

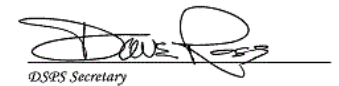
The State of Wisconsin  
Department of Safety and Professional Services  
PHARMACY EXAMINING BOARD

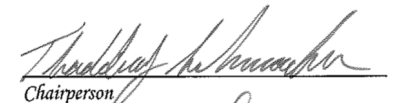
*Hereby certifies that*  
**TRIGG N THIELKE**  
*was granted a license to practice as a*  
**PHARMACIST**  
*in the State of Wisconsin in accordance with Wisconsin Law*  
*on the 18th day of July in the year 2005.*

*The authority granted herein must be renewed each biennium by the granting authority.*

*In witness thereof, the State of Wisconsin*  
*Pharmacy Examining Board*  
*has caused this certificate to be issued under*  
*the seal of the Department of Safety and Professional Services*



  
Secretary

  
Chairperson

  
Secretary