



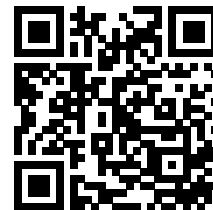
Lot Record



FG Lot #2940: PB – PB123™ 30ct. FG Lot #BIO2892

Log Number	2940	Site/Customer	Pathways Bioscience
Contract Manufacturer	Biovation Labs, LLC	CoA Type	Commercial COA
Brand Line	Pathways Bioscience	FG Lot Number	BIO2892
Expiration Date as it Appears on Product	01/2027	Product SKU	
Label Version(s)			

Product Name	Bulk Lot
Pathway's Bioscience PB123 30ct	PB-GEV Bulk lot # 2020803



Approvals

FG Lot #2940: PB – PB123™ 30ct. FG Lot #BIO2892

BVL Approval

Karla Sanchez

Approved by: Karla Sanchez

Date & Time: Feb 13, 2024

ID: e694f05802f91d0d7ef532f230ad83b47d279131bbfbe8b57afda16f0c6c23ad

Certificate of Analysis

Product Name: PB – PB123™ 30ct.

SKU: PB-PB123-30

Allergens: Gluten-Free

Serving Size: 1 Capsule

FG Packaging Lot Number: BIO2892

Bulk Blend Lot Number: 2020803

Bulk Blend Lot Number: 2020803

Expiration Date: 12/2025

<i>Test</i>	<i>Specification</i>	<i>Result</i>	<i>Test Method</i>
PHYSICAL			
<i>Description/Color/Size/Shape</i>	Veggie/Clear/"1"	Veggie/Clear/"1"	Organoleptic
<i>Appearance fill</i>	Off White	Off White	Organoleptic
<i>Average fill weight</i>	481.4740 – 511.2559 mg	496.40 mg	USP <2091>
<i>Disintegration</i>	≤ 30 minutes	< 30 minutes	USP <2040>
MICROBIOLOGICAL			
<i>Total Plate Count</i>	≤ 10,000 CFU/g	10 CFU/g	AOAC 990.12/GL-412
<i>Coliforms</i>	≤ 10 CFU/g	< 10 CFU/g	AOAC 991.14/GL-420
<i>E. coli</i>	Negative	Negative	Nutraplex/GL-495
<i>Staphylococcus aureus</i>	Negative	Negative	Nutraplex/GL-495
<i>Salmonella</i>	Negative	Negative	Nutraplex/GL-495
<i>Yeast & Mold</i>	≤ 1,000 CFU/g	< 10 CFU/g	AOAC 2014.05/GL-451
HEAVY METALS			
<i>Arsenic</i>	< 10 mcg/day	0.120 mcg/day	ICP-MS
<i>Cadmium</i>	< 4.1 mcg/day	0.0189 mcg/day	ICP-MS
<i>Lead</i>	< 0.5 mcg/day	0.0174 mcg/day	ICP-MS
<i>Mercury</i>	< 0.3 mcg/day	< 0.00448 mcg/day	ICP-MS

ANALYTICAL			
<i>Rosemary Extract</i>	≥ 56 mg/serving	QBI	RM Verification
<i>Ginger Extract</i>	28 mg/serving	QBI	RM Verification
<i>Luteolin</i>	6 mg/serving	QBI	RM Verification
MISCELLANEOUS			
<i>Gluten</i>	≤ 20 ppm	< 10 ppm	ELISA
<i>Milk Allergen</i>	≤ 2.5 ppm	< 2.5 ppm	Milk Allergen

* See UNIFIZE Deviation #339.

Prepared By:



Karla Sanchez – Quality Control

02/13/2024

Date

SUGGESTED USE: Take one capsule 1 or 2 times per day, or as directed by a qualified healthcare practitioner.

CAUTION: As with all dietary supplements, consult a qualified healthcare practitioner if pregnant/nursing, under the age of 18, have a medical condition, or undergoing treatment for a medical condition. **Keep out of reach of children. Store in a cool, dry place.**

Pathways Bioscience PB123®

Composed of natural plant extracts, PB123 synergistically activates the Nrf2 gene transcription pathway which stimulates your body to produce its own powerful cell protective proteins that increase cellular defenses, protect against oxidative damage, and promote healthy aging.*

* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.



