Food and Drug Administration Office of Special Nutritionals (HFS-450) Center for Food Safety and Applied Nutrition 5100 Paint Branch Parkway College Park, MD 20740-3835 2035 '03 APR 15 P1 :58 26 2003

NOTIFICATION OF DIETARY SUPPLEMENT CLAIMS

| Manufacturer Name and Address: | | |
|---|--------------------------|--|
| Perrigo Company of South Carolina | | |
| 515 Eastern Avenue | | |
| Allegan, MI 49010 | | |
| Statement Text: | | |
| To Reduce Menopausal Symptoms: Related Occasional Sleeplessness Mild Mood Changes Irritability Hot Flashes Night Sweats | | |
| Dietary Ingredient: | Dietary Supplement Name: | |
| Black Cohosh | Menopause Support | |
| Appears on the following label: | | |
| Leader® | | |

I hereby certify that the information presented and contained in this notice is complete and accurate.

March 25, 2003

I also certify that Perrigo Company has substantiation to verify that the statement is truthful and not misleading.

Signature/Date

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