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15A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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: 1 Click Logistics

Physical Address: 1285a Southern Way, Sparks NV 89431

Mailing Address: 59 Damonte Ranch Pkwy Unit B-469, Reno NV 89521

City: _____ State: _____ Zip Code: _____ Telephone: _____

_____ Fax: _____

Toll Free Number: (877) 312-5425

E-mail: operations@1clicklogistics.com Website: www.1clicklogistics.com

Facility Manager: James Applebach

Professional qualifications and experience of facility manager: Over 25 Years in logistics

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes No
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes No
(If yes, provide a copy of the FDA registration)

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) Eve Nakaoka

Name Asahi-Intecc USA, Inc	Address 3002 Dow Ave #212, Tustin, CA 92780
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

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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.

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

James Applebach

Print Name of Authorized Person

7/2/19

Date

Board Use Only Received: _____ Amount: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name: Lance Brown %: 33
 Name: James Applebach %: 33
 Name: Brian Sheridan %: 33
 Name: _____ %: _____

Partnership Name: 1 Click Logistics

Mailing Address: 95 Damonte Ranch Parkway

City: Reno State: NV Zip: 89521

Telephone: 877-312-5425 Fax: _____

Contact Person: Lance Brown

Include with the application for a partnership

Complete personal history record for each stockholder. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. Must be original signature(s), no copies or stamp.

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. .

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

Submit fingerprints – Please refer to Page 8 for Fingerprint Submission Instructions.

15B

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 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: Secura Bio, Inc.

Physical Address: 1995 Village Center Cir, Suite 128

Mailing Address: 1995 Village Center Cir, Suite 128

City: Las Vegas, NV State: Zip Code: 89134-6360 Telephone: (858) 251-1414

Fax: N/A

Toll Free Number: N/A

E-mail: htamburini@securabio.com Website: www.securabio.com

Facility Manager: Hector Tamburini

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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 Poisons or Chemicals Veterinary Legend Drugs
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 Other: _____

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(If yes, provide a copy of the FDA registration)

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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) N/A
Name Address
Business
- 2) N/A
Name Address
Business
- 3) N/A
Name Address
Business
- 4) N/A
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.

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- 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

Brett Lund

Print Name of Authorized Person

May 31, 2019

Date

Board Use Only	Received: _____	Amount: _____
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No fingerprints required DZ 6/10/19

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Secura Bio Holdings, Inc.

Corporation Name: Secura Bio, Inc.

Mailing Address: 1995 Village Center Cir, Suite 128

City: Las Vegas State: NV, Zip: 89134-6360

Telephone: (858) 251-1414 Fax: N/A

Contact Person: Hector Tamburini, Sr. Director - Manufacturing, Regulatory and Quality

For any corporation non publicly traded, disclose the following:

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

a) See attached ownership information.
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. 0

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



DESCRIPTION OF OPERATIONS

Secura Bio, Inc. ("Secura") is a privately-held, Nevada-based, clinical-stage pharmaceutical company that plans to develop and commercialize oncology therapies across the United States. Secura provides FARYDAK (panobinostat) capsules, a multiple myeloma treatment that works at the DNA level and slows the progression of multiple myeloma.

THIRD-PARTY LOGISTICS

Secura's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider, Integrated Commercialization Solutions, LLC ("ICS"). Secura utilizes the following ICS facility for distribution of product:

Integrated Commercialization Solutions, LLC
420 International Blvd., Suite 500
Brooks, KY 40109

CONTRACT MANUFACTURERS

Secura uses the following contract manufacturer to produce product:

Novartis Farmaceutica S.A.
Ronda Santa Maria, 158
Barbera del Valles, Spain, 08210
FEI Number: 3002910506
FEIN Expiration Date: 12/31/2019

PRODUCTS

As a virtual manufacturer, Secura does not manufacture, distribute or store product at their Nevada facility. At no time do contract manufacturers own Secura's products, contract with Secura's customers, invoice or sell Secura products. Secura's products are not controlled substances. Accordingly, Secura is not required to maintain DEA registration.



OWNERSHIP

Secura Bio, Inc. ("Secura") is a privately-held, San Diego-based, clinical-stage pharmaceutical company that plans to develop and commercialize oncology therapies across the United States. Secura is a 100% wholly owned subsidiary of Secura Bio Holdings, Inc.

Secura provides FARYDAK (panobinostat) capsules, a multiple myeloma treatment that works at the DNA level and slows the progression of multiple myeloma.

