

**Federal Firearms License**  
*(18 U.S.C. Chapter 44)*

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To	ATF - Chief, FFLC FFLC@atf.gov 1-866-662-2750	License Number	<b>5-47-055-01-5F-01708</b>
Chief, Federal Firearms Licensing Center (FFLC)	<i>Tracy Robertson</i>	Expiration Date	<b>June 1, 2025</b>
Name	<b>HEALTH MART PHARMACY</b>		

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)  
**15817 CW HADAN DR  
BENNINGTON, NE 68007-**

Type of License  
**01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

<b>Purchasing Certification Statement</b> The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."	<b>Mailing Address (Changes? Notify the FFLC of any changes.)</b> NO FRILLS PHARMACY LLC HEALTH MART PHARMACY 15817 CW HADAN DR BENNINGTON, NE 68007-
<i>[Signature]</i> Licensee Responsible Person Signature	<b>PRESIDENT</b> Position Title
<b>MICHAEL AKSAMIT</b> Printed Name	<b>4/19/2022</b> Date

**\*\*\*FILE COPY\*\*\***

**2024 Special Tax Stamp**

OMB No. 1140-0090 (05/31/2017)

Name and Principal Business Address  NO FRILLS PHARMACY LLC HEALTH MART PHARMACY 15817 CW HADAN DR BENNINGTON, NE 68007-	Tax Statement (Annual Tax Rate) 500.00 Initial Tax . . . . \$  500.00 Additions . . . . \$ 0.00  500.00 Total Tax PAID \$  THIS IS NOT A BILL. DO NOT PAY THE AMOUNT NOTED.	<b>TAX 2024 YEAR</b>
Actual Physical Business Address (See Number 2 below) NO FRILLS PHARMACY LLC HEALTH MART PHARMACY 15817 CW HADAN DR BENNINGTON, NE 68007-6906	Type of Operation Conducted (63) NFA FIREARMS DEALER  Number of Locations  1 OF 1	

If You Have Any Questions, Refer To The Information Below

Date of This Receipt <b>MAY 04, 2023</b>	Dates of Special Tax Period <b>1977 07/01/2023 TO 06/30/2024</b>
Employer Identification Number <b>47-0842874</b>	Control Number <b>2023113-N70-017</b>

NO FRILLS PHARMACY LLC-47-0842874