CUSTOMER INFORMATION				REGISTRATION INFORMATION						SUPPLIER DEA NUMBER													
XYZ Pharmacy LLC. REGISTRATIO				NOITA	l: ABC454																		
NY, US RAGISTERED A				S: PHARM	TO BE FILLED BY PURCHASER																		
ORDER FORM I					NO:10239	BUSINESS NAME ABC Health																	
DATE ISSUED: 1						STREET ADDRESS 18, Queens																	
						CITY, STATE, ZIP CODE NY, 41380																	
TO BE FILLED IN BY PURCHASER						ALTERNATE CURRENT																	
					TO BE FI	ALTERNATE SUPPLIER IDENTIFICATION																	
	POINT OF CONTACT NAME Random Pharma					PURCHA			NAT														
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DEA FORM-222

CUSTOMER INFORMATION				REGISTRATION INFORMATION					SUPPLIER DEA NUMBER																			
XYZ Pharmacy LLC.				REGISTRATION	I: ABC45455																							
Anv				RAGISTERED A	S: PHARM					TO BE FILLED BY PURCHASER																		
				ORDER FORM NO:1023902003					BUSINESS NAME ABC Health																			
						STREET ADDRESS 10, Queens																						
DATE ISSUE						CITY, STATE, ZIP CODE NV, 41380																						
ORDER FORM					1 OF 2																							
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POINT OF CONTACT NAME Random Pharma					DIBCHASED				ALTERNATE DEA																			
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