

5

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: COTTRILL'S PHARMACY, INC
Physical Address: 4919 ELLICOTT RD. ORCHARD PARK, NY 14127
Mailing Address: 4919 ELLICOTT RD.
City: ORCHARD PARK State: NY Zip Code: 14127
Telephone: 716-508-8481 Fax: 716-508-8482
Toll Free Number: 844-268-8745 (Required per NAC 639.708)
E-mail: PATIENTCARE@COTTRILLSPHARMACY.COM Website: WWW.COTTRILLSPHARMACY.COM
Managing Pharmacist: ERIN STACK License Number: 060006

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: SPECIALTY

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CVS/specialty #48023

Physical Address: 7930 Woodland Center Blvd., Ste 500, Tampa, FL 33614

Mailing Address: One CVS Dr., MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 800-869-0479 Fax: 480-860-3437

Toll Free Number: 800-869-0479 (Required per NAC 639.708)

E-mail: permitinfo@cvshealth.com Website: _____

Managing Pharmacist: Terita Peterson License Number: PS39426 Florida

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☐ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 ☐ Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CVS/specialty #48036
 Physical Address: 25 Birch St., Bldg B, Ste 100, Milford, MA 01757
 Mailing Address: One CVS Dr., MC 1160
 City: Woonsocket State: RI Zip Code: 02895
 Telephone: 800-950-2688 Fax: 866-310-4099
 Toll Free Number: 800-950-2688 (Required per NAC 639.708)
 E-mail: permitinfo@cvshealth.com Website: _____
 Managing Pharmacist: Kim Morese License Number: PH22315

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☐ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 ☐ **Ownership Change** (Provide current license number if making changes: **PH** _____)
 Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CVS/specialty #48040

Physical Address: 1307-H Allen Dr., Troy, MI 48083

Mailing Address: One CVS Dr., MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 248-581-2740 Fax: 480-862-1077

Toll Free Number: 800-753-2777 (Required per NAC 639.708)

E-mail: permitinfo@cvshealth.com Website: _____

Managing Pharmacist: Anastassios Aitas License Number: 5302029267 Michigan

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ **Off-site Cognitive Services**
☐ ☒ **Parenteral ****
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ **Sterile Compounding ****
☐ ☒ Non Sterile Compounding
☐ ☒ **Mail Service Sterile Compounding ****
☐ ☐ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CVS/specialty #48045
Physical Address: 10700 World Trade Blvd., Suite 110, Raleigh, NC 27617
Mailing Address: One CVS Dr., MC 1160
City: Woonsocket State: RI Zip Code: 02895
Telephone: 800-571-3991 Fax: 800-571-3922
Toll Free Number: 800-571-3991 (Required per NAC 639.708)
E-mail: permitinfo@cvshealth.com Website: _____
Managing Pharmacist: Srividya Sankaranarayanan License Number: 24494 NC

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Mail Order</u>	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 ☐ **Ownership Change** (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DEEFLAT PHARMACY

Physical Address: 2580 Highway 95 - Suite 106

Mailing Address: 2580 Highway 95 - Suite 106

City: Bullhead City State: Arizona Zip Code: 86442

Telephone: 928-299-5070 Fax: 928-299-5071

Toll Free Number: 1-800-405-2435 (Required per NAC 639.708)

E-mail: deeflat@outlook.com Website: www.deeflatRX.com

Managing Pharmacist: TUAN DINH License Number: 5020258 (AZ)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: F&M SPECIALTY PHARMACYPhysical Address: 117 LUCKNEY STATION RD FLOWOOD MS 39232Mailing Address: 1620 W. NORTHWEST HWY STE 100City: GRAPEVINE State: TX Zip Code: 76051Telephone: (601) 939-9353 Fax: (601) 939-6353Toll Free Number: (888) 560-0820 (Required per NAC 639.708)E-mail: Licensure@receptrx.com Website: www.fandmr.comManaging Pharmacist: TERA MCDIVITT License Number: E-010714**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Quinate Pharmacy, LLC, dba Gordon's Home-town Pharmacy

Physical Address: 1557 Pooler Parkway, Ste 400

Mailing Address: same

City: Pooler State: Georgia Zip Code: 31322

Telephone: 912-988-3005 Fax: 912-988-1674

Toll Free Number: 833-878-6337 (Required per NAC 639.708)

E-mail: poolerrx@gordonsrx.com Website: www.gordonshometownpharmacy.com

Managing Pharmacist: Timmy Saxon License Number: RPH016190

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

a/20

I

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Publix Super Markets, Inc., Publix Pharmacy #3213

Physical Address: 1950 Sand Lake Rd, Bldg 5, Orlando, FL 32809

Mailing Address: 1950 Sand Lake Rd., Bldg 5

City: Orlando State: FL Zip Code: 32809

Telephone: 855-797-8254 Fax: 863-413-5723

Toll Free Number: 855-797-8254 (Required per NAC 639.708)

E-mail: specialtypharmacy@publix.com Website: https://specialtyrx.publix.com

Managing Pharmacist: Chris Popun License Number: PS52386

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: Specialty

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

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.

☐ Sole Owner – Pages 1,2,6,7

☐ ☒ Other Services: _____

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

10/8

K

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: vitaCare Prescription Services, Inc.

Physical Address: 951 Yamato Road, Suite 160, Boca Raton, FL 33431

Mailing Address: Same as Physical Address.

