431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or Dwnership Change (Provide Check box below for type of ownership and complete a	e current license number if making changes: PH	
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Sole Owner - Pages 1,2,5,1	
Trong ability fraction corporation ragio 1,2,4,1		
GENERAL INFORMATION to be completed by a	all types of ownership	
Pharmacy Name: American Jervice	and froduct, Inc.	
Physical Address: 16612 107th Cov	ort-	
Mailing Address: Lug 2 107th C	Court	
City: Drand Park State:		
Telephone: 708-671-1200 Fax:	708-448-8598	
Toll Free Number: <u>877-285-2727</u> (F	Required per NAC 639.708)	
E-mail: Jennifer a we care asap. (W		
Managing Pharmacist: Jennifer Offe		(12)
TYPE OF PHARMACY AND	SERVICES PROVIDED	
Yes/No	Yes/No	
☑ □ Retail	☐ ☐ Off-site Cognitive Services	
□ 🖫 Hospital (# beds)	□ ☑ Parenteral **	
□ 🗹 Internet	☐ ☐ Parenteral (outpatient)	
□ ☑ Nuclear	☐ ☐ Outpatient/Discharge	
☐ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service	
☐ ☑ Community	☐ ☐ Long Term Care	
□	☐ Sterile Compounding **	
	□ ✓ Non Sterile Compounding	
All boxes must be checked	☐ Mail Service Sterile Compounding **	
For the application to be complete	☐ ☑ Other Services:	
	•	

**If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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□New Pharmacy or Ownership Change (Provide current license number if making changes: PH 03856					
Check box below for type of ownership and complete all required forms.					
Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7				
GENERAL INFORMATION to be completed by all	types of ownership				
Pharmacy Name: A VEVA & CARE Ph	armacy				
Pharmacy Name: A Vera e Care Ph Physical Address: 4103 N. Loop 1604	+W, Suite 202				
Mailing Address: (Same)	· · · · · · · · · · · · · · · · · · ·				
city: <u>San Antonio</u> State: <u>7</u>	Zip Code: <u>78249</u>				
Telephone: 210-610-0413 Fax: 210	0-549-4061				
Toll Free Number: 855 - 283 - 7279 (Req	uired per NAC 639.708)				
E-mail: <u>Jeremy, Mueller @ Avera, org</u> Website: <u>NWW, averaecare, org</u>					
Managing Pharmacist: <u>Jeverny Muellev</u> License Number: <u>19546</u>					
Managing Pharmacist: <u>Jeremy Mueller</u>	License Number: 19546				
Managing Pharmacist: <u>Jeverny Muellev</u> TYPE OF PHARMACY AND	License Number: 19546 V SERVICES PROVIDED				
Managing Pharmacist: <u>Jeremy Mueller</u>	License Number: 19546 V				
Managing Pharmacist: <u>Jeverny Muellev</u> TYPE OF PHARMACY AND	License Number: 19546 V SERVICES PROVIDED Yes/No				
Managing Pharmacist: <u>Jevelny Muellev</u> TYPE OF PHARMACY AND Yes/No	License Number: 19546 SERVICES PROVIDED				
Managing Pharmacist: <u>Jeverny Muellev</u> TYPE OF PHARMACY AND Yes/No □ ☑ Retail	License Number: 19546 ✓ SERVICES PROVIDED Yes/No ☐ Off-site Cognitive Services ☐ ☐ Parenteral **				
Managing Pharmacist:	License Number: 19546 ✓ SERVICES PROVIDED Yes/No ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient)				
Managing Pharmacist: Veremy Mueller	License Number: 19546 ✓ SERVICES PROVIDED Yes/No ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient)				
Managing Pharmacist:	License Number: 19546 ✓ SERVICES PROVIDED Yes/No ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge				
Managing Pharmacist:	License Number:				
Managing Pharmacist:	License Number:				
Managing Pharmacist:	SERVICES PROVIDED Yes/No ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding				
Managing Pharmacist:	SERVICES PROVIDED Yes/No ☐ Off-site Cognitive Services ☐ ☐ Parenteral ** ☐ ☐ Parenteral (outpatient) ☐ ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ** ☐ ☐ Non Sterile Compounding				

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C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

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Thou Pharman or Tournarchin Change (Purity	
☐New Pharmacy or ☐Ownership Change (Provide cul Check box below for type of ownership and complete all r	
☐ Publicly Traded Corporation – Pages 1,2,3,7	
Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: Cgremart Pha	armaly LLC
Physical Address: 9502 Van W	you Express Way
Mailing Address: 9502 Van Wycki	Express way
City: South Richmond Hill State:	<u>Ny</u> Zip Code: 11719
	18-683-5557
Toll Free Number: <u>\$33-208-5556</u> (Req	quired per NAC 639.708)
E-mail: Caremartpharma@gmail.com Webs	site:
Managing Pharmacist: Skg 259 Bkgth	License Number: 049504
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☐ Retail	☐ ☐ Off-site Cognitive Services
□	☐ ☐ Parenteral **
□ ☑ Internet	□
□ ☑ Nuclear	□
☐ ☑ Ambulatory Surgery Center	☐ ☐ Mail Service
□ ☑ Community	□
□ 🗹 Other:	☐ ☐ Sterile Compounding **
□ Ø Other:	□ ☐ Sterile Compounding ** □ ☐ Non Sterile Compounding
☐ ☑ Other:All boxes must be checked	
	□ ☑ Non Sterile Compounding

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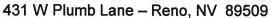
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☐New Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH/03698					
Check box below for type of ownership and complete all required forms. ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7					
☐ Non Publicly Tra	ded Corporation – Pages	1,2,4,7		Sole Owner – Pages 1,2,6,7	
GENERAL INFOR	RMATION to be compl	eted by	all type	s of ownership	
Pharmacy Name:	Crestview Pharmacy Ser	vices LL	С		
Physical Address:	3225 South Hardy Drive	Suite 10	0		
Mailing Address:	3225 South Hardy Drive	Suite 10	0		
City: Tempe		State:	AZ	Zip Code:85282	
Telephone: 480-4	185-1366	Fax: _4	480-718-7	573	
Toll Free Number:	877-842-6535	(Required	d per NAC 639.708)	
E-mail: management	@crestviewpharmacyservice	s.com V \	Vebsite:	www.crestviewpharmacyservices.com (in progress)	
Managing Pharma	Managing Pharmacist: Kathleen Craig License Number: S012633				
TYPI	E OF PHARMACY	AND	SE	RVICES PROVIDED	
Yes/N	No		Yes	s/No	
	⊠ Retail			☑ Off-site Cognitive Services	
	ጃ Hospital (# beds))		Parenteral **	
	Internet *See Enclosed S	Statement	:* 🗆	☑ Parenteral (outpatient)	
	ጃ Nuclear			☑ Outpatient/Discharge	
	Ambulatory Surgery Co	enter		☑ Mail Service	
	☑ Community			☑ Long Term Care	
X C	Other: Central Processing	ng		☑ Sterile Compounding **	
				Non Sterile Compounding	
All bo	xes must be checked			Mail Service Sterile Compounding **	
For th	ne application to be comp	lete	X	Other Services: Central Processing	

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The state of the s			
☑New Pharmacy or ☐Ownership Change Check box below for type of ownership and co	(Provide current license number if making changes: PH		
☐ Publicly Traded Corporation – Pages 1,2,3,	mpiete all required forms. 7		
☐ Publicly Traded Corporation – Pages 1,2,3, Non Publicly Traded Corporation – Pages 1	,2,4,7 ☐ Sole Owner – Pages 1,2,6,7		
GENERAL INFORMATION to be complete	ed by all types of ownership		
Pharmacy Name: CTCA/Rx			
Physical Address: 610 Celebrate Life Par	kway, Newnan GA 30265		
Mailing Address: 1620 W. Northwest High	ghway, Suite 100		
City: Grapevine	State:TX Zip Code:76051		
Telephone: 678-552-2013 F	ax:678-552-2014		
Toll Free Number: 1-833-570-4736	(Required per NAC 639.708)		
E-mail:_licensure@receptrx.com			
Managing Pharmacist: Valeura Domercant License Number: RPH 02643			
Managing Pharmacist: Valeura Dow			
	Neviant License Number: RPH 02643		
TYPE OF PHARMACY A	ND SERVICES PROVIDED		
TYPE OF PHARMACY AI Yes/No	NEVICANT License Number: RPH 02643 ND SERVICES PROVIDED Yes/No		
TYPE OF PHARMACY AI Yes/No ☑ □ Retail	License Number: RPH 02643 ND SERVICES PROVIDED Yes/No Off-site Cognitive Services		
TYPE OF PHARMACY All Yes/No ☑ □ Retail □ ☑ Hospital (# beds)	License Number: RPH 02643 ND SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral **		
TYPE OF PHARMACY Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☑ Internet	License Number: RPH 02643 ND SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge		
TYPE OF PHARMACY Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☑ Internet ☐ ☑ Nuclear	License Number: RPH 02643 ND SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge		
TYPE OF PHARMACY Yes/No ☐ Retail ☐ ☐ Hospital (# beds) ☐ ☑ Internet ☐ ☑ Nuclear ☐ ☑ Ambulatory Surgery Cer	License Number: RPH 021643 ND SERVICES PROVIDED Yes/No Configuration of the Continue Services Configuration of the Continue Service Services Configuration of the Continue Service Servic		
TYPE OF PHARMACY Yes/No ☐ Retail ☐ M Hospital (# beds) ☐ M Internet ☐ M Nuclear ☐ M Ambulatory Surgery Cer	License Number: RPH 02643 ND SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care		
TYPE OF PHARMACY Yes/No ☐ Retail ☐ M Hospital (# beds) ☐ M Internet ☐ M Nuclear ☐ M Ambulatory Surgery Cer	License Number: RPH 02643 ND SERVICES PROVIDED Yes/No Discrete Cognitive Services Discrete Parenteral ** Discrete Parenteral (outpatient) Discharge Discrete Discharge Discrete Disc		
TYPE OF PHARMACY Yes/No ☐ Retail ☐ Hospital (# beds) ☐ K Internet ☐ Nuclear ☐ M Ambulatory Surgery Cer ☐ Community ☐ Other:	License Number: RPH 02643 ND SERVICES PROVIDED Yes/No		

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	MATION to be comple			
Pharmacy Name:	ProCare Pharmacy, L.I	.C. dba CV	S/ph	armacy #10762
Physical Address:	9555 Kings Charter D	r., Suite	D, As	shland, VA 23005
Mailing Address:	1 CVS Drive, MC 1160			
City: Woonsocket		State: RI		Zip Code: 02895
Telephone: 804-5	50-2028 F	ax: 804-55	50-20	078
	844-650-1637			
E-mail: statereply	@cvscaremark.com	Webs	ite: ៉្	www.cvs.com/content/multidose
Managing Pharma	Managing Pharmacist: Regina Richardson License Number: 0202210708			
	(Maiden Name: Bre	esson)	SEF	RVICES PROVIDED
Yes/N			Yes	
	□ Retail			■ Off-site Cognitive Services
	Hospital (# beds)			■ Parenteral **
	■ Internet			■ Parenteral (outpatient)
	■ Nuclear			■ Outpatient/Discharge
	Ambulatory Surgery Ce	enter		☐ Mail Service
	☐ Community			■ Long Term Care
	Other:			■ Sterile Compounding **
				■ Non Sterile Compounding
All bo	xes must be checked			■ Mail Service Sterile Compounding **
For th	ne application to be compl	lete		☐ Other Services:

