



Amgen Inc.

(Repackager's Name)

PRESCRIPTION (LEGEND) DRUG PEDIGREE

History of Drug Sales and Distributions for a Repackaged Prescription Drug

Description of drug being distributed:

Legend Drug Name, Strength, Dosage Form Container Size: HYDROCODONE/APAP, 10/325MG, TABLETS, #120

Manufacturer / Repacker Name on container: SOUTHWOOD PHARMACEUTICALS, INC.

NDC on container (optional): 58016-0495-02

Lot Number	Quantity	Unique Serial#
BT339	44	

Reference* Number: 173476
Document Type: InvoiceNumber
Reference* Date: 2006-07-05
(related to the sale by the repacker identified above)

History of the drugs included in the repackaged lot identified above: (include pedigrees for additional drugs on attached pages as necessary)

Lot Number: 4aa15306 Quantity: 20 Manufacturer & information for authentication: Akyma Pharmaceuticals LLC NDC: 65162-0570-50 Unique Serial#: <i>Repeat as applicable</i> Lot Number: _____ Quantity: _____ Manufacturer & information for authentication: _____ NDC: _____ Unique Serial#: _____	OWNERSHIP HISTORY 1. WHOLESALE/REPACKAGER THAT PURCHASED FROM THE MANUFACTURER Name: <u>Amgen Inc.</u> Address: <u>One Amgen Center Drive, Thousand Oaks, CA, 91320, USA</u> Date Purchased and Ref: <u>CO00001, Dispatch Advice, 2005-12-02T08:30:47</u> Print Name of Recipient: <u>David Loy</u> Signature of Recipient: <u>[Signature]</u> To authenticate a subsequent transaction, contact: Name: <u>Jenny Holmes</u> Telephone Number: <u>(314) 555-7865</u> E-Mail Address: <u>jholmes@prepaksys.com</u>	PHYSICAL DISTRIBUTION HISTORY(if different) Name: _____ Address: _____ Date Purchased and Ref: _____ Print Name of Recipient: _____ Signature of Recipient: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone Number: _____ E-Mail Address: _____
	SUBSEQUENT WHOLESALE DISTRIBUTION(repeat as necessary) #1 Above SOLD TO: Name: _____ Address: _____ Date Purchased and Ref: _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of the Authenticator: _____ Signature of the Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone Number: _____ E-Mail Address: _____	SHIPPED TO: Name: _____ Address: _____ Date Purchased and Ref: _____ Print Name of Recipient: _____ Signature of Recipient: _____ Name of the Authenticator: _____ Signature of the Authenticator: _____ To authenticate a subsequent transaction, contact: Name: _____ Telephone Number: _____ E-Mail Address: _____

I swear or affirm that the information contained on this pedigree is accurate and complete and that prior sales and distribution is authenticated, if required

Robert GoodRich, InternalUser

2007-03-14

Page ____ of ____

Signature (Authorised to bind the Company)

Print Name and Title

Date