SUGGESTED USE: As a dietary supplement, take 3 capsules 1-2 times daily with a full glass of water. Do not exceed 9 capsules per day, or take within 5 hours of bedtime.

See www.lynnfit.com for details.

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ATENTION: This is the FINAL PROOF before sending artwork to the print vendor. Please double check the document for any errors. Take special note of names, phone numbers, and addresses to assure their accuracy. You are also responsible for ensuring that any barcode present on the label is correct. Please note that label color may vary from proof due to differences in screens and printers. If precise colors are desired, please provide a physical sample or CMYK Pantone codes for color matching.

Your approval of this final proof marks your acceptance that this art is correct and approval is given to send it for final production. You are responsible for any changes, edits, or corrections that differ from this proof, which may or may not result in additional fees or reprint charges. Per section 403 [21 U.S.C. §343(y)] of the Federal Food Drug and Cosmetic Act (FD&CA), your label must contain a domestic address or domestic phone number, and it is your responsibility to provide such to Norax Supplements. Your approval of this final proof also acknowledges that Norax Supplements and/or the Norax Supplements Graphics Department are not responsible for any claims presented on the label or external marketing materials, or any issues that arise as a result of such claims. Please sign by hand or by verified electronic signature via DocuSign or Adobe Sign.

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Signature: __________________________________________ Label Dimensions: ______ 2.5” x 7”

Company: __________________________________________ Bottle Size: ______ 225cc HDPE

Date: ____________________