11

11A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

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 Outsourcing Facility
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Non Publicly Traded Corporation – Pages 1-3 & 5
☒ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Pine Pharmaceuticals LLC

Physical Address: 355 Riverwalk Pkwy

City: Tonawanda State: NY Zip Code: 14150

Telephone: 716-248-1025 Fax: 716-768-3948

Toll Free Number: 844-218-4138 (Required per NAC 639.708)

E-mail: ajmuto@pinepharmaceuticals.com Website: www.pinepharmaceuticals.com

Supervising Pharmacist: Adam Lindell Nevada License #: 20308 ✓ modisc exp 21

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral
☒ ☐ Sterile Compounding
☒ ☐ Non Sterile Compounding
☒ ☐ Mail Service Sterile Compounding
☒ ☐ Other Services: Sterile Repackaging

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

FEI Number (From FDA application): 3010943533

Please provide the name of the facility as registered with the FDA and the registration number:

Pine Pharmaceuticals LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Adam Lindell Nevada License Number: 20308

A Nevada business license is not required, however if the Outsourcing Facility has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

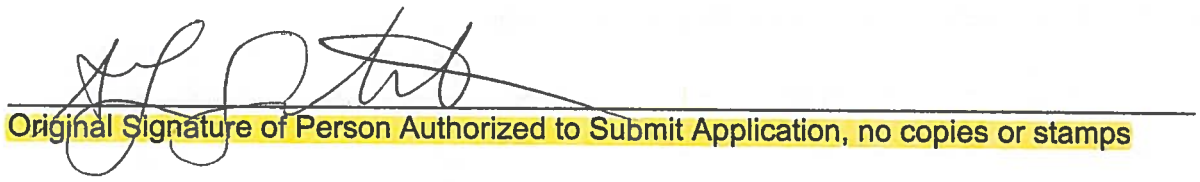
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Alfonse J. Muto

Print Name of Authorized Person

09/05/2019

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 6**

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: Pine Pharmaceuticals LLC

Mailing Address: 355 Riverwalk Pkwy

City: Tonawanda State: NY Zip Code: 14150

Telephone Number: 716-248-1025 Fax Number: 716-768-3948

Contact Person: Alfonse J. Muto

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
Alfonse Muto, Managing Member		1%
Alfonse J. Muto, Member		1%

List names of 4 largest partners and percentage of ownership:

Name: Riverpoint LP %: 98

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

534

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2017-20

NAME OF SUPERVISOR
ALLISON GENTILE

THIS IS TO CERTIFY

PINE PHARMACEUTICALS LLC.
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF OCTOBER, 2017.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF SEPTEMBER, 2020.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

033021

STATE BOARD OF
PHARMACY

PINE PHARMACEUTICALS
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0546018	03-31-2020	$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5,L1	MANUFACTURER	03-12-2019

PINE PHARMACEUTICALS
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0546018	03-31-2020	$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5,L1	MANUFACTURER	03-12-2019

PINE PHARMACEUTICALS
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0546018	03-31-2020	$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,5,L1	MANUFACTURER	03-12-2019

PINE PHARMACEUTICALS
355 RIVERWALK PARKWAY
TONAWANDA, NY 14150-0000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

7285, 8113, 9150, 9300, 9739, 9801

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/04/2019
Amount:
License #: 20308

Adam C. Lindell
Sweet Rd
East Aurora NY 14052

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2021

Adam C. Lindell
Sweet Rd
East Aurora NY 14052

License #
20308
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20308

Expires: 10/31/2021
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Adam C. Lindell
Sweet Rd
East Aurora NY 14052

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

PINE PHARMACEUTICALS
Precision You Can Trust

Statement of Explanation
Question 5.

Similarly, to the case here in Nevada, as states create license categories for Outsourcing Facilities, Pine Pharmaceuticals will let lapse the previously required license categories (e.g. Wholesaler, manufacturer, pharmacy). Pine Pharmaceuticals has also surrendered licenses for its relocation on 03/12/2018 as required by individual states.

