13
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: FENWAL, INC.

Physical Address: 5245 N. Sloan, Suite 300B, North Las Vegas, NV 89115

Mailing Address: Attn: Legal Dept., Three Corporate Drive

City: Lake Zurich  State: IL  Zip Code: 60047

Telephone: 847-550-5595  Fax: 847-550-7126

Toll Free Number: 888-391-6300

E-mail: FK-USALegalDepl@fresenius-kabi.com  Website: www.fenwalinc.com

Facility Manager: Gladys Hawkins

Professional qualifications and experience of facility manager: Four years experience as warehouse operations manager with MBA from Benedictine University.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☒ Practitioners  ☒ Hospitals  ☒ Wholesalers  
☒ Other: clinics, community & hospital blood centers, plasma collection centers, distributors, veterinarians

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)  
☐ 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) Fenwal International, Inc., Road 122 Km 0.5 Industrial Camino Real, San German, Puerto Rico, 00683
   Name
   Manufacturer of medical devices and pharmaceutical products
   Address
   Business

2) Baxter Healthcare, Inc., Highway 221 North, Marion, NC 28752
   Name
   Manufacturer of pharmaceutical products
   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 ☒
APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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.

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

JACK C. SILHAVY
Print Name of Authorized Person

2/22/19
Date

Board Use Only

Received: ________________ Amount: $500.00

Page 3
APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Fresenius Kabi Pharmaceuticals Holding, LLC
Corporation Name: Fenwal, Inc.
Mailing Address: Three Corporate Drive
City: Lake Zurich State: IL Zip: 60047
Telephone: 847-550-2300 Fax: 847-550-7126
Contact Person: Cynthia Engdahl

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?
   a) N/A. Corporation is wholly-owned by Fresenius Kabi Pharmaceuticals Holding, LLC.
      Name . Address
   b) Name . Address
   c) Name . Address
   d) Name . Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the documents for all types of businesses.

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? $0.01

4) What date did the corporation actually receive the cash assets? 12-13-2012

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

See attached share transfer record and Amended Articles of Incorporation.
# FENWAL, INC. SHARE TRANSFER RECORD

<table>
<thead>
<tr>
<th>Date</th>
<th>Shareholder</th>
<th>Shares Issued</th>
<th>Shares Surrendered</th>
<th>Total Shares Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/13/2012</td>
<td>Fenwal Holdings, Inc.</td>
<td>1,000</td>
<td></td>
<td>1,000</td>
</tr>
<tr>
<td>12/31/2014</td>
<td>Fenwal Holdings, Inc.*</td>
<td></td>
<td>1,000</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Fresenius Kabi Pharmaceuticals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/1/2015</td>
<td>Holding, Inc.</td>
<td>1,000</td>
<td></td>
<td>1,000</td>
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<td></td>
<td>Fresenius Kabi Pharmaceuticals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/1/2018</td>
<td>Holding, Inc.**</td>
<td></td>
<td>1,000</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Fresenius Kabi Pharmaceuticals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/1/2018</td>
<td>Holding, LLC</td>
<td>1,000</td>
<td></td>
<td>1,000</td>
</tr>
</tbody>
</table>

*Fenwal Holdings, Inc. merged into Fenwal, Inc. and the grandparent, Fresenius Kabi Pharmaceuticals Holding, Inc., became the parent and sole shareholder.

**Fresenius Kabi Pharmaceuticals Holding, Inc. converted to a Limited Liability Company.

NOTE: By-Laws provide that all shares of capital stock shall be uncertificated.
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "FENWAL, INC.", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2012, AT 7:03 O' CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARD TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.
AMENDED AND RESTATED
CERTIFICATE OF INCORPORATION
OF
FENWAL, INC.

Fenwal, Inc., a corporation organized and existing under the laws of the State of Delaware (the "Corporation"), does hereby certify as follows as to this Amended and Restated Certificate of Incorporation, dated as of December 13, 2012:

(1) The name of the Corporation is Fenwal, Inc.

(2) The original Certificate of Incorporation of the Corporation was filed with the Secretary of State of the State of Delaware on October 26, 2006.

(3) This Amended and Restated Certificate of Incorporation was duly adopted by the Board of Directors of the Corporation (the "Board of Directors") and by the sole stockholder of the Corporation in accordance with the provisions of Sections 228, 242 and 245 of the General Corporation Law of the State of Delaware.

