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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT OF STATE WHOLESALER LICENSE

\$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 for all types of ownership

Facility Name: Huvepharma, Inc.

Physical Address: 20927 State Route K

City: St. Joseph State: MO Zip Code: 64505

Telephone Number: (816) 233-9533 Fax Number: (816) 233-1858

Toll Free Number: (800) 542-8916

E-mail: HUV@slny.com Website: www.huvepharma.com

Facility Manager: Tonya Louise Willson

Professional qualifications and experience of facility manager: Oversee operations within the organization's customer service and logistics departments. Responsible for the development, execution and continuous improvements of the logistics, distribution and customer service processes in alignment with organizations objectives.

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: VET OTC Drugs, Rx IV drugs, Biologics

APPLICATION FOR OUT OF STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

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

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

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

Name: Sparhawk Laboratories, Inc

Address: 12340 Santa Fe Drive, Lenexa, KS 66215-3591

Name: Norbrook, Inc

Address: 9733 Loriet Blvd, Lenexa, KS 62219

Name: American Animal Health / Black Phoenix Holdings

Address: 1401 Joel East Rd, Fort Worth, TX 76140

Name: Vets Plus, Inc

Address: 302 Cedar Falls Road, Menomonie, WI 54751

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT OF STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



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

Glen M. Wilkinson

Print Name of Authorized Person

6/14/19

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: DE
Parent Company if any: Huvepharma, EOOD
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Fax: (845) 544-2481
Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Huvapharma, EOOD</u>	<u>5th Floor, 3A "Nikolay Haytov" Str., 1113 Sofia, Bulgaria</u>
	Name	Business Address
b)	<u></u>	<u></u>
	Name	Business Address
c)	<u></u>	<u></u>
	Name	Business Address
d)	<u></u>	<u></u>
	Name	Business Address

2) Provide the number of shares issued by the corporation. N/A Company is solely owned by
Huvepharma, EOOD.

3) What was the price paid per share? N/A - no price per share

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Inlude ith the appli ation or a non pu li ly traded orporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



Huvepharma, Inc.



Corporate Address: 525 Westpark Drive, Peachtree City, GA 30269 USA
FEIN: 20-3406575
www.huvepharma.com

Drug Labeler Code: 23243
Incorporation State: DE
Incorporation Date: 8/31/2005

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
STJ	20927 State Route K St. Joseph, MO 64505 County: Andrew			155594450	No	(816) 233-9533	(816) 233-1858

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Tonya Louise Wilson	Juniper Road Barnard, MO 64423	Director of Logistics	No

All states but CA for now.

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Huvepharma, EOOD	5th Floor, 3A "Nikolay Haytov" Str. 1113 Sofia, Bulgaria Bulgaria		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Glen M. Wilkinson	Dukes Court Brooks, GA 30205	President	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Registered Agent Solutions, Inc.

Company
Particulars

State of Missouri

Division of Professional Registration
Licensed Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2019015197
HUVEPHARMA, INC.
HUVEPHARMA, INC.
TONYA LOUISE WILLSON, MIC
20927 STATE ROUTE K
SAINT JOSEPH MO 64505
USA

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TONYA LOUISE WILLSON, MIC
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SAINT JOSEPH MO 64505
USA

State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Missouri Board of Pharmacy
Licensed Drug Distributor
Wholesale Drug Distributor

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USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

State of Missouri

Division of Professional Registration
Licensed Drug Distributor
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State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Missouri Board of Pharmacy
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EXECUTIVE DIRECTOR


DIVISION DIRECTOR

Home
State

State of Missouri

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Licensed Drug Distributor
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State of Missouri

Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration

Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor

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20927 STATE ROUTE K
SAINT JOSEPH MO 64505
USA




EXECUTIVE DIRECTOR


DIVISION DIRECTOR

None State

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

HUVEPHARMA INC.

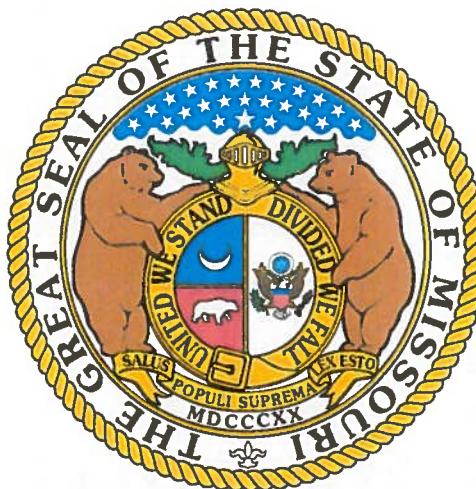
using in Missouri the name

HUVEPHARMA INC.
F00734302

a DELAWARE entity was created under the laws of this State on the 25th day of April, 2006, and is Good Standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 18th day of September, 2019.


