74504

NOTICE OF STATEMENT

Pursuant to 21 CFR 101.93

1346 '01 MAR -8 PM 12:08

RECEIVED
FEB 13 2001
BY:

To: Office of Special Nutritionals (HFS-450)
Center for Food Safety and Applied Nutrition
Food and Drug Administration
200 C St. SW
Washington, D.C. 20204

a. Name and address of manufacturer or distributor:

Neways, Inc.
150 East 400 North
Salem, UT 84653

b. The text of the statement:

Promotes Detoxification.
Cell Purification.

c. The name of the dietary ingredient or supplement:

Proprietary blend:
Calcium D-Glucarate
Fulvates

d. The name of the dietary supplement including brand name:

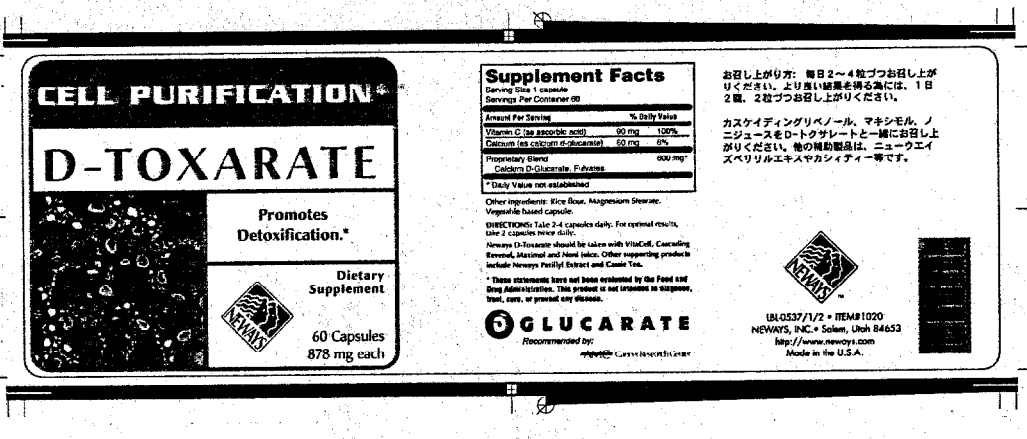
D-TOXARATE

Responsible Person

Signature | President Title | 2/5/01 Date

97S 0162

LET 7033



PART REFERENCE #	DIE/SIZE	FACESTOCK	OPTIONS	WIND	LINE SCREEN/MISC.	DATE
723-LBL-0537	D139 • 2¼ X 6¾ • T56	GOLD FOIL	LAM	WIND-3	150LO •	1/26/01

BLACK MAGENTA CYAN OP WHITE

***Note: Colors are representational only, not for color matching. For spot (PMS) colors, use current reference manuals for accurate color representation.**

LABEL EXPRESS
1275 South 1600 West • Orem, UT 84058
801 227 0570 • Fax 801 223 6442
6993 S. High Tech Drive • Midvale, UT 84047
801 568 7730 • Fax 801 566 7540

PROOF Please check, sign and return this Proof as soon as possible. Failure to do so will delay completion of this order.

Submitted for your approval as to design, color, typographic styles, grammar, punctuation, spelling, paper, varnishes, etc. Read carefully and indicate any errors found. We are not responsible for any errors not indicated at this time. ANY ALTERATIONS FROM ORIGINAL COPY OR LAYOUT WILL BE CHARGED ACCORDING TO THE TIME INVOLVED IN MAKING THE NECESSARY CHANGES.

PLEASE CHECK EACH FOR CORRECTNESS: ❑ COPY (BODY TEXT) ❑ PUNCTUATION ❑ SPELLING ❑ TYPE STYLES ❑ WIND DIRECTION ❑ COLORS* ❑ LAYOUT ❑ GRAMMAR ❑ DESIGN

Artist_____ Check_____ CSR Check_____

PLEASE CHECK ONE & SIGN BELOW: ❑ OK - Proceed to plating ❑ Needs corrections *and* new proof

X_____
CUSTOMER SIGNATURE - DATE

Unsigned proofs will be returned for a signature.