City: _____ State: _____ Zip Code: _____

Telephone: 561-961-1900 Fax: 800-891-4320

Toll Free Number: 800-350-3819 (Required per NAC 639.708)

E-mail: kverderber@vitacarerx.com Website: www.vitacarerx.com

Managing Pharmacist: Kristen K. Verderber License Number: PS41432 (Florida)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds _____)
- ☒ ☐ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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 ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required 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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Zeus Rx

Physical Address: 743 East Hwy 80 Ste. 260

Mailing Address: 743 East Hwy 80 Ste. 260

City: Forney State: TX Zip Code: 75126

Telephone: (972) 499-5896 Fax: (972) 996-9171

Toll Free Number: 1-800-528-2038 (Required per NAC 639.708)

E-mail: Zeusrx1@gmail.com Website: N/A

Managing Pharmacist: Kristi Kubosh License Number: 48761

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☒ ☐ Community
- ☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral **
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☒ ☐ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding **
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding **
- ☐ ☒ Other Services: _____

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

M

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Core Pharmacy

Physical Address: 6180 Halle Drive

Mailing Address: 6180 Halle Drive, Suite B

City: Valley View State: Ohio Zip Code: 44125

Telephone: 216-359-1600 Fax: 216-208-8617

Toll Free Number: 855-809-5077 (Required per NAC 639.708)

E-mail: tony@corecmp.com Website: www.corecompounding.com

Managing Pharmacist: Anthony Mendenhall License Number: 03318272 Ohio

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: mail Order

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____)	
Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership – Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Gibson's Pharmacy

Physical Address: 240 E Winchester St.

Mailing Address: 240 E Winchester St.

City: Murray State: Utah Zip Code: ~~84103~~ 84107 ^{SR}

Telephone: 801 262 5526 Fax: 801 262 0125

Toll Free Number: 888 267 5128 (Required per NAC 639.708)

E-mail: gibsonspharma@gmail.com Website: gibsonsparmacyrx.com

Managing Pharmacist: Christopher Orton License Number: 8718454-1701

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail	<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet	<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community	<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
	<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
	<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
	<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

9/24

71

0

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

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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____)	
Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sincerus Florida, LLC

Physical Address: 3265 W. McNab Road, Pompano Beach, FL 33069

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: 800-604-5032 Fax: 954-256-5043

Toll Free Number: 800-604-5032 (Required per NAC 639.708)

E-mail: elicense@sincerususa.com Website: www.sincerususa.com

Managing Pharmacist: Jenny Liu License Number: PS51764

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
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 ☐ **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WALGREEN CO. D/B/A WALGREENS #16569

Physical Address: 10103 RIDGEGATE PKWY STE 117

Mailing Address: PO BOX 901, DEERFIELD, IL 60015

City: LONE TREE State: CO Zip Code: 80124

Telephone: (303) 729-2719 Fax: (303) 729-2720

Toll Free Number: 800-821-5223 (Required per NAC 639.708)

E-mail: LICENSEADMINISTRATION@WALGREENS.COM Website: WALGREENS.COM

Managing Pharmacist: Laura Zimmerly License Number: PHA.0013303

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked
 For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

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

Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (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.

<input checked="" type="checkbox"/> New MDEG <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____) <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> 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: 6275 Lance Drive, Riverside CA 92507

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place-QRA

City: Dublin

State: CA Zip Code: 94568

Telephone: 909-390-3430

Fax: 614-652-0674

E-mail: licensure@cardinalhealth.com

Website: www.cardinalhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 24hrs to 24hrs Tue: 24hrs to 24hrs Wed: 24hrs to 24hrs Thu: 24hrs to 24hrs Fri: 24hrs to 24hrs
 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Adam Salazar

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases**
<input type="checkbox"/> Respiratory Equipment**
<input type="checkbox"/> Life-sustaining equipment**
<input checked="" type="checkbox"/> Diabetic Supplies | <input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Orthotics and Prosthesis
<input checked="" type="checkbox"/> Other: <u>Prescription and OTC Devices</u> |
|---|--|

**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: Adam Salazar

Telephone: 909-390-3430

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.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>#MP01179</u>)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: Choice Medical Healthcare Inc.

Physical Address: 56 Broadway Ste #600 Salt Lake City, UT 84111

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 220 W Germantown Pike, Suite 250

City: Plymouth Meeting State: PA Zip Code: 19462

Telephone: 610-630-6357

Fax: _____

E-mail: Licensing@adapthealth.com

Website: www.choicemedco.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4

Fri: 9 to 4 Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Crump

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**

☒ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: CPAP Devices, & Accessories

**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: David Crump

Telephone: 801-512-6245

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: MEDSUPPLY 102
 Physical Address: 5105 E. DAKOTA AVE. SUITE 102, FRESNO, CA 93727
 (This must be a business address, we can not issue a license to a home address)
 Mailing Address: 5105 E. DAKOTA AVENUE SUITE 102, FRESNO, CA 93727
 City: FRESNO CA State: CA Zip Code: 93727 Telephone: 559-292-1540
 Fax: 1-888-404-7061
 E-mail: adam.fredericks@gomedsupply.net Website: www.gomedsupply.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri: 8am to 5pm
8am to 5pm Sat: on call Sun: on call Holidays: on call

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: ADAM FREDERICKS

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>NPWT</u> |

**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: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Plwy Suite 206, Reno, NV 89521 (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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: Northland AAC

Physical Address: 3110 Rural Road, Suite 105, Tempe, Arizona 85282
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Licensing, P.O. Box 9004

City: Clearwater, Florida State: Zip Code: 33758 Telephone: _____

928-779-0595 Fax: 928-556-0709

E-mail: dklemenc@linicare.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 0800 to 1700 Tue: 0800 to 1700 Wed: 0800 to 1700 Thu: 0800 to 1700 Fri: _____

0800 to 1700 Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michele Rimmel

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Durable medical equipment - speech generating devices</u> |

**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: _____

u⁷⁷

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521 (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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> 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: United Seating and Mobility LLC., dba Numotion

