

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

PROFESSIONAL LICENSE

PROFESSION: Pharmacy
LICENSE TYPE: Pharmacy - Wholesale
LICENSE NUMBER: A4-0002026
LICENSE STATUS: Active
ISSUE DATE: 03/17/2017
EXPIRATION DATE: 09/30/2026
ISSUED TO: PharmaLink, Inc.

PHYSICAL ADDRESS: 8285 BRYAN DAIRY
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SIGNATURE: _____

THIS CERTIFIES THAT THE PERSON NAMED IS HEREBY LICENSED TO
CONDUCT OR ENGAGE IN THE PROFESSION INDICATED ABOVE.
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Department of State

Division of Professional Regulation

*Our mission is to credential qualified professionals to ensure the protection
of the public's health, safety, and welfare*

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