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CUT OUT FOR WALLET CARD

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH

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PERMANENT I.D. NO. 5306002720 EXPIRATION DATE 06/30/2011 VOID V

COMPLAINT INFORMATION:

The issuance of this license should not be construed as a waiver, dismissal or acquiescense 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

P.O. BOX 30670
LANSING MI 48909-8170

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

L1587501

BOARD OF PHARMACY

MANUFACTURER AND WHOLESALER LICENSE

EQ DETROIT INC
1923 FREDERICK ST
DETROIT MI 48211

PERMANENT I.D. NO.	EXPIRATION DATE	
5306002720	06/30/2011	2442711

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