

STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

PROFESSIONAL LICENSE

PROFESSION:	Pharmacy	Doing Business As: Pharm Logistics, LLC
LICENSE TYPE:	Pharmacy - Wholesale	
LICENSE NUMBER:	A4-0013121	
LICENSE STATUS:	Active	
ISSUE DATE:	11/15/2023	
EXPIRATION DATE:	09/30/2024	
ISSUED TO:	Returns 'R' Us, LLC	
PHYSICAL ADDRESS:	1801 NORTH BUTTERFIELD ROAD LIBERTYVILLE IL 60048	
SIGNATURE:	_____	

THIS CERTIFIES THAT THE PERSON NAMED IS HEREBY LICENSED TO
CONDUCT OR ENGAGE IN THE PROFESSION INDICATED ABOVE.
THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF DELAWARE



Department of State

Division of Professional Regulation

*Our mission is to credential qualified professionals to ensure the protection
of the public's health, safety, and welfare*

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