

**STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE**

LoneStar Pharmaceuticals, Inc.

EFFECTIVE
02/26/2016

EXPIRATION
09/30/2019

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

9708944-1710 Pharmacy - Class C

Wholesaler
Distributor

SIGNATURE OF HOLDER

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

LONESTAR PHARMACEUTICALS, INC.
11951 HILLTOP RD BLDG 6 STE 18
ARGYLE TX 76226


Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

**STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE**

EFFECTIVE DATE: 02/26/2016

EXPIRATION DATE: 09/30/2019

ISSUED TO: LoneStar Pharmaceuticals, Inc.
11951 Hilltop Rd Bldg 6 Ste 18
Argyle TX 76226



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

9708944-1710 Pharmacy - Class C

Wholesaler
Distributor

SIGNATURE OF HOLDER