NEVADA STATE BOARD OF PHARMACY
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

STATEMENT OF EXPLANATION

Applicant: Pine Pharmaceuticals LLC ("Pine")

Alabama. On February 4, 2016, the Alabama State Board of Pharmacy (ALBOP) approved Pine's application for a Manufacturer/Wholesaler/Distributor permit (the "New Permit") via a Final Order, a copy of which is attached here as Exhibit A (the "ALBOP Final Order"). Concurrent with its issuance of the New Permit, however, ALBOP placed Pine on probation for 24 months and assessed an administrative fine of $2,000.

ALBOP's decision to place Pine on probation and issue an administrative fine was difficult to understand or defend for several reasons:

1. ALBOP's determination was based on alleged infractions of ALBOP rules that occurred *before* Pine was licensed to operate in Alabama;
2. ALBOP based its determination in part on FDA observations reported on an FDA Form 483 relating to a separate entity, "Pine Pharmacy and Home Care Products Center, Inc."; and
3. ALBOP claimed that any "observation" reported on a FDA Form 483 constitutes a separate and independent violation of ALBOP rules.[1]

FDA Warning Letter. On November 7, 2016, the FDA issued a warning letter to Pine in response to its October 2015 on-site inspection of Pine's former facility located at 100 Colvin Woods Parkway, Suite 300, Tonawanda, New York ("Former Facility"); copies of the warning letter and Pine's responses to the letter are attached here as Exhibit B. Effective March 12, 2018, Pine moved its operations from the Former Facility to a new facility located at 355 Riverwalk Parkway, Tonawanda, New York ("New Facility").

Missouri. On October 13, 2017, the Missouri Board of Pharmacy (MOBOP) issued an administrative letter of warning to Pine but took no disciplinary action. MOBOP issued the letter in response to its review of the warning letter issued to Pine by the FDA. A copy of the MOBOP administrative letter of warning is attached here as Exhibit C.

Michigan. Pursuant to a Consent Order and Stipulation dated December 13, 2017 and effective January 12, 2018, the Michigan Board of Pharmacy imposed a $250 fine on Pine's Michigan Manufacturer/Wholesaler license (the "Michigan Order"). The Michigan Order may be fairly characterized as a "reciprocity fine" since there were no separate grounds for discipline specific to Pine's activities in Michigan; rather, the Michigan Order was based on the ALBOP Final Order. A copy of the Michigan Order is attached here as Exhibit D.

By a letter dated March 20, 2018, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) notified Pine that its Michigan Manufacturer/Wholesaler license had been suspended for failure to timely pay the $250 fine that was imposed under the Michigan Order (the "Michigan Notice"). A copy of the Michigan Notice is attached here as Exhibit E. Pine's Michigan Manufacturer/Wholesaler license

[1] FDA observations on a Form 483 following an FDA inspection are routine and expected. Each observation represents preliminary thoughts of the FDA investigator on the subject of the observation. The Form 483, once completed, is shared by the FDA with the facility's management with the understanding and expectation that the facility will voluntarily take action to address the noted concerns.

was inactive at the time of suspension. The license had been permanently closed at the Pine's request due to the voluntary closure of the Former Facility in connection with Pine's relocation to the New Facility.

Pine had timely forwarded the payment required by the Michigan Order by check dated November 6, 2017, but LARA never received the payment. Pine's records confirmed that the check had not been cashed. Upon receiving the Michigan Notice, Pine immediately arranged for a duplicate payment to be delivered to LARA via overnight delivery. Pine's compliance with the Michigan Order is effective as of April 3, 2018.

Maine. Pursuant to a Consent Agreement, effective November 1, 2018 ("Maine Consent Agreement"), executed by and among Pine, the Maine Board of Pharmacy ("Maine BOP"), and the Maine Office of the Attorney General, Pine accepted discipline against its Maine mail order pharmacy license consisting of: (i) a warning; and (ii) a $250 fine. The parties entered into the Maine Consent Agreement to resolve a complaint filed by a Maine BOP representative alleging that Pine did not report out-of-state disciplinary action to Maine BOP within 10 days as required under Maine law (Case No: 2018-PHA-14448). A copy of the Maine Consent Agreement is attached here as Exhibit F.

