

AFFIDAVIT OF STOCK OWNERSHIP

If the applicant for a permit or renewal permit to operate is a corporation, the following affidavit must be submitted along with the application to satisfy the requirements of Section 43-15-35(5) of the North Dakota Century Code:

STATE OF NORTH DAKOTA }
COUNTY OF _____ }

_____ and _____
being respectively the _____ and secretary of _____
(corporate applicant) being first duly sworn, on oath depose and state as follows on behalf of said corporate applicant::

1. That the name of the corporation is

2. That the corporation was incorporated in the State of North Dakota on the _____ day of

_____, _____.

3. That the corporate applicant was a holder of a pharmacy permit on July 1, 1963, and has not discontinued operation, or failed to renew said permit since July 1, 1963; and therefore, claims the "Grandfather clause" exemption of Section 43-15-35(5) of the North Dakota Century Code.

Yes ____ No ____

4. That the designation and total number of authorized shares of stock of the corporate applicant are as follows: **Class of Stock** **Number of Shares**

5. That the designation and total number of issued and outstanding shares of stock of the corporate applicant are as follows:

Class of Stock **Number of Shares**

6. That a majority of the issued and outstanding shares of stock is now owned by pharmacists licensed in the State of North Dakota, as follows {list ALL current stockholders}: **License #**

Class of Stock **Shares** **Shareholders Name** **if Pharmacist**

7. That affiants hereby certify that at all times the corporation was operating a pharmacy in North Dakota under a pharmacy permit issued by the North Dakota State Board of Pharmacy, a majority of the issued and outstanding shares of stock of said corporate applicant was owned by licensed pharmacists in good standing, activity and regularly employed in and responsible for the management, supervision, and operation of the pharmacy for which this renewal permit is being requested. Yes ____ No ____

(corporate applicant)
BY _____

It's _____

and BY _____
(It's Secretary)

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public
County, North Dakota

My Commission Expires: _____