doing many of the kinds of semi-productive things newbies do while finding their path.

I'm now definitely on the best possible course.

I've poured my time, and great amounts of my own money into this - and at great opportunity cost. When working, I did pretty well. Right now if I were to get one of those regular job things, I could do VERY well.

Let me know if you want to talk about that. More info is available and you may find it interesting.

But we never own anything, we are merely temporary custodians.

Sure after we've assumed room temperature ie totally dead we would take such immense gratification and clutch all the things that have occupied our time acquiring while circling the drain - cash, investments, golf clubs, creature comforts and shiny objects . . .

And for some with the Midas touch - really large shiny objects, enormous estates, tropical islands, sports teams, multimillion dollar weddings with superstar entertainers, lavish vacations, on and on . . .

in our spindly little hands as a stranger rolls us horizontal into the crematory furnace, or whatever is your preferred choice of empty carcass disposal.

**Now TIME is MY main currency. It's precious - glitters better than securities, cash or gold. Gimme more!** More years of healthy life and I am indeed greedy, and honest about it.

Here's a link to my little magnum opus which will show you something about what I know, and don't know. But PLEASE DO NOT GET SIDETRACKED with this. It demonstrates the path up until now. It's mostly for beginners.

**What's more important for you lies below in this document you are now reading - The Plan To Get a Great Many More Years of Healthy Living**

**not this one:** <https://www.aginginterventionfoundation.org/AgingInterventionProgram.pdf>

You would benefit from learning more about my *Aging Intervention Program - System, Therapies, Metrics*. How to use "Usual Suspects" is covered in depth. I could help you. Let's talk about that, and whether you, under a physician's guidance, would be interested in its benefits.

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**What This Is - And What It Is NOT**

If you are reading this, you are probably already supporting some organizations with your money, time, talents, introductions, or other contributions.

I suspect you're doing this, at least in part, out of a **personal interest for yourself and the ones you love to stay younger and healthier for longer**.

I suggest it's probably not the very best use of your investment – or even a very good one.

It is likely that these organizations fall under the category of “basic research”, usually involving worms, flies, mice, and other model organisms where the research often or usually does not work in humans.

The researchers themselves are more interested in things like “science” and “discovery”, getting the next grant, and practical considerations many of the rest of us are (or once were) concerned about - like keeping their jobs, publish or perish, house payments, raising kids, keeping a spouse happy, and eventual retirement down the road.

They are not particularly concerned with keeping you young and healthy for longer.

As more institutions are feeling the pressure by donors and others who are becoming more educated in our discipline and starting to demand results leading to therapies they can use, maybe they talk about “translation” to therapies humans can use sometime in the future.

I'm not going to mention any in particular, but an experienced and discerning eye can easily identify wording that indicates your support will result in very little in the way of therapies and methods YOU can use anytime soon.

In their marketing materials some will say you are contributing to helping solve the problem of aging. They are not lying – not technically anyway. But they are not telling the whole story, and definitely not making the best use of your contribution in ways that will benefit you and the ones you love.

You do **not** see clear statements like:

I truly have my own skin in the game of solving the problem of aging.

and

I will do what I can to get you much longer healthy life.

You get those with me, here and now because:

I truly have my own skin in the game of solving the problem of aging.

and

I will do what I can to get you much longer healthy life (and help others).

Maybe if we get together sometime I can show you examples and lots more detail, but you can find them yourself. In the interest of time let's move on. For now, gather information and decide for yourself.

For your consideration, a better alternative lies in this document below. I lead by example, and am placing my full energy into it. It has little to do with basic research, and is on a track to a great many more years of healthy living - maybe as long as we choose.

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## **The Relentless Charge**

Some evidence now exists that we have at least some control over objective measures of our healthspans and lifespans.

We are now finally making some headway. Contact me for information about my positive and measurable personal results to shift biomarkers and other objective measures toward youth, and that of a few others in our close community.

Organizations on the best track investigate, and conduct trials ranging from informal and fast-track N=1 to large-scale IRB approved clinical trials. We hit a lot of dead ends, sometimes slam our heads into walls, learn, get up and dust ourselves off, and go at it again.

Motion is often confused with results. High-level achievers like us know the difference.

But at the start, seemingly random and frantic ideas and motion are all we have until we hit on something great that works.

Putting the phrase "ready, **fire**, aim" into action is SOMETIMES useful. Too bad so often we shoot ourselves in the foot! But we indeed learn, and will never make that same mistake again and hobble onward.