Respectfully submitted,

PINE PHARMACEUTICALS LLC

By: _____
Alfonse J. Muto, Member

Date: 09/12/2019

Exhibit A

ALBOP Final Order

See attached.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
PINE PHARMACEUTICALS, LLC	)	BOARD OF PHARMACY
	)	
Manufacturer/Wholesaler/ Distributor Permit Applicant	)	

FINAL ORDER

On January 19, 2016 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Pine Pharmaceuticals. LLC (hereinafter also referred to as the "Respondent"), in relation to its application for a manufacturer/wholesaler/ distributor permit. Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is an applicant for manufacturer/wholesaler/distributor permit in an application dated November 5, 2014 indicating Alphonse J. Muto as the owner and contact person. (Board's Exhibit One "2", Respondent's Exhibits One, Two and Three)

2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. Thomas Kendrick, Esq. at the hearing. Corporate representative Mr. Alfonse J. Muto, Jr. attended and participated in the hearing. (Board's Exhibit One) The matter was initially set for June 16, 2015 and continued to August 25, 2015 on the request of the Respondent. The matter was continued to November 17, 2015 on the Motion of the Board then again continued to January 19, 2016 on the Motion of the Respondent.

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. In its application for a permit, the Respondent answered "yes" to the question "Has

any applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic violations?" and the Respondent provided documentation of a 1979 arrest and conviction of Alphonse Muto for carrying a concealed weapon in Fort Lauderdale, Florida. (Respondent's Exhibit Three).

5. In its application for a permit, the Respondent answered "yes" to the question "Has any applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler or distributor?" Adding, "Pine Pharmacy." Alfonse J. Muto, Sr. was listed as owner.

6. From July 16, 2013 through July 19, 2013 Pine Pharmacy and Home Care Products (Pine Pharmacy) in Williamsville, New York was inspected by the Food and Drug Administration wherein seven deficiencies were observed including, but not limited to, lacking adequate environmental monitoring data, inappropriate personnel clothing, inadequate sterile product procedures and inadequate facility and equipment systems. (Board's Exhibit One "A", Respondent's Exhibit Three)

7. From December 10, 2013 through December 16, 2013 Pine Pharmacy and Home Care Products (Pine Pharmacy) in Williamsville, New York was inspected by the Food and Drug Administration wherein nine deficiencies were observed including, but not limited to, improper equipment for the use intended, inappropriate personnel clothing, inadequate sterile product procedures, deficient product separation areas, inadequate facility and equipment systems, improper laboratory testing procedures, insufficient batch numbers tested, personal training lacking and determination of expiration dates inadequate. (Board's Exhibit One "A") On February 13, 2015 the Food and Drug Administration issued Pine Pharmacy and Home Care Products a warning letter based on the July, 2013 inspection deficiencies, refusal to provide requested documentation and not receiving valid prescriptions observed in the December, 2013 inspection. (Board's Exhibit One "C")

8. From October 5, 2015 through October 9, 2015 the Respondent (Pine

Pharmaceuticals) in Towanda, New York was inspected by the Food and Drug Administration wherein five deficiencies were observed including, but not limited to, failure to thoroughly review the failure of a batch or any of its components to meet any of its specifications whether or not the batch had already been distributed, aseptic processing procedures, appropriate laboratory determinations, labeling content and inadequate submitted reports to FDA. One deficiency related to the injectable drugs vancomycin and bevacizumab. (Board's Exhibit One and Respondent's Exhibit Four) Alfonse J. Muto, Jr. was shown as co-owner of the Respondent.

9. The Respondent reported the Food and Drug Administration its response of the October 2015 inspection observed deficiencies, the corrective measures taken by the Respondent for each deficiency. (Respondent's Exhibit Four)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.

2. The Respondent was properly notified of the charges; the Respondent was represented by counsel.

3. The Respondent made no objection to the timeliness of the Notice of Hearing

4. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmacy and Home Care Products Center, Inc., listing Alfonse J. Muto, Jr. as pharmacist, covering the period of July 16, 2013 through July 19, 2013. Each and every deficiency noted or described in the above referenced inspection as set out on the FDA 483 is a separate and distinct violation.

5. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmacy and Home Care Products Center, Inc., listing Alfonse J. Muto, Sr. as owner, covering the period of December 10, 2013 through December 16, 2013. Each and every deficiency noted or described in the above referenced inspection as set out on the FDA 483 is a separate and distinct violation.

6. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 based upon a Warning Letter issued by the FDA dated February 13, 2015 to Alfonse J. Muto, Sr. at Pine Pharmacy and Home Care Products Center, Inc. Each and every deficiency set out in the referenced Warning Letter is a separate and distinct violation.

7. The Respondent's application for permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to GRANTED and placed on PROBATION with other disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (k) (1) and Board Rule 680-X-2.23 (k) (3) based upon the FDA 483 Inspection of Pine Pharmaceuticals, LLC, listing Alfonse J. Muto, Jr. as co-owner, covering the period of October 5 – 7 and 9, 2015.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent's application for a permit as a manufacturer/wholesaler/distributor is GRANTED and placed on PROBATION for a period of twenty-four (24) months from the date

of this Final Order; and

2. The Respondent shall provide the Board all copies of any and all reports of inspections made by the Food and Drug Administration and the New York Board of Pharmacy; and

3. The Respondent is found NOT GUILTY of Count Five of the Board's Amended Statement of Charges; and

4. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand ($2,000.00) Dollars; said fine shall be paid within ninety (90) days of the date of this ORDER; and

5. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 4th day of February 2016.

Timothy A. Martin, Pharm. D., President
Alabama State Board of Pharmacy

Copies to:
Mr. Thomas Kendrick, Esq.
Ms. Mitzi Ellenburg, Director of Operations
Ms. Patty Wright, Case Coordinator
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

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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 OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☑ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☑ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: QuVa Pharma, Inc.

Physical Address: 519 State Route 173

City: Bloomsbury State: New Jersey Zip Code: 08804

Telephone: 888-339-0874 Fax: _____

Toll Free Number: 888-339-0874 (Required per NAC 639.708)

E-mail: michelle.kostroun@quvapharma.com Website: www.quvapharma.com

Supervising Pharmacist: Andrea Tremblay Nevada License #: 20316 ✓ no disc exp 21

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☑ ☐ Sterile Compounding
☑ ☐ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: $500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 3013931875

Please provide the name of the facility as registered with the FDA and the registration number:
QuVa Pharma, Inc. /03666284 8

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Andrea Tremblay Nevada License Number: 20316

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 OUTSOURCING FACILITY 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☑

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Scott Weiss

Print Name of Authorized Person

10/22/19

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 5**

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: QuVa Pharma Holdings, Inc.

Address: 3 Sugar Creek Center Blvd. Ste. 250

City: Sugar Land State: Texas Zip: 77478

Telephone: 888-339-0874 Fax: _____

Contact Person: Scott Weiss

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) 100% of the shares are owned by QuVa Pharma Holdings
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? No par value

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information N/A

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Stuart Hricken CEO
Peter Jenkins CDO (Chief Development Officer)

State Of Delaware

Entity Details

9/6/2019 3:24:52PM

File Number: 5755668
Incorporation Date / Formation Date: 5/28/2015
Entity Name: QUVA PHARMA, INC.
Entity Kind: Corporation
Entity Type: General
Residency: Domestic
State: DELAWARE
Status: Good Standing
Status Date: 3/18/2016

Registered Agent Information

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
Country:
State: DE
Postal Code: 19808
Phone: 302-636-5401

Department of State: Division of Corporations

Allowable Characters

HOME
About Agency
Secretary's Letter
Newsroom
Frequent Questions
Related Links
Contact Us
Office Location

SERVICES
Pay Taxes
File UCC's
Delaware Laws Online
Name Reservation
Entity Search
Status
Validate Certificate
Customer Service Survey

Loading...

View Search Results

Entity Details

File Number:	5755668	Incorporation Date / Formation Date:	5/28/2015 (mm/dd/yyyy)
Entity Name:	QUVA PHARMA, INC.		
Entity Kind:	Corporation	Entity Type:	General
Residency:	Domestic	State:	State:
Status:	Good Standing	Status Date:	3/18/2016

TAX INFORMATION

Last Annual Report Filed:	2018	Tax Due:	$ 0
Annual Tax Assessment:	$ 175	Total Authorized Shares:	1000

REGISTERED AGENT INFORMATION

Name:	CORPORATION SERVICE COMPANY		
Address:	251 LITTLE FALLS DRIVE		
City:	WILMINGTON	County:	New Castle
State:	DE	Postal Code:	19808
Phone:	302-636-5401		

FILING HISTORY (Last 5 Filings)

Seq	Description	No. of pages	Filing Date (mm/dd/yyyy)	Filing Time	Effective Date (mm/dd/yyyy)
1	Amendment QUVA, INC.	1	7/13/2015	5:06 PM	7/13/2015
2	Stock Corporation	2	5/28/2015	4:34 PM	5/28/2015

Back to Entity Search | Email Status

For help on a particular field click on the Field Tag to take you to the help area.