Secretary of State



Certification Number: CERT-09182019-0015

Huvebnarman, ..

20927 State Route

Saint Joseph, MO 64505

Employee Name

Tonya Willson

Adam Yankowsky

Jacqueline McClure

Cari Evans

Robert "Bob" Keegan

Brian Snyder

John Nagel

Jody Runkles

Josh Miller

Noah Jensen

Kim Drydale

Ragena Hilsabeck

Sarah Hixson

Title

Director of Logistics

Product Manager

Sales, Marketing and Regulatory Administrator

Digital Brand Manager

Warehouse Supervisor

Warehouse Coordinator

Shipping and Receiving Materials Handler

Shipping and Receiving Materials Handler

Shipping and Receiving Materials Handler

Shipping and Receiving Materials Handler

Customer Relations - Technical Support Specialist

Customer Relations - Product Support

Customer Relations - Product Support

Address

20927 State Route K

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20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

20927 State Route K

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20927 State Route K

20927 State Route K

City

Saint Joseph

Saint Joseph

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Saint Joseph

Saint Joseph

Saint Joseph

Saint Joseph

Saint Joseph

State

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Zip Code

64505

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64505

64505

List of employees
who handle drugs

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41394267

Application/License No. _____

Huvepharma, Inc, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
525 Westpark Drive Suite 230 Peachtree City, GA 30269, as
Address of Applicant/Principal
PRINCIPAL, and Platte River Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Delaware,
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 5900 Madison, WI 53705-0900 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 5/21/2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21 day of May, 2019.

APPLICANT/PRINCIPAL

SURETY

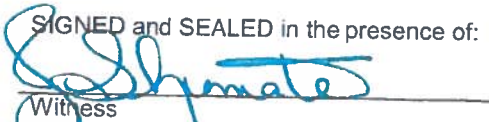
COMPANY


Authorized Representative


Surety Company's Representative

Christopher Owens, Attorney-in-fact
print name

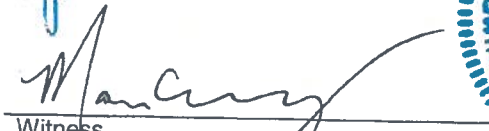
SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness


Witness



Countersigned by:

Nevada Resident Agent

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41394267

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

CHRISTOPHER OWENS

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski

John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent

Suzanne M. Broadbent
Assistant Secretary

STATE OF WISCONSIN } S.S.
COUNTY OF DANE



PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills

Stephen J. Sills
CEO & President

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



STATE OF WISCONSIN } S.S.
COUNTY OF DANE

David J. Regele

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 21 day of May, 2017.



Antonio Celi

Antonio Celi
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450. PR-POA (Rev. 10-2017)



STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

October 17, 2019

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89512

Re: **Notice of Administrative Fine**
Huvepharma, Inc.

**License/Permit No.: Pending – Initial (Wholesaler Application) (20927 State Route K,
St. Joseph, MO 64505)**



Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a Public Consent Agreement and administrative fine for the above-referenced licensee.

On September 30, 2019, the Georgia State Board of Pharmacy issued an administrative fine against Huvepharma, Inc. in the amount of Two Thousand Seven Hundred and Eighty Dollars (\$2,780.00). This administrative fine is the result of a failure to notice the Georgia State Board of Pharmacy of a change of name and change of ownership in a timely manner.

Huvepharma, Inc. returned the signed Consent Agreement to the Georgia State Board of Pharmacy on October 7, 2019, and will pay the Two Thousand Seven Hundred and Eighty Dollars (\$2,780.00) administrative fine within the sixty (60) day time frame issued by the Georgia State Board of Pharmacy.

Attached please find copies of the notice regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
HUV@slny.com

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:

HUVEPHARMA, INC.,

Applicant.