(4) This Amended and Restated Certificate of Incorporation restates and integrates and further amends the Certificate of Incorporation of the Corporation by amending its registered agent and registered office address.

(5) The text of the Certificate of Incorporation of the Corporation as amended hereby is restated to read in its entirety, as follows:

FIRST: The name of the Corporation is Fenwal, Inc. (hereinafter the "Corporation").

SECOND: The address of the registered office of the Corporation in the State of Delaware is 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, 19808. The name of its registered agent at that address is Corporation Service Company.

THIRD: The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Delaware as set forth in Title 8 of the Delaware Code (the "GCL").

FOURTH: The total number of shares of stock which the Corporation shall have authority to issue is one thousand (1,000) shares of common stock, each having a par value of one cent ($0.01).

FIFTH: The following provisions are inserted for the management of the business and the conduct of the affairs of the Corporation, and for further definition, limitation and regulation of the powers of the Corporation and of its directors and stockholders:
(1) The business and affairs of the Corporation shall be managed by or under the direction of the Board of Directors.

(2) The number of directors of the Corporation shall be as from time to time fixed by, or in the manner provided in, the By-Laws of the Corporation. Election of directors need not be by written ballot unless the By-Laws so provide.

(3) No director shall be personally liable to the Corporation or any of its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) pursuant to Section 174 of the GCL or (iv) for any transaction from which the director derived an improper personal benefit. Any repeal or modification of this Article FIFTH by the stockholders of the Corporation shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification with respect to acts or omissions occurring prior to such repeal or modification.

(4) In addition to the powers and authority hereinbefore or by statute expressly conferred upon them, the directors are hereby empowered to exercise all such powers and do all such acts and things as may be exercised or done by the Corporation, subject, nevertheless, to the provisions of the GCL, this Certificate of Incorporation, and the By-Laws; provided, however, that no By-Laws hereafter adopted by the stockholders shall invalidate any prior act of the directors which would have been valid if such By-Laws had not been adopted.

SIXTH: Meetings of stockholders may be held within or without the State of Delaware, as the By-Laws may provide. The books of the Corporation may be kept (subject to any provision contained in the GCL) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the By-Laws of the Corporation.

SEVENTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.
IN WITNESS WHEREOF, the Corporation has caused this Amended and Restated Certificate of Incorporation to be executed on its behalf as of the date first above written.

FENWAL, INC.

By: 

Name: Jack Silhavy
Title: Secretary
Fenwal, Inc.
Officers and Directors

Officers:

John Robert Ducker
President and Chief Executive Officer and Director
Three Corporate Drive, Lake Zurich, IL 60047

Steven J. Adams
Executive Vice President and Chief Financial Officer
Three Corporate Drive, Lake Zurich, IL 60047

Jack C. Silhavy
Executive Vice President and General Counsel
Three Corporate Drive, Lake Zurich, IL 60047

Directors:

John Robert Ducker
Three Corporate Drive, Lake Zurich, IL 60047

Gerrit Steen
Elsz-Kröner-Straße 1, 61352 Bad Homburg, Germany

Mats Henriksson
Elsz-Kröner-Straße 1, 61352 Bad Homburg, Germany

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FENWAL, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2006.

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

4231925 8300
SR# 20165573111
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202908684
Date: 08-30-16
APPLICATION TO BE THE DESIGNATED REPRESENTATIVE 
for a Pharmacy or Wholesaler located in Nevada

Date: 3/14/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for
Fenwal Inc. New Wholesaler Application
Fenwal Inc. 45245 N Sloan, Suite 300B, North, NY
Name and Address of Business for Which Designated Representative is Requested

If applicable, Name Under Which it is Now Operated

1. PERSONAL INFORMATION:

Last Name
Hawkins

First Name
GladyS

Middle Name
Gail

Alt Names, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise
Weaver (Maiden name)

Present Residence Address - Street or RFD
600 Supreme Drive

City
Bensenville

State/Zip
IL 60106

Present Business Address
Operations Manager

Dates
Jan 15, 2011 - present

City
Chicago

State/Zip
Cook County, IL 60616

Date of Birth
Place of Birth (City, County, State)
51

Age
Female

Social Security Number
Brown

Sex
Black

Complexion
Brown

Weight
190

Build
Medium

Height
5'9

Coors of Eyes
Color of Hair
Scars, tattoos or distinguishing marks and/or characteristics

No tattoos

Black, mole on left top of head

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No.