Physical Address: 10520 S. 700 E. Ste. 209 Sandy, UT 84070

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 975 Hornet Dr. Ste. 250 Attn: Credentialing

City: Hazelwood, MO

State: Zip Code: 63042

Telephone: 314-447-7714

Fax: N/A

E-mail: credentialing@numotion.com

Website: www.numotion.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30-12 to 1:00-4:30 Tue: 8:30-12 to 1:00-4:30 Wed: 8:30-12 to 1:00-4:30 Thu: 8:30-12 to 1:00-4:30 Fri: 8:30-12 to 1:00-4:30

Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Linzee Martin

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Retailer of wheelchairs and wheelchair 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: N/A

Telephone: _____

V

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATIONFacility Name: SRW Industries IncPhysical Address: 500 Capital Drive Lake Zurich, IL 60047

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 500 Capital DriveCity: Lake Zurich State: IL Zip Code: 60047Telephone: 847-550-1800 Fax: 847-550-1810E-mail: srwind1@gmail.com Website: N/A**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:00am to 5:00pm Tue: 8:00am to 5:00pm Wed: 8:00am to 5:00pm Thu: 8:00am to 5:00pm
 Fri: 8:00am to 5:00pm Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basisName: Stacy Rybacki**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**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: _____

7-2

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Acrotech Biopharma LLC

Physical Address: 279 Princeton Hightstown Road, Suite 103

City: East Windsor State: NJ Zip Code: 08520 Telephone

Number: (732) 839-9400 Fax Number: (732) 355-9449

Toll Free Number: (866) 850-2876

E-mail: ACR@SLSNY.com Website: acrotechbiopharma.com

Facility Manager: Kiran K. Nagabandhi

Professional qualifications and experience of facility manager: Financial Controller at
Acrotech Biopharma LLC

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

manu

X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Adhera Therapeutics, Inc.

Physical Address: 4721 Emperor Boulevard, Suite 350

City: Durham State: NC Zip Code: NC Telephone _____

Number: (919) 578-5901 Fax Number: N/A

Toll Free Number: N/A

E-mail: nphelan@adherathera.com Website: adherathera.com

Facility Manager: Nancy Phelan

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: Speciality Pharmacies and Speciality Distributors

Type of Products to be handled or wholesaled by firm:

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

y

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: ADVANCED PHARMACEUTICALS, LLC
Physical Address: 998 N. HALSTEAD RD., SUITE C
City: OCEAN SPRINGS State: MS Zip Code: 39564
Telephone Number: 228-215-1033 Fax Number: 228-215-1048
Toll Free Number: N/A
E-mail: advancedpharma2011@gmail.com Website: n/a
Facility Manager: Charles Hollis
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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Amneal Pharmaceuticals LLC

Physical Address: 115 Carroll Knically Drive

City: Glasgow State: KY Zip Code: 42141

Telephone Number: (908) 947-3120 Fax Number: (908) 947-3146

Toll Free Number: (908) 947-3120 24Hour

E-mail: Amneal@iqvia.com Website: www.amneal.com

Facility Manager: Anthony Hodges

Professional qualifications and experience of facility manager: Refer to the attached biography

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors & Manufacturers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: OTC, Pseudoephedrine, Solid Dose, Injectables, Ophthalmic, Liquids (oral), Topical, Vitamins

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Anika Therapeutics, Inc.
 Physical Address: 32 Wiggins Avenue
 City: Bedford State: MA Zip Code: 01730
 Telephone Number: 781-457-9000 Fax Number: 781-305-9720
 Toll Free Number: _____
 E-mail: ndecker@anikatherapeutics.com Website: www.anikatherapeutics.com
 Facility Manager: Edward S. Ahn
 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: Wholesale Distributors

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☐ New Wholesaler or ☒ **Ownership Change** (Provide current license number if making changes: WH 02327)
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 by all types of ownershipFacility Name: Array BioPharma Inc.Physical Address: 3200 Walnut StreetCity: BoulderState: CO Zip Code: 80301

Telephone

Number: 303.381.6600Fax Number: N/AToll Free Number: N/AE-mail: licensing@arraybiopharma.comWebsite: www.arraybiopharma.comFacility Manager: Nicholas SaccomanoProfessional 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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

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

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.

<input type="checkbox"/> New Wholesaler or <input type="checkbox"/> 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	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: AuroMedics Pharma LLC

Physical Address: 279 Princeton Hightstown Road, Suite 214

City: East Windsor State: NJ Zip Code: 08520

Telephone Number: (888) 238-7880 Fax Number: (732) 355-9449

Toll Free Number: (888) 238-7880

E-mail: AMP@SLSNY.com Website: www.auromedics.com

Facility Manager: Mark Robert Fedele

Professional qualifications and experience of facility manager: Executive with more than 25 years of commercial experience with diverse medical device and pharmaceutical companies.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: Avanir Pharmaceuticals, Inc.Physical Address: 30 Enterprise, Suite 400City: Aliso Viejo State: CA Zip Code: 92656 Telephone _____Number: 949-389-6700 Fax Number: 949-643-6800Toll Free Number: N/AE-mail: RFritz@avanir.com Website: www.avanir.comFacility Manager: Richard E. Fritz, Jr.Professional qualifications and experience of facility manager: See Attachment CTypes of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Pharmaceutical companies

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> 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	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,7 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Avion Pharmaceuticals, LLC

Physical Address: 1880 McFarland Parkway, Suite 105

City: Alpharetta State: GA Zip Code: 30005 Telephone _____

Number: 678-325-5341 Fax Number: 678-746-0717

Toll Free Number: 1-800-541-4802

E-mail: shalonda.moore@avionrx.com Website: www.avionrx.com

Facility Manager: Harold A. Deas, Jr

Professional qualifications and experience of facility manager: CEO. over 20 years of experience in pharmaceutical industry

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

FF

VETERINARIAN 88

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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

☒ New Wholesaler 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: BE Pharmaceuticals, Inc.