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∠New Pharmacy or □Ownership Change (Provide current license Check box below for type of ownership and complete all required for the complete all requir	e number if making changes: PH			
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partner ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole (ership - Pages 1,2,5,7			
✓ Non Publicly Traded Corporation – Pages 1,2,4,7 ✓ Sole 0	Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be completed by all types of o	<u>ownership</u>			
Pharmacy Name: Dolphin Itealth Phar				
Physical Address: 7400 MACARTHUR BLUI	D STE.A			
Mailing Address:				
City: OAKLAND State: CA	Zip Code:			
Telephone: 510 900 - 3131 Fax: 510 - 63				
Toll Free Number: 1844 436 - 5744 (Required per	NAC 639.708)			
E-mail: nitalparxsend.com Website: dolphinhealth.com				
Managing Pharmacist: Nhu Quynh Ngoc Pham License Number: 71138				
Managing Pharmacist: _ Nhu Quynh Ngoc Pham	License Number: 71138			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham	License Number: 71138			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham	License Number: 71138			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ng TYPE OF PHARMACY AND SERVIC Yes/No Yes/No	License Number: 71138			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ngo	License Number: 31138 CES PROVIDED			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ngo	License Number: 71138 CES PROVIDED Off-site Cognitive Services			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ng TYPE OF PHARMACY AND SERVIC Yes/No P	License Number: 7138 CES PROVIDED Off-site Cognitive Services Parenteral **			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ngo	License Number: 7138 CES PROVIDED Off-site Cognitive Services Parenteral ** Parenteral (outpatient)			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ngo	License Number: 7138 CES PROVIDED Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ng TYPE OF PHARMACY AND SERVIC Yes/No Pes/No Retail Pes/No Hospital (# beds) Pes/No Internet Pes/No Inter	CES PROVIDED Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ngo	CES PROVIDED Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care			
Managing Pharmacist: _ Nhu Quynh Ngoc Pham Ngo	License Number: 7138 CES PROVIDED Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding **			

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^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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NEVADA STATE BOARD OF PHARMACY

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Check box below fo ☐ Publicly Traded	or type of ownership and (Corporation – Pages 1,2,	comple 3,7	ete all requir	icense number if making changes: PH red forms. Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
GENERAL INFO	RMATION to be compl	leted b	y all type	s of ownership
Pharmacy Name:	Gaston Pharmacy #:	1		
Physical Address:	2600 N Stemmons F	wy #1	76	
Mailing Address:	same as above			
City: Dallas		State	: Texas	Zip Code:75207
	466-1242			
	866-513-6157			
E-mail:_info@gas	tonrx.com		Website:	
	acist: Marvin Arnold			License Number: 23152
		AND		RVICES PROVIDED
Yes/l	No		Yes	s/No
	🖾 Retail			☑ Off-site Cognitive Services
	🛚 Hospital (# beds)		☑ Parenteral **
	☑ Internet			☑ Parenteral (outpatient)
	⊠ Nuclear			☑ Outpatient/Discharge
	☑ Ambulatory Surgery C	enter	X	☐ Mail Service
	☐ Community			Long Term Care
, 🗆 1	□ Other:		. 🗆 ,	☐ Sterile Compounding **
				Mon Sterile Compounding
	oxes must be checked			Mail Service Sterile Compounding **
For the	he application to be comp	olete		□ Other Services:

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Check box below for type of ownership and complete all r ☐,Publicly Traded Corporation – Pages 1,2,3,7	☐ Partnership - Pages 1.2.5.7			
☑ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be completed by all t	types of ownership			
Pharmacy Name: Hudgins Pharmacy, Inc.	····			
Physical Address: 256 Main Street, Po tox 98				
Mailing Address: 256 Main Street, Po lox 98				
City: State:	VA Zip Code:23109			
Telephone: 804-725-2222 Fax: 804	l-725-2783			
Toll Free Number: <u>866-643-3292</u> (Req	uired per NAC 639.708)			
E-mail: LICENSING@HUDGINSPHARMACY.COM Webs	site: N/A			
Managing Pharmacist: Chiquita Loving License Number: 0202211347				
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
□ 12 Retail	□ 🔽 Off-site Cognitive Services			
□ ☑ Hospital (# beds)	□ ☑ Parenteral **			
□ ☑ Internet	□ 🗘 Parenteral (outpatient)			
□ □ V Nuclear	□ 🗘 Outpatient/Discharge			
☐ ☑ Ambulatory Surgery Center	☑			
☑ □ Community	□ ☑ Long Term Care			
□ ☑ Other:	□ ☑ Sterile Compounding **			
	□ ☑ Non Sterile Compounding			
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **			
For the application to be complete	□ 🗘 Other Services:			

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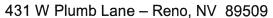
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☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7				
GENERAL INFORMATION to be completed by all	types of ownership			
Pharmacy Name: METRO DRUSS PHARMAG				
Physical Address: 79 Hussen Street 5.	THE 302.			
Mailing Address: 79 Hosen Staurt S.	1172-302-			
City: Hoboken State:	N. J. Zip Code: <u>67030</u> .			
Telephone: 201-253-1/00 Fax: 20	51-253-1101			
Toll Free Number: 888-258-010 (Red	quired per NAC 639.708)			
E-mail: MARKS@ Me trodrys. com. Web				
Managing Pharmacist: MARK Scourti	License Number: 288103542600			
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
🖾 🗆 Retail	□ ☑ Off-site Cognitive Services			
□ 🛚 Mospital (# beds)	□ 🗷 Parenteral **			
□ 🖾 Internet	□ 🗷 Parenteral (outpatient)			
□ 🕨 Nuclear	□			
☐	🛚 🗆 Mail Service			
☑ □ Community	□ 🖪 Long Term Care			
☑ Other: Specially - For truly	☐			
	□ 🛮 Non Sterile Compounding			
All boxes must be checked	☐			
For the application to be complete	□			

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GENERAL INF	ORMATION to be compl	eted by	all types	s of ownership
	ne: Midtown Express Pha			
Physical Addre	ss: 300 20th Avenue N.	#105		
	s: same as above			
City: Nashville		State:	TN	Zip Code: _37203
Telephone: 6	15-320-8410			
	per: 844-320-8410			
	nidtownexpresspharmacy.			midtownexpresspharmacy.com
Managing Pha	rmacist: Henry J. Dunkla	au IV	•	License Number: 29209-TN
		AND	SEI	RVICES PROVIDED
	es/No		Yes	
	☐ 图 Retail			☑ Off-site Cognitive Services
	☐ Hospital (# beds	_)		☑ Parenteral **
	☐ Internet			Parenteral (outpatient)
] 凶 Nuclear			☑ Outpatient/Discharge
	☐ Ambulatory Surgery C	Center	X	☐ Mail Service
×	☐ Community			☑ Long Term Care
	☐ Other:			Sterile Compounding **
*				☑ Non Sterile Compounding
А	Il boxes must be checked			Mail Service Sterile Compounding **
F	or the application to be com	plete		☐ Other Services:

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Check box below fo	r type of ownership and comp	olete all requi	
	Corporation – Pages 1,2,3,7 ded Corporation – Pages 1,2,		Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
	RMATION to be completed		
Pharmacy Name:	Pharmacy Consultants, LL	C dba Omn	icare Clinical Intervention Center
Physical Address:	348-A East Blackstock Ro	ad	
			60, Woonsocket, RI 02895
City: Spartanburg	Sta	te: SC	Zip Code: 29301
Telephone: 888-3	46-4158 Fax	866-343-9	•
Toll Free Number:		(Require	d per NAC 639.708)
	©cvscaremark.com	Website:	
Managing Pharma	cist: Janine Cleveland		License Number: 19683 V
TYPI	E OF PHARMACY AND	SE	RVICES PROVIDED
Yes/N	No	Ye	s/No
	Retail		Off-site Cognitive Services
	Hospital (# beds)		Ş Parenteral **
			Parenteral (outpatient)
	▼ Nuclear	·	☐ Outpatient/Discharge
	Ambulatory Surgery Cente	r 🗆	Mail Service
	☑ Community		☑ Long Term Care
) (2)	Other: Call Conter	□	Sterile Compounding **
			Non Sterile Compounding
All bo	exes must be checked		Mail Service Sterile Compounding **
For th	ne application to be complete	X	Other Services: Chinical Pharmacy Services
**18 1 1 66			Non-Dispensing

**If you check "yes" on any of these types of services, you will be required to make an ${\cal O}$

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431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY 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

□New Pharmacy or □Ownership Change (Pr	ovide current license number if making changes: PH_03680
Check box below for type of ownership and comp Publicly Traded Corporation – Pages 1 2 3 7	llete all required forms. ☑ Partnership - Pages 1 2 5 7
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4	4,7 ☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed	by all types of ownership
Pharmacy Name: Rainwood Rx LLC	
Physical Address: 20513 Nicholas Circle Ste 3	Elkhorn NE 68022
Mailing Address: 20513 Nicholas Circle Ste 3	
City: Elkhorn Stat	te:NEZip Code:68022
Telephone: <u>402-281-1919</u> Fax:	402-718-9421
Toll Free Number: <u>855-809-9717</u>	(Required per NAC 639.708)
E-mail: pharmacist@rainwoodrx.com	Website: www.rainwoodrx.com (In Progress)
Managing Pharmacist:	License Number:13586
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🔀 🛘 Retail	□ ☒ Off-site Cognitive Services
☐ ☐ Hospital (# beds)	□ ⊠ Parenteral **
□	□ 💆 Parenteral (outpatient)
□ 🔀 Nuclear	□ ☑ Outpatient/Discharge
☐	
□ 🙀 Community	□ 💆 Long Term Care
□ 🔀 Other:	- '
	□ IX Non Sterile Compounding
All boxes must be checked	☐
For the application to be complete	□ 🔯 Other Services:
**16	

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



20513 Nicholas Circle, Suite 3 Elkhorn, NE 68022

To whom it may concern,

We did not check "INTERNET" on "Type of Pharmacy" in regard to the internet question due to we do not consider the pharmacy to be conducting business on the Internet. While we are creating a pharmacy-specific website so that consumers can easily find a contact number or information about the pharmacy, we do not use the internet to obtain information from consumers to fill or refill prescriptions. We do utilize the internet to perform lead generation activities and communicate to consumers the availability of pharmacy services through a network of pharmacies to which we belong (specific pharmacies are not referenced in these communications), but we do not understand this to be "conducting business" on the internet.