COMPANY INFORMATION

Secura Bio, Inc.
 1995 Village Center Cir, Suite 128
 Las Vegas, NV 89134
 Phone: (858) 251-1414
 Tax ID: 36-4922937

CORPORATE OFFICERS

Joseph Limber, Chief Executive Officer

13 Vista de la Playa

La Jolla, CA 92037

SSN: 3

DOB: 3

Place of Birth: USA

DL: California,

Brett Lund, Chief Legal Officer

1 Walnut Street, f

Green Cove Springs, FL 32043

SSN:

DOB: f

Place of Birth: USA

DL: Montana,

Mark Spring, Chief Financial Officer

5 Pine Street

Coronado, CA 92118

SSN: 3

DOB: f 3

Place of Birth: USA

DL: California, E

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURA BIO, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2019.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7263908 8300

SR# 20191371291

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

Authentication: 202322248

Date: 02-25-19

Hector Tamburini

1 Glen Ave., Carlsbad, CA 92010

Phone: 7

3 - E-Mail:



Seasoned Pharmaceutical Operations, CMC and Regulatory Affairs professional, with expertise in domestic and international markets for clinical and commercial products in multiple dosage forms and presentations. Experienced in bio/pharmaceutical cGMP manufacturing and supply chain, with 30+ years in big pharma, biotech, diagnostics and consulting roles.

Experience

Secura Bio, Inc.

Apr 2019 – Present

Sr. Director, Manufacturing, Regulatory & Quality

Apr 2019 – Present

- Manage manufacturing and supply chain for Farydak capsules, relationships with partners and vendors.
- Responsible for Regulatory Affairs, communication with Regulatory Authorities, and for all submissions to FDA, EMA and other health agencies where products are marketed or clinically studied.
- Oversight of Quality activities, implementation of Quality systems and lot release, including managing contract providers.

Prometheus Laboratories Inc., a Nestlé Health Science company (San Diego, CA)

Oct 2014 – Apr 2019

Executive Director, Dx Manufacturing/QC

Aug 2017 – Apr 2019

- Manage manufacturing and quality control operations for reagents manufacturing to support an \$ 80 million CLIA laboratory operation.
- Reorganized group by skills assessment and promotion to seize professional skills and increase accountability.
- Implemented Lean/5 S with remarkable 15% improvement in first pass approval for batch/testing records.
- Revamped scheduling process with a combination of MRP system-MS Excel and trained scheduler to reduce inventory and improve just-in-time manufacturing, with optimization of shelf life and reduction of scraps.

Executive Director, Regulatory Affairs and CMC

Oct 2014 – July 2017

- Managed regulatory submissions for clinical and commercial pharmaceutical products, including a REMS program, generic drugs, BLA/NDA supplements, annual reports and relationships with FDA.
- Active role in due diligence and divestiture strategy as the subject matter expert in regulatory, manufacturing and supply chain areas.
- Managed a \$ 100 million portfolio contract manufacturing operations for with domestic and international CMOs, including manufacturing and packaging of clinical and marketed products. Serialization of drug products.

Spectrum Pharmaceuticals, Inc. (Irvine, CA)

Nov 2010 – Oct 2014

Executive Director, Pharmaceutical Technology & Manufacturing

Director, Pharmaceutical Technology & Manufacturing

- Managed supply chain and technical oversight of commercial products (e.g., Zevalin®, Fusilev®, Marqibo®, Folutyn®) with annual sales of \$ 170 million for domestic and international markets.
- Responsible for a team of five managing contract manufacturing operations in US, Canada, Belgium, France, Germany and Japan; technology transfers involving partnerships with Biogen, Bayer AG.
- Led task force to implement inventory management and clinical distribution systems.
- Authored CMC sections for NDA, BLA, IND and IMPD submissions as well as responses to audit questions and supplements.

Aseptria (Carlsbad, CA)

May 2007 – Oct 2010

Principal Consultant, CMC

- Serviced small pharmaceutical companies providing manufacturing and quality support.
- Participated in massive consulting operation at one of the largest generic pharmaceutical companies in US.
- Hosted a successful FDA inspection at contract manufacturing firm, which resulted in only minor observations and allowed the client firm to revamp its business.

Biogen [Idex] (San Diego, CA)

Oct 2000 – May 2007

Director, Pharmaceutical Production and Development

- Led a team of seven with responsibility of contract manufacturing management for commercial and clinical products for company's operations with annual sales over \$ 2 billion.
- Designed a scoring system to evaluate and compare contract manufacturers.
- Member of the team that launched Zevalin® for non-Hodgkin's Lymphoma (NHL) in 2001.
- Designed and implemented a hand-fill operation for aseptic products for preclinical use.

