

License #: PHAB19
Effective: 05/03/2016
Expires: 06/30/2018

STATE OF ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
Pharmacy

Licensee: **MCKESSON DRUG COMPANY**

License Type: **Wholesale Drug Distributor**

Status: **Active**

Doing Business As: **MCKESSON DRUG COMPANY**

Note: PIC: Snider

Physical Address: 5491 ELECTRON DR-SUITE A, ANCHORAGE, AK 99518

Commissioner: Chris Hladick

Relationships

| RelationType | License # | LicenseType | Owners/Entities | Names/DBA |
|-------------------------|-----------|-------------|-----------------|-----------|
| No relationships found. | | | | |

Designations

| Type | Group |
|------------------------|-------|
| No designations found. | |

MCKESSON DRUG COMPANY
5491 ELECTRON DR-SUITE A
ANCHORAGE, AK 99518

Wallet Card

| | | |
|---|-------------------------|-----------------------|
| State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business, and Professional Licensing Pharmacy MCKESSON DRUG COMPANY DBA: MCKESSON DRUG COMPANY As Wholesale Drug Distributor | | |
| License PHAB19 | Effective 05/03/2016 | Expires 06/30/2018 |



STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Wholesaler Pharmacy

License No. PHWH000056

Status: Active

McKesson Drug Co
2975 Evergreen Drive
Duluth GA 30096

Expires: 6/30/2017
Issued: 4/22/1993

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall license to practice your profession. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address or otherwise need to update your records.



STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Wholesaler Pharmacy
License No. PHWH000056 - Active

McKesson Drug Co
2975 Evergreen Drive
Duluth GA 30096

Issued: 4/22/1993
Expires 6/30/2017

Real-time license verification is available at gadch.mylicense.com/verification

Alabama State Board of Pharmacy



2016

This is to Certify

MCKESSON CORPORATION
6775 JEFERSON METROPOLITAN PKWY
MCCALLA, AL 35111

Permit No. 193165

Supervising Pharmacist

Is duty licensed as a
MFG/WHSE/DIST

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE EXPIRES ON THE LAST DAY OF ~~December 2016~~ December 2015 AND MUST BE CONSPICUOUSLY DISPLAYED.

This is Your Receipt For Fee Paid As Required By Law
THIS PERMIT IS NOT TRANSFERABLE

Alabama State Board of Pharmacy

Handwritten signature of the Secretary, appearing to be "N. H. Ellenburg".

Secretary

Alabama State Board of Pharmacy
P.O. Box 381988
Birmingham, AL 35238-1988
Phone 205-981-2280
Fax 205-981-2330
www.albop.com

Report a change in ownership, name, or location by contacting our office for the appropriate application.

Supervising Pharmacist changes should be made at the website, www.albop.com.

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

ALABAMA STATE BOARD OF PHARMACY 2016

The Controlled Substances Act of 1971 reads in part as follows
Section 304, (Revocation and Suspension of Registration)

- (a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant
- (1) has furnished false or fraudulent material information in any application filed under this Act;
 - (2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
 - (3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances;
 - (4) Has violated the provisions Act 205, 1966 Special Session of Alabama Legislature (Title 468 257 (a)-a32) Code of Alabama 1940 (Revised 1958)

CONTROLLED SUBSTANCES
REGISTRATION NUMBER

193165

THIS REGISTRATION
EXPIRES

12/31/2016

FEE
PAID

\$ 600.00

SCHEDULES
II III IV V

BUSINESS ACTIVITY

MFG/WHSE/DIST

DATE ISSUED

01/01/2015

MCKESSON CORPORATION
6775 JEFERSON METROPOLITAN PKWY
MCCALLA, AL 35111

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES
THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

Alabama State Board of Pharmacy



2016

This is to Certify

**MCKESSON CORPORATION DBA MCKESSON DRUG
COMPANY**
6775 JEFFERSON METROPOLITAN PARKWAY
MCCALLA, AL 35111

Permit No. 700166

Supervising Pharmacist

Is duty licensed as a
Precursor Chemical Supplier

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE EXPIRES ON THE LAST DAY OF December 2016 AND MUST BE CONSPICUOUSLY DISPLAYED.

Alabama State Board of Pharmacy

This is Your Receipt For Fee Paid As Required By Law
THIS PERMIT IS NOT TRANSFERABLE

Lucian F. Alvarado

Secretary

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
Phone 205-981-2280
Fax 205-981-2330
www.albop.com

Report changes of name, ownership,
address or supervising pharmacist on
the appropriate application/ form
downloaded from our website:
www.albop.com

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN
PHARMACY

Wholesale Distributor Permit

Mckesson Corporation
9 Aegean Dr
Methuen, MA 01844

WD383

11/30/2016

762086

LICENSE NO.

EXPIRATION DATE

SERIAL NO.

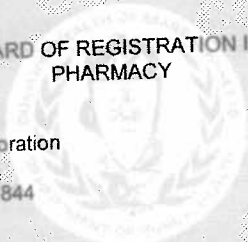
Jana Hillman
Signature

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN
PHARMACY

Mckesson Corporation
9 Aegean Dr
Methuen MA 01844



James Kilbourn
Signature

WD383CS

11/30/2016

762087

LICENSE NO.