Thank you,
Rainwood Rx LLC



431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐New Pharmacy or ☐Ownership Change (Provide cun Check box below for type of ownership and complete all re	rent license number if making changes: PH_03797_ equired forms.
Publicly Traded Corporation – Pages 1,2,3,7	☐ Partnership - Pages 1,2,5,7
Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
OFNEDAL INFORMATION ()	
GENERAL INFORMATION to be completed by all t	ypes of ownership
Pharmacy Name: PARX LLC	
Physical Address: 1911 Church Street	t Ste 202
Mailing Address: Some	
City: Nashville State: Th	Zip Code: 37203
Telephone: <u>844 319 2259</u> Fax: <u>844</u>	319 2260
Toll Free Number: <u>844 319 2259</u> (Requ	uired per NAC 639.708)
E-mail: buescotte cx partnersman was Webs	ite: www. rarzpharmacy. com
Managing Pharmacist: Santley Wescott	License Number: 13021
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
∠□ Retail	☐ ∠ Off-site Cognitive Services
☐ ☐ Hospital (# beds)	☐ ∠ Parenteral **
□ ⊿ Internet	☐ ☑ Parenteral (outpatient)
☐ ✓ Nuclear	☐ ☐ Outpatient/Discharge
☐	☐ Mail Service
☐ Community	□ ⊿ Long Term Care
□	☐ ☑ Sterile Compounding **
	□ ☑ Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	☐ Ø Other Services:
. S. die application to be complete	

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

431 W Plumb Lane - Reno, NV 89509



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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New Pilalillacy Of I IOWNErship Chang e (Provide ci	
Check box below for type of ownership and complete all	urrent license number if making changes: PH
☐ Publicly Traded Corporation – Pages 1,2,3,7	□ Partnership - Pages 1,2,5,7
⋈ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: RAINA RX LLC dba	ROUTE 300 PHARMACY
Physical Address: 1208 Route 300,	Suite lo3, Newbursh, NY 12550
Mailing Address: 1208 Route 300, 5	uite 103
City: Newburgh State:	Nタ Zip Code: 12550
Telephone: <u> </u>	45-275-0846
Toll Free Number: 800 810 - 927 (Re	
E-mail: apatel@route 300 pharmacy Web	osite: www. route 300 phormacy. com
Managing Pharmacist: Amar Patel	
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
	Yes/No
Yes/No	Yes/No
Yes/No Ø □ Retail	Yes/No □ ☑ Off-site Cognitive Services
Yes/No ጃ □ Retail □ ⊠ Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral **
Yes/No Ճ □ Retail □ ⊠ Hospital (# beds) □ Ճ Internet	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient)
Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge
Yes/No ☑ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center	Yes/No □ ♥ Off-site Cognitive Services □ № Parenteral ** □ № Parenteral (outpatient) □ № Outpatient/Discharge ☑ Mail Service
Yes/No X	Yes/No ☐ ৄ Off-site Cognitive Services ☐ ৄ Parenteral ** ☐ ☒ Parenteral (outpatient) ☐ ☒ Outpatient/Discharge ☒ ☐ Mail Service ☐ ☒ Long Term Care
Yes/No X	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☑ Mail Service ☐ ☑ Long Term Care ☐ ☑ Sterile Compounding **
Yes/No X	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☑ Mail Service ☐ ☑ Long Term Care ☐ ☑ Sterile Compounding ** ☐ ☑ Non Sterile Compounding

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Application must be printed legibly or typed

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Check box bel	low for	type of ownership and	complete	e all requir	ense number if making change	s: PH
☐ Publicly Tra ☑ Non Publicl	aded C ly Trad	orporation – Pages 1,2, ed Corporation – Pages	3,7 3,2,4,7		ntnership - Pages 1,2,5,7 lle Owner – Pages 1,2,6,7	
		MATION to be compl				
		SRX Pharmacy				-
Physical Add	ress:	3500 East Fletcher Ave	e Suite 12	20 Tampa,	L 33613	
Mailing Addre	ess: _	3500 East Fletcher Ave	Suite 12	20		
City: Tampa	1		State:	_FL	Zip Code:33	613
Telephone: _	813-6	32-9032	Fax: _	813-632-9	35	
Toll Free Nun	nber:	833-336-3990	((Required	per NAC 639.708)	
E-mail: jac	k.diam	ond@srxsolutions.com	V	Vebsite:	n/a	
Managing Ph	armac	ist:Jack Diamond			_ License Number: PS	324807
	TYPE	OF PHARMACY	AND	SE	/ICES PROVIDED	
	Yes/No	0		Yes	lo	
		l Retail			Off-site Cognitive Service	es
		Hospital (# beds)		Parenteral **	
		Internet			Parenteral (outpatient)	
İ		Nuclear			Outpatient/Discharge	
_		Ambulatory Surgery C	enter	X	Mail Service	
_		Community			l Long Term Care	
1		Other:			Sterile Compounding **	_
					Non Sterile Compounding	9
	All box	es must be checked			Mail Service Sterile Comp	oounding **
	For the	application to be comp	lete		Other Services:	

**If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

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☑New Pharmacy or Check box below for	r □Ownership Chang e (Protection of the compact o	ovide current	license number if making changes: PH
☐ Publicly Traded C	orporation – Pages 1,2,3,7	lete all requi	red forms. Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7
☑ Non Publicly Trad	ed Corporation – Pages 1,2,4	4,7	Sole Owner – Pages 1,2,6,7
GENERAL INFOR	MATION to be completed	by all type	es of ownership
Pharmacy Name:	Tarrytown Expocare, LLC		
Physical Address:	8500 Shoal Creek Boulevard	l, Building 3,	STE 200
Mailing Address: _	8500 Shoal Creek Boulevard,	Building 3, S	STE 200
City: Austin	Stat	te: <u>Texas</u>	Zip Code: _78757
Telephone: 512-61	17-7312 Fax:	512-617-7	313
Toll Free Number:	855-887-9397	(Require	d per NAC 639.708)
E-mail: licensing@ta	arrytownexpocare.com	Website:	www.tarrytownexpocare.com
Managing Pharmac	sist: Zach Corbell		License Number: 42510
TYPE	OF PHARMACY AND	SE	RVICES PROVIDED
Yes/N	0	Yes	s/No
X C	l Retail		☑ Off-site Cognitive Services
	Hospital (# beds)		☑ Parenteral **
	Internet		☑ Parenteral (outpatient)
	Nuclear		☑ Outpatient/Discharge
	Ambulatory Surgery Center		☑ Mail Service
	Community	X	☐ Long Term Care
	Other:	_ 🗆	☑ Sterile Compounding **
All box	es must be checked		☑ Mail Service Sterile Compounding **
For the	e application to be complete		☑ Other Services:

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

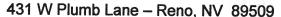
\$500.00 Fee made payable to: Nevada State Board of Pharmacy

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

Application must be printed legibly or typed

1		
	☐New Pharmacy or ☐Ownership Change (Pro Check box below for type of ownership and comple	vide current license number if making changes: PH <u>03</u> 854
	☐ Publicly Traded Corporation – Pages 1,2,3,7	☐ Partnership - Pages 1.2.5.7
_	☐ Non Publicly Traded Corporation – Pages 1,2,4	,7 ☐ Sole Owner – Pages 1,2,6,7
	GENERAL INFORMATION to be completed	by all types of ownership
	Pharmacy Name: Uptown Drugs	Pharmacy
	Physical Address: 14737 Champo	ing RD
	Mailing Address: SAME AS P	HOSICAL
	City: ANEN Park State	e: <u>MT</u> Zip Code: <u>48101</u>
	Telephone: 313-373-8300 Fax:	
	Toll Free Number: 866-250-2241	_ (Required per NAC 639.708)
)harm	acy2 Cuptown Drugs Pharmacy, U	Website: N/a
	Managing Pharmacist: STEPHANIE	
	TYPE OF PHARMACY AND	SERVICES PROVIDED
	Yes/No	
:	No □ Retail	Yes/No
a .		☐ ☐ Off-site Cognitive Services
	□ ဩ Hospital (# beds)	□ ☑ Parenteral **
	□ ဩ Internet	□ □ Parenteral (outpatient)
	□ Nuclear	Outpatient/Discharge
	☐ ဩ Ambulatory Surgery Center	Mail Service
	☐ Community	Long Term Care
	□ N Other:	_ □ 🗓 Sterile Compounding **
		□ 💆 Non Sterile Compounding
	All boxes must be checked	□ 💆 Mail Service Sterile Compounding **
	For the application to be complete	□ Other Services:
		-
	** 6	

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,





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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Charle have below for t	☐Ownership Change	e (Provide	e current	license number if making changes: PH	
Check box below for t	ype of ownership and o	complete	all requi	red forms.	
Non Publicly Trade	nporation – Fayes 1,2,, ed Corporation – Pages	3, <i>1</i> : 1.2.4.7		Partnership - Pages 1,2,5,7 Sole Owner – Pages 1,2,6,7	
7				000 0 mio. 1 agos 1,2,0,1	
GENERAL INFORM	IATION to be comple	eted by	all type	es of ownership	
Pharmacy Name: _	Valencia Pharmac	y, Inc.	·		
Physical Address: _	7330 Southwest Free	eway Suit	e A2 Ho	uston TX 77074	
Mailing Address:	7330 Southwest Fre	eway Sui	te A2		
City: Hous	ston	State:	TX	Zip Code:77074	
Telephone: 713	-995-1900	Fax:	713-995	i-1901	
Toll Free Number: _	1-866-287-1186	(F	Require	d per NAC 639.708)	
E-mail: ValenciaTX	(RX@gmail.com	W	ebsite:	https://www.valenciapharma.com/	
Managing Pharmacis	st: Alix Vincent			License Number: 59990	
TYPE	OF PHARMACY	AND	SE	RVICES PROVIDED	
TYPE (AND	10 10 a d man to all the man and an area.		
		AND	Ye	RVICES PROVIDED s/No	
Yes/No √ ⁄⁄⁄ □			Ye	RVICES PROVIDED	
Yes/No √2/ □ □ √2/	Retail		Ye:	s/No Off-site Cognitive Services	
Yes/No Ø □ □ Ø □ Ø	Retail Hospital (# beds)		Ye.	s/No Off-site Cognitive Services Parenteral **	
Yes/No VZ □ VZ VZ VZ VZ VZ VZ VZ	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Co)	Ye:	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient)	
Yes/No \$\tilde{\pi} = \frac{\pi}{2} = \frac{\pi}{2} = \frac{\pi}{2} = \frac{\pi}{2}	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Co) enter	Ye:	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge	
Yes/No \$\tilde{\pi} = \frac{\pi}{2} = \frac{\pi}{2} = \frac{\pi}{2} = \frac{\pi}{2}	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Co) enter	Ye:	S/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding **	
Yes/No \$\times C C C C C C C C C C	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Community Other:) enter	Ye:	s/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care	
Yes/No Vi Vi Vi Vi Vi Vi Vi Vi	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Community Other:	enter	Ye:	S/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding **	
Yes/No Vi Vi Vi Vi Vi Vi Vi Vi	Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Community Other:	enter	Ye:	S/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** Non Sterile Compounding	пасу

**If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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☐New Pharmacy or ☐Ownership Change (Provide cu Check box below for type of ownership and complete all	required forms
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☑ Partnership - Pages 1,2,5,7
Non Publicity Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: Walnut Creek Rx LLC	
Physical Address: 11020 Q Street Omaha, NE 68137	, <u>z n</u>
Mailing Address: 11020 Q Street	
City: Omaha State: NI	Zip Code: 68137
Telephone: _402-281-1958	-403-4149
Toll Free Number: <u>877-647-4455</u> (Red	juired per NAC 639.708)
E-mail: pharmacist@walnutcreekrx.com Web	site: www.walnutcreekrx com (In Progress)
Managing Pharmacist: Kristi Hurley	License Number: 12388
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🛛 🛘 Retail	□
□ 💆 Hospital (# beds)	☐ X Parenteral **
☐ ☑ Internet See Statement ★ See	□ 💆 Parenteral (outpatient)
□ ☑ Nuclear — Statement	□ Ճ Outpatient/Discharge
□ X Ambulatory Surgery Center	☑
□	□ 🔀 Long Term Care
□ 🔀 Other:	☐ ☆ Sterile Compounding **
	□ □ X Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	□ □ Other Services:

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



11020 Q Street Omaha, NE 68137

To whom it may concern,

We did not check "Internet" in regard to the internet question due to we do not consider the pharmacy to be conducting business on the Internet. While we are creating a pharmacy-specific website so that consumers can easily find a contact number or information about the pharmacy, we do not use the internet to obtain information from consumers to fill or refill prescriptions. We do utilize the internet to perform lead generation activities and communicate to consumers the availability of pharmacy services through a network of pharmacies to which we belong (specific pharmacies are not referenced in these communications), but we do not understand this to be "conducting business" on the internet.