Roche (Buenos Aires, Argentina)

Mar 1987 – Sep 2000

*Manager, Effervescent Tablets Unit**Manager, Injectables and Oral Liquids Units**Microbiologist, Quality Control Laboratory*

- Managed high-efficiency production and packaging line to supply domestic and international markets for Redoxon®, Berocca® and Cal-C-Vita®.
- Executed the complete shut down of injectable production unit, managing inventory build-up, transfer of supply to other affiliates and personnel redistribution and attrition.
- Streamlined manufacturing and packaging processes for high-volume lyophilized products for export.
- Implementation of a Lean Manufacturing program, including computerized ERP systems (SAP), JIT (Just-In-Time) and work units.
- Built the In-Process Control laboratory, a precursor of Quality-By-Design (QBD) and PAT (Process Analytical Technology).

National Academy of Medicine (Buenos Aires, Argentina)

Mar 1985 – Feb 1987

Clinical Laboratory Analyst (Biochemist)

- Clinical analyses including hematology, blood and urine chemistry, parasitology. Phlebotomy.

Education**Biochemist (6-years degree)**

1980-1985

Specialty Clinical Analyses

University of Buenos Aires, Faculty of Pharmacy and Biochemistry

Languages

English, fluent oral and written

Spanish, native, fluent oral and written

Computers

Microsoft Office (Word, Excel, PowerPoint)

Microsoft Project

Visual Basic, macros for Excel programming

ERP Systems (i.e., BPCS, SAP, MS Great Plains)

Professional Affiliations

PDA, Parenteral Drug Association, Member since 2002

APICS, The Association for Operations Management, Member since 2010

References available upon request

MARITAL INFORMATION-Continued

A. Current Marriage.....

Spouse's full name (Maiden)..... Date..... City, County and State.....
 S.S. No.....

Date of Birth..... Place of Birth.....

Resident address.....
 Street..... City..... State..... Zip.....

Telephone: Residence..... Business.....

Spouse's employer..... Occupation.....

Address of employer.....
 Street..... City..... State..... Zip.....

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address

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..... DL *pt*

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.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Mother			
Father-in-Law			
Mother-in-Law			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Parkman Middle School	Woodland Hills, CA	1976-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Taft High School	Woodland Hills, CA	1979-1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	University of Southern California School of Pharmacy			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any PharmD

College or university where obtained

Applicant's initial DL *DL*

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.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- 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.

Name	Relationship	Charge	Location	Date

Applicant's initial.....DL *DL*.....
Page 4

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

March 2019-Present	Secura Bio 1995 Village center circle, Las Vegas, NV 89134	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sr. Director, Medical Affairs	Medical education, investigator-initiated trials	Bill Davis

Jan 1993 - March 2019	Amgen 1 Amgen Center Drive, Thousand Oaks, CA 91320	New Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Director	Multiple responsibilities from clinical trials to reimbursement access & Value	

July 1991 - Dec 1992	Bristol Meyers Squibb, Plainsboro, NJ	New Opportunity
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Manager	Clinical trials	

July 1989 - July 1991	UCLA Medical center, Los Angeles, CA	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Pharmacist	Clinical Pharmacist	

July 1988 - July 1989	VA Long Beach Medical Center	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Pharmacist	Clinical Pharmacist	

Sep 1985 - Jun 1988	Cedars-Sinai Medical Center	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Intern Pharmacist	Clinical Pharmacist	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial DL 

Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
Liquor Lawyer Race horse/race dog owner Securities dealer Insurance
Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming
Accountant Pilot Sports promoter Trainer or manager Educator
Yes X No
If yes, state type, where and years held

RPh in California, Nevada, New Jersey, 1988 to present

12. 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 X
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.

Applicant's initial DL *Df*
Page 7

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

14. 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:

15. 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

16. 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

17. 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

18. 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 manufacturer) Yes No

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



Date of photograph 5/30/2019

Applicant's initial DL DJ

STATE OF IL

SS.

COUNTY OF Cook

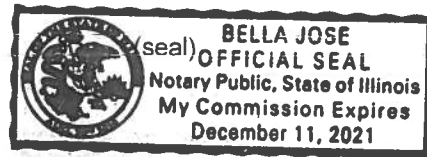
I, Debra L Litwak, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer 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 or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer 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 their 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 their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Debra L Litwak
Original Signature of Applicant

Subscribed and Sworn to before me this 30 day of May, 2019

Notary Public



Applicant's initial DL DL