

LICENSE NO. **A4-0001454**

**STATE OF DELAWARE**

NOT TRANSFERABLE

DIVISION OF PROFESSIONAL REGULATION

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

PROFESSION: **Pharmacy - Wholesale Drug Distributor**

EXPIRATION DATE: **09/30/2020**

ISSUED TO: **Devos LTD d/b/a Guaranteed Returns**

**Location: 100 Colin Drive Holbrook NY  
11741**

MAILING ADDRESS

**Devos LTD d/b/a Guaranteed Returns  
100 Colin Drive  
Holbrook NY 11741**



**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.

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LICENSEE SIGNATURE

**633806**