EXPIRATION DATE

SERIAL NO.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
99 CHAUNCY STREET, 11TH FLOOR, BOSTON, MA 02111



CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

| NUMBER | ISSUED | EXPIRES | TYPE |
|-----------|------------|------------|-------------------|
| MA0088559 | 08/16/2016 | 08/16/2017 | Drug Distributors |

SCHEDULES II,III,IV,V,VI

ISSUED TO

MCKESSON CORPORATION DBA MCKESSON DRUG COMPANY
9 AEGEAN DRIVE
METHUEN, MA 01844
ATTN: JOHN G SAIA SECRETARY

Handwritten signature of the Commissioner of Public Health.

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

716324



NEW YORK STATE DEPARTMENT OF HEALTH
CONTROLLED SUBSTANCE LICENSE



MCKESSON DRUG COMPANY
DIVISION OF MCKESSON CORP
2700 NORTH AMERICA DRIVE
WEST SENECA NY 14224

CLASS 2
DISTRIBUTOR
SCHEDULE:
II III IV V

HAS GIVEN SATISFACTORY EVIDENCE THAT ALL QUALIFICATIONS AS REQUIRED BY ARTICLE 33 OF THE PUBLIC HEALTH LAW AND PART 80 OF THE ADMINISTRATIVE RULES AND REGULATIONS HAVE BEEN MET AND IS HEREBY GRANTED A LICENSE TO ENGAGE IN CONTROLLED SUBSTANCE ACTIVITY IN THE STATE OF NEW YORK IN THE CLASSIFICATION STATED ABOVE.

LICENSE #: 0200220
EFFECTIVE: AUG 20, 2016
EXPIRES: AUG 19, 2018



Howard Zucker M.D.

HOWARD ZUCKER, M.D., J.D.
COMMISSIONER OF HEALTH

TO BE PERMANENTLY DISPLAYED AT THE LICENSED SITE



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

0721069

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: manufacturer wholesaler which conducts business at the following locations in this State:

2700 N AMERICA DR W SENECA, NY 14224-

Reg. No.
5003638

MCKESSON CORPORATION
MCKESSON DRUG COMPANY
2700 N AMERICA DR
W SENECA, NY 14224-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2017

Establishment Copy



Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO
004.002848

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES
12/31/2016

LICENSED
WHOLESALE DRUG DISTRIBUTOR
WHOLESALE DRUG

MCKESSON CORPORATION
DBA MCKESSON DRUG COMPANY,
DOUGLAS BUIS
1995 MCKESSON ST STE 101
AURORA, IL 60502



Handwritten signature of Manuel Flores in black ink.

MANUEL FLORES
ACTING SECRETARY

Handwritten signature of Jay Stewart in black ink.

JAY STEWART
DIRECTOR

The official status of this license can be verified at www.idfpr.com

9221061

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO
304.007123
004.002848

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below

EXPIRES
12/31/2016

LICENSED
DRUG DISTRIBUTOR
CONTROLLED SUBSTANCE
II III IV V

MCKESSON CORPORATION
DBA MCKESSON DRUG COMPANY
1995 MCKESSON ST STE 101
AURORA, IL 60502



MANUEL FLORES
ACTING SECRETARY

JAY STEWART
DIRECTOR

The official status of this license can be verified at www.idfpr.com

9222222

IOWA BOARD OF PHARMACY
400 S.W. EIGHTH STREET, SUITE E
DES MOINES, IA 50309-4688
515/281-5944 FAX 515/281-4609
<http://www.state.ia.us/ibpe>

2016

Wholesale Drug License No. 7987

ISSUED 09/25/2015

EXPIRES 12/31/2016

MUST BE CONSPICUOUSLY DISPLAYED IN LOCATION TO WHICH IT APPLIES

MAILING ADDRESS

MCKESSON CORPORATION
2101 12TH AVE S
CLEAR LAKE IA 50428-

LICENSED LOCATION

MCKESSON CORPORATION
2101 12TH AVE S
CLEAR LAKE IA 50428-

Christopher Van Norman, Dir of Operations

COUNTY 17

CSA

IOWA BOARD OF PHARMACY

400 S.W. EIGHTH STREET, SUITE E

DES MOINES, IA 50309-4688

515/281-5944 FAX 515/281-4609

<http://www.state.ia.us/ibpe>

2017

CERTIFICATE OF REGISTRATION
IOWA CONTROLLED SUBSTANCES ACT

REGISTRATION NUMBER 2212001

DRUG SCHEDULES REGISTERED 22N33N45

REGISTRATION ISSUED 09/30/2015

REGISTRATION EXPIRES 01/30/2017

NAME, MAILING ADDRESS

MCKESSON CORPORATION

2101 12TH AVE S

CLEAR LAKE IA 50428-

NAME, REGISTERED LOCATION

MCKESSON CORPORATION

2101 12TH AVE S

CLEAR LAKE IA 50428-

Distributor

RESPONSIBLE INDIVIDUAL Christopher Van Norman, Director of Operations

COUNTY 17

DEA REGISTRATION NO.