**Pathways
Bioscience**

PB123®

Nrf2.0® Technology

Next-Generation

Nrf2 Activating* Dietary Supplement

US Patent No. 11,413,269
30 Capsules

Supplement Facts

Serving Size: 1 Vegetarian Capsule

Servings Per Container: 30

Amount Per Serving	%Daily Value	
Rosemary Extract (<i>Rosmarinus officinalis</i> , standardized to Carnosol content)	56mg	**
Ginger Extract (<i>Zingiber officinale</i> , standardized to 6-Gingerol content)	28mg	**
Luteolin (from <i>Sophora japonica</i> extract)	6mg	**

****Daily Value (DV) not established**

Other Ingredients: Dicalcium phosphate, Rice flour, and Hypromellose (vegetarian capsule).

PB123® is manufactured in a facility that meets or exceeds GMP quality standards. This product does not contain gelatin, dairy, yeast, wheat, or gluten.

Made in USA
Manufactured for Pathways Bioscience by:
Biovation Labs, LLC
2323 S 3600 W, West Valley City, UT 84119, USA
Formulated and Distributed by:
Pathways Bioscience, LLC
12635 E Montview Blvd, Aurora, CO 80045, USA
www.pathwaysbio.com



Date:11/14/2022 14:49:45

Created Date

2018-01-02 14:41:43.0

Registration Expiration Date

2024-12-31

Last Updated

2022-11-14

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes ☐ No

Created by

bio12419

Registration Renewed Date

2022-11-14

Registration Status Reason

Accepted UFI

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **15155978444**

Pin No:

Are you the new owner of a previously registered facility?

☐ Yes ☒ No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

Biovation Labs

Facility Name Suffix

Limited Liability Corporation

Facility Street Address, Line 1

2323 S 3600 W

Facility Street Address, Line 2

City

West Valley City

State/Province/Territory

Utah

Zip Code (Postal Code)

84119

Country/Area

UNITED STATES

Telephone Number

001 844 3903482

Fax Number

E-Mail Address

justinb@biovationlabs.com

Unique Facility Identifier (UFI)

Section 3: Preferred Mailing Address Information



Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

Biovation Labs

Telephone Number

001 844 3903482

Address, Line 1

2323 S 3600 W

Fax Number

Address, Line 2

E-Mail Address

justinb@biovationlabs.com

City

West Valley City

State/Province/Territory

Utah

Zip Code (Postal Code)

84119

Country/Area

UNITED STATES

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

☐ Same as Facility Address (Section 2)

☐ Same as Preferred Mailing Address (Section 3)

☒ None of the above

Company Name

Direct Digital LLC

Telephone Number

001 877 8693310

Company Name Suffix

Limited Liability Corporation

Fax Number

Address, Line 1

615 S College St

E-Mail Address

Address, Line 2

STE 1300

City

Charlotte

State/Province/Territory

North Carolina

Zip Code (Postal Code)

28202

Country/Area

UNITED STATES

Section 5: Facility Emergency Contact Information



If information is the same as another section, check which section:

☒ Same as Facility Address (Section 2)

☐ None of the above

Individual's Title (Optional)

Emergency Contact Phone

001 844 3903482

Individual's Name (Optional)

E-Mail Address

justinb@biovationlabs.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

☐ Yes

☒ No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

-N/A-

Emergency Contact Phone

-N/A-

Middle Name (Optional)

-N/A-

Fax Number

-N/A-

Last Name (Optional)

-N/A-

E-Mail Address

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).



Harvest 1		
Start Month		End Month
Harvest 2		
Start Month		End Month

Section 9: General Product Categories - Human/Animal/Both

<input checked="" type="checkbox"/> Food for Human Consumption	<input type="checkbox"/> Food for Animal Consumption
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Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
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12. DIETARY SUPPLEMENT CATEGORIES

a. Proteins, Amino Acids, Fats and Lipid Substances ⁽²⁾ 21 CFR 170.3(e) (20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vitamins and Minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Animal By-Products and Extracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Herbs and Botanicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

☒ Section 2 - Facility Address Information

☐ Section 3 - Preferred Mailing Address Information

☐ Section 4 - Parent Company Address Information

☐ Section 7 - US Agent Address Information

☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Justin Bath



Address, Line 1

2323 S 3600 W

Address, Line 2

City

West Valley City

State/Province/Territory

Utah

Zip Code (Postal Code)

84119

Country/Area

UNITED STATES

Telephone Number

001 844 3903482

Fax Number

E-Mail Address

justinb@biovationlabs.com

Section 11: Inspection Statement

☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: Jesse Kolstad

CHECK ONE BOX

☒ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

☐ B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Individual's Name

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-



FDA

U.S. FOOD & DRUG
ADMINISTRATION

CENTER FOR FOOD SAFETY & APPLIED NUTRITION

Country/Area

-N/A-