If naturalized, certificate No.

Date
Place

(If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's Initials

Page 1
MARITAL INFORMATION—Continued

A. Current Marriage

Current Mar. Date: 7/31/1993

Spouse’s full name (Maiden): Anthony B. Hawkins

Date of Birth: Place of Birth: Chicago

Resident address: Trillium Lane, Plainfield, IL 60544

Telephone: Residence: Business: 815-609-6967

Spouse’s employer: Savis, Inc.

Address of employer: 23736 W. 119th Plainfield, IL 60585

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List of names, current address and telephone numbers of previous spouses:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khamel Hawkins</td>
<td></td>
<td></td>
<td>Trillium Ln, Plainfield, IL 60544</td>
</tr>
<tr>
<td>Emani Hawkins</td>
<td></td>
<td></td>
<td>Trillium Ln, Plainfield, IL 60544</td>
</tr>
<tr>
<td>Jabreel Hawkins</td>
<td></td>
<td></td>
<td>Trillium Ln, Plainfield, IL 60544</td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

☑️ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant’s initial: C.H.
FAMILY INFORMATION—Continued

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Weaver</td>
<td>1/1/1950</td>
<td>S. 17th Ave, Maywood, IL 60153</td>
<td>Construction</td>
</tr>
<tr>
<td>Artie Anderson-Weaver</td>
<td>12/12/1950</td>
<td>S. 17th Ave, Maywood, IL 60153</td>
<td>House Maker</td>
</tr>
<tr>
<td>Theodore Hawkins</td>
<td>6/6/1950</td>
<td>W. North Ave, Chicago, IL 60610</td>
<td>U.S. Navy</td>
</tr>
<tr>
<td>Marilyn Hawkins (Bingham)</td>
<td>5/5/1950</td>
<td>W. North Ave, Chicago, IL 60610</td>
<td>Asst. Dean of Students</td>
</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and end of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Anderson</td>
<td>7/7/1970</td>
<td>Springfield, IL 62207</td>
<td>Retired Sheriff</td>
</tr>
<tr>
<td>John Weaver</td>
<td>8/8/1970</td>
<td>P.O. Box</td>
<td>Dept. Enforcement Officer</td>
</tr>
<tr>
<td>Ashley Bell-Weaver</td>
<td>9/9/1970</td>
<td>R.O. Box</td>
<td>Daycare Provider</td>
</tr>
<tr>
<td>Michelle Turner</td>
<td>10/10/1970</td>
<td>Berkeley, IL 60640</td>
<td>Daycare Provider</td>
</tr>
<tr>
<td>Tari Turner</td>
<td>11/11/1970</td>
<td>Berkeley, IL 60640</td>
<td>Daycare Provider</td>
</tr>
<tr>
<td>Charlene Weaver</td>
<td>12/12/1970</td>
<td>Berkeley, IL 60640</td>
<td>Daycare Provider</td>
</tr>
</tbody>
</table>

Spouse:
Divorced

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roosevelt Elementary School</td>
<td>Maywood, IL</td>
<td>1978-1981</td>
<td>Yes</td>
</tr>
<tr>
<td>Proviso East High School</td>
<td>Maywood, IL</td>
<td>1981-1985</td>
<td>Yes</td>
</tr>
<tr>
<td>UIC Chicago</td>
<td>Chicago, IL</td>
<td>1989-1993</td>
<td>Yes</td>
</tr>
<tr>
<td>Benedictine University</td>
<td>Chicago, IL</td>
<td>2015-2018</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: M.A.

College or university where obtained: Benedictine University

Applicant's initials: Staff
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No □

Branch: __________________________ Date of entry-active service: __________________________

Date of separation: __________ Type of discharge: __________________________

Rating at separation: __________________________ Serial number: __________________________

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes □ No □ If yes, furnish details on page 10. (List all incidents regardless of where they occurred—foreign or domestic.)

