

Attach Passport Photo of Person in Charge here

(Required)

Person In Charge Name and Home Address: (Please Print Legibly)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number of Person in Charge: _____ - _____ - _____

Please note: A person in charge can only be assigned to one DME permit

02177

Tommy Foster, Jr.
dba: SME, Inc. USA
2301 Rexwoods Dr. Ste 106
Raleigh, NC 27607

Date of Change: _____

Signature of Person In Charge of Permit (Required)

Email address of Person In Charge (Print Legibly)

Complete this section for changes to the Person in Charge and return to the Board's office (address at bottom of the page).

Permit No. 02177

**NORTH
BOARD OF**



**CAROLINA
PHARMACY**

This is to Certify that the
Device and Medical Equipment Dispensing Permit
Renewal to Operate

2016

doing business as
SME, Inc. USA

Located at Raleigh, NC County of Wake

Has been renewed for the year ending December 31, 2016.

Countersigned Tommy Foster, Jr. Person In Charge of Permit
Tommy Foster, Jr.

Issued 12/9/15

Williamson
President

John G. Little
Executive Director