Kind of like my own journey over the last 40 years – until recently where we are getting some results.

The bigger prize lies somewhere on or beyond the horizon.

If you know a better way, just let me know and I'll be on it, or join your team.

To my knowledge, right NOW NO therapies or methods currently exist that will gain is a great many more years of healthy living.

If you know of any, please let me know. It would certainly save me a lot of time.

If you truly have the “fountain of youth”, you probably would be willing to accept something in exchange for it - like pallets stacked high with money, or shiny objects, whatever suits your fancy.

I suggest I could get that for you.

Of course lots of people could get it for you – or you can get it for yourself. You possess a precious commodity - at least to some people.

But as your own customer you would already have a commodity far more precious: TIME.

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**Realistic expectations:**

Although it is coming, solving aging is like 1,000 moon shots. We ARE a good way along.

Too bad there are no guarantees that the therapies we are seeking – make that creating - will be here before we are too dead to benefit from them!

Some (like yours truly) are thoroughly committed to making them happen – and soon.

There are those who have themselves cryonically frozen with the expectation that someone else will revive them in the future. That's great!

Not for me. There's no Plan B. It's do or die.

No pressure.

This is the ultimate intangible. We take a leap of faith and pursue them, or create them, then try them.

We calculate our action plan, but sometimes travel on faith. It's kind of like religion when you think of it. So I must be some kind of evangelist.

Sometimes it seems like 2 steps forward, 1.9 steps back.

But I give it a high chance of probability. And nothing compares with this quest, and the really interesting people active in it. I happen to think it's fun despite the occasional heartburn the challenges and some of the curveballs people I get to work with in our community throw.

I lead by example, and have invested significant amounts of my own money, and immense amounts of the most precious currency: TIME.

Investing money and time in healthy and long life IS my retirement plan.

Like a very few readers of this plan, I am on a relentless charge forward.

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**Now for some inspirational quotes and maybe a little rah rah:**

*There is no wealth but life*

*What we can conceive, we can achieve*

*Impossible only means you haven't found a way yet*

*Success is where opportunity meets preparation*

I am often reminded of these in particular:

***Nothing is impossible for the person who refuses to listen to reason***

and

***Do not go gently into the night . . .***

***Rage won't do much, take wise and decisive action to keep the lights on***

and

***History is littered with the sun bleached bones of those, who at the dawn of victory sat down to rest . . .***

***and while resting, died.***

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### **How About Some ACTION**

(naughty words obfuscated so this won't be deleted by naughty word checkers)

Many people decide to just quit, and do whatever the hello normal people do while circling the drain. Golf, grandkids, count their money, amass creature comforts and shiny objects. It's a free country and we are free to choose.

Some so-called members in our aging research community sit on the sidelines, or sort of participate when you feel like it,

or fukck around working on what interests them in "aging" that actually has little or no bearing on making results happen - as though they're are trying to avoid the real work,

and are really just waiting for someone else to do the heavy lifting and expecting to benefit from their work later.

Well, I hope they get what they want. No sour grapes.

But they will not be among the first in line to benefit from therapies my teams and I create.

But . . .

**Those of you who are SERIOUS about benefiting yourself, the ones you love, and all of humanity by creating new therapies and methods for longer and healthier life - then on to solving the many other problems this world faces**

**who are filled with enough passion, and p1\$\$ and vinegar, and love of life and humanity,**

**who are willing to be reminded of and stare down DEATH in the face and FIGHT BACK - and with a cheerful yet defiant smile**

**and possess relentless perseverance and at least a little GUTS**

**Then join me in the greatest challenge, adventure, and high-stakes game ever.**

If so, what will YOU bring to the table?

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### **Models We May Operate Under – Probably All of Them At Different Times We Use The Right Tool For The Job**

- Philanthropy
  - Business
  - Investment
  - Volunteerism
  - Humanitarian
  - Community
  - Friendship
  - Self-reliance
  - Self-preservation
- 

### **A Definition of Aging if you need it**

Aging is the loss of physiological and mental function, on multiple levels, over time.

I prefer **straight talk** about what it's like to grow old over science talk with clinical terms like "risk factors" and "entropy"

Like about how the healthy happy years of our lives are too damn short. Then comes the inconvenience, then the misery, losing strength, appearance, energy, enjoyment and enthusiasm for life, loss of productivity and ability to do our work and activities we love, being in pain, possibly bedridden, going bankrupt from paying all their money to doctors and hospitals, then dependent on others, then the big sleep

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### **Why We Age, Frameworks, and Problems We Intend To Solve**

If you've been around aging research and solutions creation a while you've probably heard much of this and may want to skip to the next section *Some Details About The Plan*.