B. Have you registered for the draft? Yes □ No □

County: __________________________ State: __________________________ Date registered: __________________________

6. ARRESTS, DETentions, LITigations AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes □ No □ If yes, give details in space provided below. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
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</table>

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes □ No □ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes □ No □

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No □

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes □ No □

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No □

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No □

H. Has any member of your family or of your spouse’s family ever been convicted of a felony? Yes □ No □

If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Applicant’s initial: ________
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
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</tr>
</tbody>
</table>

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes ☐ No ☑ if yes, complete the following:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2006-Present</td>
<td>Trillium Ln</td>
<td>Plainfield, IL</td>
<td></td>
</tr>
<tr>
<td>5/2002-4/2004</td>
<td>1518 N. Harlem Ave</td>
<td>River Forest, IL</td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: GH
8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2015</td>
<td>Cardinal Health 2350 Prospect Dr Aurora, IL 60502</td>
<td>6/240</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Warehouse Opns Mgr</td>
<td>Manage Outbound operations</td>
<td>Dan Handiger</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 2018</td>
<td>Fresenius Kabi 6046 Supreme Dr, Bensenville, IL 60061</td>
<td>2400</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Warehouse Opns Mgr</td>
<td>Responsible for site</td>
<td>Brian Kurtz</td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.

Applicant's Initial: [Signature]
9. CHARACTER REFERENCES:

List five character reference who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name</th>
<th>Home</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Brown</td>
<td>1 Camden, Aurora, IL 60507</td>
<td>60507</td>
<td>6</td>
<td>5 1/2 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jordan Brown</td>
<td>2 S. Prospect Dr, Aurora, IL 60502</td>
<td>60502</td>
<td>620-479-6663</td>
<td>11 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kari Pitner</td>
<td>383 S. Wacker Dr, St. Louis, MO 63001</td>
<td>630-324-6791</td>
<td>11 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taylor Thompson</td>
<td>401 Overland Dr, North Aurora, IL 60542</td>
<td>60542</td>
<td>630-264-8289</td>
<td>7 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daven Muehle</td>
<td>5600 W Bryn Mawr, Chicago, IL 60660</td>
<td>60660</td>
<td>773-305-1038</td>
<td>3 yrs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>License Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor</td>
<td>Salesperson</td>
</tr>
<tr>
<td>Doctor</td>
<td>Physician</td>
</tr>
<tr>
<td>Accountant</td>
<td>CPA</td>
</tr>
<tr>
<td>Pilot</td>
<td>FAA</td>
</tr>
<tr>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
</tbody>
</table>

If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's Initial: GH
14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  
   Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry?  
   Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  
   Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler  
   Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  
   Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?  
   Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler?  
   Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?  
   Yes ☐ No ☒

Date of photograph: 3/4/19
Applicant's initial: GH
STATE OF ________________________________

COUNTY OF ________________________________

I, ________________________________________, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained therein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant “Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent,” and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

______________________________
Original Signature of Applicant

Subscribed and Sworn to before me this _______________ day of _______________, 2019

______________________________
Notary Public

CYNTHIA L. ENGDAHL
Notary Public, State of Illinois
My Commission Expires February 22, 2023
(seal)
Additional Siblings

Latasha Weaver, 14

No Spouse

Latrina Weaver, 17 Deceased

Divorced

Springfield Dr, Youngwood, IL 60540

Mental Health Specialist

Maywood, IL 60153
Fenwal, Inc.
Employees Who Handle Drugs on a Daily Basis

Gladys Hawkins

This is a new facility with plans to be operational approximately October 1, 2019. Additional names to be provided prior to receipt and storage of drugs products.

2-22-2019
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: FRESENIUS KABI, LLC

Physical Address: 5245 N. Sloan, Suite 300A, North Las Vegas, NV 89115

Mailing Address: Attn: Legal Dept., Three Corporate Drive

City: Lake Zurich  State: IL  Zip Code: 60047

Telephone: 847-550-5595  Fax: 847-550-7126

Toll Free Number: 888-391-6300

E-mail: FK-USALegalDept@fresenius-kabi.com  Website: www.fresenius-kabi.com/us

Facility Manager: Stephen Shaw

Professional qualifications and experience of facility manager: Over 12 years
experience as manager of distribution logistics of pharmaceutical products at Teva Pharmaceuticals.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies  ☒ Practitioners  ☒ Hospitals  ☒ Wholesalers
☒ Other: veterinarians, U.S. government

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)  ☐ 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.)

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

Yes ☒ No ☐
Note: The company's facility in Bensenville, IL is VAWD certified. Copy of certificate attached.