Thank you,

Walnut Creek Rx LLC

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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Mew Pharmacy or Mownership Change (Provide au	mant linear and a state of the
☐New Pharmacy or ☐Ownership Chang e (Provide cull Check box below for type of ownership and complete all I	required forms
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7	Sole Owner – Pages 1,2,6,7 ✓ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all	types of ownership
Pharmacy Name: <u>Lakeview Pharmacy</u>	of Racine Inc
Physical Address: <u>516 Monument Squ</u>	are
Mailing Address: 516 Monument Squa	we
City: <u>Racine</u> State:	<i>WI</i> Zip Code: <u>53403</u>
Telephone: <u> </u>	2.632.6777
Toll Free Number: <u>800.852.1445</u> (Req	uired per NAC 639.708)
E-mail: melinda clakeview pharmacy. Webs	site: <u>Lakeviewpharmacy.com</u>
Managing Pharmacist: Megan Haapanen	License Number: 13307.40
Managing Pharmacist: Megan Haapanen	License Number: 13307.40 SERVICES PROVIDED
Managing Pharmacist: Megan Haapanen	License Number: <u>/3307 · 40</u>
Managing Pharmacist: Megan Haapanero TYPE OF PHARMACY AND	License Number: 13307.40 SERVICES PROVIDED Yes/No
Managing Pharmacist: Megan Haapanero TYPE OF PHARMACY AND Yes/No	License Number: 13307.40 SERVICES PROVIDED Yes/No
Managing Pharmacist: Megan Haapanero TYPE OF PHARMACY AND Yes/No ☐ Retail	License Number: 13307-40 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services
Managing Pharmacist: Megan Haapanen TYPE OF PHARMACY AND Yes/No ✓ □ Retail □ ✓ Hospital (# beds)	License Number: 13307.40 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral **
Managing Pharmacist: Megan Haapanero TYPE OF PHARMACY AND Yes/No ✓ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet	License Number: 13307·40 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient)
Managing Pharmacist: Megan Haapanero TYPE OF PHARMACY AND Yes/No ✓ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear	License Number: 13307-40 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge
Managing Pharmacist: Megan Haapanen TYPE OF PHARMACY AND Yes/No ☐ Retail ☐ M Hospital (# beds) ☐ M Internet ☐ M Nuclear ☐ M Ambulatory Surgery Center	License Number: 13307-40 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service
Managing Pharmacist: Megan Haapanen TYPE OF PHARMACY AND Yes/No ✓ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center ☑ Community	License Number: 13307-40 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care
Managing Pharmacist: Megan Haapanen TYPE OF PHARMACY AND Yes/No ✓ □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear □ ☑ Ambulatory Surgery Center ☑ Community	License Number: 13307-40 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding **
Managing Pharmacist: Megan Haapanero TYPE OF PHARMACY AND Yes/No ☐ Retail ☐ M Hospital (# beds) ☐ M Internet ☐ M Nuclear ☐ M Ambulatory Surgery Center M ☐ Community ☐ Other:	License Number: 13307.40 SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge ☑ Mail Service □ ☑ Long Term Care □ ☑ Sterile Compounding ** ☑ Non Sterile Compounding

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

1

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY 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

Mew Pharmacy or Ownership Change (Provide cu	rrent license number if making changes: PH	
Check box below for type of ownership and complete all I ☐ Publicly Traded Corporation – Pages 1,2,3,7	required forms. IV Partnership - Pages 1 2 5 7	
☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7	
GENERAL INFORMATION to be completed by all	types of ownership	
Pharmacy Name: Thur - More lx , LO	L C	
Physical Address: 29 Bala Ave S	He 114	
Mailing Address: 29 Bala Ave S	Ste 114	
City: Bala annuad State: A	Zip Code: 19604	
Telephone: 484278 4308 Fax: 100	206 3516	
Toll Free Number: 866 7909878 (Red	juired per NAC 639.708)	
E-mail: into @ pharmorerx. com Webs	site:	
Managing Pharmacist: Pelicia HYUS		
Managing Pharmacist: Plicia Types TYPE OF PHARMACY AND		
	License Number: RP 445663	
TYPE OF PHARMACY AND	License Number: RP 445663 SERVICES PROVIDED Yes/No	
TYPE OF PHARMACY AND Yes/No □ Retail	License Number: RP 445663 SERVICES PROVIDED	
TYPE OF PHARMACY AND Yes/No Retail	License Number: RP 445663 SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral **	
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds)	License Number: RP 445663 SERVICES PROVIDED Yes/No Off-site Cognitive Services	
TYPE OF PHARMACY AND Yes/No □ Retail □ Hospital (# beds) □ Internet	License Number: RP 445663 SERVICES PROVIDED Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient)	
TYPE OF PHARMACY AND Yes/No □ Retail □ Hospital (# beds) □ Internet □ Nuclear	License Number: RP 445663 SERVICES PROVIDED Yes/No Diff-site Cognitive Services Parenteral ** Diff-services (outpatient) Diff-services (outpatient) Diff-services (outpatient)	
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	License Number: RP 445663 SERVICES PROVIDED Yes/No Poff-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Cong Term Care	
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	SERVICES PROVIDED Yes/No Diff-site Cognitive Services Parenteral ** Diff-serviceal (outpatient) Diff-serviceal (outpatient) Diff-serviceal (outpatient) Diff-serviceal Sterile Compounding **	
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	SERVICES PROVIDED Yes/No Diff-site Cognitive Services Parenteral ** Diff-service (outpatient) Diff-service Diff-site Cognitive Services Diff-site Cognitive Ser	
Yes/No Retail Hospital (# beds) Internet Muclear Ambulatory Surgery Center Community Other:	License Number: RP 445663 SERVICES PROVIDED Yes/No Poff-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Cong Term Care Sterile Compounding ** Non Sterile Compounding	

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,



431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑New Pharmacy or ☐Ownership Change (Provide cur Check box below for type of ownership and complete all r	equired forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7
ap voir ability readed corporation—r ages 1,2,4,7	☐ Sole Owner – Pages 1,2,6,7
GENERAL INFORMATION to be completed by all t	types of ownership
Pharmacy Name: Premier Pharmacy Services	
Physical Address: 711 Anderson Ave, Cliffside Park	, NJ 07010
Mailing Address: 410 Cloverleaf Dr, Baldwin Park, C	CA 91706
City: <u>see above</u> State: <u>see</u>	e above Zip Code: _see above
Telephone: <u>201-313-9797</u> Fax: <u>201-3</u>	
Toll Free Number: 866-295-3015 (Req	
E-mail: contracting@premierpharmacy.com Webs	
Managing Pharmacist: Yoon-Young Kim	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ □ Retail	□ ☑ Off-site Cognitive Services
☐ ☑ Hospital (# beds)	□ ☑ Parenteral **
□ ☑ Internet	□ ☑ Parenteral (outpatient)
□ ☑ Nuclear	□ ☑ Outpatient/Discharge
☐	☑ ☐ Mail Service
☑ □ Community	□ ☑ Long Term Care
□ ☑ Other:	☐ M Sterile Compounding **
	☑ I Non Sterile Compounding
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **
For the application to be complete	□ □ 'Other Services:

**If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

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

APPLICATION FOR OUT-OF-STATE 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

New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Alcon Cabridatores, lac-
Physical Address: LeCol Oak Greve Rd., Swift 200
City: Fr. Worth State: 7x Zip Code: 7ler34
Telephone Number: 817 - 363-1371 Fax Number: 817-551-5679
Toll Free Number: 817-363-137
E-mail: Stephani. prewitt@alcon. Comebsite: _ www. alcon. Com
Facility Manager: Stephoni Prewitt
Professional qualifications and experience of facility manager: Attached losume
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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 ☒New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8 				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name: Aquestive Therapeutics, Inc.				
Physical Address: 30 Technology Drive				
City: Warren State: NJ Zip Code: 07059				
Telephone Number: (908) 941-1900 Fax Number: (908) 561-1209				
Toll Free Number: N/A				
E-mail:_StateLicensing@aquestive.com Website: www.aquestive.com				
Facility Manager: _ Robert Arnold				
Professional qualifications and experience of facility manager: See attached resume				
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 ☐ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) ☐ Other:				

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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□ New Wholesaler or ☑ Ownership Change (Provide current license number if making changes: WH 02394				
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership				
□ Publicly Traded Corporation - Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name: AveXis, Inc.				
Physical Address: 1940 USG Drive				
City: Libertyville State: IL Zip Code: 60048				
Telephone Number: 847-572-8922 Fax Number: 847-510-0775				
Toll Free Number: 844-428-3947				
E-mail: Agharst031@avexis.com Website: www.avexis.com				
Facility Manager: Amanda D. Gharst				
Professional qualifications and experience of facility manager: See Attachment C				
Types of licensed outlets or authorized persons firm will serve:				
☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Distributors and Clinics				
Type of Products to be handled or wholesaled by firm:				
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: 				

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name: Circassia Pharmace	uticals Inc.			
Physical Address: 5151 McCrimmo	on Parkway, Suite 260			
City: S	tate: NC Zip Code: 27560			
Telephone Number:866-275-6469				
Toll Free Number:866-275-6469				
E-mail: state.licensing@circassia.com	Website:www.circassia.com			
Facility Manager: David Acheson				
Professional qualifications and experience of facility manager: See attached				
Types of licensed outlets or authorized persons firm will serve:				
☐ Pharmacies ☐ Practitioners ☐ Other:				
Type of Products to be handled or wholesaled by firm:				
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: 				



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✓New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name:Crosstex International, Inc.				
Physical Address: 10 Ranick Rd				
City: Hauppauge State: NY Zip Code: 11788				
Telephone Number: 888-276-7783 Fax Number: 631-582-1726				
Toll Free Number: 888-276-7783				
E-mail: pablom@crosstex.com Website: www.crosstex.com				
Facility Manager: Pablo Martinez				
Professional qualifications and experience of facility manager: Please see attached resume				
Types of licensed outlets or authorized persons firm will serve:				
☐ Pharmacies				
ype of Products to be handled or wholesaled by firm:				
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: _class 1 and class 2 US-FDA regulated devices 				



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New Wholesaler or □Ownership Change (Provide current license number if making changes: WH				
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership				
□ Publicly Traded Corporation - Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7				
Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name: Direct Success Inc. dba Direct Success Pharmacy Department				
Physical Address: 1710 Highway 34				
City: Farmingdale State: NJ Zip Code: 07727				
Telephone Number: 732-919-1234 Fax Number: 732-280-1350				
Toll Free Number:				
E-mail: compliance@dsuccess.com Website: www.directsuccessinc.com				
Facility Manager: Nick Cusanelli				
Professional qualifications and experience of facility manager: Please see attached resume				
Types of licensed outlets or authorized persons firm will serve:				
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Veterinarians				
Type of Products to be handled or wholesaled by firm:				
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:				



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 ☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8 				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name:	Exelixis U.S., LLC			
Physical Address:	1851 Harbor Bay Park	way		
City: Alameda	Stat	e:CA	Zip Code:	94502
Telephone Number:(6				
Toll Free Number:				
E-mail: exelixis_complianc	e@exelixis.com	Website:	https://www.exelix	is.com/
Facility Manager:	Jeffrey Hessekiel			
Professional qualifications and experience of facility manager: Executive Vice President, General Counsel				
Types of licensed outlets or authorized persons firm will serve:				
☐ Pharmacies ☐ Other:Spe	☐ Practitioners	☐ Hos Specialty Distrib	spitals 🔲 \ utors	Wholesalers
Type of Products to be handled or wholesaled by firm:				
☐ Legend Pharmaceutica☐ Poisons or Chemicals☐ Controlled Substances☐ Other:	(include copy of DE		☐ Hypodermic D ☐ Veterinary Leg	evices lend Drugs