Physical Address: 203 New Edition Court

City: Cary State: NC Zip Code: 27511

Telephone: (919) 545-1159 Fax Number: (919) 762-6210

Toll Free Number: _____

E-mail: BEP@SLSNY.com Website: www.biologicale.com

Facility Manager: David Kauffman Sanford

Professional qualifications and experience of facility manager: A dynamic, enthusiastic and versatile professional with over 20 years of experience in customer facing functions within the pharmaceutical Industry. Responsible for maintaining national distribution centers located through-out the entire United States with shipments all over the US and internationally.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

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

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Becton, Dickinson and Company

Physical Address: 1 Becton Drive

City: Franklin Lakes State: NJ Zip Code: 07417

Telephone Number: 201-847-5497 Fax Number: 201-847-6917

Toll Free Number: 800-288-9165

E-mail: andrew_stellon@bd.com Website: www.bd.com

Facility Manager: Andrew Stellon

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Repackagers, Distributors, and Clinics

Type of Products to be handled or wholesaled by firm:

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

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

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

☒ New Wholesaler 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: bluebird bio, Inc.

Physical Address: 60 Binney Street

City: Cambridge State: MA Zip Code: 02142

Telephone Number: (339) 499-9300 Fax Number: N/A

Toll Free Number: N/A

E-mail: statelicensing@bluebirdbio.com

Website: www.bluebirdbio.com

Facility Manager: Nick Leschly

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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

3/25

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

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

☒ New Wholesaler 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: Bonita Pharmaceuticals LLC

Physical Address: 6380 Commerce Drive

City: Westland State: MI Zip Code: 48185

Telephone Number: 734-729-7200 Fax Number: 734-729-7288

Toll Free Number: 855-729-7200

E-mail: bonita@bonitapharma.com Website: www.bonitapharma.com

Facility Manager: Manish Patel

Professional qualifications and experience of facility manager: Registered Pharmacist with 16 years of combined experience as a pharmacist and managing wholesale operation of prescription drugs.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

☒ New Wholesaler 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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Breckenridge Pharmaceutical, Inc.

Physical Address: 15 Massirio Drive, Suite 201

City: Berlin State: CT Zip Code: 06037

Telephone Number: 860-828-8140 Fax Number: 860-828-8142

Toll Free Number: 800-466-2700

E-mail: toddr@bpirx.com Website: www.bpirx.com

Facility Manager: Todd E. Ruonavaara

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors, Repackagers, Nursing Home Pharmacies and Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) N/A - See Attachment B
☒ Other: Over-the-counter drugs

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

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> 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	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7 X - LLC
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Chewy Wholesale, LLC

Physical Address: 2815 Watterson Trail, Ste. B

City: Louisville State: KY Zip Code: 40299

Telephone Number: 502-340-2511 Fax Number: 502-805-0470

Toll Free Number: 877-977-3879

E-mail: dclark1@chewy.com Website: www.chewy.com

Facility Manager: Donald Patrick Clark, Jr.

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: Veterinarians and Veterinary Pharmacies

Type of Products to be handled or wholesaled by firm:

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

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

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

- ☒ New Wholesaler 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 by all types of ownership

Facility Name: Cochran Wholesale Pharmaceutical LLC

Physical Address: 1304 South Broad Street

City: Monroe State: Georgia Zip Code: 30655

Telephone Number: 770-267-7701 Fax Number: 800-421-9105

Toll Free Number: _____

E-mail: Licensing@cochranwholesale.com Website: www.cochranwholesale.com

Facility Manager: Christopher Brian Newsome

Professional qualifications and experience of facility manager: Handling day to day overall

management of the company by supporting sales reps, warehouse management team, developing and maintaining relationships with vendors and troubleshooting issues.

Types of licensed outlets or authorized persons firm will serve:

- ☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

635-

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: Compass Health Brands Corp.Physical Address: 18901 Snow Rd., Bldg 6City: Brookpark State: OH Zip Code: 44142Telephone Number: 216-553-7002

Fax Number: _____

Toll Free Number: _____

E-mail: qualitydept@compasshealthbrands.com Website: www.compasshealthbrands.comFacility Manager: Mike TroddenProfessional qualifications and experience of facility manager: Over 10 years of experience**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: DME Dealers

Type of Products to be handled or wholesaled by firm:

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

(*Devices only - no pharmaceuticals)

*Please note: the State of Ohio does not license medical device manufacturers or wholesalers. See attached email confirmation.

NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Collegium Pharmaceutical, Inc.

Physical Address: 100 Technology Center Drive , Suite 300

City: Stoughton State: MA Zip Code: 02072 Telephone

Number: 781-713-3699 Fax Number: 781-828-4697

Toll Free Number: N/A

E-mail: lrodan@newperspectives-us.com Website: www.collegiumpharma.com

Facility Manager: Alison Fleming

Professional qualifications and experience of facility manager: Ph.D in Chemical Engineering with 15 years experience in pharmaceutical operations.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) Virtual Drug Manufacturer, 3PL ICS DEA included
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> 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	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Currax Pharmaceuticals LLC dba Cypress, Macoven, Hawthorn

Physical Address: 10 North Park Place, Suite 201

City: Morristown State: NJ Zip Code: 07960 Telephone: 862-260-8752

Number: (800) 793-2145 Fax Number: 862-260-8752

Toll Free Number: (800) 793-2145

E-mail: mpeter@curraxpharma.com Website: www.curraxpharma.com

Facility Manager: Glenn Whaley

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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: Exel Inc. d/b/a DHL Supply Chain (USA)Physical Address: 1003 Corporate Lane, Suite ACity: Export State: PA Zip Code: 15632Telephone Number: 978-221-7296 Fax Number: 614-865-8867Toll Free Number: N/AE-mail: regulatory@dhl.com Website: www.dhl.comFacility Manager: Daniel J. BarbashProfessional qualifications and experience of facility manager: See Attachment B**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 84 Zions View Rd

