CERTIFICATE OF HEALTH AND FREE TRADE

Date: *XXXXXXXXXX*

RE: *XXXXXX., Inc.* Country of Destination*-XXXXXX*

 *X Address X*

 *X City X, CT X ZipCode X*

To Whom It May Concern:

This is to certify that *XXX Company XX*., Inc. operates a *XX type XX* facility at *XX Address XX*, , Connecticut. This location manufactures *XX Product XX* and other pharmaceutical and cosmetic products.

1. The products manufactured by *XX Company XX*, United States Food and Drug Administration (FDA) registration # *XXXXXXXX* and Connecticut registration # *XX*, located in the City of XXXXXX, State of Connecticut, United States of America are manufactured in compliance with current good manufacturing practices (21CFR Parts 210 and 211) in the facilities appropriate to that purpose in every respect appertaining to the hygienic condition thereof, including those of light, ventilation, water, sanitary installations, drainage, etc.
2. Please be advised that this firm is subject to the Statutes and Regulations of the State of Connecticut, Department of Consumer Protection, Drug Control Division. As of the current date, no violations of the Regulations of Statutes requiring legal action have been found, and to the best of my knowledge, there is no prohibition against the export of these products.
3. The following *XXX Company Name XXX* products: *XXXXXXXXXXXXXXX*  have free sale in the United States of America.

Sincerely,

Rodrick J. Marriott, Director

CT Dept. of Consumer Protection

Drug Control Division

Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2011

In witness thereof, I hereunto set my hand:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 , Notary Public My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_