

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

**APPLICANT MAILING ADDRESS**

**Original Permit #**

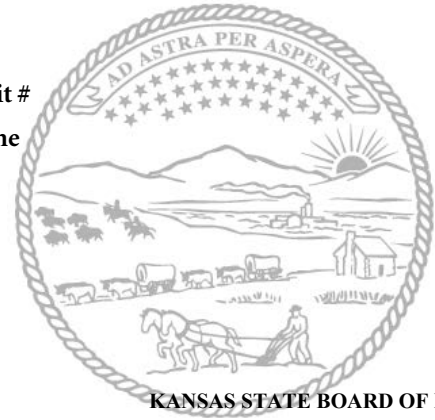
**Pharmacy Name  
Schedules**

**P.I.C. / Lic #**

**Address**

**City/State/Zip**

**Owner**



**KANSAS STATE BOARD OF PHARMACY**

*Allyson*

**Expires**

(This is a renewal, not an original registration)

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