PA

City: Manchester

State: PA Zip Code: 17345

Telephone

Number: 570-556-7004

Fax Number: 614-865-8867

Toll Free Number: N/A

E-mail: regulatory@dhl.com

Website: www.exel.com

Facility Manager: Mark Edward Wagner

Professional qualifications and experience of facility manager: _____

Operations Manager, Bayer Packaging, 11/5/2018 to current

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)(List 1 Only)
☒ Other: OTC Drug & Device, Costmetics, DME

RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 02385**)
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 by all types of ownership

Facility Name: Pharmaceutical Trade Services, Inc., DBA Durbin USA

Physical Address: 5820 Gulf Tech Drive

City: Ocean Springs

State: MS Zip Code: 39564

Telephone

Number: 228-244-1530

Fax Number: 228-244-1535

Toll Free Number: _____

E-mail: alewis@durbin-usa.com

Website: durbinglobal.com

Facility Manager: Anne F. Lewis

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: Research & Development, Clinical Trials, Veterinarians, Managed Access Distribution

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: API's

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Expeditors International of Washington, Inc

Physical Address: 12000 N 132nd Ave, Suite 100

City: Surprise State: AZ Zip Code: 85379 Telephone _____

Number: 602-358-0523 Fax Number: _____

Toll Free Number: _____

E-mail: _____ Website: www.expeditors.com

Facility Manager: Pamela Marie Ervin

Professional qualifications and experience of facility manager: 32 years of experience

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

TT

FBS - FID #02 MV

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Fisher BioServices, Inc.

Physical Address: 4650 New Design Road, Suite F

City: Frederick State: MD Zip Code: 21703

Telephone Number: (240) 405-1060 Fax Number: (240) 405-1050

Toll Free Number: N/A

E-mail: FBS@slny.com Website: www.fisherbioservices.com

Facility Manager: Bruce Copley Simpson

Professional qualifications and experience of facility manager: Responsible for the design, build, validation, commissioning, and overall management of a state of the art, 47K ft², cryogenic focused, clinical trial and commercial drug biorepository and distribution Cryocentre.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Biologics, over the counter drugs

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Foamix Pharmaceuticals Inc.

Physical Address: 520 US Highway 22, Suite 204

City: Bridgewater State: NJ Zip Code: 08807 Telephone: _____

Number: (800) 775-7936 Fax Number: _____

Toll Free Number: (800) 775-7936

E-mail: Matt.Wiley@foamix.com Website: http://www.foamix.com

Facility Manager: Matthew Wiley

Professional qualifications and experience of facility manager: See attached resume
See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors

Type of Products to be handled or wholesaled by firm:

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

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Focus Laboratories, Inc.

Physical Address: 11205 Richardson Drive

City: North Little Rock State: Arkansas Zip Code: 72113

Telephone Number: 501-753-6006 Fax Number: 501-753-6021

Toll Free Number: _____

E-mail: license@focuslaboratories.com Website: www.focuslaboratories.com

Facility Manager: Brad Winfrey

Professional qualifications and experience of facility manager: Oversees the daily functions of facility including financial reporting, inventory review, order management and employee management

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Consumers OTC only.

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: GATEWAY HEALTH RESOURCES LLC DBA. GHR, SECOND SOURCE RX AND OR 2SRX

Physical Address: 13600 SHORELINE DRIVE SUITE 200

City: EARTH CITY, MO State: MO Zip Code: 63045 Telephone

Number: 314-455-9109 Fax Number: 888-711-0660

Toll Free Number: 844-338-2224

E-mail: GOS.MAZULLO@2SRX.COM Website: WWW.2SRX.COM

Facility Manager: AUGUST MAZULLO

Professional qualifications and experience of facility manager: CA DR # 23931
FL CDR # 8811964 20+ YRS. PHARMACEUTICAL DISTRIBUTION

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Global Blood Therapeutics Inc.

Physical Address: 171 Oyster Point Blvd, Suite 300

City: South San Francisco State: CA Zip Code: 94080 Telephone

Number: (650) 741-7700 Fax Number: N/A

Toll Free Number: N/A

E-mail: statelicensing@gbt.com Website: www.gbt.com

Facility Manager: Patricia Suvari

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: Physicians

Type of Products to be handled or wholesaled by firm:

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

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Invicta Wholesale Supplies, LLC

Physical Address: 1126 Industry Dr.

City: Tukwila State: WA Zip Code: 98188-4803

Telephone Number: 253-246-2098 Fax Number: 253-277-3149

Toll Free Number: N/A

E-mail: compliance.invicta@gmail.com Website: www.invictaws.com

Facility Manager: George Kosulin

Professional qualifications and experience of facility manager: Resume 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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Kenco Logistic Services LLC.

Physical Address: 205 Hembree Park drive, suite 170

City: Roswell State: GA Zip Code: 30076 Telephone _____

Number: 678-414-1851 Fax Number: _____

Toll Free Number: _____

E-mail: Alfonzo.Sims@Kencogroup.com Website: www.Kencogroup.com

Facility Manager: Alfonzo J. Sims

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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: Lohxa, LLCPhysical Address: 600 Main St. Ste. 110City: Worcester State: MA Zip Code: 01608Telephone Number: 800.641.5564 Fax Number: 866.691.4767Toll Free Number: 800.641.5564E-mail: nik@lohxa.com Website: www.lohxa.comFacility Manager: Kreshnik Loxha

Professional qualifications and experience of facility manager: _____

Licensed PharmD. RPh for 5 yearsTypes of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: McKesson Medical-Surgical Inc.Physical Address: 3769 Commerce Center Blvd.City: Bethlehem, PA 18015 State: Zip Code: TelephoneNumber: 484.456.7600 Fax Number: Toll Free Number: E-mail: Elaine.Stutman@McKesson.com Website: www.mckesson.comFacility Manager: Randall McCollomProfessional 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 ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02307)
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 by all types of ownership

Facility Name: Medline Industries, Inc.

