

ATTESTATION OF COMPLIANCE WITH THE GOVERNMENT OF BRITISH COLUMBIA WIRELESS STANDARDS

SCHEDULE 24: ADDITIONAL FACILITIES ADDENDUM (TO ACCOMPANY SCHEDULE 21, 22, 22A OR 23)

	Name of Authorized Person		
ADDITIONAL FACILITIES:			
	Facility Name	Organization Number	Pharmacy ID (if applicable)
1	Full Address of Facility		
	Facility Name	Organization Number	Pharmacy ID (if applicable)
2	Full Address of Facility		
3	Facility Name	Organization Number	Pharmacy ID (if applicable)
	Full Address of Facility		
4	Facility Name	Organization Number	Pharmacy ID (if applicable)
	Full Address of Facility		
5	Facility Name	Organization Number	Pharmacy ID (if applicable)
	Full Address of Facility		
6	Facility Name	Organization Number	Pharmacy ID (if applicable)
	Full Address of Facility		
7	Facility Name	Organization Number	Pharmacy ID (if applicable)
	Full Address of Facility		
8	Facility Name	Organization Number	Pharmacy ID (if applicable)
	Full Address of Facility		
9	Facility Name	Organization Number	Pharmacy ID (if applicable)
	Full Address of Facility		
	Facility Name	Organization Number	Pharmacy ID (if applicable)
10	Full Address of Facility		