ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/14/2025
Receipt Number: 2025211616
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003883

EXPIRES
10/31/2027

Issued to : Returns 'R' Us, LLC dba Pharma Logistics, LLC
Ritorno Midco, LLC
1801 NORTH BUTTERFIELD ROAD
LIBERTYVILLE, IL 60048

Returns 'R' Us, LLC dba Pharma Logistics, LLC
1801 NORTH BUTTERFIELD ROAD
LIBERTYVILLE, IL 60048

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF
PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Ritorno Midco, LLC
LICENSE NUMBER : W003883
EXPIRES : 10/31/2027

http://www.azpharmacy.gov

• Your license must be available for inspections during business hours.

• Permit holder(s) must display permit in the location to which it is issued.

• Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.