Physical Address: 10 Glen Falls Technical Park

City: Glen Falls State: NY Zip Code: 12801

Telephone Number: 518 742 4495 Fax Number: -

Toll Free Number: 1-800-MEDLINE

E-mail: mleonard@medline.com Website: www.medline.com

Facility Manager: David Greer

Professional qualifications and experience of facility manager: 24 Years of Drug Warehouse Experience

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing Homes, Surgery Centers, Long Term Care

Type of Products to be handled or wholesaled by firm:

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

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Micro Labs USA, Inc.

Physical Address: 106 Allen Road, Suite 102

City: Basking Ridge State: NJ Zip Code: 07920

Telephone Number: (908) 484-7410 Fax Number: (845) 544-2481

Toll Free Number: (855) 839-8195

E-mail: MLU@slny.com Website: www.microlabsusa.com

Facility Manager: Umesh Karpakulajayakuma

Professional qualifications and experience of facility manager: Spearhead multiple operations across long- and short-range planning, supply chain and logistics management, accounting, cost control, and office administration for newly established location in the United States.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks 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.

<input checked="" type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH 02463) 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 <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
--	--

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Novadoz Pharmaceuticals, LLC

Physical Address: 20 Duke Road, Suite A

City: Piscataway State: NJ Zip Code: 08854

Telephone Number: 908-360-1500 Fax Number: 732-902-2113

Toll Free Number: N/A

E-mail: seshu.aklua@novadozpharma.com Website: novadozpharma.com

Facility Manager: Seshu Akula

Professional qualifications and experience of facility manager: Resume 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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

FFF

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

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: Norbrook Inc.Physical Address: 9733 Loiret Blvd.City: Lenexa State: KS Zip Code: 66219Telephone Number: (913) 599-5777 Fax Number: (913) 599-5766Toll Free Number: (913) 599-5777E-mail: NOR@slny.comWebsite: www.norbrook.comFacility Manager: Scott Alan Egbert

Professional qualifications and experience of facility manager: Over 19 years of operations management and global logistics experience in the pharmaceutical industry. Strong background in systems development, project management, and process improvement.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Distributors, Clinics or Institutions.

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Veterinary Over-the-Counter Drugs

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> 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	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Novo Nordisk Pharma Inc.

Physical Address: 800 Scudders Mill Road, Suite 1A108

City: Plainsboro State: NJ Zip Code: 08536 Telephone _____

Number: 609-786-3040 Fax Number: 609-580-2476

Toll Free Number: N/A

E-mail: mdub@novonordisk.com Website: Pending

Facility Manager: Melissa A. Dubicki

Professional qualifications and experience of facility manager: Oversee inventory, distribution, customer service activities, and transportation.

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:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices <input type="checkbox"/> Poisons or Chemicals <input type="checkbox"/> Controlled Substances (include copy of DEA) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hypodermic Devices <input type="checkbox"/> Veterinary Legend Drugs
---	---

HHH

OMHYH - STHV - NV 116

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: O&M Halyard, Inc.Physical Address: 228 Access DriveCity: Southaven State: MS Zip Code: 38671Telephone Number: 662-342-1953

Fax Number: _____

Toll Free Number: _____

E-mail: gm-licensing@owens-minor.comWebsite: www.halyardhealth.comFacility Manager: Randall K. HooverProfessional qualifications and experience of facility manager: See attached resume**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Manufacturers and Dentists

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Patheon Manufacturing Services LLC

Physical Address: 5900 Martin Luther King Jr. Hwy

City: Greenville State: NC Zip Code: 27834

Telephone Number: 252-758-3436 Fax Number: 252-707-4610

Toll Free Number: N/A

E-mail: Vito.Maurizzio@thermofisher.com Website: Patheon.com

Facility Manager: Vito A. Maurizzio

Professional qualifications and experience of facility manager: _____

Vito A. Maurizzio is the manager DEA Site Services. He has been working for the company for over 20 years.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers

☒ Other: Pharmaceutical companies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☒ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> 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 <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
--	--

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: PARI Respiratory Equipment, Inc.

Physical Address: 2421 PARI Way

City: Midlothian State: VA Zip Code: 23112 Telephone _____

Number: 804-253-7274 Fax Number: 804.253.0275

Toll Free Number: _____

E-mail: mike.judge@pari.com Website: www.pari.com

Facility Manager: Michael N. Judge

Professional qualifications and experience of facility manager: 20 years experience in Pharmaceutical Quality, Regulatory Affairs and Day-to-Day Operations, MBA and BA Physics

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

KKK

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Perrigo Pharmaceuticals Company

Physical Address: 515 Eastern Ave.

City: Allegan State: MI Zip Code: 49010

Telephone Number: (269) 673-8451 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: PPC@slny.com Website: www.perrigo.com

Facility Manager: Chad Vincent Caldarona

Professional qualifications and experience of facility manager: Distribution Manager with experience in training, safety, quality, utilization, productivity, budgets, projects, compliance and customer service.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Distribution sites with organization, Manufacturers and Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: Human Ophthalmic and Human OTC and OTC PSE.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Persion Pharmaceuticals LLC

Physical Address: 10 North Park Place, Suite 201

City: Morristown State: NJ Zip Code: 07960 Telephone: _____

Number: (800) 793-2145 Fax Number: 1-862-260-8752

Toll Free Number: (800) 793-2145

E-mail: mpeter@curraxpharma.com Website: http://www.persionpharma.com/

Facility Manager: George Jones

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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks 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.