There is much overlap and many of the underlying reasons we age correlate and are interrelated.

For example, age-related epigenetic and gene changes suppress mitochondrial function. The epigenome, like senescent cells and others, are critical and affect other systems. If you don't already know about the epigenome I have some information to send you and we could discuss why it's #1 on my list of about 100 if you want.

Recently senolytics have received much attention. Short definition is that senolytics remove senescent cells. Basically senescent cells are old worn out cells that hang around causing

problems. No time here for a lengthy discussion but I could certainly send you lots of information about what we did in a small study and the successful results.

Short sidebar if you are considering senolytics: Be careful! There's much we don't know. Excess senolytics – particularly the cancer drug dasatinib – can be dangerous. Info is also available on this topic.

Three categories listing causes, effects, and frameworks are below.

**Please note: I will be happy to share great amounts of valuable information with you with NO EXPECTATIONS or COMMITMENT. Just contact me.**

**A) Hallmarks of Aging**

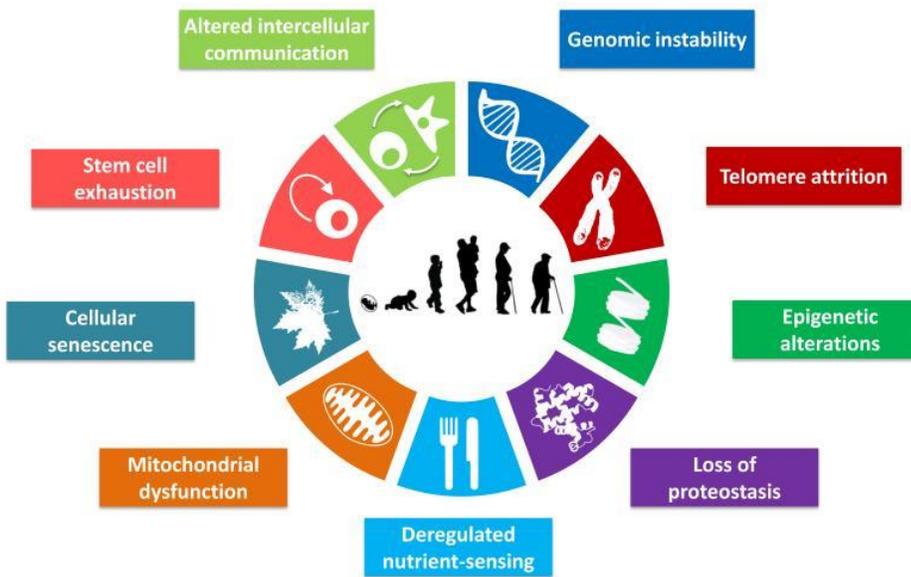
This is one kind of list or framework. You hear a lot of discussion about the hallmarks from science types, with lots of fancy science talk - but not often how they're going to fix anything or improve your life. We plan to fix them and improve our lives.

For now, projects we have in mind to immediately support are the first three hallmarks. Fourth will be closely evaluated. The others will follow.

Let me know what interests you.

<b>Epigenetic alterations</b>	<b>Reset epigenome to a more youthful state</b>
<b>Genomic instability</b>	<b>Gene therapy/editing, particularly knock-ins of youth enhancing genes</b>
Cellular senescence	Current and new senolytics for new pathways and to affect different types of cells
Mitochondrial dysfunction	Engineering new mitochondrial genes, Circulating cell-free respiratory competent mitochondria
Altered intercellular communication	Exosomes
	Working on solutions for those follow
Loss of proteostasis	
Deregulated nutrient-sensing	
Telomere attrition	
Stem cell exhaustion	

Pretty picture below is courtesy of researchers López-Otín, Blasco, Partridge, Serrano, Kroemer. I can send you the study, would rather not sidetrack now.



