

NOTICE: Display this renewal with original certificate in a prominent location site

APPLICANT MAILING ADDRESS

Original Permit #

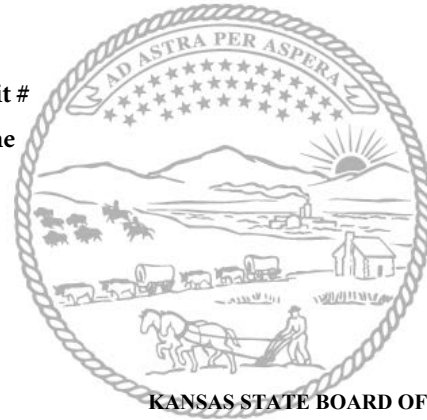
Company Name

Schedules

Address

City/State/Zip

Owner



KANSAS STATE BOARD OF PHARMACY

Allyson Stein

Expires

(This is a renewal, not an original registration)

**Executive Secretary
(785) 296-4056**