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

MCKESSON DRUG COMPANY
3301 POLLOK DR
CONROE TX 77303

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

MCKESSON CORPORATION DBA
MCKESSON DRUG COMPANY
3301 POLLOK DR
CONROE, TX 77303

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 0082692
Expires: August 31, 2017

NON-TRANSFERABLE


Interim Commissioner

506961



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

0721705

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: manufacturer wholesaler which conducts business at the following locations in this State:

400 DELRAN PKWY DELRAN, NJ 08075-

Reg. No.
5002181

MCKESSON CORPORATION
MCKESSON DRUG COMPANY
ATTN: CHUCK GOLETZ, OP MGR
400 DELRAN PKWY
DELRAN, NJ 08075-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2017

Establishment Copy

State Of New Jersey
NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
CONTROLLED DANGEROUS SUBSTANCES

CDS REGISTRATION NUMBER
CW00032700

MCKESSON DRUG CO-MCKESSON CORP
C/o Charles Goletz III
400 Delran Pkwy
Delran NJ 08075

REGISTERED AS Wholesaler/Distributor

FOR SCHEDULES 2 3 4 5

01/27/2016 TO 03/31/2017
VALID

RM0173055
DEA NO

10CW00032700

LICENSE REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT


ACTING DIRECTOR

PLEASE DETACH HERE
STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS

THIS IS TO CERTIFY THAT
MCKESSON DRUG CO-MCKESSON CORP
CDS REGISTRATION NUMBER CW00032700
DEA NUMBER RM0173055
FOR SCHEDULES 2 3 4 5

01/27/2016 TO 03/31/2017
VALID

SIGNATURE



10CW00032700

PLEASE DETACH HERE
IF YOUR LICENSE/ID CARD
IS LOST PLEASE NOTIFY:

Drug Control Unit
P O. Box 45022
Newark, NJ 07101

PLEASE DETACH HERE



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Congratulations! Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_registrations@state.co.us.

| | |
|---|---|
| <p>Colorado Department of Regulatory Agencies Division of Professions and Occupations</p> <p>Board of Pharmacy McKesson Corporation</p> <p>Wholesaler In-State</p> <p>WHI.0006034 11/01/2016 Number Issue Date Active 10/31/2018 Credential Status Expire Date</p> <p>Verify this credential at: www.colorado.gov/dora/dpo</p> <p><i>Ronne Hines</i> Division Director Ronne Hines Credential Holder Signature</p> | <p>Colorado Department of Regulatory Agencies Division of Professions and Occupations</p> <p>Board of Pharmacy McKesson Corporation</p> <p>Wholesaler In-State</p> <p>WHI.0006034 11/01/2016 Number Issue Date Active 10/31/2018 Credential Status Expire Date</p> <p>Verify this credential at: www.colorado.gov/dora/dpo</p> <p><i>Ronne Hines</i> Division Director Ronne Hines Credential Holder Signature</p> |
|---|---|



Washington State Department of Health
This organization

McKesson Drug Company

is authorized by RCW 18.64 to have a

Pharmaceutical Wholesaler License

Operated by: **McKesson Corporation**

Located at: **710 132nd St SW
Everett, WA 98204-7322**

Controlled Substance

Washington State Department of
Health



Secretary

Status
ACTIVE

Effective Date
10/01/2016

Credential Number
PHWH.FX.00002610

Expiration Date
09/30/2017

| |
|-----------------------|
| LICENSE NUMBER |
| PWD - 18 |

| |
|------------------------|
| EXPIRATION DATE |
| 12/31/2017 |

STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
WHOLESALE PRESCRIPTION DRUG
DISTRIBUTOR



MCKESSON CORPORATION
DBA MCKESSON DRUG COMPANY
80 SAND ISLAND ACCESS RD
HONOLULU HI 96819

(SIGNATURE
OF LICENSEE)

CERTIFICATE OF REGISTRATION FOR
**CONTROLLED
SUBSTANCES**



State of Hawaii

DEPARTMENT OF PUBLIC SAFETY
NARCOTICS ENFORCEMENT DIVISION

Registration Number:

E04231

Expires:

01-31-2017

By 
Authorized Signature

This is awarded to:

MCKESSON DRUG CO., HONOLULU
DBA: MCKESSON DRUG COMPANY
80 SAND ISLAND ACCESS RD
HONOLULU HI, 96819

by the Department of Public Safety, Narcotics Enforcement Division,
pursuant to provisions of Chapter 329, Hawaii Revised Statutes.

Registrant is authorized to

Administer Prescribe Dispense Distribute

Controlled Substances listed in the following Schedules:

Schedule I

Schedule II (Narcotic)

Schedule II (Non-Narcotic)

Schedule III (Narcotic)

Schedule III (Non-Narcotic)

Schedule IV

Schedule V

Medical Marijuana Certification (Physicians licensed under HRS 453 & 460)

**THIS CERTIFICATE OF REGISTRATION MUST BE PROMINENTLY DISPLAYED
AT THE BUSINESS ADDRESS AS SHOWN.**

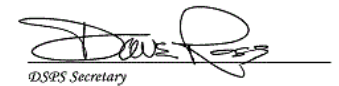
The State of Wisconsin
Department of Safety and Professional Services
PHARMACY EXAMINING BOARD



Hereby certifies that
MCKESSON DRUG COMPANY
was granted a license to practice as a
WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS
in the State of Wisconsin in accordance with Wisconsin Law
on the 12th day of November in the year 1996.

The authority granted herein must be renewed each biennium by the granting authority.

