

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
CORPORATION

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler <input checked="" type="checkbox"/> Ownership Change _____ Name Change _____ Location Change _____ (Please provide current license number if making changes: WH _____)
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GENERAL INFORMATION

Facility Name: PGxHealth, LLC

Physical Address: 5 Science Park, New Haven, CT 06511

Mailing Address: One Gateway Center, Suite 702

City: Newton State: MA Zip Code: 02458

Telephone Number: 617-527-9933 Fax Number: n/a

Toll Free Number: n/a

E-mail: info@pgxhealth.com Website: www.pgxhealth.com

Facility Manager: Stephen Wald, Vice President, Technical Operations

Professional qualifications and experience of facility manager: more than 25 years in pharmaceutical industry, including executive management of drug discovery, process development and commercial technical operations. B.S., Cornell University; M.S., Chemical Engineering, UC-Berkeley

Types of licensed outlets or authorized persons firm will serve:

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Pharmacies | <input checked="" type="checkbox"/> Practitioners | <input checked="" type="checkbox"/> Hospitals | <input checked="" type="checkbox"/> Wholesalers |
| <input type="checkbox"/> Other: _____ | | | |

Type of Products to be handled or wholesaled by firm:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices | <input type="checkbox"/> Hypodermic Devices |
| <input type="checkbox"/> Poisons or Chemicals | <input type="checkbox"/> Veterinary Legend Drugs |
| <input type="checkbox"/> Controlled Substances (include copy of DEA) | |
| <input type="checkbox"/> Other: _____ | |

Board Use Only
Received: <u>DEC 07 2010</u> Check Number: <u>487</u> Amount: <u>500 -</u>

55612
2028

OWNERSHIP IS A CORPORATION ^{*} (See attached PGxHealth, LLC Ownership Structure)

State of Incorporation: Delaware
Parent Company if any: PGxHealth Holding, Inc.*
Corporation Name: PGxHealth, LLC
Mailing Address: One Gateway Center, Suite 702
City: Newton State: MA Zip: 02458
Telephone: 617-527-9933 Fax: n/a
License Contact Person: Deanna Patton (913-661-3867)
Professional Compliance Contact Person: Kimberley Fabrizio

Ownership Information – Complete Section 1 or 2
Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- | | |
|------------------------------------|----------------|
| 1. <u>PGxHealth Holding, Inc.*</u> | %: <u>100%</u> |
| 2. _____ | %: _____ |
| 3. _____ | %: _____ |
| 4. _____ | %: _____ |

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____
Registration number issued: _____
Stock Exchange: _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were sold, dispensed or distributed? Yes No If yes, list the persons, their address and their business names.

a) see attached PGxHealth, LLC Management Team Employment History (last 10 years)
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

James P. Shaffer
Signature of owner or executive officer

11/16/10
Date

James P. Shaffer, EVP, Chief Commercial Officer
Print or Type name and title

Attachment to PGxHealth, LLC application for Out-of-State Wholesaler (Corporation) License

PGxHealth, LLC management submitting fingerprints for criminal records check in support of PGxHealth, LLC application for Out-of-State Wholesaler licensure

PGxHealth, LLC is a limited liability company whose sole Member is PGxHealth Holding, Inc. The ultimate parent company of PGxHealth, LLC and PGxHealth Holding, Inc. is Clinical Data, Inc. These Clinical Data, Inc. officers submitted fingerprints in support of PGxHealth, LLC's application.

Name	Title	SSN (last 4 digits)
Fromkin, Andrew Jon	President & CEO	8055
Ballantyne, Charles Evan	Executive Vice President & CFO	3850
Belbel, Caesar Jacques	Executive Vice President & Chief Legal Officer	4795
Shaffer, James Paul	Executive Vice President & Chief Commercial Officer	7988
Reed, Carol Ruth	Executive Vice President & Chief Medical Officer	8991

PGxHealth, LLC Employees Who Handle Drugs on Daily Basis

PGxHealth, LLC is a virtual pharmaceutical company. All products are manufactured by a contract manufacturer and are then shipped directly to a third-party logistics provider for warehousing and distribution. As a result, there are no drugs at this PGxHealth, LLC facility and no PGxHealth, LLC employees at this facility come in contact with any drug products on a daily basis.

PGxHealth, LLC Exempt from Resident State Licensure

PGxHealth, LLC does not have licensure in its resident state because PGxHealth, LLC is exempt from Connecticut licensure. Please see attached exemption letter from the Connecticut Drug Control Division.

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