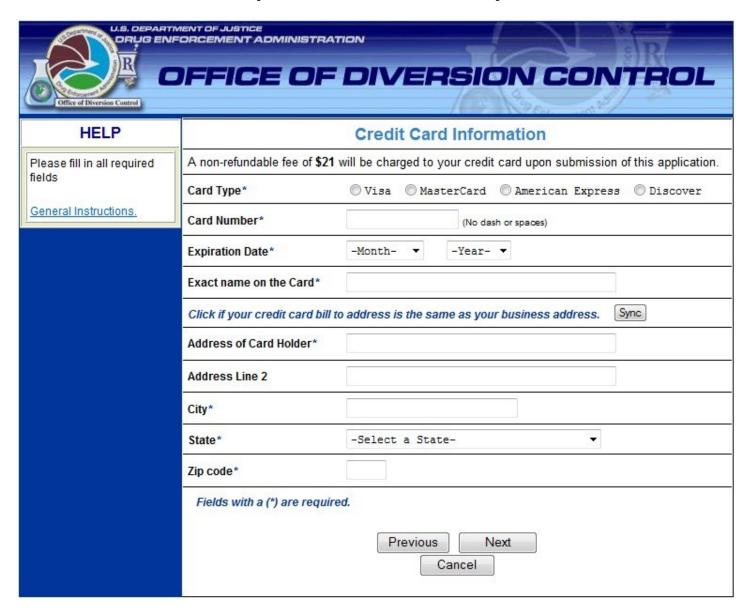


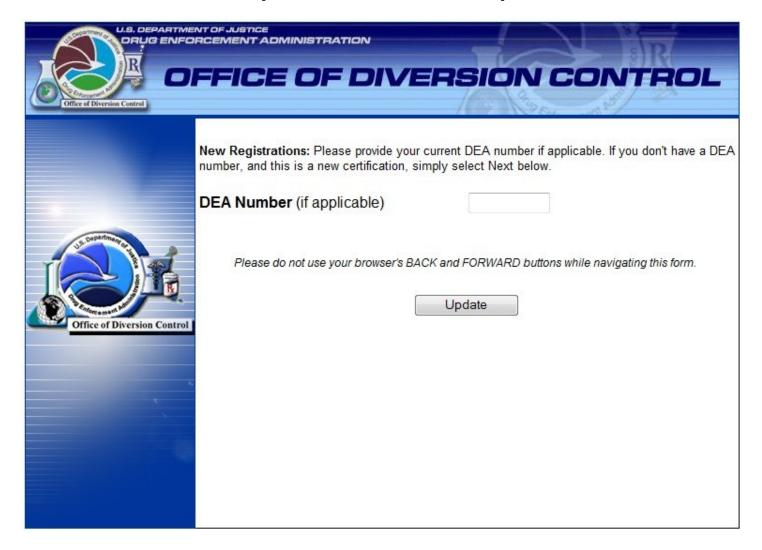


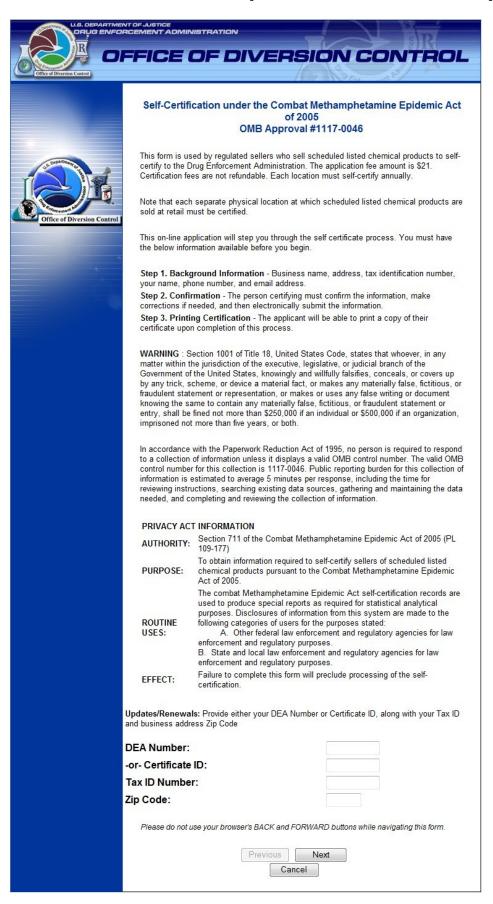
ORUG ENF	EENT OF JUSTICE ORCEMENT ADMINIS	F DIVERSION CONTROL				
HELP		Business Information				
Please fill in all required fields	Tax ID*	(No dash or spaces)				
General Instructions.	DEA Number					
Sometimes actions.	Business Name*					
	Address Line 1*					
	Address Line 2					
	Address Line 3					
	City*					
	State*	-Select a State- ▼				
	Zip code*	-				
	Point of Contact Information					
	Email Address					
	Re-type Email Address					
	Last Name*					
	First Name*					
	Middle Initial					
	Telephone Number*	(No dash or spaces)				
		Certification Info				
	# of Employees Trained*					
	Total # of Employees at this location*					
	Products that Contains*	Pseudoephedrine Ephedrine Phenylpropanolamine				
	Type of Establishment*	-Select a Store Type- ▼				
	Fields with a (*) are n	Previous Next  Cancel				





