



RICHIE PHARMACAL  
119 STATE AVENUE  
P. O. BOX 450  
GLASGOW, KY 42142

8809

(Wholesaler's name)

**PRESCRIPTION (LEGEND) DRUG PEDIGREE**  
History of Drug Sales and Distributions

Legend Drug Name, Strength, Dosage Form, Container Size: Ibuprofen 800mg 500 count

This is a repackaged drug (requires repackager's pedigree information and authentication of repackager's pedigree)

IDC (optional): 65162-0570-50

Lot Number	Quantity	Unique Serial #
<u>48A15306</u>	<u>144</u>	

Reference Number 264073  
Document Type INV  
Reference Date 6-20-06

(related to the sale by the wholesaler identified above)

**OWNERSHIP HISTORY**

**PHYSICAL DISTRIBUTION HISTORY**

(if different from the owner information)

Manufacturer's Name AKYMA PHARMACEUTICALS W194 N 11381 McCormick Dr. Germantown, WI 53022

Manufacturer's information for authentication:

1. Wholesaler that purchased from the MANUFACTURER or a REPACKAGER (which requires authentication)

Name Richie Pharmacal  
Address 119 State Avenue  
Glasgow, KY 42141  
Date Purchased & Ref # 5-16-06 5126  
Print Name of Recipient Gail Harper  
Signature of Recipient [Signature]  
Name of Authenticator [Signature]  
Signature of Authenticator [Signature]  
To authenticate a subsequent transaction, contact:  
Name Gail Harper  
Telephone Number (270) 651-6159  
Email address gail@glasgow-ky.com

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Received & Ref # \_\_\_\_\_  
Print Name of Recipient \_\_\_\_\_  
Signature of Recipient \_\_\_\_\_  
Name of Authenticator \_\_\_\_\_  
Signature of Authenticator \_\_\_\_\_  
To authenticate a subsequent transaction, contact:  
Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

2. #1 Above SOLD TO:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Purchased & Ref # \_\_\_\_\_  
Print Name of Recipient \_\_\_\_\_  
Signature of Recipient \_\_\_\_\_  
Name of Authenticator \_\_\_\_\_  
Signature of Authenticator \_\_\_\_\_  
To authenticate a subsequent transaction, contact:  
Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

SHIPPED TO  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Received & Ref # \_\_\_\_\_  
Print Name of Recipient \_\_\_\_\_  
Signature of Recipient \_\_\_\_\_  
Name of Authenticator \_\_\_\_\_  
Signature of Authenticator \_\_\_\_\_  
To authenticate a subsequent transaction, contact:  
Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

3. #2 Above SOLD TO:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Purchased & Ref # \_\_\_\_\_  
Print Name of Recipient \_\_\_\_\_  
Signature of Recipient \_\_\_\_\_  
Name of Authenticator \_\_\_\_\_  
Signature of Authenticator \_\_\_\_\_  
To authenticate a subsequent transaction, contact:  
Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

SHIPPED TO  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Received & Ref # \_\_\_\_\_  
Print Name of Recipient \_\_\_\_\_  
Signature of Recipient \_\_\_\_\_  
Name of Authenticator \_\_\_\_\_  
Signature of Authenticator \_\_\_\_\_  
To authenticate a subsequent transaction, contact:  
Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distributions have been authenticated. If required, \_\_\_\_\_

Signature (authorized to bind the company)

Dawn Boyter, CEO  
Print Name and Title

6-20-06  
Date

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pages.