

M530616 083 C -001
CUT OUT FOR WALLET CARD

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

E@ DETROIT INC
1923 FREDERICK ST
DETROIT MI 48211

PERMANENT I.D. NO. EXPIRATION DATE
5315036171 06/30/2011 2442178

COMPLAINT INFORMATION:

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

WALL CERTIFICATE INFORMATION:

If the box is checked, you may purchase a State of Michigan Official Wall Certificate. Please visit <http://tbsddp.com/certificates> or call

(NOT ELIGIBLE)

FUTURE CONTACTS:

You should direct all inquires regarding this license or address changes to the:

DEPARTMENT OF COMMUNITY HEALTH

BOARD OF
PHARMACY

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.
REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

P.O. BOX 30670
LANSING MI 48909-8170

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH L1587850

BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE VALID ONLY IF PROFESSIONAL LICENSE IS ACTIVE
VALID ONLY AT LOCATION BELOW

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THIS DOCUMENT IS DULY ISSUED
UNDER THE LAWS OF THE STATE
OF MICHIGAN.