**B) Here's another list. There's overlap with the first one**

- Oxidation
- Glycation
- Cross-linking, and other chemical modifications acting to impair the molecular functioning of multiple vital components in the body.
- Those affected include DNA, membranes, the extracellular matrix (ECM), enzymes, and structural proteins
- Changes in the epigenome
- Changes in the DNA
- Debris and disorganization both intracellular (inside the cell) and extracellular (outside the cell)
- Alteration in chemical equilibrium of cells (change in redox potential poise) — results in a decreased ability to manage highly reactive and damaging molecules. This causes alterations in gene expression, enzyme activity, and signaling pathways Cell atrophy and loss
- Cell atrophy and loss
- Nuclear mutations in nucleus, including DNA
- Inflammation
- Decrease in repair and recycling effectiveness
- Mutant mitochondria (mitochondria are the energy factories within the cells that also control cellular processes)
- Harmful cells that are resistant to death — visceral fat cells, supernumerary cells (toxic cells that accumulate in the cartilage in our joints and elsewhere) and dysfunctional immune cells

**C) In the book *The Kaufmann Protocol* Sandra Kaufmann MD presents a valuable system for categorizing reasons we age and what we can do about it by managing seven categories**

**of aging. It's groundbreaking, but in my humble estimation the mostly nutritional supplement recommendations will only get us a few more healthy years.**

- Information system/Genetic / Repair DNA alterations
- Mitochondria
- Aging Pathways
- Quality Control
- Immune System (security system)
- Individual cell needs
- Waste Management

I could send you her book if you don't already have it.

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*next page . . . finally here's . . .*

## **PART 2: THE PLAN**

**This is frequently updated. Check for the latest.**

**Details like project definitions, product/deliverables, budget breakdown, timeframe, schedule breakdown, milestones, tasks/roles/accountability, any other components, communication systems and other scientific and practical details and people, materials, methods, equipment etc will be included for each project**

Some specifics, along with the names of scientists and solutions creators my teams and I am now working with or in discussions with, along with methods I have developed to locate and inspire scientists and others to work with us, will be discussed with select individuals who join me - and bring something.

What you can bring might include significant amounts of money, time, talents, introductions to those who can help, and anything else that would advance our mission.

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So far the above described evaluations and use of "the usual suspects" (therapies and methods available now that I believe will get us only a few more good years) which so far has been done with relatively little money, has been systematized.

For myself and others in our core group and network this has been put on "autopilot" allowing us the time and mental bandwidth to step up our activities many levels with this plan.

So now I am working to **facilitate the work of scientists who are solutions creators** who are creating them, and **create advanced therapies and methods**.

**Our expectation is that we would be among the first to use and benefit from them when they are available.**

Stepping up our game will require a lot of money. Now I'm carefully evaluating the right paths to get the money, and the best people, to enable the plan.

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Our most promising research and solutions development candidates include:

- Resetting the epigenome to a more youthful state
- Gene editing/therapy - specifically knock-ins of youth expressing genes
- Adding youth enhancing factors found in young blood to older subjects, and removing or dilution of harmful factors in old blood
- More effective senolytics - therapies that remove senescent cells, which basically are old worn out cells that hang around causing problems

## **Action Items:**

**1) Locate and partner with scientists who are aging solutions creators** and are developing new aging intervention therapies with exceptional promise to help us get a great many more years of healthy living.

My current network may help in many ways including some funding, patent, business, legal, scientific, promotion among others.

In terms of money, we are not just an ATM. Funding a scientist would probably consist of relatively small amounts at first. We would evaluate how it is used, and how we are treated as partners to advance our MUTUAL interests.

To assure optimum progress and that money is well spent, unobtrusive project oversight and probably direct management, expertise and other components to facilitate their work could be provided.

Potential partners we will support include

- Scientists and individuals who claim to have therapies that, with enough resources (usually that's money, as well as others) can be brought to human use relatively near-term.
  - For our purposes, “relatively near-term” typically means 1-8 years.
  - The amount of money they say they need ranges from a few hundred thousand dollars to millions.
  - Often their motivations are altruistic, and often it's profit. Often both, and sometimes others.
  
- Scientists with labs in organizations that are fundamentally basic research based – and typically feel the pressure of the requirement for translation to human use. We would provide the bridge for further development to human use  
We will provide selected expertise and assistance and money, and use of a proprietary biomarker testing system at low or no cost.

**2) Create our own lab, or subcontract** Creating our own it would entail hiring staff in the US, or offshore or both.

It would be a bridge from basic translational research to a fully functional therapy.

Details consist of setting up, or obtaining an existing CLIA certified and CAB approved lab. We have such a lab in mind now. It is expected to be available in 2021. Hiring or engaging the services of scientists and purchases of specialized equipment etc. would be made.