In witness thereof, the State of Wisconsin
Pharmacy Examining Board
has caused this certificate to be issued under
the seal of the Department of Safety and Professional Services




DWS Secretary


Chairperson

Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

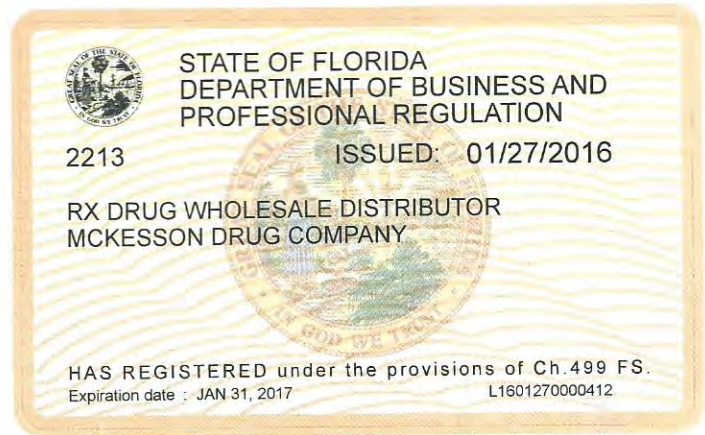
(850) 487-1395

MCKESSON DRUG COMPANY
1515 KENDRICK LANE
LAKELAND FL 33805

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER

2213

The PRESCRIPTION DRUG WHOLESAL DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: JAN 31, 2017

MCKESSON DRUG COMPANY
1515 KENDRICK LANE
LAKELAND FL 33805



ISSUED: 01/27/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1601270000412

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
P.O. BOX 30670
LANSING, MI 48909-8170

5316 118634 150514

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MCKESSON DRUG CO/MCKESSON CORP
38220 PLYMOUTH RD
LIVONIA MI 48150

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BY EMAILING BHPHELP@MICHIGAN.GOV OR CALL (617) 335-0918

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

REVERSE SIDE OF LICENSE CONTAINS
IMPORTANT INFORMATION.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY

L778432

MANUFACTURER AND WHOLESALER
LICENSE

MCKESSON DRUG CO/MCKESSON CORP
38220 PLYMOUTH RD
LIVONIA MI 48150

PERMANENT I.D. NO.
5306000127

EXPIRATION DATE
06/30/2017

3854396

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN.

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
P.O. BOX 30670
LANSING, MI 48909-8170

5322 646823 150514

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MCKESSON DRUG CO/MCKESSON CORP
38220 PLYMOUTH RD
LIVONIA MI 48150

COMPLAINT INFORMATION:
THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED
AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY
COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE,
ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS:
YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE
OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING
AND REGULATORY AFFAIRS BY EMAILING
BHPHELP@MICHIGAN.GOV OR CALL (517) 335-0918

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

REVERSE SIDE OF LICENSE CONTAINS
IMPORTANT INFORMATION.

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

L778433

*THIS LICENSE VALID ONLY IF PROFESSIONAL LICENSE IS ACTIVE

VALID ONLY AT FACILITY BELOW

MCKESSON DRUG CO/MCKESSON CORP
38220 PLYMOUTH RD
LIVONIA MI 48150

PERMANENT I.D. NO.
5306000127

EXPIRATION DATE
06/30/2017

3854513

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN.



State of Tennessee

9633815

20961

TENNESSEE BOARD OF PHARMACY
MANUFACTURER/WHOLESALER/DISTRIBUTOR
MCKESSON DRUG COMPANY
4836 SOUTHRIDGE BLVD
MEMPHIS TN 381410000

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000000032

EXPIRATION DATE: 06/30/2017

CONTROLLED SUBSTANCE REGISTRATION

Roemarie OHO

DIRECTOR, HEALTH RELATED BOARDS

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

WHOLESALE DISTRIBUTOR LICENSE NUMBER: 300375
(ACTIVE)

To:

MCKESSON DRUG COMPANY
3230 SPRUCE STREET
LITTLE CANADA MN 55117

EFFECTIVE DATE

04/14/2016

EXPIRATION DATE

05/31/2017

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

WHOLESALE DISTRIBUTOR LICENSE
NUMBER: 300375 (ACTIVE)

To:

MCKESSON DRUG COMPANY

EFFECTIVE DATE

04/14/2016

EXPIRATION DATE

05/31/2017



Certificate of Registration

Certificate No. 300006684

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

**MCKESSON CORPORATION
2798 NEW BUTLER ROAD
NEW CASTLE, PA 16101**

Drug & Device Registration

132 Kline Plaza
Suite A
Harrisburg, PA 17104
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: September 01, 1997

Expiration Date: The Last Day of July, 2017

Christine C. Filipovich, MSN, RN

Christine C. Filipovich, MSN, RN
Deputy Secretary for Quality Assurance



pennsylvania
DEPARTMENT OF HEALTH

Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Certificate of Licensure

Certificate No. 8000000134

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

**MCKESSON CORPORATION
2798 NEW BUTLER ROAD
NEW CASTLE, PA 16101**

Drug & Device Registration

132 Kline Plaza
Suite A
Harrisburg, PA 17104
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: September 01, 1994

Expiration Date: The Last Day of July, 2017

Christine C. Filipovich, MSN, RN

Christine C. Filipovich, MSN, RN
Deputy Secretary for Quality Assurance



pennsylvania
DEPARTMENT OF HEALTH

Karen M. Murphy, PhD, RN

Karen M. Murphy, PhD, RN
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Not transferable for change of owner, name or address - Must be conspicuously displayed

Oklahoma State Board of Pharmacy

2920 N Lincoln Blvd, Ste A • Oklahoma City, OK 73105

Phone: (405) 521-3815 / Fax: (405) 521-3758

www.pharmacy.ok.gov

Lic. Fee: \$200.00

Receipt: 2016-0744

Date: 5/19/2016

EXPIRES JUN 30, 2017

1-W-231

Mailing Address:

