



**KELLEY-ROSS**  
PHARMACY GROUP  
**One-Step PrEP™**

904 7<sup>th</sup> Ave, #103, Seattle, WA 98104  
Phone: 206.838.4522 ♦ Fax: 206.329.1849

Date: \_\_\_\_\_

To Whom It May Concern,

I, \_\_\_\_\_ (Date of Birth: \_\_\_\_\_) attest that I  
am a resident of the United States of America. My current address is:

\_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

My current household income is \$ \_\_\_\_\_  monthly  annually

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date