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*
*
*
*

*** DOCKET NO. _____**

PUBLIC CONSENT AGREEMENT FOR LICENSURE

By agreement of the Georgia State Board of Pharmacy ("Board") and Huvepharma, Inc. ("Applicant"), the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 26, Ch. 4.

FINDINGS OF FACT

1.

Agri Laboratories Ltd. was licensed as a wholesaler pharmacy, License No. PHWH003105, in the State of Georgia on November 23, 2010.

2.

On or about July 27, 2018, Agri Laboratories Ltd. was purchased and changed its name to Huvepharma, Inc. Applicant did not submit its application for a new registration with a change of ownership and change of name to the Board until on or about May 24, 2019. In connection with the application, a representative of Applicant indicated that Applicant continued to ship a total of 278 shipments into the State of Georgia after the ownership and name change without the Board's authorization.

3.

Applicant waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4, T. 16, Ch. 13 and § 43-1-19, the Georgia State Board of Pharmacy may deny the change of ownership and change of name wholesaler application and/or impose disciplinary sanctions on Applicant's Georgia license based on the conduct described above. Applicant waives any further conclusions of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, and the Applicant hereby agrees that the Applicant's application for a change of ownership and change of name as a wholesaler pharmacy for the State of Georgia shall be granted under the following terms and conditions:

1.

The Applicant shall submit to the Board an administrative fine in the amount of **\$2,780.00 payable within sixty (60) days from the effective date of this Consent Agreement.** Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy and sent to the Board at 2 Peachtree Street, N.W., 6th Floor, Atlanta, Georgia 30303. **The Applicant's failure to timely pay the administrative fine shall subject Applicant's license to further disciplinary action, including revocation.**

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Agreement and dissemination thereof shall serve as a public reprimand to the Applicant for Applicant's conduct.

3.

Approval of this Consent Agreement by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Applicant's alleged conduct, and shall not be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Agreement shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Applicant, Huvepharma, Inc., acknowledges he/she has read this Consent Agreement and understands its contents. Applicant understands that Applicant has a right to an appearance in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Consent Agreement. Applicant understands that this Consent Agreement will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Applicant further understands and agrees that the Board shall have the authority to review all relevant evidence in considering this Consent Agreement. Applicant further understands that this Consent Agreement, once approved, shall constitute a public record of the Board. Applicant further understands that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the ability of the Board to adjudicate this matter. Applicant consents to the terms and sanctions contained herein.

(signatures on the following page)

Approved, this 7th day of October, 2019.

GEORGIA STATE BOARD OF PHARMACY

BY: _____
WILLIAM PRATHER, R.Ph.
President

ATTEST: _____
TANJA D. BATTLE
Executive Director

(BOARD SEAL)

CONSENTED TO:

Tanya Willson
AGENT, ON BEHALF OF
Huvepharma, Inc.
Applicant

AS TO SIGNATURE OF AGENT ON BEHALF OF APPLICANT

Sworn to and subscribed before me

this 7th day of October, 2019

Jacqueline McClure
NOTARY PUBLIC

My commission expires:



JACQUELINE MCCLURE
My Commission Expires
May 21, 2020
DeKalb County
Commission #12475066



STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensservicing.com

October 21, 2019

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: **Notice of Civil Fine**

Huvepharma, Inc.

**License/Permit No.: Pending – Initial (Wholesaler Application)(20927 State Route K,
St. Joseph, MO 64505)**

Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of a Summary Order and civil fine for the above-referenced licensee.

On September 19, 2019, the Kansas Board of Pharmacy issued a civil fine against Huvepharma, Inc. in the amount of Five Hundred (\$500.00) Dollars. This civil fine is the result of operating as a wholesale distributor in the state of Kansas after July 27, 2018 (the effective date of the change of ownership) and prior to May 29, 2019 (the date the Board approved the new registration).

Huvepharma, Inc. accepted the administrative fine and will be submitting the Five Hundred (\$500.00) dollar payment to the Kansas Board of Pharmacy within the required timeframe given by the Board.

Attached please find copies of the notice regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
HUV@slny.com

SEP 19 2019

BEFORE THE KANSAS BOARD OF PHARMACY

KANSAS STATE
BOARD OF PHARMACY

In the Matter of)

Huvepharma, Inc.)