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⊠ New Wholesaler				
(Please provide current license number if making changes: WH)				
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.				
GENERAL INFORMATION				
Facility Name:Horizon Medicines LLC				
Physical Address:150 Saunders Rd. Suite 200, Lake Forest, IL 60045				
Mailing Address: 150 Saunders Rd, Suite 200				
City: Zip Code: State: Zip Code:				
Telephone:224-383-3000 Fax:224-383-3001				
Toll Free Number: N/A				
E-mail: statelicense@horizonpharma.com Website: www.horizonpharma.com				
Facility Manager:George Hampton				
Professional qualifications and experience of facility manager: See attached				
Types of licensed outlets or authorized persons firm will serve:				
☑ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Other: Nursing homes and Long Term Care facilities				
Type of Products to be handled or wholesaled be firm:				
 □ Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other:				



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New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that			
you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7			
Non Publicly Traded Corporation − Pages 1,2,3,5,6 ☐ Sole Owner − Pages 1,2,3,8			
GENERAL INFORMATION to be completed be all types of ownership			
Facility Name: Innogenix, LLC.			
Physical Address: 8200 New Horizons Blvd			
City: Amityville State: NY Zip Code: 11701			
Telephone Number: (631) 450-4704 Fax Number: (631) 450-4707			
Toll Free Number:			
E-mail: pgupta@innogenix.com Website: http://www.innogenix.com/			
Facility Manager: Pankaj Gupta			
Professional qualifications and experience of facility manager: CV 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:			
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☑ Other: Over-the-Counter Drugs 			

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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 ☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name:INTERCHEM CORPORATION
Physical Address: 6 PEARL COURT, SUITE M
City: ALLENDALE State: NJ Zip Code: 07401
Telephone Number: (201) 261-7333 Fax Number: (201) 261-7333
Toll Free Number: N/A
E-mail: stephanie@interchem.com Website: www.interchem.com
Facility Manager:RONALD MANNINO, RPh., CHAIRMAN
Professional qualifications and experience of facility manager: 37+ years as Chairman and co-founder of Interchem Corporation, the nation's largest provider of pharmaceutical bulk active raw materials and fine chemicals to the pharmaceutical ndustry.
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: API manufacturers
Type of Products to be handled or wholesaled by firm:
(APIs only, fine chemicals) ☐ Legend Pharmaceuticals, Supplies on Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



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 ☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8 					
GENERAL INFORMATION to be compl	pleted be all types of ownership				
Facility Name:					
Physical Address:14001 Mines Road, Suite B	e В				
	State: Zip Code:				
	Fax Number:				
Toll Free Number:					
E-mail:_Juan@RxLogistical.com	Website:				
Facility Manager:					
Professional qualifications and experience of facility manager: Warehouse Manager with 10 years career experience in transportation and distribution environments.					
Types of licensed outlets or authorized persons firm will serve:					
☐ Pharmacies ☐ Practitione ☐ Other:		alers			
Type of Products to be handled or wholesaled by firm:					
 ☑ Legend Pharmaceuticals, Supplies or ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of Other: 	☐ Veterinary Legend Dr v of DEA)	ugs			



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New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name: Medunik USA, Inc.				
Physical Address: 919 Conestoga Drive, Building One, Suite 202				
City: Rosemont State: PA Zip Code: 19010				
Telephone Number: <u>844-633-8645</u> Fax Number: <u>267-428-1809</u>				
Toll Free Number: NA				
E-mail: info@medunikusa.com Website: www.medunikusa.com				
Facility Manager: Dennis Hopkins				
Professional qualifications and experience of facility manager: See attached resume				
Types of licensed outlets or authorized persons firm will serve:				
□ Pharmacies □ Practitioners □ Hospitals 및 Wholesalers □ Other: Specialty Pharmacies				
Type of Products to be handled or wholesaled by firm:				
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: 				

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you have selected. If L Publicly Traded Cor	□Ownership Change (l pe of ownership and con LC use Non Public Corp poration – Pages 1,2,3,4 I Corporation – Pages 1,	nplete all required poration or Partne I □ Pa	d forms for type ership artnership - Pa	e of ownership that
	ATION to be complete			
	Melinta Therapeutics, Inc			
Physical Address:	300 Tri-State Internation	al, Suite 272		
City: Lincolnshire	S	itate:IL	Zip	Code:60069
	(312) 724-9400			
Toll Free Number: _	N/A			
E-mail: statelicensing	@melinta.com	Website: _	http://melinta.	com/
Facility Manager: Paul Estrem				
Professional qualifica	tions and experience o	of facility manag	jer: Please	see attached resume.
Types of licensed out	lets or authorized pers	sons firm will se	rve:	
	□ Practitioners		ospitals	⊠ Wholesalers
Type of Products to b	e handled or wholesal	ed by firm:		
☐ Poisons or Chemi☐ Controlled Substa	euticals, Supplies or De cals nces (include copy of I			rmic Devices ry Legend Drugs



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Mew Wholesaler or □Ownership Change (Provide current license number if making changes: WH				
Check box below for type of ownership and complete all required forms for type of ownership that				
you have selected. If LLC use Non Public Corporation or Partnership				
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7				
Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8				
GENERAL INFORMATION to be completed be all types of ownership				
Facility Name: Oak Drugs Inc.				
Physical Address: 80 Red Schoolhouse Road, Building 2, Suite 20				
City: Chestnut Ridge State: NY Zip Code: 10977				
Telephone Number: Fax Number: 877-824-0702				
Toll Free Number:				
E-mail:compliance.oakdrugs@gmail.com				
Facility Manager:Edner Carl Narcisse				
Professional qualifications and experience of facility manager:hesume_affached				
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:				



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you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
□ Sole Owner - Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: PHARMA-C, INC.
Physical Address: 120 ROUTE 17 NORTH, SUITE 136
City: PARAMUS State: NJ Zip Code: 07652
Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211
Toll Free Number: N/A
E-mail: vdurante@pharma-crx.com Website: www.pharma-crx.com
Facility Manager: VINCENT DURANTE, VICE PRESIDENT
Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health & Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, international Trade and Marketing.
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

MM

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE 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

☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that					
you have selected. If LLC use Non Public Corp	poration or I	Partnershi	Ď		•
 □ Publicly Traded Corporation - Pages 1,2,3,4 ☑ Non Publicly Traded Corporation - Pages 1, 	4	☐ Partne	ership - Page:	s 1,2,3	,7
Non Publicly Traded Corporation − Pages 1,	,2,3,5,6	☐ Sole C	wner – Page	s 1,2,3	,8
GENERAL INFORMATION to be complete	ed be all t	ypes of c	wnership		
Facility Name: Primus Pharmaceuticals, Inc		***		-	
Physical Address: 7373 N. Scottsdale Rd S	TE B-200		***************************************		···
City: Scottsdale S	State:	AZ	Zip Co	de:	85253
Telephone Number:480-483-1410					
Toll Free Number:	-				
E-mail: mmartin@primusrx.com Website: www.primusrx.com					
Facility Manager: Michael Martin					
Professional qualifications and experience	of facility m	nanager:	please see a	attache	ed resume
Types of licensed outlets or authorized pers	sons firm w	vill serve:			
☐ Pharmacies ☐ Practitioners ☐ Other:		☐ Hosp	itals [XI Wh	olesalers
Type of Products to be handled or wholesa	led by firm	<u>.</u>			
 ☑ Legend Pharmaceuticals, Supplies or Deposition ☑ Poisons or Chemicals ☑ Controlled Substances (include copy of ☑ Other:			Hypodermi Veterinary		

NN

NEVADA STATE BOARD OF PHARMACY

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May Wholessler or Dumorohin Chan	ana /Danida	
New Wholesaler or □Ownership Chan Check how below for type of ownership on	ige (Provide current licens	e number if making changes: WH
Check <u>box</u> below for type of ownership anyou have selected. If LLC use Non Public	Complete all required to	orms for type of ownership that
Publicly Traded Corporation - Pages 1	2 2 4	nip
☐ Publicly Traded Corporation – Pages 1, Non Publicly Traded Corporation – Pages 1,	,2,3,4	Pages 1,2,3,7
Market ability Haded Corporation - Fag	ges 1,2,3,5,6 Sole	Owner – Pages 1,2,3,8
GENERAL INFORMATION to be com	pleted be all types of	ownership
Facility Name: Quagen Pharmaceur	ticals LLC	
Physical Address: 34 Fairfield Place		
City: West Caldwell	State: NJ	Zip Code: 07006
Telephone Number: (973) 228-9600		
Toll Free Number: N/A	***************************************	
E-mail:_ashish@quagenpharma.com	Website:	w.quagenpharma.com
Facility Manager: Ashish Shah		
Professional qualifications and experier	nce of facility manager	Please See Attached Resume
Types of licensed outlets or authorized	persons firm will serve	<u>:</u>
☐ Pharmacies ☐ Practitior☐ Other:	ners Hos	pitals 🛚 Wholesalers
Type of Products to be handled or whol		,
 ✓ Legend Pharmaceuticals, Supplies of Poisons or Chemicals ✓ Controlled Substances (include copy Other: Over-the-Counter Drugs 		☐ Hypodermic Devices☐ Veterinary Legend Drugs☐

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler or Ownership Change (Provide current license number if making changes: WH
Check box below for type of ownership and complete all required forms for type of ownership that
You liddle Selected. If LLC Use Non Public Cornoration or Partnership
Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Salus Medical, LLC
Physical Address: 2202 West Lone Cactus Drive
City: Phoenix State: Arizona Zip Code: 85027
Telephone Number: Fax Number:
Toll Free Number:
E-mail: compliance.salusmedical@gmail.com Website:
Facility Manager: Hernan Alvarez
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:
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Veterinary Legend Drugs ☐ Other:



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

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Check <u>box</u> below for tyou have selected. If ☐ Publicly Traded Co	□Ownership Change (Prov ype of ownership and comple LLC use Non Public Corporat rporation – Pages 1,2,3,4 d Corporation – Pages 1,2,3,	ete all required fo tion or Partnersh □ Partn	orms for type nip ership - Pa	e of owners	ship that
GENERAL INFORM	ATION to be completed b	oe all types of	ownershir	<u>o</u>	
Facility Name: Schn	ucks Pharmacy Distribution Cente	er			
Physical Address: _	13188 Lakefront Dr.				
City: Earth City		e:MO	Zip /	Code:	63045
Telephone Number:	314-344-9654	Fax Number:	314-34	14-9259	
Toll Free Number: _	314-994-4158	_			
E-mail: <u>\'iconsin</u>	Nos. etaunde Com	Website:	Schnucks.d	com	
Facility Manager:	3				
Professional qualifica Jed has	ations and experience of fa worked in legal and complaiance	ncility manager: of the last 16 year	rs		
Types of licensed ou	tlets or authorized persons	s firm will serve:	<u>.</u>		
☐ Pharmacies ☐ Other:	☐ Practitioners	☐ Hosp	oitals	₫ Who	lesalers
Type of Products to b	pe handled or wholesaled I	by firm:			
Legend Pharmace □ Poisons or Chemi	euticals, Supplies or Devic	es [∃ Hypoder I Veterina		