MCKESSON CORPORATION
MCKESSON DRUG COMPANY
4012 S PURDUE
OKLAHOMA CITY, OK 73179-7816

Wholesale Distributor

Location Name and Address:

MCKESSON CORPORATION
MCKESSON DRUG COMPANY
4012 S PURDUE
OKLAHOMA CITY, OK 73179-7816

Oklahoma State Bureau of Narcotics and Dangerous Drugs Control

This is to certify that

MCKESSON CORPORATION DBA MCKESSON DRUG COMPANY

4012 S PURDUE
OKLAHOMA CITY, OK 73179-0000

22591 OBN CERTIFICATE OF REGISTRATION NO.

*is (duly registered with the Oklahoma State Bureau of
Narcotics and Dangerous Drugs Control and is
(hereby) authorized to legally handle*



John M. Scully, Director
EXPIRES OCTOBER 31, 2017

Schedule(s) 1, 2, 3, 4, 5

*pursuant to O.S. § 2-302. (This registration is not
transferable on change of ownership or business
activity.)* Date Issued: 09/27/2016

Certificate of Registration must be readily retrievable at all times.

The Oklahoma Bureau of Narcotics will not be mailing this certificate to you.



Oklahoma State Bureau of Narcotics and Dangerous Drugs Control

This is to certify that

MCKESSON CORPORATION DBA MCKESSON DRUG COMPANY

4012 S. PURDUE
OKLAHOMA CITY, OK 73179-0000

31616 OBN CERTIFICATE OF REGISTRATION NO.

*is (duly registered with the Oklahoma State Bureau of
Narcotics and Dangerous Drugs Control and is
(hereby) authorized to legally handle*



A handwritten signature in blue ink that reads "John M. Scully".

John M. Scully, Director
EXPIRES OCTOBER 31, 2017

Schedule(s) Non-Schedule Pseudoephedrine
*pursuant to O.S. § 2-302. (This registration is not
transferable on change of ownership or business
activity.)* Date Issued: 10/03/2016

Certificate of Registration must be readily retrievable at all times.

The Oklahoma Bureau of Narcotics will not be mailing this certificate to you.

Oklahoma State Bureau of Narcotics and Dangerous Drugs Control

This is to certify that

MCKESSON CORPORATION DBA MCKESSON DRUG COMPANY

4012 S. PURDUE
OKLAHOMA CITY, OK 73179-0000

37930 OBN CERTIFICATE OF REGISTRATION NO.

*is (duly registered with the Oklahoma State Bureau of
Narcotics and Dangerous Drugs Control and is
(hereby) authorized to legally handle*



John M. Scully, Director
EXPIRES OCTOBER 31, 2017

Schedule(s) Schedule 5 Pseudoephedrine
*pursuant to O.S. § 2-302. (This registration is not
transferable on change of ownership or business
activity.)* Date Issued: 10/03/2016

Certificate of Registration must be readily retrievable at all times.

The Oklahoma Bureau of Narcotics will not be mailing this certificate to you.





MISSISSIPPI

Board of Pharmacy



This is to certify that

McKesson Corporation
McKesson Drug Company

is duly permitted as a:

Permit No.:
09354/6.1

8313 Polk Lane
Olive Branch, Mississippi 38654

Permit Holder:
Hernandez, Eduardo

Wholesaler / Manufacturer of Human Prescriptions and/or Devices

This permit is not transferable or assignable.

Issued: 1/1/2012
Renewed: 11/10/2015
Expires: 12/31/2017

Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851



MISSISSIPPI

Board of Pharmacy



Registration No.:
CS-9354 / 6.1

McKesson Corporation
McKesson Drug Company

8313 Polk Lane
Olive Branch, Mississippi 38654

Under the provisions of Section 41-29-125, Mississippi Code of 1972, and the rules and regulations of the Mississippi Board of Pharmacy, this registration to handle controlled substances is issued to the above named and is not transferable or assignable.

Issued: 1/1/2012
Renewed: 11/10/2015
Expires: 12/31/2016

Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

This license shall be kept available in the establishment and such proof of credentialing shall be shown upon request.

State of Nebraska

Department of Health and Human Services
Division of Public Health

Wholesale Drug Distributor

This is to certify that **McKesson Corporation dba McKesson Drug Company**

Is hereby issued License No. **5** to operate as a Wholesale Drug Distributor at:

**7009 S 108th St, La Vista NE 68128,
David Fagerskog, Designated Rep**

Board of Pharmacy

Patricia J. Walker Pharms
Kimberly J. Walker Pharms
K. Marshall M

Given under the name and Seal of the Department of Health and Human Services Division of Public Health of the State of Nebraska at Lincoln on **06/11/1993**.

Expiration Date: 07/01/2017



Courtney N. Phillips

Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services



ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520
 Phoenix, AZ 85005
 Beatrix.erdei@mckesson.com

602-771-ASBP (2727)
 FAX: 602-771-2749

WHOLESALE FULL SERVICE

Receipt Date 09/07/2016
 Receipt No. 360488
 Receipt Amount \$ 1,000.00

PERMIT NO. **W000002** EXPIRES **10/31/2018**

Issued to **McKesson Corporation**
 495 S. 107th Ave.
 Tolleson AZ 85353

McKesson Drug Company
 495 S. 107th Ave.
 Tolleson AZ 85353

Kam Gaudin
 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 McKesson Corporation
 PERMIT NO. W000002
 EXPIRES 10/31/2018

<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.

