

The State of Wisconsin  
 Department of Safety and Professional Services  
 PHARMACY EXAMINING BOARD

*Hereby certifies that*

PharmaLink, LLC.

*was granted a license to practice as a*

**WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS**

*in the State of Wisconsin in accordance with Wisconsin Law  
on the 20th day of November in the year 2025.*

*The authority granted herein must be renewed each biennium by the granting authority.*

*In witness thereof, the State of Wisconsin  
Pharmacy Examining Board  
has caused this certificate to be issued under  
the seal of the Department of Safety and Professional Services*



*[Handwritten Signature]*

DSPS Secretary

*[Handwritten Signature]*

Chairperson

*[Handwritten Signature]*

Secretary