



# North Dakota State Board of Pharmacy

Type

*This is to certify*

companyName

addy

*Has registered with the Board of Pharmacy of the State of North Dakota in accordance with Chapter 19-02.1-02(15) and 43-15.3 of the North Dakota Century Code and has been granted*

**License No. ####**

*Until **March 1, 2020** unless otherwise suspended or revoked.*

**This license is not transferable.**

*President*

President

*Senior Member*

Senior Member

*Technician Member*

*Public Member*

*Board Member1*

*Board Member2*

*Board Member3*

*Executive Director*

Executive Director