## NOTIFICATION PURSUANT TO SECTION 6 OF DSHE

| Change of the Ch |       |        |   |
|--|-------|--------|---|
| This notification is being filed on behalf of <u>Doctor's Best, Inc.</u> which is the manufacturer of the product  | TEN I | 7/7/12 | ======================================= |
| This notification is being filed on behalf of <u>Doctor's Best, Inc.</u> which is the manufacturer of the product which bears the statements identified in this notification. Its business address is: 1120 Calle Cordinara  |       | W E    | 3                                       |
|  |       |        |   |
| Rule 21 C.F.R. §101.93. The dietary supplement product on whose label the statements appear is Relora.   | 1 4   | 0000   | per mente                               |
| THOU THOU  | 14    | 2002   | Guillian                                |
| The text of each statement for which notification is now being given is as follows:  |       |        | - 41                                    |

The text of each statement for which notification is now being given is as follows:

Statement 1:

Supports relaxation and feelings of well-being.

Statement 2:

In preliminary uncontrolled pilot trials, people taking Relora® reported

feeling more relaxed with more restful sleep.\*

Statement 3: Relora@ has been shown to reduce salivary cortisol levels, a biomarker of stress, in a pilot trial on people with mild to moderate stress.\*

The following summary identifies the dietary ingredient for which a statement has been made.

| Statement<br>Number | Identity of the Dietary Supplement that is the Subject of the Statement |  |  |
|---------------------|---|--|--|
| 1                   | Relora®   |  |  |
| 2                   | Relora®   |  |  |
| 3                   | <u>Relora</u> ®   |  |  |

The following identifies the brand name of the supplement for which a statement is made.

| Statement<br>Number | Brand Name | Label/labeling | ,     |
|---------------------|------------|----------------|-------|
| 1                   |            | Doctor's Best  | label |
| 2                   |            | Doctor's Best  | label |
| 3                   |            | Doctor's Best  | label |

I, KEN HALVERSTUDE am authorized to certify this Notification on behalf of Doctor's Best, Inc. I certify that the information presented and contained in this Notification is complete and accurate, that Doctor's Best, Inc. has substantiation that each structure-function statement is truthful and not misleading.

Date Signed: 16/19, 2002 By:

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