

URGENT FOOD RECALL NOTICE

July 28, 2022

Kinexo, Inc
800 Tiffany Boulevard Suite 300
Rocky Mount, NC 27804

Dear Kinexo,

This letter is to inform you that the contract manufacturer for our Premier Protein® Protein Shakes in 11 oz containers, Lyons Magnus, is conducting a voluntary recall in cooperation with the FDA. The recall is due to the product not meeting commercial sterility requirements and the potential for microbial contamination that could cause spoilage and might include the organism *Cronobacter sakazakii*. While infection related to *Cronobacter sakazakii* is rare, the common symptoms of illness could include fever, vomiting and urinary tract infection, especially in children younger than 1 year and vulnerable/ immunocompromised populations may be more susceptible to infection. The list of recalled products does not include products intended for infants (i.e., under the age of one). To date, no illnesses related to these products have been reported, and the recall is being initiated in consideration for the wellbeing and safety of our customers and consumers.

The recalled product can be quickly identified by a **“BT” in the code. (Lot code will look like “xxxxBT”)** The recall DOES NOT include any of our product produced in other locations.

According to our records, these are the specific lots shipped to you involved in this recall listed in **Attachment 1.**

A photograph of this product and its label is included for your reference. The lot code can be found on the side of the outer case. The lot code for sell units of 4 pack can also be found on the top of the sell unit.

Important: No other Premier Protein® branded products sold to you are impacted by this recall.

Action Requested

Immediately examine your inventory and quarantine product subject to recall. Please review with your sales contact for Premier Nutrition Company, Inc. for instruction on how to return product subject to recall and to arrange replacement. Questions about the product can be directed to your sales contact for Premier Nutrition Company:

Tony O’Dowd
tony.odowd@premiernutrition.com
(469) 667-5476

This recall should be carried out to the consumer level. Your assistance is appreciated and necessary to prevent consumer illness.

Food Safety questions regarding this recall can be directed to the Lyons-Magnus recall contact in the attached recall notice or our Premier Nutrition Company, Inc., Food Safety Sr. Director, Holly Corwin, Holly.corwin@premiernutrition.com

For your consumers with questions, we have set up a recall dedicated consumer care number 888-497-7646 9 AM to 5:30 PM EST.

Thank you for your immediate attention to this important matter.

Premier Nutrition Company, LLC

A handwritten signature in dark ink, appearing to read 'D H D', with a long horizontal flourish extending to the right.

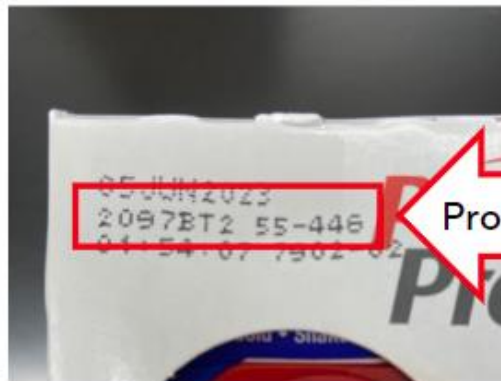
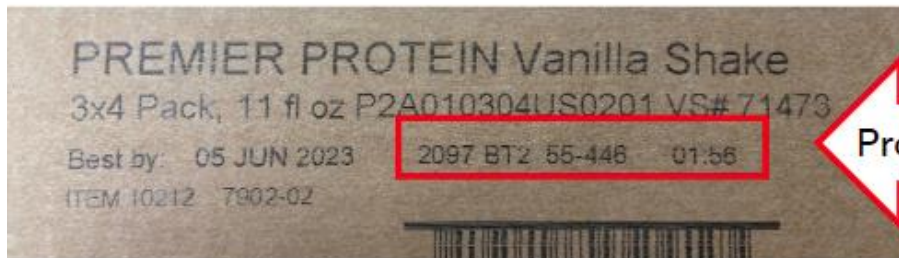
Darcy H. Davenport
President and CEO

ATTACHMENT 1: Product Details

Product	Lot Number	Sell Unit GTIN	Best By Date	Package Config	Ship To	Ship To Address	PO#	Delivery Date	Quantity Shipped (cases)
Premier Protein® Vanilla High Protein Shakes 11 oz carton	2096BT	6-43843-71451-4	06/04/2023	3X4ct- 3 wrapped 4 packs in a case, containing 4 tetras each for 12 total tetras, 192 cases per pallet	KINEXO Columbus	4300 Diplomacy Drive Columbus, OH 43228 United States	184743	6/7/2022	384

ATTACHMENT 2: Product Photos / Labels

3x4 Ct Images



ATTACHMENT 3: Recall Response Form

RECALL RESPONSE FORM

Product: Premier Protein® Protein Shake in 11oz carton

Lot:

Please check all appropriate boxes.

1. I have read and understand the recall instructions provided in the recall notification letter.
☐ YES ☐ NO
2. Did your firm receive shipments of the product being recalled? (If no, please sign and return).
☐ YES ☐ NO
3. Do you now have any of the recalled product on hand? (Please check inventories before answering).
☐ YES ☐ NO If YES, indicate amount on hand: _____ cases
4. Indication disposition of recalled product:
☐ Destroyed _____ units on _____ (Date).
☐ Returned _____ units on _____ (Date).
☐ Product on hold: _____
5. Have you received any reports of illness related to this product?
☐ YES ☐ NO If yes, please provide details.

Name, title, firm, and contact information for person completing questionnaire:

Name: _____
Title: _____
Firm: _____
Ph: _____
Email: _____

PLEASE EMAIL YOUR COMPLETED RESPONSE TO HOLLY CORWIN,
HOLLY.CORWIN@PREMIERNUTRITION.COM