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 ☐ N/A - LLC, no shareholders

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) Sole supplier: Fresenius Kabi USA, LLC One Corporate Drive, Floor 2A, Lake Zurich, IL 60047
   Name ___________________________ Address ___________________________
   Manufacturing facilities located in New York, North Carolina and Illinois
   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 ☐
APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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.

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

JACK C. SILHAVY
Print Name of Authorized Person

2/22/19
Date

Board Use Only

Received: ____________

Amount: $500.00

Page 3
APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION - LLC

State of Incorporation: Formed in Delaware
Parent Company if any: Fresenius Kabi Pharmaceuticals Holding, LLC
Corporation Name: Fresenius Kabi, LLC
Mailing Address: Three Corporate Drive
City: Lake Zurich State: IL Zip: 60047
Telephone: 847-550-2300 Fax: 847-550-7126
Contact Person: Cynthia Engdahl

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?
   a) N/A. Limited Liability Company does not issue any shares.

   Name . Address

   Name

   Name

   Name

2) Provide the number of shares issued by the corporation. Limited Liability Company has no shares

3) What was the price paid per share? N/A

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

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the documents for all types of businesses.
Fresenius Kabi, LLC
Description of Administrative Actions Taken Within the Last Five (5) Years

Fresenius Kabi, LLC provides this summary of a disciplinary action taken by Michigan against a license held in the name of Fresenius Kabi USA, LLC formerly known as APP Pharmaceuticals, LLC ("APP"). The action described below was made against the Bensenville, Illinois distribution facility only resulting from delayed issuance of the home state license and subsequent late filing of our Colorado and Montana non-resident state license documents, not due to misconduct by APP. The delay in filing resulted from the 2007 reorganization and name change of APP, a complex corporate transaction of which each state was notified. None of the actions involved controlled substances or resulted in harm to any patient.

Please note that the Bensenville, Illinois facility that was the subject of this action has only been owned and operated by Fresenius Kabi, LLC since 2018. Fresenius Kabi, LLC currently maintains a valid license and is good standing in each state, as required. No disciplinary actions are pending.

Michigan Administrative Action
Action: An Administrative Complaint was issued by the State of Michigan Dept. of Licensing and Regulatory Affairs on April 10, 2014, which alleged that Fresenius Kabi USA violated Michigan’s Public Health Code based solely on disciplinary actions taken against Fresenius Kabi USA by the Colorado and Montana Boards of Pharmacy in 2008 and 2009, respectively. (The Colorado and Montana actions were as a result of delayed issuance of the home state license and subsequent license filings in these states.) Importantly, under the Board’s Complaint, Fresenius Kabi USA did not commit any violations of Michigan law that impacted the safety or healthcare needs of Michigan’s citizens.

Outcome: On September 8, 2014 the Michigan Dept. of Licensing and Regulatory Affairs executed a Consent citing the Stipulation of Fresenius Kabi USA and imposing an administrative fine of $1,000.00 to resolve the matter.

The foregoing is a true and accurate description of administrative actions taken within the past five (5) years.

[Signature]
Jack C. Silhavy
Executive Vice President & General Counsel

* This administrative action occurred while operating under the name of APP Pharmaceuticals, LLC. On August 1, 2012, the company changed its name to Fresenius Kabi USA, LLC.

March 6, 2019
Fresenius Kabi, LLC
Officers and Directors

**Officers:**

John Robert Ducker  
President and Chief Executive Officer and Director  
Three Corporate Drive, Lake Zurich, IL 60047

Steven J. Adams  
Executive Vice President and Chief Financial Officer  
Three Corporate Drive, Lake Zurich, IL 60047

Jack C. Silhavy  
Executive Vice President and General Counsel  
Three Corporate Drive, Lake Zurich, IL 60047

**Directors:**

N/A  LLC does not have directors


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.
APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date: 2-28-2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for: Fresenius Kabi, LLC New Wholesaler Application
Fresenius Kabi, LLC at 5245 N. Sloan, Suite 200A, North Las Vegas, NV 89115

Name and Address of Business for Which Designated Representative Is Requested: N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shaw</td>
<td>Steven</td>
<td>Michael</td>
</tr>
</tbody>
</table>

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Steve

<table>
<thead>
<tr>
<th>Present Residence Address-Street or RFD</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>West 28th Street</td>
<td>Beach Park</td>
<td>IL 60099</td>
</tr>
</tbody>
</table>