Office of I	Niversion Control			
Click t	he 'Change'		e review your res any changes, the	ponses. n submit by clicking the 'Submit' button below.
		Bus	siness Informa	tion
		Tax ID		
	DEA Number		You did not enter it Enter	
Cha	nge	Business Name		
		Address		
		Point o	of Contact Info	rmetion
		In the state of	of Contact into	Tinauon
Cha	nge	Email Address Name		
		Telephone Number		17
	-		Certification Inf	FO .
		# of Employees Trained		
Cha	ngo	Total # of Employees at this lo	cation	
Cila	nge	Products that Contains		pseudoephedrine
		Type of Establishment	ACCOUNTS ON THE SECOND	Grocery Store
	47	Cred	dit Card Inform	ation
		Card Type		Visa
		Card Number		
Cha	nge	Expiration Date		
		Exact name on the Card		
		Address of Card Holder		
executivor cover stateme false, fic organiza By ente certifica certifica	ve, legislative is up by any ent or repres- cititious, or fra ation, impriso ring my full r tion form is t tion only.	e, or judicial branch of the Gove trick, scheme, or device a mat- entation, or makes or uses any audulent statement or entry, sho oned not more than five years, of mame in the space below, I here	rnment of the Unite erial fact, or makes false writing or dot all be fined not mo or both. by certify that the hat this constitutes	whoever, in any matter within the jurisdiction of the d States, knowingly and willfully falsifies, conceals, any materially false, fictitious, or fraudulent current knowing the same to contain any materially re than \$250,000 if an individual or \$500,000 if an foregoing information furnished on this selfan electronic signature for purposes of this self-following requirements:
who de individu	al directly wi als understa intained. Sales to ind phenylprope If this locati base, pseu Nonliquid fo	th purchasers by obtaining pay and the requirements of the Con dividual purchasers do not exce anolamine base per day, regarc ion is a mobile retail vendor, as doephedrine base, and phenylp prms of scheduled listed chemic	rments for the produpted and the Methamphetal and 3.6 grams of epilless of the number less to individual pur propanolamine base cal products are pa	chasers do not exceed 7.5 grams of ephedrine in a 30-day period. ckaged in blister packs, each blister containing not
<b></b>	dose packe	ets or pouches.		ically not feasible, products are packaged in unit the counter or in a locked cabinet. If this location is
•	a mobile re	tail vendor, products are placed	in a locked cabine	et.
•	logbook ide purchase, a identificatio requiremen pseudoeph	entifies products by name, quan and the signature of the purchas in, and the name on that identifi t does not apply to the purchas edrine.	ntity sold, name and ser. Further, the pu fication is compared se of a single sales	led listed chemical products is maintained. This diaddress of the purchaser, date and time of rchaser must show an approved form of did to the name written in the logbook. This package containing not more than 60 milligrams of the order of the containing not more than 60 milligrams.
٠	Information compliance health and enforcemen	in the logbook may not be acc with the Combat Methampheta safety. The release of information	essed, used, or sh amine Epidemic Ac on contained in the	of everal, state, and tocal law miniorentent. ared for any purpose other than to ensure t or to facilitate a product recall to protect public logbook in good faith to Federal, State, or local law he release constitutes gross negligence or
Name o	of Certifying	g Official		
Title				
				if an individual, by a partner of the applicant, if a division, association, trust or entity.
	ou select the I to your cred		her changes will b	e possible. A non-refundable fee of \$21 will be





