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

CDS REGISTRATION NUMBER
CW00029700

CVS PHARMACY, INC
3 BERRY DRIVE
LUMBERTON NJ 08048

PLEASE DETACH HERE

STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS

THIS IS TO CERTIFY THAT

CVS PHARMACY, INC
CDS REGISTRATION NUMBER CW00029700
DEA NUMBER RM0145347
FOR SCHEDULES 2 3 4 5

02/14/2019 TO 03/31/2020
VALID

SIGNATURE
Paul Rodriguez
ACTING DIRECTOR

10CW00029700
LICENSE NO.

PLEASE DETACH HERE

IS REGISTERED AS: **Wholesaler/Distributor**

FOR SCHEDULES: **2 3 4 5**

02/14/2019 TO 03/31/2020
VALID

RM0145347
DEA NO.

10CW00029700
LICENSE/REGISTRATION/CERTIFICATION #

IF YOUR LICENSE/ID CARD IS LOST PLEASE NOTIFY:

Drug Control Unit
P.O. Box 45045
Newark, NJ 07101

SIGNATURE OF REGISTRANT

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE

CVS PHARMACY, INC

EXPIRATION DATE **2020**

YOUR LICENSE NUMBER IS **10CW00029700** AND YOUR CDS REGISTRATION NUMBER IS **CW00029700** PLEASE USE BOTH NUMBERS IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Drug Control Unit
P.O. Box 45045
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME
BUSINESS

PRINT YOUR NEW **MAILING ADDRESS** BELOW
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME
BUSINESS

TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certification to be displayed, it should be within reasonable proximity of your original license/certificate/registration at your principal office or place of business.