

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 Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: B + B Pharmaceuticals, Inc.

Physical Address: 17200 E. Ohio Drive

Mailing Address: same

City: Aurora State: Co Zip Code: 80017

Telephone Number: 303.755.5110 Fax Number: 303.755.5242

Toll Free Number: 800.499.3100

E-mail: Jason @ bbpharm.net Website: www.bbpharm.net

Facility Manager: Jason Dassinger

Professional qualifications and experience of facility manager: Jason has 15 yrs of on job training - also he is the regulatory affairs person

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers

Type of Products to be handled or wholesaled:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) Parenterals
 Other: Bulk raw powers No finished products

Licensed as a Manufacturer by the FDA? Yes No, If yes include a copy of the FDA registration.

Repackager - FDA # 3000719772

Board Use Only

Received: JUN 07 2011 Check Number: 893 Amount: 500.00

57039

OWNERSHIP IS A CORPORATION

State of Incorporation: Colorado
Parent Company if any: N/A
Corporation Name: B & B Pharmaceuticals, Inc
Mailing Address: 17200 E. Ohio Dr.
City: Aurora State: Co Zip: 80017
Telephone: 303-755-5110 Fax: 303-755-5242
License Contact Person: Jason Dassinger
Professional Compliance Contact Person: Jason Dassinger

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. Jason Dassinger %: 100
- 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) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

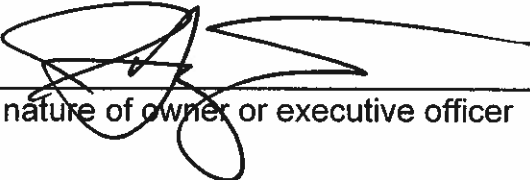
Within the last five (5) years:

- 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.



Signature of owner or executive officer

5.17.11

Date

Jason Dassinger, Pres

Print or Type name and title



Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

Office of Support Services
Joann Crouse
Director

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive
Director

May 19, 2011

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

LICENSE VERIFICATION

B & B Pharmaceuticals, Inc.

Profession: Manufacturer
License number: 1004
Licensee Status: Active

Original Date of Issue: 12/07/2006
Basis of: Original
Last renewed on 10/01/2010
Expiration date: 10/31/2012

Authority Type:
Authority Number:
Authority Start Date:
Authority End Date:
Authority Cancel Date:

Board or Program action(s): N
Y=Yes N=No

Colorado requires a passing score of at least 75 on the licensure exam prior to issuing a license to a Pharmacist. If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below or email pharmacy@dora.state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at <http://www.dora.state.co.us/registrations>

FOR THE COLORADO BOARD OF PHARMACY

Barbara E. Alarcon
Customer Support Representative

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Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
V/TDD 711





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Department of Regulatory Agencies

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Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

LICENSE VERIFICATION

B & B Pharmaceuticals, Inc.

Profession: Wholesaler In-State
License number: 6002
Licensee Status: Active

Original Date of Issue: 12/07/2006
Basis of: Original
Last renewed on 10/01/2010
Expiration date: 10/31/2012

Authority Type:
Authority Number:
Authority Start Date:
Authority End Date:
Authority Cancel Date:

Board or Program action(s): N
Y=Yes N=No

Colorado requires a passing score of at least 75 on the licensure exam prior to issuing a license to a Pharmacist. If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below or email pharmacy@dora.state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

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