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH 01651) 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 <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
---	--

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Pharmaceutical Associates, Inc.

Physical Address: 1700 Perimeter Road

City: Greenville State: SC Zip Code: 29666

Telephone Number: 864-277-7282 Fax Number: 864-277-8045

Toll Free Number: _____

E-mail: kbryant@paipharma.com Website: www.paipharma.com

Facility Manager: Kurt Orlofski, CEA

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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

NNN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH02359)

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 by all types of ownership

Facility Name: Pharmsource, LLC

Physical Address: 123 Newman Dr.

City: Brunswick State: GA Zip Code: 31520 Telephone

Number: 912-235-0480 Fax Number: 877-240-5344

Toll Free Number: _____

E-mail: jpeters@pharmsourcewholesale.com Website: pharmsourcewholesale.com

Facility Manager: John B. Peters

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☐ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Veterinary hospitals

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☒ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

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

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

☒ New Wholesaler 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: PI Services, LLC

Physical Address: 2010 Filmore Avenue

City: Erie State: PA Zip Code: 16506

Telephone Number: 814-616-2502 Fax Number: 814-838-2102.3

Toll Free Number: 888-838-2103

E-mail: emilys@pharmacyinnovations.net Website: N/A

Facility Manager: Taylor Scully, PharmD

Professional qualifications and experience of facility manager: PharmD, Registered PA Pharmacist, 9+ yrs in pharmacy & inventory drug control

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

545.00

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: Progenics Pharmaceuticals, Inc.Physical Address: 110 Clyde Road, Suite L.06City: Somerset State: NJ Zip Code: 08873 Telephone _____Number: 646-975-2500 Fax Number: 646-707-3626Toll Free Number: N/AE-mail: odalia@progenics.com Website: www.progenics.comFacility Manager: Shaohui Zhang

Professional qualifications and experience of facility manager: Shaohui Zhang is a doctor of organic chemistry. He has more than 3 years of experience working in building, managing, and maintaining CGMP facilities for radiopharmaceutical production and quality control.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Quantum Commerce, LLC DBA: Quantum RX
Physical Address: 25076 W. 6 Mile Rd.
City: Redford State: MI Zip Code: 48240
Telephone Number: 313-387-9988 Fax Number: 313-221-9988
Toll Free Number: n/a
E-mail: quantumrxl@yahoo.com Website: www.quantumrx.net
Facility Manager: Lauren Hunter

Professional qualifications and experience of facility manager: 6+ years experience, trained by retired DEA agent for compliance through third party, OCSA trained
Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: n/a

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: n/a

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: QOL Medical, LLC

Physical Address: 3405 Ocean Drive

City: Vero Beach State: FL Zip Code: 32963

Telephone Number: (866) 469-3773 Fax Number: (772) 365-3375

Toll Free Number: N/A

E-mail: QOL@slny.com Website: www.qolmed.com

Facility Manager: Frederick E. Cooper, Jr.

Professional qualifications and experience of facility manager: Chief Executive Officer for QOL Medical, LLC since 2010. Since 2010, he has managed daily business operations, including the sales/distribution, compliance, & financial departments.

Types of licensed outlets or authorized persons firm will serve:

Specialty
☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: Republic PharmaceuticalsPhysical Address: 5840 Interface Dr. Ste. 200City: Ann Arbor State: MI Zip Code: 48103Telephone Number: 734-263-1290 Fax Number: 734-263-1290Toll Free Number: 800-659-6609E-mail: compliance@republicpharma.com Website: www.republicphama.comFacility Manager: Rikky Shah

Professional qualifications and experience of facility manager: Rikky Shah has 13 years experience in the pharmaceutical industry with 3 of those years as being a 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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Retrophin, Inc

Physical Address: 3721 Valley Centre Drive, Ste 200

City: San Diego State: CA Zip Code: 92130

Telephone Number: 888-969-7879 Fax Number: 858-792-0431

Toll Free Number: _____

E-mail: legal@retrophin.com Website: www.retrophin.com

Facility Manager: Karl Odquist

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Direct to customers (through specialty pharmacy)

Type of Products to be handled or wholesaled by firm:

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

uuu

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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.

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WHO <u>02362</u>) 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	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Partnership - Pages 1,2,3,7 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Rising Pharma Holdings, Inc.

Physical Address: 650 Randolph Road

City: Somerset State: NJ Zip Code: 08873 Telephone

Number: (201) 961-9000 Fax Number: (201) 961-1234

Toll Free Number: _____

E-mail: RPI@slny.com Website: _____

Facility Manager: Christopher M. Washington

Professional qualifications and experience of facility manager: Directs all policy, procedure and operational aspects of the distribution center. Ensures timely and cost efficient delivery of inventory and finished goods. Utilizes systems to monitor and track inventory through the distribution chain and identify and resolve issues.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distributors and US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Human OTC

VVV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 01837)

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 by all types of ownership

Facility Name: RxCrossroads 3PL LLC

Physical Address: 1001 Cheri Way, Suite 100

City: Fairdale, KY

State: Zip Code: 40118

Telephone

Number: 502-357-1310

Fax Number: 502-753-8393

Toll Free Number: N/A

E-mail: regulatory@rxcrossroads.com

Website: www.rxcrossroads.com

Facility Manager: Andrea Seadler

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Veterinarians, permitted clinics/surgical centers.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☒ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☒ Other: Over the counter drugs

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521
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

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.

