

LICENSE NO. **A4-0002374**

**STATE OF DELAWARE**  
DIVISION OF PROFESSIONAL REGULATION

NOT TRANSFERABLE

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

**Pharmacy - Wholesale Drug Distributor**

EXPIRATION DATE: **09/30/2018**

PROFESSION:

**Lone Star Pharmaceuticals, Inc.**

ISSUED TO:



MAILING ADDRESS

**Lone Star Pharmaceuticals, Inc.**  
**11951 Hilltop Road**  
**Bldg 6 Suite 18**  
**Argyle TX 76226**

**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.

**Argyle TX 76226**

LICENSEE SIGNATURE

**498848**