SMALL PHARMACY CERTIFICATION

This certifi	cation is made by:
	Name:
Name:	
Relationshi	ip to the Small Pharmacy:
On behalf	of the Small Pharmacy, I certify that:
I.	Authority
	I am a representative of the Small Pharmacy and have the authority to make and submit this certification.
II.	Certification
	The Small Pharmacy has less than fifteen retail outlets within the state of Washington under its corporate umbrella. The number of retail outlets under its corporate umbrella is
I declare un correct.	nder penalty of perjury under the laws of the state of Washington that the foregoing is true and
Signed at (City), (State) on (Date)
Signature of	of Declarant Print or Type Name