OREGON BOARD OF PHARMACY

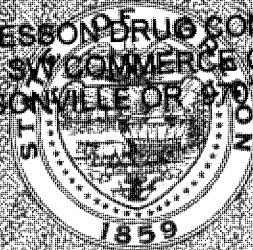
**WHOLESALE WITH CONTROLLED SUBSTANCE
REGISTRATION**

LICENSE NUMBER: W1-0001050-CS

This license is valid until
09/30/2017

ISSUED TO:

MCKESSON DRUG COMPANY
9700 SW COMMERCE CIRCLE
WILSONVILLE, OR 97070



A handwritten signature in black ink, appearing to read 'J. Watt', is written over a horizontal line.

Executive Director

Issuing Authority: ORS 475 & 689

MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE

DO NOT COPY - Request certified copies in writing



COLORADO

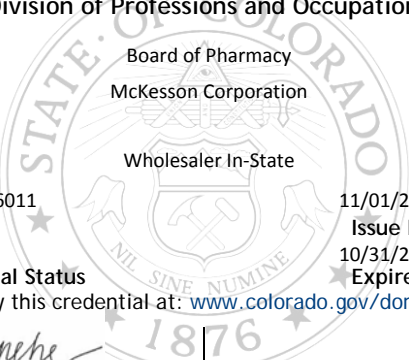
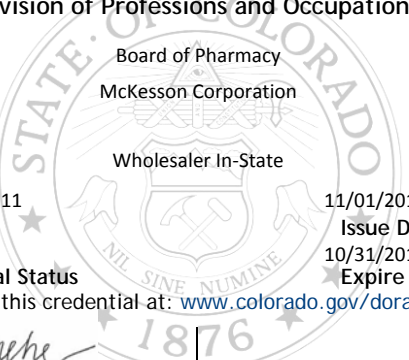
Department of
Regulatory Agencies

Division of Professions and Occupations

Congratulations! Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_registrations@state.co.us.

| | |
|---|--|
| <p>Colorado Department of Regulatory Agencies Division of Professions and Occupations</p>  <p>Board of Pharmacy McKesson Corporation</p> <p>Wholesaler In-State</p> <p>WHI.0006011 11/01/2016 Number Issue Date Active 10/31/2018 Credential Status Expire Date</p> <p>Verify this credential at: www.colorado.gov/dora/dpo</p> <p><i>Ronne Hines</i></p> <p>Division Director Ronne Hines Credential Holder Signature</p> | <p>Colorado Department of Regulatory Agencies Division of Professions and Occupations</p>  <p>Board of Pharmacy McKesson Corporation</p> <p>Wholesaler In-State</p> <p>WHI.0006011 11/01/2016 Number Issue Date Active 10/31/2018 Credential Status Expire Date</p> <p>Verify this credential at: www.colorado.gov/dora/dpo</p> <p><i>Ronne Hines</i></p> <p>Division Director Ronne Hines Credential Holder Signature</p> |
|---|--|



**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

165 Capitol Avenue ♦ Hartford Connecticut 06106

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable.

We ask that you keep your email information with our office current. All renewal notifications and certificates will only be emailed to the last reported email on record.

Questions regarding this registration can be emailed to the Drug Control Division at dcp.drugwholesalers@ct.gov.

Mailing address:

**DISTRIBUTION CTR MANAGER
MCKESSON DRUG COMPANY
280 DIVIDEND RD-PO BOX 589
ROCKY HILL, CT 06067**

Email on file to be used for receiving all notices from this office:

beatrix.erdei@mckesson.com

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

Be it Known That

**MCKESSON CORPORATION
280 DIVIDEND RD
PO BOX 589
ROCKY HILL, CT 06067**

has satisfied the qualifications required by law and is hereby issued a

WHOLESALE OF DRUGS, COSMETICS & MEDICAL DEVICES

Rx Legend: Yes

DME:

Cosmetics: Yes

Controlled Substances: Yes

Non Rx Legend: Yes

Medical Gas/Oxygen:

Medical Devices: Yes

Registration #: CSW.0000369

Effective Date: 07/01/2016

Expiration Date: 06/30/2017

[verify online at www.elicense.ct.gov](http://www.elicense.ct.gov)


Jonathan A. Harris, Commissioner



BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Wholesale Drug Permit

LICENSE NO. WLS 1555
RECEIPT NO. 62710642

VALID UNTIL DECEMBER 01, 2017

MCKESSON DRUG COMPANY INC
3775 SEAPORT BOULEVARD
WEST SACRAMENTO CA 95691

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (12/31/05) WLS

7/28/16

7/28/16 The official status of this license can be verified at www.pharmacy.ca.gov

STATE OF UTAH
DEPARTMENT OF COMMERCE
 ACTIVE LICENSE

McKesson Drug Company

EFFECTIVE
02/26/1999

EXPIRATION
09/30/2017

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

| | |
|-------------|---|
| 103539-1710 | Pharmacy - Class C |
| 103539-8913 | Dispensing Controlled Substance License |
| Distributor | |

SIGNATURE OF HOLDER

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

MCKESSON DRUG COMPANY
 1900 S 4490 W
 SALT LAKE CITY UT 84104

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: 02/26/1999

EXPIRATION DATE: 09/30/2017

ISSUED TO: McKesson Drug Company
 1900 S 4490 W
 Salt Lake City UT 84104



REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

| | |
|-------------|---|
| 103539-1710 | Pharmacy - Class C |
| 103539-8913 | Dispensing Controlled Substance License |
| Distributor | |

SIGNATURE OF HOLDER



BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

Wholesale Drug Permit

LICENSE NO. WLS 3076
RECEIPT NO. 00129235

VALID UNTIL OCTOBER 01, 2017

MCKESSON DRUG COMPANY
9501 S NORWALK
SANTA FE SPRINGS CA 90670

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

1/07/16

1/07/16 The official status of this license can be verified at www.pharmacy.ca.gov

This permit is valid only at the address shown.

