

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 12/31/2020, 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.

THIS IS TO CERTIFY THAT Lonestar Pharmaceuticals, Inc.	
<small>is licensed by the New Mexico Board of Pharmacy in accordance with provisions of laws in the State of New Mexico</small>	
License Number	License / Type
WD00012158	Distributor
Expiration Date	
12/31/2020	
Original Issue Date: 02/01/2017	
<small>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</small>	

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: **12/31/2020**

Lonestar Pharmaceuticals, Inc.

11951 Hilltop Road, Suite 18
Argyle, TX 76226

Richard Mazzoni, **CHAIRMAN**

NON-TRANSFERABLE