

Kansas State Board of Pharmacy

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STATE OF KANSAS STATE BOARD OF PHARMACY

N^o

This registration Must Be Renewed
Annually by

That _____
has complied with the Pharmacy Act of the State of Kansas providing for the registration of **Wholesale Distributors**
within the State of Kansas, and is hereby granted a REGISTRATION as defined in K.S.A 65-1643 of the State of Kansas
under the name of

at _____
from this date until _____, unless this registration is surrendered, or revoked or suspended by the Kansas State
Board of Pharmacy.

This registration issued



KANSAS STATE BOARD OF PHARMACY

By *Allyson* _____ Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge