

NORTH CAROLINA BOARD OF PHARMACY

This is to Certify that Pharmacist License No 07505

Valid 12/14/09 thru 12/31/10

**Judith Matthews Jones
6020 Beaver Dam Lane
Charlotte NC 28227**

PLEASE NOTIFY BOARD OF NAME
AND/OR ADDRESS CHANGE

REFER TO YOUR LICENSE NUMBER
IN ANY COMMUNICATION

NC Law requires notification of address change within 30 days.

License No. **07505**

**NORTH
BOARD OF**



**CAROLINA
PHARMACY**

This is to
Certify that:

Judith Matthews Jones

IS DULY REGISTERED AND ENTITLED TO PRACTICE AS A

PHARMACIST

AS AUTHORIZED BY THE NORTH CAROLINA PHARMACY PRACTICE ACT

FOR THE YEAR ENDING DECEMBER 31, 2010

THIS CERTIFICATE IS REVOCABLE FOR THE CAUSES SPECIFIED IN THE LAW AND MUST BE
CONSPICUOUSLY DISPLAYED IN THE PHARMACY WHERE HOLDER PRACTICES

IN WITNESS WHEREOF, The President and Executive Director Hereunto Affix Their Signatures

12/14/09

Issued

PRESIDENT

EXECUTIVE DIRECTOR

NC Board of Pharmacy PO Box 4560 Chapel Hill, NC 27515-4560