STATE OF OHIO
BOARD OF PHARMACY

Ownership Verification Attestation

Instructions: A thorough review of this document is to be completed by the Primary Contact (must be an owner) of the dispensary.

Include any and all natural persons who are owners, officers, or board members of the dispensary; any persons who have 10% or greater financial interest in the dispensary; and/or persons who exercise substantial control over the dispensary. *Exercising control includes the power to influence management and operational decision making.* If additional information is necessary, please provide that information in the form of a 'Table of Organization.'

First Name	Last Name	Ownership Percentage	Employee License No.	Status	If change in percentage, list new here.
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	
				No Change	

I declare under penalties of falsification as set forth in Chapters 2921., 3715., 3719., 3796., and 4729. of the Ohio Revised Code that I am authorized to sign on behalf of the licensed dispensary listed in this attestation. I further attest that I have reviewed the responses in this document and that its contents are true and accurate. I hereby acknowledge that by submitting this attestation, I submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of Ohio for the purpose of enforcement of Chapters 2925., 3715., 3719., 3796., and 4729. of the Ohio Revised Code and all related laws and rules.

Dispensary License No.	**MMD.**
Primary Contact Printed Name	
Primary Contact Signature*	

**Please note, a wet ink signature is required.*