Present Business Address

<table>
<thead>
<tr>
<th>Present Business Address</th>
<th>City</th>
<th>State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>600 Supreme Drive</td>
<td>Bensenville</td>
<td>IL 60106</td>
</tr>
</tbody>
</table>

Present Position with the Pharmacy or Wholesaler
Operations Manager

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth (City, County, State)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oneida, Madison, New York</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Social Security Number</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>7</td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Color of Eyes</th>
<th>Color of Hair</th>
<th>Complexion</th>
<th>Weight</th>
<th>Build</th>
<th>Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>Gray</td>
<td>White</td>
<td>220 lbs</td>
<td>Medium/Large</td>
<td>5'11&quot;</td>
</tr>
</tbody>
</table>

Scars, tattoos or distinguishing marks and/or characteristics. Surgery. scars: Left shoulder, stomach, hernia

Are you a citizen of the United States? Yes □ No □ If alien, registration No, ____________________________

If naturalized, certificate No, ____________________________ Date, ____________________________

Place, ____________________________ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single □ Married □ Separated □ Divorced □ Widowed □ Engaged □

Applicant's initial: [Signature]

Page 1
MARITAL INFORMATION—Continued

A. Current Marriage: 4-14-1984, Zion, Lake, Illinois

Spouse’s full name (Maiden) Lisa Renee Shaw (Armstrong), S.S. No.

Date of Birth: Place of Birth: Waukegan, Illinois

Resident address: 3 West 28th Street, Beach Park, IL 60099

Street City State Zip

Telephone: Residence, Business 847-872-3346

Spouse’s employer: Village of Winthrop Harbor, Occupation: Finance/HR Director

Address of employer: 830 Sheridan Road, Winthrop Harbor, IL 60096

Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List of names, current address and telephone numbers of previous spouses:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa J. Poisl (Shaw)</td>
<td>Vaukegan IL</td>
<td>Walmon Lane</td>
<td>Volo IL 60073</td>
</tr>
<tr>
<td>Steven J. Shaw</td>
<td>Waukegan IL</td>
<td>Stockberry</td>
<td>West Chicago IL 60185</td>
</tr>
<tr>
<td>Kristi L. Shaw</td>
<td>Waukegan IL</td>
<td>West 28th Street, Beach Park IL 60099</td>
<td></td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant’s Initial: [Signature]
FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name
Address
Contact person

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James M. Shaw (deceased)</td>
<td>2 Ocean Circle, Davenport FL 33897 Associate Pastor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phyllis M. Shaw (Friend)</td>
<td>h Ave Apt. 203B, Pleasant Prairie WI 53152 Secretary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>James W. Armstrong</td>
<td>Thompson, Winthrop Harbor IL 60096 Superintendent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caroline Armstrong (Sanchez)</td>
<td>Thompson, Winthrop Harbor IL 60096 Factory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annette M Anderson (Shaw)</td>
<td>108th Ave, Kenosha WI 53142 Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Don Anderson</td>
<td>108th Ave, Kenosha WI 53142 Engineer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>James M Shaw Jr.</td>
<td>3 N. Montecito Ave, Sun City West AZ 85375 HR Mgr.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Laura Shaw (Heinold)</td>
<td>1 N. Montecito Ave, Sun City West AZ 85375 Homemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Suzette Y Riley (Shaw)</td>
<td>257th Ave, Trevor WI 53179 Homemaker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Carl Riley</td>
<td>257th Ave, Trevor WI 53179 Electrical Engineer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Chris E Shaw</td>
<td>Glen Cove Drive, Arden NC 28704 Property Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Catherine Wegner (Shaw)</td>
<td>Glen Cove Drive, Arden NC 28704 Office Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>West Elementary/Central Jr. High</td>
<td>Zion IL</td>
<td>1972 - 1977</td>
</tr>
<tr>
<td>High School</td>
<td>Zion-Benton Township High School</td>
<td>Zion IL</td>
<td>1977 - 1981</td>
</tr>
<tr>
<td>College University</td>
<td>Carthage College</td>
<td>Kenosha WI</td>
<td>1991 - 1998</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any. Business Administration - Business
College or university where obtained. Carthage College

Applicant's initial...
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

Branch ................................................................. Date of entry-active service ..................................................

Date of separation .............................................. Type of discharge ..........................................................

Rating at separation ........................................... Serial number .........................................................

