

CONVERSATION RECORD

(time) (date)

TIME DATE

6/13/2012

VISIT  CONFERENCE TELEPHONE X

INCOMING  
 OUTGOING

NAME OF PERSON(S) CONTACTED OR IN CONTACT

ORGANIZATION (OFFICE, DEPT. ETC.)

TELEPHONE NO.

Wayne Melchior, Facility RSO  
PETNET DETROIT

PETNET

248-898-1211

SUBJECT

C/N 573365

SUMMARY

I contacted Mr. Melchior to verify that he understood that he was being named as the facility RSO for the new pharmacy license for the PETNET Detroit location, and to verify that he was familiar with and understood the duties of that position as described in PETNET's application, and that he was willing to assume those duties.

Mr. Melchior confirmed the above and stated that he was willing to assume the duties of the RSO at PENET's Detroit pharmacy location

ACTION REQUIRED

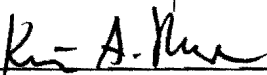
N/A

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Kevin Null



6/13/2012

ACTION TAKEN

SIGNATURE

TITLE

DATE