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 10/28/2019

Registration Number: 5004816 **Registered as:** Manufacturer and Wholesale

Parent Company Name: QUVA PHARMA, INC.

Trade Name:

Original Issue Date: 10/21/2015 **Expiration Date:** 01/31/2020

Current Issue Date: 12/24/2018

Disciplines: No

555

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0733881

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

1075 W PARK ONE DRIVE, SUITE 100 SUGAR LAND, TX 77478-
5920 S GENERAL BRUCE DR TEMPLE,TX 76502-
519 ROUTE 173 BLOOMSBURY, NJ 08804-

Reg. No.
5004816

QUVA PHARMA, INC.
ATTN: VARSHA GAITONDE RPH
1075 W PARK ONE DRIVE, SUITE 100
SUGAR LAND, TX 77478-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2020

Establishment Copy

11C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

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 OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Partnership - Pages 1-3 & 6
☑ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: RYB Compounding LLC

Physical Address: 23164 Blizzard Lane

City: Albany State: OH Zip Code: 45710

Telephone: 866-280-0031 Fax: 740-854-1029

Toll Free Number: 866-280-0031 (Required per NAC 639.708)

E-mail: ed.zatta@rybcompounding.com Website: rybcompounding.com

Supervising Pharmacist: Michael L. Miller Nevada License #: 20344 ✓ no disc exp 21

SERVICES PROVIDED

Yes/No

☐ ☑ Parenteral
☑ ☐ Sterile Compounding
☑ ☐ Non Sterile Compounding
☐ ☑ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: 10-1-19 Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 47-1235128

Please provide the name of the facility as registered with the FDA and the registration number:
RVG Compounding LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
RVG Compounding

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Michael L. Miller Nevada License Number: 20344

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 OUTSOURCING FACILITY 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael L. Miller
Print Name of Authorized Person

09/23/2019
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 5**

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Ohio

Parent Company if any: —

Address: 23164 Blizzard Lane

City: Albany State: OH Zip: 45710

Telephone: 866-280-0031 Fax: 740-854-1029

Contact Person: Edward J. Zatta, CEO

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Edward J. Zatta (Name) — US Route 33, Athens, OH 45701 (Address)

b) Brendan Ford (Name) — Tweed Court, Worthington, OH 43085 (Address)

c) David Zatta (Name) — Hamilton Place, Steubenville, OH 43952 (Address)

d) Chrisopher Tenaglia (Name) — 2nd Ave, Pomeroy, OH 45769 (Address)

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? _____

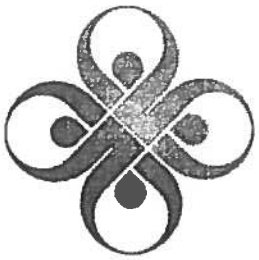
4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors



RXQ COMPOUNDING
FDA 503B OUTSOURCING
FACILITY

2364 Blizzard Lane

Albany, OH 45710

Phone: 1-866-280-0031

Fax : 740-854-1029

HOME STATE LICENSE

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2021.

RXQ COMPOUNDING, LLC

RXQ Compounding LLC

2364 Blizzard Ln

Albany, OH 45710-9569

License Number: 012485200

Outsourcer - Category 3

Expiration Date: June 30, 2021

CLASS: Outsourcer - Category 3
BUSINESS TYPE: OSC – Outsourcer/Sterile Compounding

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
MICHAEL LEE MILLER RPH	Michael K Miller

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

RXQ COMPOUNDING
FDA 503B OUTSOURCING FACILITY

2364 Blizzard Lane

Albany, OH 45710

Phone: 1-866-280-0031

Fax : 740-854-1029

DEA CONFIRMATION OF LOCATION CHANGE

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

Registration Update Request Successfully Submitted.