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ ☑ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☑ No ☐

County ................................................... State ........ Illinois .................................. Date registered .. Approx. 1990 ...........

6. ARRESTS, DETentions, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ ☐ If yes, give details in space provided below. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ ☐ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑ ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑ ☐

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑ ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑ ☐

If yes, when? .................................................. city, county and state ...........................................

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑ ☐

If yes when? .................................................. city, county and state ...........................................

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑ ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Applicant's initial ............................... Page 4
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☑ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☑ If yes, complete the following:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-1985 to 2-1990</td>
<td>2810 Elizabeth Ave</td>
<td>Zion</td>
<td>IL 60099</td>
</tr>
<tr>
<td>3-1990 to 5-1994</td>
<td>600 Russell Ave</td>
<td>Winthrop Harbor</td>
<td>IL 60096</td>
</tr>
<tr>
<td>6-1994 to 11-2006</td>
<td>6227 66th Ave</td>
<td>Pleasant Prairie</td>
<td>WI 53158</td>
</tr>
<tr>
<td>12-2006 to 2-2014</td>
<td>7319 147th Ave</td>
<td>Kenosha</td>
<td>WI 53142</td>
</tr>
<tr>
<td>2-2014 to Present</td>
<td>West 28th Street</td>
<td>Beach Park</td>
<td>IL 60099</td>
</tr>
</tbody>
</table>

Applicant's initial: [Signature]
8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-2005 to 12-2018</td>
<td>Teva Pharmaceuticals</td>
<td>28,426</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation Mgr.</td>
<td>Manage Import/Export Compliance &amp; Distribution/Logistics of pharmaceutical products</td>
<td>Raymond Flynn</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Number of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial
9. CHARACTER REFERENCES:

List five character reference who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name of Person Employed</th>
<th>Address/Location</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Marshall</td>
<td>1 Bauer Rd, Albuquerque, NM 87123</td>
<td>45 Years</td>
</tr>
<tr>
<td>Sandia National Labs</td>
<td>1515 Eubank Blvd, Albuquerque, NM 87123</td>
<td></td>
</tr>
<tr>
<td>Tom Haman</td>
<td>Windsor Circle, Union Grove, WI 53182</td>
<td>15 Years</td>
</tr>
<tr>
<td>Culver's</td>
<td>7223 S Sylvania Ave, Union Grove, WI 53182</td>
<td></td>
</tr>
<tr>
<td>Carl Ciske</td>
<td>Main St, Union Grove, WI 53182</td>
<td>15 Years</td>
</tr>
<tr>
<td>IC School</td>
<td>2121 Paul Jones St, Great Lake, IL 60088</td>
<td></td>
</tr>
<tr>
<td>Jeff Talbert</td>
<td>1204th Court, Bristol, WI 53104</td>
<td>10 Years</td>
</tr>
<tr>
<td>Westosha Lakes Church</td>
<td>24823 74th St, Salem, WI 53168</td>
<td>3</td>
</tr>
<tr>
<td>Scott Miller</td>
<td>63rd St, Kenosha, WI 53142</td>
<td>5 Years</td>
</tr>
<tr>
<td>CERE</td>
<td>321 N. Clark St, Suite 3400, Chicago, IL 60654</td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- [ ] Yes □ No ☒
  - If yes, state type, where and years held:

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No ☒

  If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☒

If yes to the above, state where, when and for what reason:

Applicant's Initial: ☒

Page 7
14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability?  
   Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry?  
   Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances?  
   Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler)  
   Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry?  
   Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?  
   Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler?  
   Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?  
   Yes ☒ No ☐

Date of photograph: 2-26-19

Applicant's initial: [Signature]
STATE OF                              Illinois                        ss.

COUNTY OF                            Lake                                    

I, ____________________________________________________________, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

__________________________________________________________
Original Signature of Applicant

Subscribed and Sworn to before me this ______________ day of
February 2019

__________________________________________________________
Notary Public

CYNTHIA L. ENGDAHL
OFFICIAL SEAL
Notary Public, State of Nevada
My Commission Expires February 22, 2023
(seal)

Applicant's Initial: SS
Fresenius Kabi, LLC
Employees Who Handle Drugs on a Daily Basis

Steven Shaw

This is a new facility with plans to be operational approximately October 1, 2019. Additional names to be provided prior to receipt and storage of drugs products.