U.S. DEPARTMENT OF JUSTICE ORIGINAL ORI						
	FFICE	OF DIVERSION CONTROL				
Office of Diversion Control	75 - 13 - 13 - 13 - 13 - 13 - 13 - 13 - 1					
HELP	Business Information					
Please fill in all required fields  General Instructions.	DEA Number	The name and address information displayed is associated with the DEA registration specified, and cannot be changed here. <u>Update CSA Registration</u>				
	Business Name*					
	Address Line 1*					
	Address Line 2					
	City*					
	State*					
	Zip code*					
		Point of Contact Information				
	Email Address					
	Re-type Email Address					
	Last Name*					
	First Name*					
	Middle Initial					
	Telephone Number*	(No dash or spaces)				
		Certification Info				
	# of Employees Trained*					
	Total # of Employees at this location*					
	Products that Contains*	▼ Pseudoephedrine ▼ Ephedrine ▼ Phenylpropanolamine				
	Type of Establishment*	Pharmacy and Drug Store ▼				
	Fields with a (*)	are required.				
		Previous Next  Cancel				

	Busil	ness Information
	Tax ID	
	DEA Number	Change
Chang	ge Business Name	
	Address	- 2
	Point of	Contact Information
	Email Address	AND A CONTRACT OF THE PROPERTY
Chang		
	Telephone Number	
	Ce	rtification Info
	# of Employees Trained	
Oh = = =	Total # of Employees at this location	
Chang	Products that Contains	pseudoephedrine, ephedrine and phenylpropanolamine
	Type of Establishment	Pharmacy and Drug Store
executi or cove statem alse, fi	ive, legislative, or judicial branch of the Governr rs up by any trick, scheme, or device a materi ent or representation, or makes or uses any fa	Code, states that whoever, in any matter within the jurisdiction of the ment of the United States, knowingly and willfully falsifies, conceals al fact, or makes any materially false, fictitious, or fraudulent lse writing or document knowing the same to contain any materially be fined not more than \$250,000 if an individual or \$500,000 if an both.
ertifica		certify that the foregoing information furnished on this self- this constitutes an electronic signature for purposes of this self-
All indi who de individu	ividuals who are responsible for delivering sche	ds and agrees to comply with the following requirements:  duled listed chemical products into the custody of purchasers or ents for the products have undergone training to ensure that these at Methamphetamine Epidemic Act of 2005. Records of this training
	phenylpropanolamine base per day, regardle	
•	If this location is a mobile retail vendor, sales base, pseudoephedrine base, and phenylpro	s to individual purchasers do not exceed 7.5 grams of ephedrine
	Nonliquid forms of scheduled listed chemical more than two dosage units, or where blister	products are packaged in blister packs, each blister containing not packs are technically not feasible, products are packaged in unit
•	dose packets or pouches.  Scheduled listed chemical products are place a mobile retail vendor, products are placed in	ed either behind the counter or in a locked cabinet. If this location is
•	A written or electronic list (a "logbook") of all logbook identifies products by name, quantity purchase, and the signature of the purchaser identification, and the name on that identification.	sales of scheduled listed chemical products is maintained. This y sold, name and address of the purchaser, date and time of . Further, the purchaser must show an approved form of tion is compared to the name written in the logbook. This of a single sales package containing not more than 60 milligrams of
•	Information contained in the logbook shall on Information in the logbook may not be acces compliance with the Combat Methamphetam health and safety. The release of information	ly be disclosed to Federal, State, and local law enforcement. sed, used, or shared for any purpose other than to ensure ine Epidemic Act or to facilitate a product recall to protect public contained in the logbook in good faith to Federal, State, or local lai liability, unless the release constitutes gross negligence or
Name	of Certifying Official	
Γitle		
		by the applicant, if an individual; by a partner of the applicant, if a pration, corporate division, association, trust or entity.
Once v	rou select the 'Submit' button below, no furthe	r changes will be possible
190000000000000000000000000000000000000		and the second

	MENT OF JUSTICE CORCEMENT ADM	MINISTRATION			
R	FFICE	OF DIVERSION CONTROL			
Office of Disersion Control		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
HELP	Business Information				
Please fill in all required fields  General Instructions.	DEA Number	The name and address information displayed is associated with the DEA registration specified, and cannot be changed here. <u>Update CSA Registration</u>			
	Business Name*				
	Address Line 1*				
	Address Line				
	City*				
	State*	*			
	Zip code*				
	8	Point of Contact Information			
	Email Address				
	Re-type Email Address				
	Last Name*				
	First Name*				
	Middle Initial				
	Telephone Number*	(No dash or spaces)			
		Certification Info			
	# of Employees Trained*				
	Total # of Employees at this location*				
	Products that Contains*	▼ Pseudoephedrine ▼ Ephedrine □ Phenylpropanolamine			
	Type of Establishment*	Pharmacy and Drug Store ▼			
	Fields with a (*)	) are required.			
		Previous Next  Cancel			



Please review your responses.

Click the 'Change' buttons on the left to make any changes, then submit by clicking the 'Submit' button below.