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8					
GENERAL INFORMATION to be completed be all types of ownership					
Facility Name: ScieGen Pharmaceuticals Inc.					
Physical Address: 89, Arkay Drive					
City: <u>Hauppauge</u> State: <u>New York</u> Zip Code: <u>11788</u>					
Telephone Number: 631-434-2723 Fax Number: 631-357-3178					
Toll Free Number: <u>1-855-724-3436</u>					
E-mail: info@sciegenpharm.com Website: http://sciegenpharm.com					
Facility Manager: Venkata Siva Reddy PALEMPALLI					
Professional qualifications and experience of facility manager: Kindly refer attached resume.					
Types of licensed outlets or authorized persons firm will serve:					
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Licensed Distributors					
Type of Products to be handled or wholesaled by firm:					
 ☑ Legend Pharmaceuticals, Supplies or Devices ☑ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) ☑ Other: 					



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler or Ownership Change (Provide current license number if making changes: WH
Check box below for type of ownership and complete all required forms for type of ownership that
you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Scripts Wholesqle Inc.
Physical Address: 5006 16th Are Svite 3
City: Blooklyn State: V Zip Code: 1/204
Telephone Number: 347-663-2043 Fax Number: 347-685-1911
Toll Free Number:
E-mail: 1430 steven @ gnail-con Website: 5cripfswhole sale. con
Facility Manager: Steven Diangntstein
Professional qualifications and experience of facility manager: Seven has to year of experience vorting for scripts.
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 □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other:



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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■New Wholesaler or □Ownership Change (Provide current license number if making changes: WH Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership			
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7			
■ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8			
GENERAL INFORMATION to be completed be all types of ownership			
Facility Name: Spectrum Laboratory Products, Inc. D/B/A Spectrum Chemical Mfg. Corp.			
Physical Address: 755-769-777 Jersey Ave			
City: New Brunswick State: NJ Zip Code: 08901			
Telephone Number: 732-214-1300 Fax Number: 310-516-2014			
Toll Free Number: 1-800-772-8786			
E-mail: itirmizi@spectrumchemical.com Website: www.spectrumchemical.com			
Facility Manager: Ibad Tirmizi			
Professional qualifications and experience of facility manager: over 10 years of experience in drug manufacturing and quality control/quality assurance			
Types of licensed outlets or authorized persons firm will serve:			
■ Pharmacies ■ Practitioners ■ Hospitals ■ Wholesalers ■ Other: Academic institutions and facilities for research & development.			
Type of Products to be handled or wholesaled by firm:			
■ Legend Pharmaceuticals, Supplies or Devices □ Hypodermic Devices			
□ Poisons or Chemicals□ Controlled Substances (include copy of DEA)□ Veterinary Legend Drugs			
Other: **Spectrum does not manufacture / sell finished dosages, only Active and Inactive Pharmaceutical Ingredients, solvents, etc.			



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New Wholesaler or Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7 Non Publicly Traded Corporation – Pages 1,2,3,5,6 Sole Owner – Pages 1,2,3,8					
GENERAL INFORMATION to be completed be all types of ownership					
Facility Name: Western Wellness Solutions, LLC					
Physical Address: 391 Sutter St. Suite 515					
City: San Francisco State: CA Zip Code: 94108					
Telephone Number: (855) 977-0975 Fax Number: (888) 960-2829					
Toll Free Number: N/A					
E-mail: hannah@phil.us Website: N/A					
Facility Manager: Hannah Simon					
Professional qualifications and experience of facility manager: Registered Pharmacist					
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: 					

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NEVADA STATE BOARD OF PHARMACY

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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that
you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name:WORLD GEN, LLC.
Physical Address: _ 120 ROUTE 17 NORTH, SUITE 127
City: PARAMUS State: NJ Zip Code: 07652
Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211
Toll Free Number: (866) 513-9882
E-mail: vdurante@worldgenrx.com Website: www.worldgenrx.com
Facility Manager:VINCENT DURANTE
Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health and Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, International Trade and Marketing.
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



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

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 ☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: WG CRITICAL CARE, LLC.
Physical Address: 120 ROUTE 17 NORTH, SUITE 130
City: PARAMUS State: NJ Zip Code: 07652
Telephone Number: (201) 261-7333 Fax Number: (201) 857-8211
Toll Free Number: (866) 513-9882
E-mail:vdurante@wgccah.com
Facility Manager:VINCENT DURANTE
Professional qualifications and experience of facility manager: 25+ years of progressive Pharmaceutical/ Health and Beauty Aid Managerial and Sales experience, with emphasis in manufacturing, International Trade and Marketing.
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 ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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✓ New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership − Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8			
GENERAL INFORMATION to be completed be all types of ownership			
Facility Name: Xellia Pharmaceuticals USA, LLC			
Physical Address: 200 Northfield Road			
City: Bedford, State: Ohio Zip Code: 44146			
Telephone Number: 440-359-2050 Fax Number: 440-359-2465			
Toll Free Number: N/A			
E-mail:_nirav.chandarana@xellia.com Website: www.xellia.com			
Facility Manager: Matthew J. Slaw			
Professional qualifications and experience of facility manager: Please see attached resume			
Types of licensed outlets or authorized persons firm will serve:			
☑ Pharmacies □ Practitioners □ Hospitals ☑ Wholesalers ☑ Other: Manufacturers □ Hospitals ☑ Other: Man			
Type of Products to be handled or wholesaled by firm:			
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ✓ Other: Active Pharmaceutical Ingredients and Finished Dose Form 			
Other: Active Pharmaceutical ingredients and Finished Dose Form			



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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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■New Wholesaler or □Ownership Change (Provide current license number if making changes: WH Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that
you have selected. If LLC use Non Public Corporation or Partnership
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7
■ Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: XPO Logistics Supply Chain, Inc.
Physical Address: 3300 Eagle Parkway
City: Ft. Worth State: Texas Zip Code: 76177
Telephone Number: (336) 447-2652 Fax Number: (336) 217-1847
Toll Free Number: Not Applicable
E-mail: Andy.Wattleworth@xpo.com Website: http://www.xpo.com/
Facility Manager: Gary Brumbaugh
Professional qualifications and experience of facility manager: See resume attached hereto.
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 □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) ■ Other: OTC Non-prescription devices and products of customer □ Hypodermic Devices □ Veterinary Legend Drugs



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

APPLICATION FOR OOS MDEG 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

New MDEG or □Owner Check box below for type o				hanges: MD or MW
Publicly Traded Corpora Non Publicly Traded Cor	tion – Pages 1,2,3,4	□ Pa	artnership - Page	s 1,2,3,7
Non Publicly Traded Col	poration – Pages 1,2,3,	5,0 🗆 50	ole Owner – Page	8 1,2,3,0
GENERAL INFORMATION	ON to be completed b	oe all types	of ownership	
Facility Name: Aero	flow Urology, Inc.			
Physical Address:	65 Beale Rd #100,	Arden, NC 2	28704	
Mailing Address:	3165 Sweeten Cree	ek Rd		
City: Asheville				
Telephone Number:	844-276-5588	_ Fax Numb	er: <u>866-42</u>	0-7099
Toll Free Number:	844-276-5588		1. 	
E-mail: audra.beau	champ@aeroflow.cor	n We	bsite: <u>areoflo</u>	wurology.com
MDEG Administrator Info	rmation (Person in ch	arge on a da	aily basis.)	
Name: Audra Beau	*			
Days and Hours that the	Facility will be Regula	rly Operated	<u>l:</u>	
Mon: 0 to Tue:	4 to Wed:	9 to 5	_ Thu: <u>역 to</u>	<u>5</u>
Fri: 105 Sat:	10 to 3 Sun:	to	Holidays:	to
TYPE OF MDEG PRODU	JCTS THAT WILL BE	SOLD (CH	ECK ALL APPL	.ICABLE)
Medical Gases **		Assistive	e Equipment	
☐ Respiratory Equipmer			ral and Enteral I	Equipment **
☐ Life-sustaining equipr			s and Prosethic	
Other:	:	12.1		
** If providing these types of				
care in the event of an eme Name:				
F		_ releptione Page 1	•	

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG 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.

(Please provide current license number if making changes: MP or MW)
□ Publicly Traded Corporation □ Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Sole Owner □ Pages 1,2,3,7
Non Publicly Traded Corporation Pages 1,2,3,5 Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.
FACILITY INFORMATION
Facility Name: AVONDALE HME 3, INC.
Physical Address: 41080 Enterprise Circle North # 112 (This must be a business address, we can not issue a license to a home address)
Mailing Address: Same
City: Temecula State: CA Zip Code: 92590
Telephone: 1-877-353-1193 Fax:
E-mail:MMarcoth@avondalehme.com Website:
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: $9 \text{ to } 3.30$ Tue: $9 \text{ to } 3.30$ Wed: $9 \text{ to } 3.30$ Thu: $9 \text{ to } 3.30$
Fri: 4 to 3:30 Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Meagan Marcotti
Name: <u>Wichigo i Wich Col II</u>
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
□ Diabetic Supplies Other: of the Shelf orthotocs
**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:
Page 1

101530



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

APPLICATION FOR OUT-OF-STATE MDEG 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.

(Fig. 1)			
II .	☐ Ownership Change Please provide current license nu	umber if making	changes: MP or MW)
□ Publicly Traded C ☑ Non Publicly Trac Please c	orporation □Pages 1,2,3,4 led Corporation □Pages 1,2,3 heck box for type of ownership	s,5 o and complete	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner ☐ Pages 1,2,3,7 correct part of the application.
FACILITY INFORM	<u>MATION</u>		
Facility Name: Bac	k Braces Plus, Inc		
Physical Address:	Physical Address: 9365 US HWY 19N STE. A, PINELLAS PARK, FL 33782		
	(This must be a business address, we ca	an not issue a license	to a home address)
Mailing Address: _	9365 US HWY 19N STE. A		
City: Pinellas Park	State	e: <u>FL</u>	_ Zip Code: _33782
Telephone: 1-727	-685-5904	_ Fax: <u>1-727</u>	-685-5953
DAYS AND HOUR	S THAT THE FACILITY WI	LL BE REGU	LARLY OPERATING
Mon: 9AM to 5PM	Tue: 9AM to 5PM Wed:	9AM to 5PM	Thu: 9AM to 5PM
Fri: 9AM to 5PM	Sat: <u>to</u> Sun:	to	Holidays:to
MDEG ADMINISTE	RATOR INFORMATION: P	erson in charg	je on a daily basis
Name: Jimmy Dar	ling III		
TYPE OF MDEG P	PRODUCTS THAT WILL BE	SOLD (CHE	CK ALL APPLICABLE)
☐ Medical Gases*		☐ Assistive	
☐ Respiratory Equ			al and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics			
☐ Diabetic Supplies Other: Off the shelf orthotics **If providing these types of services you are required to have in place a mechanism to ensure continued.			
care in the event of a	an emergency. Provide name	red to nave in and telephone	place a mechanism to ensure continued
Name:			
		- 4	

Page 1



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

APPLICATION FOR OUT-OF-STATE MDEG 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

