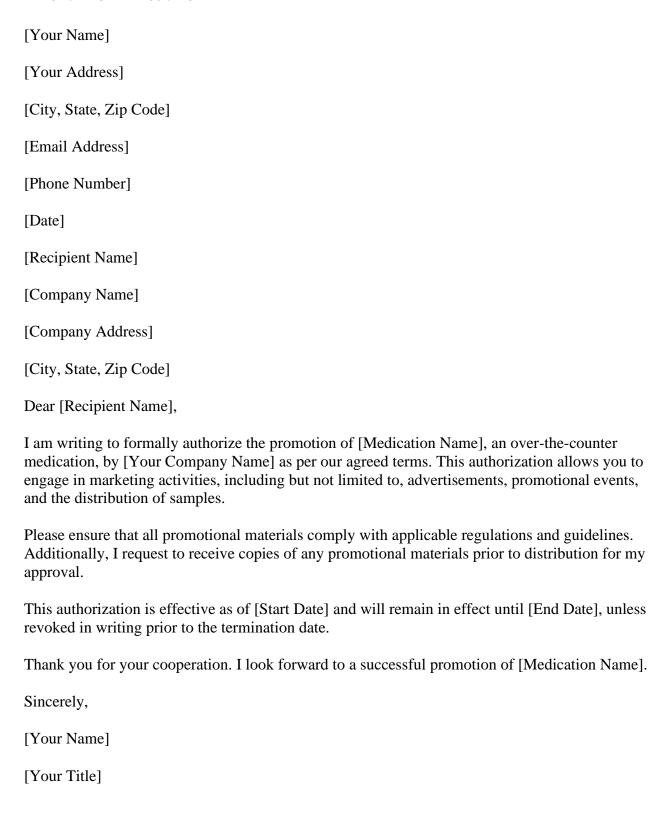
Over-the-Counter Medication Promotion Authorization



[Your Company Name]