Your Request has been successfully submitted.
Tue Jul 30 13:08:28 EDT 2019

Internet Tracking number: 8467368
Registration Control Number is: RR0489395 — Confirmation #

It is recommended that you use your browser's print function to print a copy of this page for your records.

First Name, MI:	
Last Name:	RXQ COMPOUNDING LLC
Address:	2364 BLIZZARD LN
City:	ALBANY
State:	OH
Zip:	45710
Business Phone:	866 280 0031
POC Name	MIKE MILLER
POC Email	MIKE.MILLER@RXQCOMPOUNDING.COM
POC Cell Phone	765 404 9275
Drug Schedules:	2 2N 3 3N 4 5 L1

MANUFACTURERS CATEGORIES	Schedules								
		2	2N	3	3N	4	5	L1	
	Bulk, Synthesizer - Extractor								
	Dosage Form	✓	✓	✓	✓	✓	✓	✓	
	Repacker - Relabeler	✓	✓	✓	✓	✓	✓	✓	
	Non-Human Consumption								

State License:	Number: 012485200 State: OH Expires: 06 - 30 - 2021
State Controlled Substance License:	Number: Expires: - -
Drug Codes Selected	**Drug Codes**
	7285 7460 8113 9050 9143 9150 9193 9230 9250 9300 9652 9740 9801
	Drug Codes (Bulk Manufacture Selected)

[redacted]

Chander From DEA

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0489395	04-30-2020	$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5,L1	MANUFACTURER	03-20-2019

RXQ COMPOUNDING LLC
340 W. STATE ST.
UNIT 9
ATHENS, OH 45701 4570

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0489395	04-30-2020	$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5,L1	MANUFACTURER	03-20-2019

RXQ COMPOUNDING LLC
340 W. STATE ST.
UNIT 9
ATHENS, OH 45701 4570

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

RXQ COMPOUNDING
FDA 503B OUTSOURCING
FACILITY

GOOD STANDING LETTER

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RXQ COMPOUNDING, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2307427, was organized within the State of Ohio on June 30, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of September, A.D. 2019.

Ohio Secretary of State

Validation Number: 201924703524

RXQ COMPOUNDING
FDA 503B OUTSOURCING
FACILITY

MICHAEL MILLER

NEVADA PHARMACIST LICENSE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Michael L. Miller

Date: 09/17/2019
Amount:
License #: 20344

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2021

Michael L. Miller

License #
20344
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20344

Expires: 10/31/2021
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Michael L. Miller

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

RXQ COMPOUNDING
FDA 503B OUTSOURCING
FACILITY

2364 Blizzard Lane

Albany, OH 45710

Phone: 1-866-280-0031

Fax : 740-854-1029

STATE LIST OF LICENSE PERMITS

RXQ COMPOUNDING
FDA 503B OUTSOURCING FACILITY

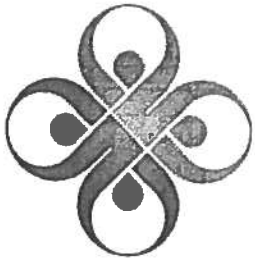
2364 Blizzard Lane
Albany, OH 45710

Ph. 866-280-0031
Fax. 740-854-1029

State	License Number	Type	Date issued	Expiration date
Ohio	WMOF.012485200-03	Outsourcer-category 3	2015	06/30/2021
Ohio DEA Lic	RR0489395	Manufacturer	04/19/2016	04/30/2020
West Virginia	MI0000892	Wholesale	05/23/16	06/30/2020
Arizona	M000728	Manufacturer	07/14/2015	10/31/2020
Washington State w/ **Controls**	PHWH.FX.60581285	Wholesaler	10/01/2016	09/30/2019
Kentucky	W03582	Wholesaler	09/16/2015	09/30/2019
Tennessee	000000440	Outsourcers	09/2015	09/30/2019
Michigan	5306004527	Manufacturer & wholesaler	09/2015	06/30/2020
Michigan DEA Lic	5315073431	Manufacturer & Wholesaler	9/2015	06/30/2020
Iowa	9004	Outsourcing facility	12/20/2017	12/31/2019
Iowa Controls	2500001	controls	12/20/2017	12/31/2019
North Dakota **w/ Controls**	Whol1664	Outsourcing	11/25/2015	06/30/2020
South Dakota	600-2508	Wholesale & other Drug Distributors	12/01/2016	12/31/2019
South Dakota DEA Lic	RR0489395	Manufacturer	12/09/2015	04/30/2020
Connecticut **w/ Controls**	CSW.0003647	Wholesaler	07/01/2016	06/30/2020
Illinois	004.004148	Wholesaler	12/01/2016	12/31/2019
ILLINOIS **CONTROLS**				12/31/2020
Colorado w **Controls**	WHO.0008149	Wholesaler	11/01/2016	10/31/2020

