

(Wholesaler's Name)

Amgen Inc. PRESCRIPTION (LEGEND) DRUG PEDIGREE

	0, ,,		History of Drug Sales			2112 17 1			
Legend Drug Name					IL, SUBCUTANEC	JUS, Vial			
		rug (requires kager's pedig	repackager's pedigree infomation	on and	Reference* Nu	mber: CO00021			
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		1			Reference* Da				
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Manufacturer's Na							,		
Manufacturer's in	fomation for	or authentica	ation: Amgen Inc						
1. V	Nholesaler	that purcha	sed from the MANUFACTURE	R or a REP	PACKAGER(which	h requires auther	ıtication)		
Name: * SEE ATT	ACHED PED	IGREE *		Name:					
Address:				Address:					
				Date Purchased and Ref:					
				Print Name of Recipient:					
				Signature of Recipient:					
				Name of the Authenticator:					
				Signature of the Authenticator:					
To authenticate a				To authenticate a subsequent transaction, contact:					
	•	-		Name:		,			
Telephone Number:					one Number:				
E-Mail Address:				E-Mail Address:					
2 #1	1 Above SOLI	 D TO:				SHIPPEDTO:			
Name: Amgei	n Inc.			Name:					
Address: One Am	gen Center D	rive, Thousan	d Oaks, CA, 91320, USA	Address:					
Date Purchased a	and Ref: <u>CO0</u> 0	0001, Dispatch	Advice, 2005-12-02T08:30:47	Date Purchased and Ref:					
Print Name of Rec	ipient:	DavidLoy		Print Name of Recipient:					
Signature of Recip	pient:	Shirt ax	5	Signature of Recipient:					
Name of the Authe	enticator:	Jenny I	Holmes	Name of the Authenticator:					
Signature of the A		3011119 1		Signature of the Authenticator:					
· ·		-4 4vans 1		To authenticate a subsequent transaction, contact:					
To authenticate	it transaction	, contact:	Name:						
Name: Jenny F		4.4) 555 7005		Telephone Number:					
Telephone Numbe	_	14) 555-7865		E-Mail Address:					
E-Mail Address:	jholmes@	@prepaksys.co	<u>m</u>						
I swear or affirm the	at the informa	ation contained	I on this pedigree is accurate and co	omplete and th	hat prior sales and o	distribution is authent	icated, if required		
Q 1			-	-	-		page		
dais 0	1.Koy	_	David Loy, COO			2007-03-22	of		
							— pages.		
Signature (Authori	sed to bind th	ne Company)	Print Name and Title			Date			

*Reference Number should be identified as an invoice, purchase order, shipping document number or similar unique identifier.

Prescription (legend) Drug Pedigree DH 2129, 7/06 (obsoletes previous editions).



Signature (authorized to bind the company)

#12-4 Z10/800'd ###-1

RICHIE PHARMACAL 119 STATE AVENUE P. O. BOX 450

(Wholesalent name)

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GLASGOW, KY 42142 PRESCRIPT ON (LEGEND) DRUG PEDIGREE

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Name	Gail Harper			Telephone Nur	mber		
Telephone Number:	(270) 651-6159)	ļ ļ ;	Email address:			
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