

REMINDERS: (Please read important information)

- * You need to keep the Board apprised of the current mailing address, by submitting a written or faxed request for a change of address. Please include facility name and license number.
- * Please pay attention to the expiration date of your license. If you do not receive a renewal notice, at least four (4) weeks prior to 12/31/2018, contact the Board Office and request that a renewal form be mailed to you.
- * You may also download a generic application on line through our website <http://www.rld.state.nm.us/boards/> once there click on Individuals Boards and Commissions then click on Pharmacy then click on forms and applications.
- * A change of name requires that you submit a written request along with a \$10.00 fee, and copy of the legal document supporting the name change, also the request must specify if there was a change of ownership.

428398

THIS IS TO CERTIFY THAT

Lonestar Pharmaceuticals, Inc.

is licensed by the New Mexico Board of Pharmacy
in accordance with provisions of laws in the State of New Mexico.

License Number	License Type
WD00012158	Distributor
Expiration Date	
12/31/2018	
Original Issue Date: 02/01/2017	

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

License is hereby granted to operate a **Wholesaler Distributor** in accordance with provisions under chapter 61-11-14, 26, 30 NMSA 1978 Comp., Laws of New Mexico at the address and for the period shown hereon.

License Number: **WD00012158**

Original Issue Date: **02/01/2017**
Expiration Date: **12/31/2018**

Lonestar Pharmaceuticals, Inc.

11951 Hilltop Road, Suite 18
Argyle, TX 76226

Joseph D. Cross, **CHAIRMAN**

NON-TRANSFERABLE