Case No. 19-443

Registration No. 5-109751)**SUMMARY ORDER**

NOW, on this 19th day of September 2019, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of Huvepharma, Inc. ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 5-103196 which entitles Respondent to operate as a wholesale distributor in the State of Kansas ("Respondent's Registration").
2. On July 27, 2018, name and ownership of Respondent's facility were changed from Agri Laboratories, Ltd. to Huvepharma, Inc.
3. On May 16, 2019, the Board received Form BA-05 Distributor Registration Application from Respondent, notifying the Board of the changes in name and ownership.

4. On May 29, 2019, the Board approved Respondent's Distributor Application, effective immediately.

5. With the May 29, 2019 approval, Respondent's previous registration number 5-103196 was cancelled, effective July 2018, and Respondent was issued new registration number 5-109751, under new name and ownership.

6. On July 25, 2019, the Board received information regarding a non-disciplinary fine against Respondent by the Arkansas Board of Pharmacy, for failing to notify their Board of ownership change in a timely manner.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed \$5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1643, it shall be unlawful for any person to distribute at wholesale any drugs without first obtaining a registration as a wholesale distributor from the Board.

3. Respondent's application documents indicated Respondent had functioned as a wholesale distributor in the state of Kansas between the July 27, 2019 ownership change and the May 29, 2019 Board registration approval.

4. By operating as a wholesale distributor in the state of Kansas prior to its May 29, 2019 Distributor Application approval by the Board, Respondent violated K.S.A. 65-1643(c).

ORDER

The Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of \$500.00. Respondent has 30 days from the date of this order to pay the full \$500.00.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.
2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.
3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.
4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.


9/19/19
Date

Alexandra Blasi
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 19th day of September 2019, deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

HUVEPHARMA, INC.
20927 STATE ROUTE K
ST. JOSEPH, MO 64505



Kansas Board of Pharmacy Staff



STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

December 9, 2019

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521



Re: **Notice of Discipline**

Huvepharma, Inc.

License/Permit No.: Pending – Initial (20927 State Route K, St. Joseph, MO 64505)

Dear Licensing Authority:

State License Servicing, Inc. represents Huvepharma, Inc. in the servicing of their state licenses. This letter shall serve as disclosure of receipt of discipline in the form of a letter of admonition.

Huvepharma, Inc. failed to notify the Colorado State Board of Pharmacy of a change of Designated Representative in a timely manner. As a result, the Colorado State Board of Pharmacy issued the attached letter of admonition and warned that repetition of such practice may lead to more severe disciplinary action.

Huvepharma, Inc. has accepted the admonishment.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
HUV@slsny.com

MAILED CERTIFIED MAIL

November 18, 2019

Huvepharma, Inc.
Attn: Todd Noll
: 0 Maury Ave.
St. Louis, MO 63116

Also sent via Email to: todd.noll@huvepharma.us

Re: License Number: WHO.0008282
Case Number: 2019-7677

Dear Designated Representative,

The State Board of Pharmacy ("Board") has concluded its inquiry into the aforementioned matter. It was the Board's decision not to commence with formal proceedings against the Wholesaler license. However, the Board did determine disciplinary action in the form of this letter of admonition is warranted, pursuant to section 12-280-127(6), C.R.S.

Failure to timely notify the Colorado State Board of Pharmacy of a designated representative change is in violation of 12-280-126(1)(c)(II), C.R.S. and Board Rule 15.01.14. In this case 61 days elapsed before notification.

By this letter, the Board takes the formal disciplinary action of admonishing the Wholesaler for the conduct specified above, and warns that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages the Wholesaler to review and understand the Pharmacists, Pharmacy Business, and Pharmaceuticals Practice Act requirements and obligations for the Practice of Pharmacy in Colorado.

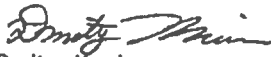
In accordance with section 12-20-404(4), C.R.S., the Board advises the Wholesaler that it has the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Dmitry Kunin, Program Director, at the address listed below. If the wholesaler makes a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with section 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of the Wholesalers record. It is not, however, a restriction on your practice as a Wholesaler.

If you have further questions or concerns, please visit our website at <https://www.colorado.gov/dora/dpo> or you can contact our office at dora_pharmacyboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

A handwritten signature in black ink, appearing to read "Dmitry Kunin".