**3) Create a clinic(s), or partner with existing physicians with clinics, or subcontract, to evaluate and treat patients.** In some cases this may include formal studies under investigational review board (IRB) approval. Currently we partner with a physician who is a member of our core group. Other(s) will be in the US, or offshore or both.

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## **PROJECT SPECIFICS / OUR DEVELOPING PROJECT PLAN**

**Here we get into some specifics, including scientists, labs, organizations, companies and research initiatives we are now working with, and currently in communication with, and others to contact**

**This section – the project plan, which is really the heart of it -- is in the early stage of development.**

**Details like project definitions, product/deliverables, budget breakdown, timeframe, schedule breakdown, milestones, tasks/roles/accountability, any other components, communication systems and other scientific and practical details and people, materials, methods, equipment etc will be included for each project**

Initially we will provide resources to organizations to help them bring the most innovative therapies to human use, as well as eventually have our own facilities as appropriate and most effective.

Eventually labs/facilities will be created – based upon the most cost-effective ways to get things done quickly, and depending on the need.

Candidate projects with labs, institutions, companies and other organizations are divided into Levels 1-4, depending on their value.

**Level 1 – definitely consider supporting**

I know these people and something about their projects, and would probably support them with very little added information.

But first a clear agreement on details like project specifications, expected results etc. would be needed.

**Some scientists and labs, and research initiatives I/we are now working with, and currently in communication with, and others to contact:**

Includes

**Level 1 – Already working with or to contact and form partnership**

**Level 2 Strongly considering supporting**

**Level 3 – Considering**

**Level 4 – more of the “usual suspects” - therapies and methods that will only get us a few more healthy years, but allow us to hold out while breakthrough therapies to get many more years or developed.**

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Proprietary or confidential content is available only to those I know personally and likely to work with.**

**Contact me if you would like to work together.**





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**Mass Distribution / Cast a Wide Net:**

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- Gerontology Research Group blog <https://gerontologyresearchgroup.wordpress.com/>
- Posted on our web site at [www.AgingIntervention.org](http://www.AgingIntervention.org)

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Re practical project management and business aspects, at minimum we would look for least initial basic information about how it will get is the end result with further development.

Better yet – they would provide a complete project plan defining the

- project definition
- product/deliverables
- scientific and practical details
- budget breakdown
- timeframe
- schedule breakdown
- milestones
- tasks, roles, and accountability
- communication systems
- etc.

and needed

- people
- materials
- methods
- equipment

## **Harnessing Free Enterprise – The Business of Longevity**

Historically, immense fortunes have been made on expansion. Names like Carnegie, Morgan, Ford, Rockefeller, Westinghouse, Edison come to mind.

And sadly, great fortunes have also been made on catastrophe – and WAR. But I can think of nothing worse than the slow motion train wreck of aging. There is a screaming need to solve it.

We have a recent coronavirus outbreak that's killing some people and has many in a panic. This tragic situation should not be diminished – but compare it with aging which is 100% fatal. I wonder why there is not a full international drive to combat aging. We could talk about this sometime. But I'm taking action leading to results, which is what this plan is about.

An old business school prof once quipped: "Sometimes all you have to do is find where the money is flying and get in front of it."

Our first choice of scientific partners to help are those who are fully committed to our goal of Getting a Great Many More Years of Healthy Living - Maybe As Long As We Choose

Some scientist entrepreneurs present their concepts in the form of a business proposal, with the expectation creating a business.

We are all for harnessing the forces of free enterprise, and meeting everyone's objectives, to advance our own mission. The business model is one of the many models we can operate under.

In my experience it often becomes glaringly apparent that the scientists

- Have no concept of business, especially marketing,
  - And especially not facilitating ethical, mutually beneficial plans of action with partners (i.e. High level "selling")
- Only want money – and don't recognize they need much more
- Often don't consider something should be in it for the funders/partners
- Do not want to reveal anything. This is often grounded in a concern that their concept will be stolen
- Have a fear loss of control
- and many others, often unique to the individual

That's OK. We can usually, or at least often, work with all the above. We don't expect it to be easy and not require high level skills.

## **Some potential criteria for investing money – and precious TIME**

- It has breakthrough ability –
  - a great many more years

- 15+++ years to open ended
- We can get early use and benefit
- It's interesting to us
- We like people involved
- Since the time required to review is huge
  - Need scientist to evaluate
  - Go thru their books and records
  - Hire specialized attorneys to investigate

**We will strategically consider whether to**

- Invest the time and money to decide
- Initially put in small amounts of money, and evaluate how it's working out and how we are treated
- Something else

**See related documents**

*Practical Questions and Info for Scientist-Entrepreneurs*  
*The Ideal Business*

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**SCIENTIFIC AND MEDICAL EXPERTISE**

**My Close Network Of Scientists And Physicians**

We have three physicians and two high-level PhDs in our close network, and a much wider network to provide scientific and medical input and treat subjects and patients.

