

LICENSE NO. **A4-0002607**

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

NOT TRANSFERABLE

861 Silver Lake Blvd
Cannon Building, Suite 203
Dover, DE 19904-2467

PROFESSION:

Pharmacy - Wholesale Drug Distributor

EXPIRATION DATE:

09/30/2020

ISSUED TO:

Woodfield Distribution, LLC

MAILING ADDRESS

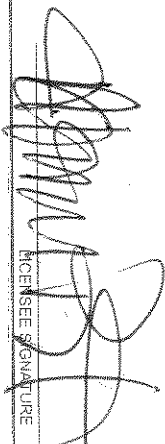
**Woodfield Distribution, LLC
951 Clint Moore Road, Suite A
Boca Raton FL 33487**

**Location: 5653 Creekside Parkway,
Suite B Lockbourne OH 43137**

PROFESSIONAL LICENSE

THIS CERTIFIES THAT THE PERSON NAMED IS HEREBY LICENSED TO CONDUCT OR ENGAGE IN THE PROFESSION INDICATED ABOVE. THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF DELAWARE.

LICENSEE SIGNATURE



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