Idaho w/ **Controls**	OSF40797	Outsourcing	07/01/2016	12/31/2019
New Jersey	5004867	Manufacturer & wholesaler	01/04/2016	01/31/2020
Louisiana	8457	Distributor	01/04/2016	12/31/2019
Louisiana Control Lic	CDS.047539-DIS	Distributor	01/04/2016	01/15/2020
Oregon with **Controls**	M-0002779	Manufacturer	01/14/2016	09/30/2019
Utah	9608350-1710	Manufacturer & Wholesaler	01/19/2016	09/30/2019
Utah DEA Lic	9608350-8913	Manufacturer & Wholesaler	01/19/2016	09/30/2019
Indiana	letter stating we do not need LIC. in their state			
Pennsylvania	1000003702	Manufacturer	01/14/2016	01/31/2020
Texas	1001848	Wholesale Distributor	01/27/2016	10/12/2019
Florida	NSC174	Nonresident Sterile Compounding	02/12/16	02/28/2021
Minnesota	364217	Wholesale	06/03/2019	05/31/2020
Minnesota	461580	Manufacturer	06/03/2019	05/31/2020
South Carolina	1661	NON-RESIDENT OUTSOURCING FACILITY	005/20/2016	06/30/2020
South Carolina	1662	NON-RESIDENT WHOLESALER/DIST/MANUF	05/20/16	06/30/2020
Georgia	PHMA	Manufacturing	08/26/2016	06/30/2021
New Mexico	OF00000002	Nonresident	08/03/2016	12/31/2020
Hawaii	Letter stating we do not need Lic in their state			
Hawaii Controls			E13069	04/30/2020
Massachusetts	No00039	Non-resident Outsourcing Facility	05/09/2017	12/31/2019
Alaska	Letter stating we can ship license not required			
Massachusetts	NO00039	Non-resident Outsourcing Facility	05/09/2017	12/31/2019
North Carolina	1405	Outsourcing		12/31/2019
North Carolina Controls				
Washington DC	DM1700116	Non- Resident Manufacturing	07/15/2017	07/31/2019**
Washington DC Controls	CF1700047		07/25/2017	07/25/2019**
Kansas	5-103530	Wholesale	08/22/2017	06/30/2020
Rhode Island	No License Required at this time	See letter		
Delaware	A4-0002461	Wholesale	11/16/2017	09/30/2020
Delaware	AD-0000047	Outsourcing Facility Distnbutor	11/16/2017	09/30/2020

Delaware	DM-0012687	Distributor/Manufacturer CSR	11/16/2017	06/30/2021
Montana	PHA-WDD-LIC-49966	Wholesale		11/30/2019
New Hampshire	9050	Bulk Compounding/Outsourcing		06/30/2020
Maryland	D06173	Distributor	02/21/2018	05/31/2021
Vermont	039.0134174	Wholesale Drug Outlet special Outsourcing	03/26/2018	07/31/2019
Missouri	2018011920	Drug Distributor	04/08/2018	10/31/2019
Maine	WH70002881	Wholesaler	07/31/2018	12/31/2019
Wisconsin	2958-45	Wholesaler	09/29/2018	05/31/2020
Mississippi	CS-17621	CONTROL REG	06/03/2019	12/31/2019
Mississippi	17621	Outsourcer	06/03/2019	12/31/2021



RXQ COMPOUNDING
FDA 503B OUTSOURCING
FACILITY

2364 Blizzard Lane

Albany, OH 45710

Phone: 1-866-280-0031

Fax : 740-854-1029

OWNERSHIP INFORMATION

RXQ COMPOUNDING
FDA 503B OUTSOURCING
FACILITY

NAME	ADDRESS	PHONE	TITLE	Percentage Owned
EDWARD ZATTA ed.zatta@rxqcompounding.com	4835 US ROUTE 33 ATHENS, OH 45701	740-359-4513	CEO	42.0005
DAVID M. ZATTA dmzatta@macrecpa.com	1802 HAMILTON PLACE STEUBENVILLE,OH 43952	740-283-1040	Secretary, Treasurer, member	7.4727
LAURA PAIGE HERMAN (N.K.A. MELVAN) lauramelvin@yahoo.com	547 WASHINGTON ST TRAVERSE CITY, MI 49686	1-231-313-5236	MEMBER	7.5470
CHRISTOPHER TENOGLIA tenlaw@suddenlinkmail.com	200 E. 2ND ST POMEROY, OH 45769	740-992-6368	GENERAL COUNSEL, VICE PRESIDENT	7.1445
DIANA MARIA TEREZIS REVOCABLE TRUST c/o NICHOLAS E TEREZIS & MARIA M. TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5198	MEMBER	1.8229
NICHOLAS EMANUEL TEREZIS LIVING TRUST UA c/o NICHOLAS TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5198	MEMBER	1.6860
MARIA MAHFOOD TEREZIS LIVING TRUST UA c/o MARIA TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH, PA 15215	740-282-5196	MEMBER	~~1.4696~~
DR. RICHARD A MAHFOOD & OR/ ANGELA S MAHFOOD ramtooth@comcast.net	420 BRAEBARTON BLVD STEUBENVILLE, OH 43952	740-264-7007	MEMBER	0.4442

VINCENT J. FATH & KRISTEN Z. FATH vjfath@gmail.com	~~828 SURREY DRIVE LOWER GWYNEDD, PA 19002~~	215-859-6565	MEMBER	0.4291
MR. JEROME WONG jerome_wong@yahoo.com	94 BROWN ROAD SCARSDALE, NY 10583	914-217-0879	MEMBER	0.6696
MARK MOLTON drsmoulton@msn.com	480 W. CIRCLE DR NORTH MUSKEGON, MI 49445	231-719-2731	MEMBER	1.0000
JON FIELDS jon.fields@rxqcompounding.com	7688 HEATHERSTONE DRIVE ATHENS, OH 45701	740-593-0202	MEMBER	0.4655
BRENDAN FORD bford@talismancp.com	798 TWEED COURT WORTHINGTON, OH 43085	614-551-1684	MEMBER	12.1169
IRA SERVICES TRUST COMPANY CFBO JEREOME WONG	94 BROWN ROAD SCARSDALE, NY 10583	914-217-0879	MEMBER	1.0732
EDWARD C. ZATTA zattas@comcast.net	1020 C OSS LANE WELLSBURG, WV 16070	304-670-0161	MEMBER	0.4025
HELENE CYNTHIA TEREZIS REV LIVING TR DTD nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH,PA 15215	740-282-5198	MEMBER	0.2683
IRA SERVICES TRUST COMPANY CFBO MARIA M. TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH,PA 15215	740-282-5198	MEMBER	0.1342

IRA SERVICES TRUST COMPANY CFBO NICHOLAS E. TEREZIS nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH,PA 15215	740-282-5198	MEMBER	0.1342
SAMUEL E. CROSS II secrossii@gmail.com	PO BOX 266 FORD CITY, PA 16226	989-621-0599	MEMBER	0.1342
TERESA TEREZIS KLEMES TRUST DTD c/o NICHOLAS E. TEREZIA & TERESA TEREZIS KLEMES nterezis@mstrategic.com	306 MARBERRY DR PITTSBURGH,PA 15215	740-282-5198	MEMBER	0.1342
OHIO INNOVATION FUND, LLC c/o BILL BAUMEL	629 NORTH HIGH ST. 4TH FLOOR COLUMBUS, OH 43215		MEMBER	5.6338
ADVANTAGE CAPITAL COMMUNITY DEVELOPMENT c/o CHRISTOPHER HARRIS	3 LEBANON STREET HANOVER, NH 03755	603-676-7156	MEMBER	2.8169
INCENTIVE INTEREST-OPTION POOL				5.000