Dmitry Kunin

Program Director

Division of Professions and Occupations

Please complete a short survey at <https://www.surveymonkey.com/r/B5JR27T> regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

CERTIFICATE OF SERVICE

This is to certify that I have duly served the enclosed LETTER OF ADMONITION upon all parties herein by depositing copies of the same in the United States mail via certified mail, at Denver, Colorado, and electronic mail this 18th day of NOVEMBER, 2019, addressed as follows:

Huvepharma, Inc.
Attn: Todd Noll
3360 Maury Ave.
St. Louis, MO 63116

Also sent via Email to: todd.noll@huvepharma.us


Board Staff

9B

New.
Application

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 by all types of ownership

Facility Name: Jams Wholesale Distribution Services LLC, DBA: JAMSRX-DEERFIELD

Physical Address: 1371 West Newport Center Drive Suite 103

City: Deerfield Beach State: Florida Zip Code: 33442

Telephone Number: 888-570-5267 Fax Number: 866-542-8544

Toll Free Number: _____

E-mail: pete@petebizzarro.com Website: www.jamsrx.com

Facility Manager: Peter Bizzarro

Professional qualifications and experience of facility manager: Designated Rep at other location since 2010. Oversees daily functions at location and fully understands all distributor rules and regulations

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: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

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

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

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

we have not sold, dispensed or distributed
Name: *in the past year.*

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒


5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

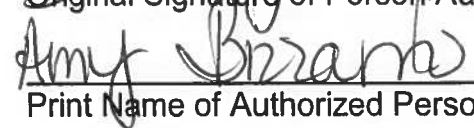
Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


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


Print Name of Authorized Person

5/28/2019
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: N/A
Mailing Address: 1371 West Newport Center Drive Suite 103
City: Deerfield Beach State: Florida Zip: 33442
Telephone: 888-570-5267 Fax: 866-542-8544
Contact Person: Peter Bizzarro

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u></u>	
	Name	Business Address
b)	<u></u>	
	Name	Business Address
c)	<u></u>	
	Name	Business Address
d)	<u></u>	
	Name	Business Address

2) Provide the number of shares issued by the corporation. N/A

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

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a non publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Halsey Beshears, Secretary

Ron DeSantis, Governor

NAME: **JAMS WHOLESALE DISTRIBUTION SERVICES LLC
JAMSRX - DEERFIELD (DBA NAME)**

ADDRESS: **1371 W. NEWPORT CENTER DRIVE, DEERFIELD BEACH, FL 33442**

PROFESSION: **Prescription Drug Wholesale Distributor**

LICENSE NUMBER: **2220266**

STATUS: **CURRENT**

ISSUE DATE: **04/15/2019**

EXPIRATION DATE: **04/30/2020**

Verification by:



Trisha L. Shannon
Regulatory Specialist II
Department of Business and Professional Regulation

You may also access online verification at
<https://www.myfloridalicense.com/wl11.asp?mode=0&SID=>





**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047**

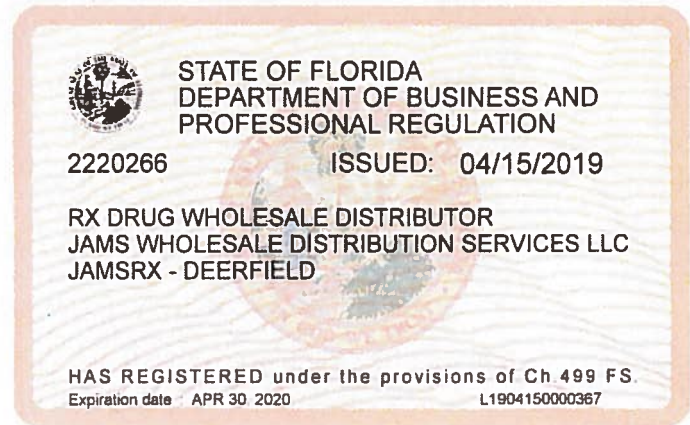
(850) 487-1395

**JAMS WHOLESALE DISTRIBUTION SERVICES LLC
JAMSRX - DEERFIELD
1371 WEST NEWPORT CENTER DRIVE
SUITE 103
DEERFIELD BEACH FL 33442**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridallicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS**

LICENSE NUMBER

2220266

The **PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR**
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2020

**JAMS WHOLESALE DISTRIBUTION SERVICES LLC
JAMSRX - DEERFIELD
1371 WEST NEWPORT CENTER DRIVE
SUITE 103
DEERFIELD BEACH FL 33442**



