

RICHIE PHARIVIACAL 119 STATE AVENUE P. O. BOX 450

GLASGOW, KY 42142

(Wholesalent name)

HEALTH	1	RESCRIPT	ON (LEC	SEND) DRUG Paidles and Distribution	DIGREE		_ _	
egend Drug Name, St		Histor	of Drug S	Sales and Distribution	2 8 00 mm	500	Count	
eged Drug Name, St	trenoth, Dosage F	orm, Contair	er Size	+ BUPI-0+E	W C C C C C C C C C C C C C C C C C C C			
egend Drug Name, St This is a repacka	aged drug (requires	repackager's	oegiātes it	Dive notemon		2/40-	27	
guthentication of repackager's podigree) DC (optional): 65/62-0570-50					Reference* Numb	Der 26407		
DC (optional): <i>65</i>	2) 67 02/	<u> </u>			Document Type Reference* Date	6-90	-04	
	Quantity	Unique S	erial #		i		•	
Lot Number	144				(related to the sale	by the wholesaler los	entified acove-	
4AA 1.5306								
					PHYSICAL DIST	NEUTION LIST		
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OWNE Name A	ELOIM MOTOR			O . N 4 (201 MAC)	Gent Gent	aantown, WI 53	022	
tonufacturer's Name A	KYMA PHARM	<u>ACEUTICAL</u>	<u>5 W I</u>	94 N 11301 MECO	mick Di.			
lanufacturer's Name 🖺 lanufacturer's informa	tion for authentic	tion:						
		the MANUFA	CTURER :	ora REPACKAGE!	R (which requires a	ithentication)		
1. Wholesaler tha	it p <i>urchascu ildiii.</i> harmacsi	Ole monto						
Richie Pharmacai				Name	Name'			
Name 119 Stat	e Avenue			Address				
Glasgow, KY 42141				Date Received & Ref * #				
Glasgow, KY 42141 Data Surphased & Ref * # 5-16-06 . 5126 d				Print Name of Recipient				
Date Furchased & Ref # 5-76-06 Print Name of Recipient: Signature of Recipient: Name of Authenticator				Signature of Recipient:				
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Signature of Authenticator. To authenticate a subsequent transaction, contact: Cail Harper				Name:	umber			
Name Gail Harper Telescrone Number: (270) 651-6159					S'			
				Email Sopies:	·			
	gail@glasgow-	ky.com						
	D. TO:				SHIPP			
2. = Above SOL	D 1Q.							
Name				Address				
ACS-688				5 - F	d & Ref * #			
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Cinnelling of Ramplem				Name of Auti	henticator:			
Name of Authenticator				Signature of	Authenticator:		contact	
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		<u> </u>		7		Charles .		

Print Name and Title

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