□ New MDEG □ Ownership Change (Please provide current license number if making changes: MP or MW N/A)				
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.				
<u>FACILITY INFORMATION</u>				
Facility Name: B. BRAUN INTERVENTIONAL SYSTEMS INC.				
Physical Address: 200 BOULDER DRIVE. BREINIGSVILLE. PA 18031 (This must be a business address, we can not issue a license to a home address)				
Mailing Address: 824 TWELFTH AVENUE				
City: BETHLEHEM State: PA Zip Code: 18018				
Telephone: 610-997-4694 Fax: 610-997-4255				
E-mail: PETER.FLOSDORF@BBRAUNINTERVENTIONAL.COMWebsite: WWW.BISUSA.ORG				
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING				
Mon: 8AM to 10PM Tue: 8AM to 10PM Wed: 8AM to 10PM Thu: 8AM to 10PM				
Fri: 8AM to 10PM Sat: NONE Sun: NONE Holidays: 8AM to 10PM OR NONE				
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis				
Name: PETER FLOSDORF				
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)				
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Orthotics and Prosethics ☐ Other: N/A **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.				
Name: N/A Telephone: N/A				



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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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Application must be printed legibly or typed

11 -	☐ Ownership Change	
1	Please provide current license number if making changes: MP or MW)	
☐ Publicly Traded C	orporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 ed Corporation – Pages 1,2,3,5 □ Sole Owner – Pages 1,2,3,7	
Non Publicly Trad	ed Corporation – Pages 1,2,3,5	
Please cr	neck box for type of ownership and complete correct part of the application.	
FACILITY INFORM	<u>IATION</u>	
Facility Name: But	utterfly Network, Inc.	
Physical Address:	530 Old Whitfield Street, Guilford, CT 06437	
,	(This must be a business address, we can not issue a license to a home address)	
Mailing Address: _	(same)	
City:	State: Zip Code:	
Telephone: 203-20	4-6600 Fax: 203-458-2514	
E-mail: <u>bsawin@but</u>	terflynetwork.com Website: www.butterflynetwork.com	
DAYS AND HOUR	S THAT THE FACILITY WILL BE REGULARLY OPERATING	
Mon: 9:00 to 5:00	Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00	
Fri: 9:00 to 5:00	Sat: N/A to Sun: N/A to Holidays: N/A to	
MDEG ADMINISTR	RATOR INFORMATION: Person in charge on a daily basis	
Name: Brian Sawin,	Senior Regulatory Affairs Manager	
TYPE OF MDEG P	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)	
☐ Medical Gases*	* Assistive Equipment	
☐ Respiratory Equ		
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics		
☐ Diabetic Supplies ☐ Other: Device Class 2 - diagnostic ultrasound imaging		
care in the event of a	pes of services you are required to have in place a mechanism to ensure continued in emergency. Provide name and telephone number of Nevada contact.	
Name: Telephone:		
	Page 1	
	Butterfly Network, Inc. Page 3	



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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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☑New MDEG ☐ Ownership Change . (Please provide current license number if making changes: MP or MW)
□ Publicly Traded Corporation □ Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation □ Pages 1,2,3,5 □ Sole Owner □ Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
FACILITY INFORMATION
Facility Name: C&E Medical, INC
Physical Address: 3914 Murphy Canyon Road, Suite A212 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 3914 Murphy Canyon Road, Suite A212
City: San Diego State: CA Zip Code: 921238
Telephone: <u>1-866-699-9661</u> Fax: <u>1-800-650-9641</u>
E-mail: info@candemed.com Website:
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 330 Tue: 9 to 330 Wed: 9 to 330 Thu: 9 to 330
Fri: 9 to 330 Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Carolyn Tomaino
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies **If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:
Page 1 /01692



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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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	☐ Ownership Change (Please provide current lice	nse number if making	changes: MP or MW)
Non Publicly Tra	ded Corporation Pages	1,2,3,5	□ Partnership - Pages 1,2,3,□ Sole Owner Pages 1,2,3,e correct part of the application.	7
FACILITY INFOR	MATION	,		
Facility Name: C	ardinal Health 200 LLC			
Physical Address:	110 Kendall Park Land (This must be a business address			
Mailing Address:	7000 Cardinal Pl Attent	ion Cynthia Rhode	es	····
City: Dublin		State: OH	Zip Code: 43017	
Telephone: 614-5	553-3076	Fax:6	14-652-0282	
E-mail: gmb-facili	ty-licensing@cardinalhe	ealth.co w ebsite: <u>v</u>	www.cardinal.com	· · · · · · · · · · · · · · · ·
DAYS AND HOUR	RS THAT THE FACILIT	Y WILL BE REGU	JLARLY OPERATING	
Mon: <u>5amto 230a</u>	am _{Tue:} Sa m e v	Ved: Sam to	Thu: Same	
Fri: Same	Sat: Sante S	Sun: Same	Holidays: Sameo	
MDEG ADMINIST	RATOR INFORMATIO	N: Person in char	ge on a daily basis	
Name: James Ra	achal		· · · · · · · · · · · · · · · · · · ·	
TYPE OF MDEG	PRODUCTS THAT WIL	L BE SOLD (CHE	ECK ALL APPLICABLE)	
☐ Medical Gases☐ Respiratory Eq☐ Life-sustaining☐ Diabetic Suppli**If providing these care in the event of Name:	uipment** equipment** ies types of services you are	☐ Orthotics Other: Personal required to have in the companion of the com	e Equipment al and Enteral Equipment** as and Prosethics scription and OTC Devices place a mechanism to ensure of e number of Nevada contact.	ontinued
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431 W Plumb Lane Reno, NV 89509 (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Vew MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW)
Publicly Traded Corporation Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation Pages 1,2,3,5 ☐ Sole Owner Pages 1,2,3,7 ☐ Please check box for type of ownership and complete correct part of the application.
FACILITY INFORMATION
Facility Name: Cardinal Health 200 LLC
Physical Address: 2 Ludlow Dr Chicopee, MA 01022 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes
City: Dublin State: OH Zip Code: 43017
Telephone: 614-553-3076 Fax: 614-652-0282
E-mail: gmb-facility-licensing@cardinalhealth.comebsite: www.cardinal.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: to Tue: to Wed: to Thu: to
Fri: to Sat: to Sun: to Holidays: M-F 24 hrs Closed S &
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Anne Gagnon
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: ☐ Assistive Equipment ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics ☐ Other: Perscription and OTC Devices **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Telephone: Page 1
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Vew MDEG ☐ Ownership Change		
(Please provide current license number if making changes: MP or MW)		
Publicly Traded Corporation Pages 1,2,3,4 Non Publicly Traded Corporation Pages 1,2,3,5 Sole Owner Pages 1,2,3,7		
Please check box for type of ownership and complete correct part of the application.		
r loads shock box for type of ownership and complete correct part of the application.		
FACILITY INFORMATION		
Facility Name: Cardinal Health 200 LLC		
Physical Address: 815 Tek Dr Crystal Lake, IL 60014		
(This must be a business address, we can not issue a license to a home address)		
Mailing Address: 7000 Cardinal Pl Attention Cynthia Rhodes		
City: Dublin State: OH Zip Code: 43017		
Telephone: 614-553-3076 Fax: 614-652-0282		
E-mail: gmb-facility-licensing@cardinalhealth.cowebsite: www.cardinal.com		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: to Tue: to Wed: to Thu: to 7am - 11pm M-F		
Fri: to Sat: to Sun: to Holidays: to		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis		
Name: Dreanna Alston		
TVDF OF MDFO DDODUGTO THAT MILL DE COLD (CHECK DE COLD COLD COLD COLD COLD COLD COLD COLD		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Medical Gases** ☐ Assistive Equipment		
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**		
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics		
☐ Diabetic Supplies		
**If providing these types of services you are required to have in place a mechanism to ensure continued		
care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:		
Name: Telephone: Page 1		



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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Tame of the clate of Mevada.
✓ New MDEG □ Ownership Change (Please provide current license number if making changes: MP or MW)
Publicly Traded Corporation Pages 1,2,3,4 Non Publicly Traded Corporation Pages 1,2,3,5 Please check box for type of ownership and complete correct part of the application.
FACILITY INFORMATION
Facility Name: Cardinal Health 200 LLC
Physical Address: 2010 E International Speedway Blvd Deland, FL 32724 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes
City: Dublin State: OH Zip Code: 43017
Telephone: 614-553-3076 Fax: 614-652-0282
E-mail: gmb-facility-licensing@cardinalhealth.comebsite: www.cardinal.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 5amto 230amTue: Same Wed: Same Thu: Same
Fri: Same Sat: Same Sun: Same Holidays: Same
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Barton Wiggans
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
☐ Diabetic Supplies **If providing these types of continuous providing the continuous pr
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Telephone:
Page 1



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Vew MDEG □ Ownership Change		
(Please provide current license number if making changes: MP or MW)		
✓ Publicly Traded CorporationPages 1,2,3,4□ Partnership - Pages 1,2,3,6□ Non Publicly Traded CorporationPages 1,2,3,5□ Sole OwnerPages 1,2,3,7		
Non Publicly Traded Corporation Pages 1,2,3,5		
Please check box for type of ownership and complete correct part of the application.		
FACILITY INFORMATION		
Facility Name: Cardinal Health 200 LLC		
Physical Address: 1222 Sherwood Road Norfolk, NE 68701 (This must be a business address, we can not issue a license to a home address)		
Mailing Address: 7000 Cardinal PI Attention Cynthia Rhodes		
City: Dublin State: OH Zip Code: 43017		
Telephone: 614-553-3076 Fax: 614-652-0282		
E-mail: gmb-facility-licensing@cardinalhealth.comebsite: www.cardinal.com		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: to Tue: to Wed: to Thu: to 7am - 4 pm M-F		
Fri:to Sat:to Holidays:to		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis		
Name: Gabe Hansen		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
THE BE GOLD (ONLON ALL ALL LICABLE)		
☐ Medical Gases** ☐ Assistive Equipment		
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**		
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics		
☐ Diabetic Supplies		
**If providing these types of services you are required to have in place a mechanism to ensure continued		
care in the event of an emergency. Provide name and telephone number of Nevada contact.		
Name: Telephone:		
Page 1		

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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Vew MDEG □ Ownership Change (Please provide current licer	nse number if making changes: MP or MW)
Publicly Traded Corporation Pages 1,2,3 Non Publicly Traded Corporation Pages Please check box for type of owners	Partnership - Pages 1,2,3,6 1,2,3,5 □ Sole Owner Pages 1,2,3,7 ership and complete correct part of the application.
FACILITY INFORMATION	
Facility Name: Cardinal Health 200 LLC	
Physical Address: 1313 W Grant Blvd V (This must be a business address	Vabasha, MN 55981 s, we can not issue a license to a home address)
Mailing Address: 7000 Cardinal Pl Attent	ion Cynthia Rhodes
City: Dublin	State: OH Zip Code: 43017
Telephone: 614-553-3076	Fax: 614-652-0282
E-mail: gmb-facility-licensing@cardinalhe	ealth.comebsite: www.cardinal.com
DAYS AND HOURS THAT THE FACILITY	Y WILL BE REGULARLY OPERATING
Mon: to Tue: to V	Ved: <u>to</u> Thu: <u>to</u> 7am - 11 pm M-F
Fri: <u>to</u> Sat: <u>to</u> S	Sun: <u>to</u> Holidays: <u>to</u>
MDEG ADMINISTRATOR INFORMATION	N: Person in charge on a daily basis
Name: _Jeffery Breuer	
TYPE OF MDEG PRODUCTS THAT WIL	L BE SOLD (CHECK ALL APPLICABLE)
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies **If providing these types of services you are care in the event of an emergency. Provide not not contain the event of an emergency. 	□ Assistive Equipment □ Parenteral and Enteral Equipment** □ Orthotics and Prosethics □ Other: Perscription and OTC Devices required to have in place a mechanism to ensure continued name and telephone number of Nevada contact. Telephone: Page 1
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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