ISSUED: 04/15/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1904150000367

Paul Edwards

From: Harrison Schwartz <harrison@jamsrx.com>
Sent: Wednesday, June 19, 2019 10:40 AM
To: Paul Edwards
Cc: Peter Bizzarro; Amy Bizzarro
Subject: FW: Nevada Board of Pharmacy - JAMSRX-DEERFIELD Application

Good Afternoon,

We recently received a request for clarification (copied below) regarding our facility, JAMSRX-DEERFIELD, with question as to who the managers are. The following are the only individuals who are actual the managers of the company:

Amy Bizzarro – 100% owner and Designated Rep
Peter Bizzarro – Main Manager of the facility

These people are the only ones who do reporting to the state(s), make company-wide choices, and provide company reports to organizations like the Secretary of State.

If there are any other questions please let me know at this email address. Thank you

HARRISON SCHWARTZ

☎ 954.422.1332 / 888.570.JAMS (5267) | 📠 866.542.8544

📍 1371 West Newport Center Drive Suite 103, Deerfield Beach, FL 33442

www.jamsrx.com



JAMS Wholesale Distribution Services, LLC, Coconut Creek, FL Facility has earned VAWD accreditation.

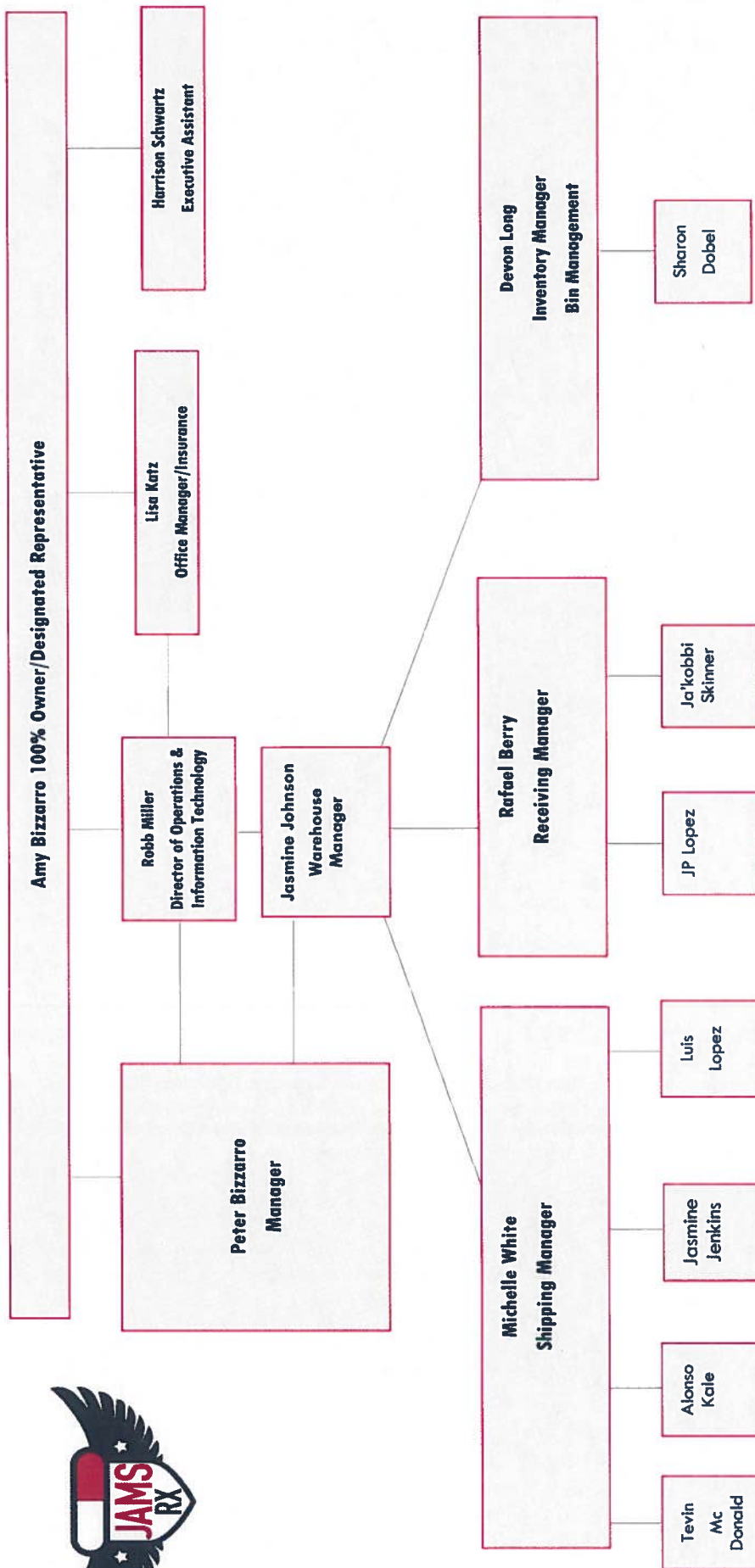
NOTE: The information contained in this electronic message may be confidential information and is intended for the sole use of the intended recipient. Any use, distribution, transmission, or forwarding of information contained in this email by persons who are not intended recipients may be a violation of law and is strictly prohibited. If you are not the intended recipient, please contact the sender and delete all copies.