	Business In	
	Tax ID	70
Change	DEA Number	Change
	Business Name	
	Address	
	Point of Contac	ct Information
	Email Address	
Change	Name	
	Telephone Number	
	Certificat	ion Info
	# of Employees Trained	
Change	Total # of Employees at this location	
nunge	Products that Contains	pseudoephedrine and ephedrine
	Type of Establishment	Pharmacy and Drug Store

By typing my first and last name in the following box, I hereby certify that the foregoing information furnished on these application pages is true and correct.

WARNING: Section 1001 of Title 18, United States Code, states that whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined not more than \$250,000 if an individual or \$500,000 if an organization, imprisoned not more than five years, or both.

By entering my full name in the space below, I hereby certify that the foregoing information furnished on this selfcertification form is true and correct. I understand that this constitutes an electronic signature for purposes of this self-

I certify that SANT DRUG COMPANY understands and agrees to comply with the following requirements:

All individuals who are responsible for delivering scheduled listed chemical products into the custody of purchasers or who deal directly with purchasers by obtaining payments for the products have undergone training to ensure that these individuals understand the requirements of the Combat Methamphetamine Epidemic Act of 2005. Records of this training are maintained

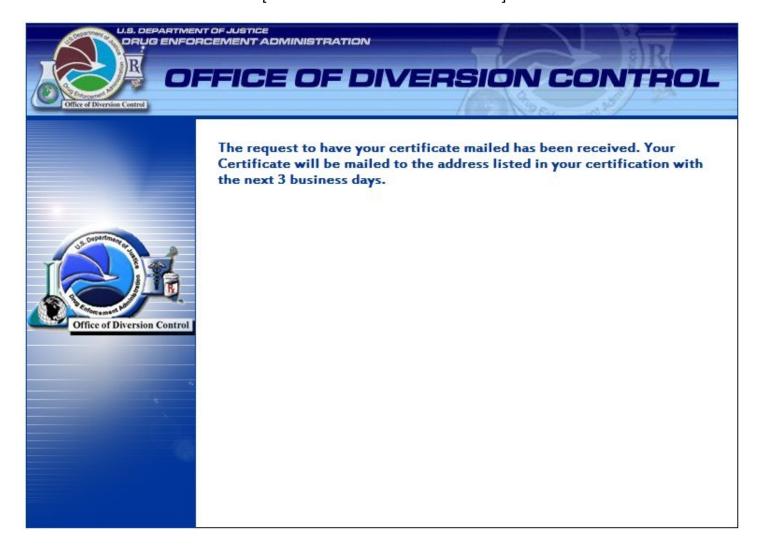
- Sales to individual purchasers do not exceed 3.6 grams of ephedrine base, pseudoephedrine base, and phenylpropanolamine base per day, regardless of the number of transactions.
- If this location is a mobile retail vendor, sales to individual purchasers do not exceed 7.5 grams of ephedrine base, pseudoephedrine base, and phenylpropanolamine base in a 30-day period.
- Nonliquid forms of scheduled listed chemical products are packaged in blister packs, each blister containing not more than two dosage units, or where blister packs are technically not feasible, products are packaged in unit dose packets or pouches.
- Scheduled listed chemical products are placed either behind the counter or in a locked cabinet. If this location is a mobile retail vendor, products are placed in a locked cabinet.
- A written or electronic list (a "logbook") of all sales of scheduled listed chemical products is maintained. This
- logbook identifies products by name, quantity sold, name and address of the purchaser, date and time of purchase, and the signature of the purchaser. Further, the purchaser must show an approved form of identification, and the name on that identification is compared to the name written in the logbook. This requirement does not apply to the purchase of a single sales package containing not more than 60 milligrams of
  - Information contained in the logbook shall only be disclosed to Federal, State, and local law enforcement. Information in the logbook may not be accessed, used, or shared for any purpose other than to ensure compliance with the Combat Methamphetamine Epidemic Act or to facilitate a product recall to protect public
- health and safety. The release of information contained in the logbook in good faith to Federal, State, or local law enforcement authorities is immune from civil liability, unless the release constitutes gross negligence or intentional, wanton, or willful misconduct.

Name of (	ertifying Offi	cial	
Title			

This electronic self-certification form must be signed by the applicant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust or entity

Once you select the 'Submit' button below, no further changes will be possible

Sı	ıbmi	t







#### LIST

<u>Business Name</u>	City	State	Zip code	Date Certified	Status	Certificate ID
SANT DRUG COMPANY	YUMA	AZ	85364	2009-06-24	Approved	
1 Records Found				Click on Certif	icate ID to rep	rint the certificate