**A Great Resource: Gerontology Research Group Email Discussion Forum**

Our forum was founded about 20 years ago by L Stephen Coles MD PhD and myself. Over the past two decades I have carefully cultivated it to make it a high value and one-of-a-kind information sharing service.

It now has about 530 members. This system connects aging researchers -- and solutions creators -- with each other.

I know a great many of them personally. Their expertise is a valuable resource.

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**Several Pathways**

Stepping up our game will require a lot of money. Now I'm carefully evaluating the best ways to fund the plan.

Under consideration:

- Locate donors and private foundations with inclination and capacity to make major contributions, then present tailored information that meets their interests and needs. This is very simple. It is what it is – a plan to get a great many more years of healthy living - maybe as long as we choose.

Either someone is interested or not. I'm not going to waste their time, or my own precious TIME presenting to those who don't show conviction.

- Greater public and media presence – Publicity, TV, radio (radio is not dead), speaking engagements.

An announcement/advertisement for a publicity person has been made. So far one individual is under consideration for this role.

- Online communication and giving program - social media, email and others.

An outstanding service provider has been selected should we proceed with this option.

Target marketing

- Musical performance – in the early twenties while studying to be a music therapist, I made a modest living as a musician and singer, and handled business aspects.

I have created an aging intervention themed musical performance that is entertaining, fun, and intended to motivate audience participants to support our mission.

It can be included in any of the above.

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### Methods to Locate Donors

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As a former member of the Association of Fundraising Professionals, and having attended numerous lectures and seminars, and having my third career out of five in marketing and high level ethical selling, I suggest I know something about fundraising.

and have something truly great to offer - for the right person as we are a unique and exceptional group, and not for feveryone.

and this is the right time.



We will also continue to budget a portion of our time and resources to provide select individuals practicing innovative aging therapies they believe are working or will work, and those about to begin a new therapy, with the therapies and biomarkers and objective testing at low or possibly no cost.

I have already gained valuable information by locating a number of individuals, then providing tests to measure their biological age. Activities included coordinating necessary activities with the lab(s), shipping them blood collection tubes, and coordinating a phlebotomist to draw their blood among others.

This has resulted in some highly useful information for the aging intervention program - and numerous times I have been faced with the diplomatic and sensitive task of informing them that their program was resulting in a measured biological age that was close to their chronological age – and sometimes higher.

I have shared information and assisted leaders active in this area, including Kevin Perrott of OpenOme and Josh Mitteldorf.

The following announcement has been posted on our web site at [www.AgingIntervention.org](http://www.AgingIntervention.org) and is included in my current presentation.

***Seeking individuals practicing innovative aging therapies you believe are working, or will work  
– and –  
Those about to begin a new therapy  
I can help you — possibly provide biomarkers and objective testing at low or possibly no cost.  
Call me at (949) 922-9786,  
or email JAdams -at- AgingInterventionFoundation.org***

SEE methods in PROPRIETARY and CONFIDENTIAL section above  
“How scientists and projects will be located” approx. p 16

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### **New and Innovative Biomarker/Objective Measurement System**

To solve a problem to develop a much needed measurement system for our senolytics therapy small trial, I worked with world-class research scientists at a major university lab to develop a new and innovative testing method.

I offered this test to two of the most innovative scientists and business people working on the most promising therapies. My offer was met with great interest.

CONFIDENTIAL: Important reasons for offering this test is

**- PROPRIETARY OR CONFIDENTIAL CONTENT STARTS HERE -**

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**- PROPRIETARY OR CONFIDENTIAL CONTENT ENDS HERE -**

It could be further developed as a business.

The test works, and I engaged the services of a lab to take it from research to more of a production mode. They are currently doing informal validation studies to assure consistency, and find the simplest most straightforward methods involving blood draws, dry ice shipping, etc., and refining the process.

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**Care to join me in the greatest challenge,  
adventure, and high-stakes game (*next page . . .*)**

**and SOLVE AGING?**

**If so, what will YOU bring to the table?**

**John M. “Johnny” Adams**

**(949) 922-9786**

**JAdams@AgingInterventionFoundation.org**