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New MDEG
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
FACILITY INFORMATION
Facility Name: CLARIFY MEDICAL, INC
Physical Address: 401 W a Street, Suite 950 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 401 W & Street, Suite 950
City: San Diego State: Ca Zip Code: 92101
Telephone: (877) 520-5697 Fax: (844) 562-6896
E-mail: don @ clarifymed.com Website: www.clarifymed.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8amto Spm Tue: 8a to Sp Wed: 8a to Sp Thu: 8a to Sp
Fri: 80 to 5p Sat: WM to N/0 Sun: N/0 to N/0 Holidays: N/0 to N/0
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: DON CANAL
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
The same and an analysis of the
☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Orthotics and Prosethics ☐ Other: Now light thropy system
**If providing these types of services you are required to have in place a mechanism to answer continued
Name and telephone number of Nevada contact.
Telephone: NIA
Page 1



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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only)

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☑New MDEG ☐ Ownership Change		
(Please provide current license number if r	naking changes: MP or MW)	
☐ Publicly Traded Corporation ☐ Pages 1,2,3,4 Non Publicly Traded Corporation ☐ Pages 1,2,3,5	☐ Partnership - Pages 1,2,3,6	
Non Publicly Traded Corporation □ Pages 1,2,3,5	☐ Sole Owner ☐ Pages 1,2,3,7	
Please check box for type of ownership and co	mplete correct part of the application.	
FACILITY INFORMATION		
Facility Name: DISCOVEN MEDICAL SU	ply	
Physical Address: (This must be a business address, we can not issue	a license to a home address)	
Mailing Address:		
	Zip Code: <u>33770</u>	
Telephone: 1-833-292-1581 Fax:		
E-mail: info@ Discovery medical supply Webs	ite:	
DAYS AND HOURS THAT THE FACILITY WILL BE I	REGULARLY OPERATING	
Mon: 4 to 3:30 Tue: 4 to 3:30 Wed: 4 to	3:30 Thu: 9 to 3:30	
Fri: 0 to 3:30 Sat: to Sun: to	Holidays: to	
MDEG ADMINISTRATOR INFORMATION: Person in	charge on a daily basis	
Name: Meagan Marcoth		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Medical Gases** ☐ Ass	istive Equipment	
	enteral and Enteral Equipment**	
	notics and Prosethics	
	OH Shelt orthotics	
**If providing these types of services you are required to hat care in the event of an emergency. Provide name and tele	ave in place a mechanism to ensure continued	
Name: Teleph		
Page 1		
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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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	☐ Ownership Change	
	Please provide current license number if making changes: MP or MW)	
☐ Publicly Traded C	corporation ☐ Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner ☐ Pages 1,2,3,7	
Please ch	neck box for type of ownership and complete correct part of the application.	
	the application.	
FACILITY INFORM		
Facility Name: Ess	ential HME 2, Inc	
Physical Address:	175 W. Lexington Ave. Ste. A El Cajon, CA 92020	
	(This must be a business address, we can not issue a license to a home address)	
Mailing Address: _	175 W. Lexington Ave. Ste. A	
City: El Cajon	State: CA Zip Code: 92020	
Telephone: 844-782	2-8440 Fax: 888-821-4251	
E-mail: kpack@esse	entialhme.com Website:	
DAYS AND HOUR	S THAT THE FACILITY WILL BE REGULARLY OPERATING	
Mon: 9 to 4	Tue: 9 to 4 Wed: Text to 4 Thu: 9 to 4	
	Sat:closed Sun: _closed Holidays:	
MDEG ADMINISTR	RATOR INFORMATION: Person in charge on a daily basis	
Name: Katie Pack		
	RODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)	
	NODGOTO THAT WILL BE GOLD (CHECK ALL APPLICABLE)	
☐ Medical Gases*	* Assistive Equipment	
☐ Respiratory Equ		
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics		
Diabetic Supplies Other: Off the shelf orthotics		
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.		
Name: Telephone:		
	Page 1	

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG □ Ownership Change (Please provide current license number if making changes ALD at ALD.)
(Please provide current license number if making changes: MP or MW) □ Publicly Traded Corporation Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation Pages 1,2,3,5 ⋈ Sole Owner Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
The application.
FACILITY INFORMATION
Facility Name: Genstar Inc.
Physical Address: 27 Robert Pitt Prive Monsey NY 1095 - (This must be a business address, we can not issue a license to a home address)
Mailing Address: 27 Robert Pitt Drive
City: Monsey State: NY Zip Code: 1095
Telephone: 845-425-7676 Fax: 845-425-2620
E-mail: nmoeller@gemstarinc.comwebsite: NA
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 1 Sat: to Sun: to Holidays: to Holidays:
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Hron Grossman
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment** ☐ Orthotics and Prosethics
District Contract Con
**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of all efficiency. Provide name and telephone number of Nevada contact
Name: Telephone:
Page 1

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APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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☑New MDEG ☐ Ownership Change (Please provide current license number if making changes: MP or MW)		
□ Publicly Traded Corporation □ Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 □ Non Publicly Traded Corporation □ Pages 1,2,3,5 □ Sole Owner □ Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.		
FACILITY INFORMATION		
Facility Name:sp Orthotics, Inc.		
Physical Address: 148 E. 30th St., Suite 104 National City, CA 91950		
(This must be a business address, we can not issue a license to a home address) Mailing Address: 148 E. 30th St., Suite 104		
City: State: CA Zip Code:91950		
Telephone: 1-866-387-5106		
E-mail: info@sdorthotics.com Website:		
DAYS AND HOURS THAT THE FACILITY WILL BE*REGULARLY OPERATING		
Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM		
Fri: 9AM to 5PM Sat: to Sun: to Holidays: to		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis		
Name: Stan Young		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Medical Gases** ☐ Assistive Equipment ☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**		
☐ Life-sustaining equipment** ☐ Conthotics and Prosethics		
□ Diabetic Supplies Other: Off the shelf Orthotics		
**If providing these types of services you are required to have in place a mechanism to ensure continued		
care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:		
Name: Telephone: Page 1		

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

APPLICATION FOR OUT-OF-STATE MDEG 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.

ew MDEG		
Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.		
FACILITY INFORMATION		
Facility Name: XPO Logistics Supply Chain, Inc.		
Physical Address: 2349 Route 130, South Brunswick, New Jersey 08902 (This must be a business address, we can not issue a license to a home address)		
Mailing Address: XPOLogistics, Attn:Richard EF Valitutto, General Counsel, 4035 Piedmont Parkway		
City: High Point State: NC Zip Code: 27265		
Telephone: (336) 232-4128 Fax: (336) 217-1847		
E-mail: Richard.Valitutto@xpo.com Website: www.xpo.xom		
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING		
Mon: 7 to 9:31 Tue: 7 to 9:30 Wed: 7 to 9:30 Thu: 7 to 9:30		
Fri: 7 to 9:30 Sat: NA to Sun: NA to Holidays: NA to		
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis		
Name: Donovan Barnes		
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)		
☐ Medical Gases** ☐ Assistive Equipment		
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Orthotics and Prosethics 		
☐ Diabetic Supplies Other: Medical Devices - See Exhibit B **If providing these types of services you are required to have in place a mechanism to ensure continued		
care in the event of an emergency. Provide name and telephone number of Nevada contact.		
Name: Charles A. Wattleworth Telephone: (336) 447-2652		
Page 1		

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NEVADA STATE BOARD OF PHARMACY

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

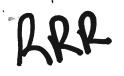
APPLICATION FOR NEVADA PHARMACY LICENSE

\$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

Maria		
New Pharmacy or □Ownership Change (Provide current license number if making changes: PH Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.		
☑ Publicly Traded Corporation – Pages 1,2,3,10,11a&b	☐ Partnership - Pages 1,2,6,10,11a&b	
□ Non Publicly Traded Corporation – Pages 1,2,4,10,11a	&b ☐ Sole Owner – Pages 1,2,8,10,11a&b	
GENERAL INFORMATION to be completed by all t	ypes of ownership	
Pharmacy Name: <u>ER at Aliante, a Department of Mo</u>	ountainView Hospital	
Physical Address: 7207 ALIANTE PARKWAY		
	VADA Zip Code:89084	
Telephone: <u>702-962-9000</u> Fax: <u>702-9</u>	62-5508	
Website: https://mountainview-hospital.com/service/er-at-aliante	E-mail: francisca.akoh@hcahealthcare.com	
Managing Pharmacist: FRANCISCA AKOH		
	License Number: 17829	
TYPE OF PHARMACY AND	SERVICES PROVIDED	
Yes/No	Yes/No	
□ 图 Retail	☐ M Off-site Cognitive Services	
图 □ Hospital (# beds <u>11</u>)	图 □ Parenteral	
□	□ 图 Parenteral (outpatient)	
□	□ 划 Outpatient/Discharge	
☐ Mathematical Ambulatory Surgery Center	☐ 图 Mail Service	
□ 图 Community	□ Long Term Care	
□ 図 Other:	☐ ☑ Sterile Compounding	
	☑ Non Sterile Compounding	
All boxes must be checked	☐ 🌠 Mail Service Sterile Compounding	
For the application to be complete	☐ Other ServicesAdministration of medications for patients in ER under the supervision of the medical providers.	



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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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Application must be printed legibly or typed

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■New Pharmacy or □Ownership Change (Provide current license number if making changes: PH Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.		
☐ Publicly Traded Corporation – Pages 1,2,3,10,11		
☑ Non Publicly Traded Corporation – Pages 1,2,4,1 GENERAL INFORMATION to be completed by Output Description: Output Descri	0,11a&b	
	y an types of ownership	
Pharmacy Name: Sav-On Pharmacy #3489		
Physical Address: 6730 N Hualapai Way		
City: Las Vegas State:	NV Zip Code: <u>89149</u>	
Telephone: _TBD Fax: _	TBD	
Toll Free Number: NA	E-mail:rxlicenses@albertsons.com	
Website: www.albertsons.com		
Managing Pharmacist:Eric VanMeter	License Number:17356	
TYPE OF PHARMACY AND	SERVICES PROVIDED	
Yes/No	Yes/No	
☐ Retail	□ □ Off-site Cognitive Services	
☐ ☑ Hospital (# beds)	□ ☑ Parenteral	
다 단 Internet	□ ☑ Parenteral (outpatient)	
□ 🗹 Nuclear	□ ☑ Outpatient/Discharge	
□ ☑ Ambulatory Surgery Center	□ □ Mail Service	
□ ☑ Community	□ ☑ Long Term Care	
□ □ Other:	□ ☑ Sterile Compounding	
	☑ □ Non Sterile Compounding	
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding	
For the application to be complete	☑ □ Other Services: Lumun 12ations	
	Pet meds w/ prescriptions	

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$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

New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change (Please provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
GENERAL INFORMATION to be completed by all types of ownership
MDEG Name: LINCARE INC.
Physical Address: 280 A ST. UNIT 210 FALLON NV 89406 (This must be a business address, we can not issue a license to a home address)
Mailing Address: PO BOX 9004 ATTN: LICENSING
City: CLEARWATER State: FL Zip Code: 33758
Telephone: <u>727-431-8416</u> Fax: <u>877-524-950 Y</u>
E-mail: LICENSING @ LINCARE, Com Website: WWW. LINCARE. Com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8an to 5pm Tue: 820mto 5pm Wed: 8an to 5pm Thu: 8an to 5pm
Fri: 84m to 5pm Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: DEBRA JOHNSON
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies ☐ Other: ☐ The providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name: DEBLA TOUNSON Telephone: 888-399-8895