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

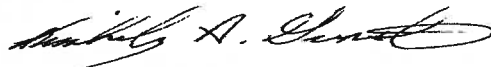
State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2017
ORIGINAL CERTIFICATE/LICENSE NO. 900115
Thomas Hughes

MCKESSON CORPORATION
MCKESSON DRUG COMPANY
THOMAS D. HUGHES, MIC
1 COMMERCE DR.
O'FALLON MO 63366
USA



EXECUTIVE DIRECTOR



DIVISION DIRECTOR



**Bureau of Narcotics and Dangerous Drugs
Missouri Department of Health and Senior Services**

MISSOURI CONTROLLED SUBSTANCES REGISTRATION

This registration is not transferable

| | |
|-------------------------|---|
| Registrant Name: | MCKESSON CORPORATION (MCKESSON DRUG COMPANY) |
| BNDD Number: | 15536 |
| Description: | DISTRIBUTOR |
| Street Address: | 1 COMMERCE DR |
| City/State/Zip: | O FALLON, MO 63366.4413 |
| Phone Number: | 636-696-0500 |
| Registration Effective: | 3/4/2016 |
| Registration Expires: | 4/30/2017 |
| BNDD Discipline: | NO |
| Drug Schedule Type: | 2 3 4 5 |
| Enrollment Date: | 3/4/2016 |

Validation Date of the Registration is: 3/8/2016

Direct Inquiries to:

BNDD
PO BOX 570
Jefferson City, Missouri 65102 0570



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

0721263

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: manufacturer wholesaler which conducts business at the following locations in this State:

1 JOHN HENRY DR ROBBINSVILLE, NJ 08691-

Reg. No.
5004576

MCKESSON CORP
MCKESSON DRUG CO
1 JOHN HENRY DR
ROBBINSVILLE, NJ 08691-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2017

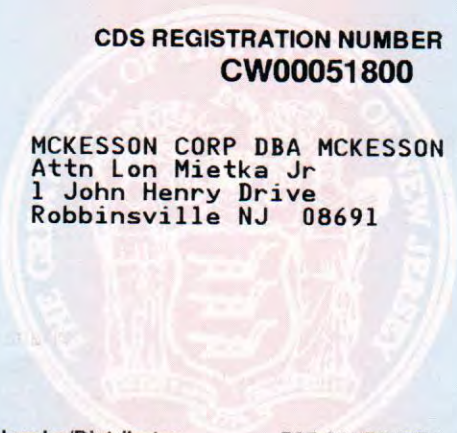
Establishment Copy

State Of New Jersey
NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
CONTROLLED DANGEROUS SUBSTANCES



CDS REGISTRATION NUMBER
CW00051800

MCKESSON CORP DBA MCKESSON DRUG COMPANY
Attn Lon Mietka Jr
1 John Henry Drive
Robbinsville NJ 08691



IS REGISTERED AS **Wholesaler/Distributor**

FOR SCHEDULES **2 3 4 5**

01/27/2016 TO 03/31/2017
VALID

DEA NO

10CW00051800
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

Lon Mietka Jr
ACTING DIRECTOR

PLEASE DETACH HERE
STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT
MCKESSON CORP DBA MCKESSON DRUG COMPANY
CDS REGISTRATION NUMBER CW00051800
DEA NUMBER
FOR SCHEDULES 2 3 4 5
01/27/2016 TO 03/31/2017
SIGNATURE
10CW00051800
LICENSE - NC
ACTING DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/ID CARD
IS LOST PLEASE NOTIFY:
Drug Control Unit
P.O. Box 45022
Newark, NJ 07101
PLEASE DETACH HERE

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., Director

Caroline D. Juran
Executive Director
(804) 367-4456

BOARD OF PHARMACY

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

Wholesale Distributor Permit

McKesson Corporation

10504 McKesson Drive
Ruther Glen VA 22546

Expires
02/28/2017

Number
0215000392

For Information About This License, visit our website: www.dhp.virginia.gov
To File a Complaint About a Licensee, Call: 1-800-533-1560

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., *Director*

Caroline D. Juran
Executive Director
(804) 367-4456

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

BOARD OF PHARMACY

Controlled Substances Registration

McKesson Corporation

Todd Schrick
10504 McKesson Drive
Ruther Glen VA 22546

Controlled Substances Schedules
II, III, IV, V

Expires
02/28/2017

Number
0220001210

For Information About This License, visit our website: www.dhp.virginia.gov
To File a Complaint About a Licensee, Call: 1-800-533-1560

State of Ohio
STATE BOARD OF PHARMACY

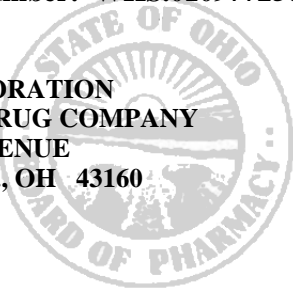
77 South High Street, 17th Floor; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@pharmacy.ohio.gov

Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2017.

