

State Of New Jersey
NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
CONTROLLED DANGEROUS SUBSTANCES

CDS REGISTRATION NUMBER
CW00056900


BLUPAX PHARMACEUTICALS, LLC D/B/A BLUPAX PHARMA
C/O Amit Rahman
160 Raritan Center Pkwy Unit 1
Edison NJ 08837

PLEASE DETACH HERE
STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT
BLUPAX PHARMACEUTICALS, LLC D/B/A BLUPAX PHARMA

CDS REGISTRATION NUMBER
FOR SCHEDULES **3 4 5**
CW00056900

01/29/2026 TO 03/31/2027
VALID

SIGNATURE



ACTING DIRECTOR

10CW00056900
LICENSE NO.

IS REGISTERED AS: **Wholesaler/Distributor**

FOR SCHEDULES: **3 4 5**

01/29/2026 TO 03/31/2027
VALID

10CW00056900
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

ACTING DIRECTOR

PLEASE DETACH HERE

PLEASE DETACH HERE

IF YOUR LICENSE/ID CARD
IS LOST PLEASE NOTIFY:

DRUG CONTROL UNIT
PO BOX 45045
NEWARK, NJ 07101

BLUPAX PHARMACEUTICALS, LLC D/B/A BLUPAX PHARMA

EXPIRATION DATE **2027**

YOUR LICENSE NUMBER IS **10CW00056900** AND YOUR CDS REGISTRATION NUMBER IS **CW00056900** PLEASE USE BOTH NUMBERS IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

DRUG CONTROL UNIT
PO BOX 45045
NEWARK, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME

BUSINESS

PRINT YOUR NEW **MAILING ADDRESS** BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME

BUSINESS

TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certification to be displayed, it should be within reasonable proximity of your original license/certificate/registration at your principal office or place of business.