<input type="checkbox"/> New Wholesaler or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH 00850) 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 <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,7 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 <input type="checkbox"/> Sole Owner – Pages 1,2,3,8	
---	--

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: RxCrossroads 3PL LLC

Physical Address: 5101 Jeff Commerce Drive

City: Louisville, KY State: Zip Code: 40219 Telephone

Number: 502-318-1200 Fax Number: 502-753-8393

Toll Free Number: N/A

E-mail: regulatory@rxcrossroads.com Website: www.rxcrossroads.com

Facility Manager: Jeffrey Phelps

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Veterinarians, permitted clinics/surgical centers.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Over the counter drugs

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

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 01482**)
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 by all types of ownershipFacility Name: Safco Dental Supply LLCPhysical Address: 1111 Corporate Grove DriveCity: Buffalo Grove State: Illinois Zip Code: 60089Telephone Number: 847-412-9331 Fax Number: 847-412-9367Toll Free Number: 800-621-2178E-mail: regulatory@safcodental.com Website: www.safcodental.comFacility Manager: Bradley JoergerProfessional qualifications and experience of facility manager: See attached resume of Bradley Joerger.Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Nonprescription drugs and devices.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler 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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Safeway Distributors Inc.

Physical Address: 15851 SW 41 Street Suite 600

City: Davie State: Florida Zip Code: 33331

Telephone Number: 954-796-3338 Fax Number: 954-796-3402

Toll Free Number: _____

E-mail: mbleich@safeway954.com Website: N/A

Facility Manager: Michael Bleich

Professional qualifications and experience of facility manager: 15 Years exp.

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:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Scott's Dental Supply, LLC

Physical Address: 7217 45th Street Ct E Ste 103

City: Fife State: WA Zip Code: 98424

Telephone Number: (800) 901-3368 Fax Number: (800) 657-0601

Toll Free Number: (800) 901-3368

E-mail: compliance.scottsds@gmail.com Website: www.scottsdental.com

Facility Manager: Scott Bigler

Professional qualifications and experience of facility manager: Scott Bigler has been president since 2002. Resume attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Dentist

Type of Products to be handled or wholesaled by firm:

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

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: Seattle Genetics, Inc.

Physical Address: 21823 30th Drive SE

City: Bothell State: WA Zip Code: 98021

Telephone Number: 425-527-4000 Fax Number: 425-527-4107

Toll Free Number: N/A

E-mail: legal@seagen.com Website: www.seattlegenetics.com

Facility Manager: John F. DeTurk

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Clinics and government agencies.

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 ownershipFacility Name: Spectrum Pharmaceuticals, Inc.Physical Address: 157 Technology DriveCity: Irvine State: CA Zip Code: 92618Telephone Number: 949-788-6700 Fax Number: 949-788-6706Toll Free Number: N/AE-mail: malik.rafi@sppirx.com Website: http://www.sppirx.comFacility Manager: Malik RafiProfessional qualifications and experience of facility manager: See Attachment C**Types of licensed outlets or authorized persons firm will serve:**

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors, physicians and clinics

Type of Products to be handled or wholesaled by firm:

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

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

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

☐ New Wholesaler 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: Strides Pharma, Inc.

Physical Address: 2 Tower Center Boulevard, Suite 1102

City: East Brunswick State: NJ Zip Code: 08816

Telephone Number: (609) 773-5000 Fax Number: (609) 935-0806

Toll Free Number: N/A

E-mail: SPI@slny.com Website: www.stridesarco.com

Facility Manager: Mohanram P Devineni

Professional qualifications and experience of facility manager: Senior Management executive with 35 years of experience in the pharmaceutical field, with extensive knowledge in R&D, Engineering, Strategy Implementation, quality assurance, quality control and business development.
Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: OTC drugs

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

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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> 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	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Tricida, Inc.

Physical Address: 7000 Shoreline Court, Suite 201

City: South San Francisco State: CA Zip Code: 94080

Telephone Number: 415-429-7800 Fax Number: N/A

Toll Free Number: N/A

E-mail: pharmalicensing@tricida.com Website: www.tricida.com

Facility Manager: Susannah Cantrell

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: _____

Type of Products to be handled or wholesaled by firm:

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

FFFF

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

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

☒ New Wholesaler 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 by all types of ownership

Facility Name: UroGen Pharma Inc. FFFF. UroGen Pharma Inc. – New York, NY

Physical Address: 499 Park Ave, Suite 1200

City: New York State: NY Zip Code: 10022

Telephone Number: (646) 768-9780 Fax Number: 646-542-1391

Toll Free Number: 855-535-6986

E-mail: legal@urogen.com Website: www.urogen.com

Facility Manager: Peter S. Maruszewski, VP Supply Chain

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 ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

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

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

☒ New Wholesaler 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 by all types of ownershipFacility Name: Viela Bio, Inc.Physical Address: One Medimmune Way, First Floor Area 2City: Gaithersburg State: MD Zip Code: 20878 Telephone: 301-978-2100Number: (240) 558-0038 Fax Number: _____Toll Free Number: (240) 558-0038E-mail: levinl@vielabio.com Website: www.vielabio.comFacility Manager: Lee LevinProfessional qualifications and experience of facility manager: See attached resume**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: Military

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (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

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 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 types of ownership

Pharmacy Name: Rx2U, LLC.

Physical Address: 1701 W. Charleston Blvd #600

City: Las Vegas State: Nevada Zip Code: 89101

Telephone: 702-252-7928 Fax: 702-227-7928 Toll Free Number: N/A

E-mail: Maryam@Rx2U-LV.com

Website: www.Rx2U-LV.com

Managing Pharmacist: Maryam Rastkarder License Number: 18656

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____