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS
RESPONSIBLE PERSON:
TODD SPAULDING MANAGER

Identification Number: WHS.010977250-03

**MCKESSON CORPORATION
DBA MCKESSON DRUG COMPANY
3000 KENSKILL AVENUE
WASHINGTON C.H., OH 43160**



17

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Wholesaler/Manufacturer - Category Three
BUSINESS TYPE: FS - Full Service

(KEEP THIS SECTION FOR FUTURE REFERENCE)

General Information

A **CHANGE** in business name, address, ownership (not officers-see next paragraph for officer changes), or category requires **RE-APPLICATION & FEE**. In the event of an address change, **notify** the Board of Pharmacy **BEFORE** moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16. O.A.C.]

For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>, and choose the appropriate application.

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated, a criminal records check is required every time there is a change in officers. Contact the board office for the fingerprint cards or you can go to <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck> to request fingerprint cards BIM-12-98 (BCI) and FD-258 (FBI)

New Officers: When adding new officers, submit a written notice to the Board including full name, title, date of birth and last four of social security number for each new officer.

Any change of responsible person must be reported within 30 days, on a "Notification of Change of Responsible Person" form. For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>

Notify the Board of Pharmacy **in writing 14 days prior to discontinuing business**, whether closing or selling. Written notice [Discontinuing Business form is available at the link below] and state license must be mailed (return receipt requested) or hand delivered to the Board office. [Section 4729.62 O.R.C.; Rule 4729-9-07, O.A.C.]

For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>

Notify the Board of Pharmacy **of any new** facilities, work or storage areas to be constructed or utilized for dangerous drugs, **or any changes** in operation of the registrant **before** being used or implemented. [Rule 4729-9-16, O.A.C.]

All communications will be done through EMAIL- NOT MAILINGS. Please go to the following webpage to provide the email address that you wish to receive these communications: <https://pharmacy.ohio.gov/UpdateEmailAddress.aspx>

In order to enter your email address in the webpage mentioned above, you will need your login information, which is below.

User ID: **3920774**
Password: **769473**
Current Email on File: **cynthia.branch@mckesson.com**

If you have problems or concerns, please feel free to contact the Board office utilizing the "CONTACT THE BOARD" selection along the left side of the website. Be sure to select "General Licensing Information" as your subject line.

State of Ohio
STATE BOARD OF PHARMACY

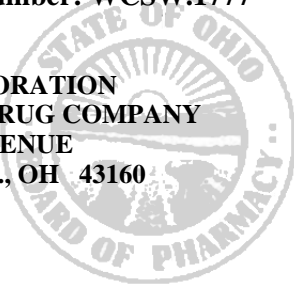
77 South High Street, 17th Floor; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@pharmacy.ohio.gov

Be it known that the **DISTRIBUTOR OF CONTROLLED SUBSTANCES** named below has given satisfactory evidence that all statutory requirements (**WHOLESALE** -- ORC Sections 3719.021 & 3719.03; **MANUFACTURER** -- ORC SECTIONS 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of **JUNE 30, 2017**.

Identification Number: WCSW.1777

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS
RESPONSIBLE PERSON:
TODD SPAULDING MANAGER

MCKESSON CORPORATION
DBA MCKESSON DRUG COMPANY
3000 KENSKILL AVENUE
WASHINGTON C.H., OH 43160



17

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler
BUSINESS TYPE: FS - Full Service

(KEEP THIS SECTION FOR FUTURE REFERENCE)

General Information

A **CHANGE** in business name, address, ownership (not officers-see next paragraph for officer changes), or category requires **RE-APPLICATION & FEE**. In the event of an address change, **notify** the Board of Pharmacy **BEFORE** moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16. O.A.C.]

For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>, and choose the appropriate application.

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated, a criminal records check is required every time there is a change in officers. Contact the board office for the fingerprint cards or you can go to <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck> to request fingerprint cards BIM-12-98 (BCI) and FD-258 (FBI)

New Officers: When adding new officers, submit a written notice to the Board including full name, title, date of birth and last four of social security number for each new officer.

Any change of responsible person must be reported within 30 days, on a "Notification of Change of Responsible Person" form. For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>

Notify the Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice [Discontinuing Business form is available at the link below] and state license must be mailed (return receipt requested) or hand delivered to the Board office. [Section 4729.62 O.R.C.; Rule 4729-9-07, O.A.C.]

For more information go to: <http://www.pharmacy.ohio.gov/Licensing/WDDD.aspx>

Notify the Board of Pharmacy **of any new** facilities, work or storage areas to be constructed or utilized for dangerous drugs, **or any changes** in operation of the registrant **before** being used or implemented. [Rule 4729-9-16, O.A.C.]

All communications will be done through EMAIL- NOT MAILINGS. Please go to the following webpage to provide the email address that you wish to receive these communications: <https://pharmacy.ohio.gov/UpdateEmailAddress.aspx>

In order to enter your email address in the webpage mentioned above, you will need your login information, which is below.

User ID: **3920774**
Password: **769473**
Current Email on File: **cynthia.branch@mckesson.com**

If you have problems or concerns, please feel free to contact the Board office utilizing the "CONTACT THE BOARD" selection along the left side of the website. Be sure to select "General Licensing Information" as your subject line.