INDIANA STATE DEPARTMENT OF HEALTH

WHOLESALE CERTIFICATE OF REGISTRATION

IS TO CERTIFY THAT:	
Rachel Klein	335 W 9th St. Unit 209, Indianapolis, IN 46202
Owner Name	Owner Address
egistered with the Indiana State De	epartment of Health, as required by Indiana Code 16-42-1-6, to operate at:
Revival, LLC	. ``
Revival, LLC Revival, LLC d/b/a Revival Food	l Co.
	l Co.
Revival, LLC d/b/a Revival Food	4600
Revival, LLC d/b/a Revival Food Name of Establishment	4600
Revival, LLC d/b/a Revival Food Name of Establishment 335 W 9th St., Indianapolis, Ind	liana 46202
Revival, LLC d/b/a Revival Food Name of Establishment 335 W 9th St., Indianapolis, Ind	liana 46202

INDIANA STATE DEPARTMENT OF HEALTH

SBH55-023

REV 10/2011

State Form 40699

Authorized Representative

BY: