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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALER 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 Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Page 1,2,3,4 Partnership - Page 1,2,3,6a,6b
 Non Publicly Traded Corporation – Page 1,2,3,5a,5b Sole Owner – Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: US ECOLOGY NEVADA

Physical Address: Hwy 95, 11 MILES S. OF BEATTY

Mailing Address: PO BOX 578

City: BEATTY State: NV Zip Code: 89003

Telephone: 775.553.2203 Fax: 775.553.2125

Toll Free Number: 1.800.239.3943

E-mail: daniel.church@usecology.com Website: www.usecology.com

Facility Manager: DANIEL CHURCH

Professional qualifications and experience of facility manager: MR CHURCH HAS 12+ YEARS EXPERIENCE WORKING AT AND MANAGING A PERA TSDF.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) SEE ATTACHED
 Other: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes No

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes No

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

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- 1) NOT APPLICABLE
 Name _____ Address _____
 Business _____
- 2) _____
 Name _____ Address _____
 Business _____
- 3) _____
 Name _____ Address _____
 Business _____
- 4) _____
 Name _____ Address _____
 Business _____

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

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4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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. **SEE ATTACHED EXPLANATION FOR #5.**

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.



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

DANIEL CHURCH
Print Name of Authorized Person

4/11/19
Date

Board Use Only Received: _____ Amount: 500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE
OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DELAWARE
Parent Company if any: US ECOLOGY INC.
Corporation Name: US ECOLOGY NEVADA INC.
Mailing Address: 101 S. CAPITOL BLVD, STE 1000
City: BOISE State: ID Zip: 83702
Telephone: 800.570.5220 Fax: 208.331.7900
Contact Person: JEFF FEELEER

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. _____ %: _____
- 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: 5/10/2004
*Registration number issued: 3800885
*Stock Exchange: NASDAQ

Include with the application for a publicly traded corporation

List of officers and directors. **SEE ATTACHED**

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.

SEE ATTACHED
Page 4

Copy of DEA, Page 1

An application to DEA is in progress. DEA requires that a State License Number be provided before accepting the completed DEA Registration Application. US Ecology will coordinate with the Nevada State BOP to address the overlapping requirements.

Answer to Question 5, Page 3:

Location: 1923 Frederick St, Detroit, MI 48211

Nature: In June 2014, US Ecology purchased the Environmental Quality Company (EQ) which included a facility called EQ Detroit (EQD). EQD had a DEA Reverse Distributor License in operation since 2009 and conducted pickups of waste pharmaceuticals from retail stores. As this business grew from 2009 to 2012, DEA Detroit Office (2012 inspection) determined that EQD's record keeping did not meet 21 CFR regulatory requirements. Registration No. RE0379924.

Disposition: An August 2016 inspection by the DEA Detroit office showed the site program, procedures and controls were not sufficient for supporting a nationwide collection program for regulated substance to comply with the October 2014 regulatory changes to DEA requirements. DEA Detroit office asked EQD to voluntarily surrender their license until the program was changed to implement the new policies and procedures, where they could reapply for their distributor license and resume operations.

List of Officers and Directors, Page 4

Jeff Feeler, President/CEO and Director

Eric Gerrat, Vice President and Treasurer

Simon Bell, Vice President of Operations

Wayne R. Ipsen, Vice President, General Counsel and Secretary

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "US ECOLOGY NEVADA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3800885 8300

SR# 20192746695

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202622492

Date: 04-11-19