

**INDIANA STATE DEPARTMENT OF HEALTH**

**WHOLESALE CERTIFICATE OF REGISTRATION**

Registration Number: **3796**

Date: **December 15, 2017**

THIS IS TO CERTIFY THAT:

**SARAH TROMBLEY**

Owner Name

**511 W Wayne STAPT 102, Fort Wayne, IN 46802**

Owner Address

has registered with the Indiana State Department of Health, as required by Indiana Code 16-42-1-6, to operate at:

**LUNAR INFUSIONS LLC DBA LUNAR INFUSIONS LLC**

Name of Establishment

**1025 W Rudisill BLVD, Fort Wayne, IN**

Address of Establishment

**46807**

Zip Code

INDIANA STATE DEPARTMENT OF HEALTH

BY:

*Krista Click*

Authorized Representative