From: Paul Edwards <pedwards@pharmacy.nv.gov>
Date: June 12, 2019 at 5:32:13 PM EDT
To: "pete@petebizzarro.com" <pete@petebizzarro.com>
Subject: Nevada Board of Pharmacy -

Mr. Bizzarro,

JAMS Wholesale Distribution Services LLC dba JAMS RX Deerfield recently submitted an application with fingerprint cards for its managers. The company also included an employee chart. It is not clear from that chart, however, who are the actual managers of the company (i.e., who does the company report to the Secretary of State are the company's managers?).

Everyone in this chart handles drugs on a daily basis.



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB12289500256

Application/License No. _____

JAMS WHOLESALE DISTRIBUTION SERVICES LLC, doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

1371 NEWPORT CENTER DRIVE, SUITE 103, DEERFIELD BEACH, FL 33442, as

Address of Applicant/Principal

PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY, a

Surety Company

corporation organized under the laws of the state of PENNSYLVANIA

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

231 ST. ASAPH'S RD., SUITE 100, BALA CYNWYD, PA 19004 as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on MAY 20, 2019.

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
20TH day of MAY, 2019.

APPLICANT/PRINCIPAL
JAMS WHOLESALE DISTRIBUTION SERVICES LLC


Authorized Representative

SURETY COMPANY
PHILADELPHIA INDEMNITY INSURANCE COMPANY


Surety Company's Representative

CATHERINE C. KEHOE, Attorney-in-fact
print name


SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness


Witness

Countersigned by:


Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Clark Fitz-Hugh, Conway C Marshall, Elizabeth Schott, Linda C Sheffield, Darlene A Bornt, Catherine C Kehoe, David C Joseph, Jessica Palmeri, Kristine Donovan, Stephen Beahm, Elizabeth Kearney, Roxanne Craven, Andrea Becker and/or Candice Gros of Global Surety, LLC**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PHILADELPHIA INDEMNITY INSURANCE COMPANY** on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

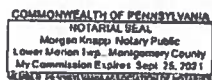
IN TESTIMONY WHEREOF, **PHILADELPHIA INDEMNITY INSURANCE COMPANY** HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

Morgan Knapp

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of **PHILADELPHIA INDEMNITY INSURANCE COMPANY**.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 21st day of May, 20 19.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

9C

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: NDC Homecare, LLC dba Preferred Medical Supply

Physical Address: 1000 Schroeder Bldg 1 Suite 101

City: Waco State: TX Zip Code: TX Telephone

Number: 254-772-0040 Fax Number: N/A

Toll Free Number: 800-722-7865

E-mail: Compliance@ndc-ihac.com Website: www.preferredmedical.com

Facility Manager: Jay Piscacek

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: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

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

Yes ☐ No ☒

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

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

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

Name: See Attached
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☒ No ☐

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

Yes answers

07/07 Mark Seitz President and CEO plead guilty to a misdemeanor “reckless endangerment” Nashville TN

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Tammy Beasley
Print Name of Authorized Person

8/9/18
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: NDC Intermediate Holdings LLC
Mailing Address: 402 BNA Dr. Ste 500
City: Nashville State: TN Zip: 37217
Telephone: 615 366 3230 Fax: —
Contact Person: Tammy Beasley

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) NDC Intermediate Holding, LLC 402 BNA Drive, Ste 500 100%
Name Business Address Nashville, TN 37217

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 0

3) What was the price paid per share? 0

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non publicly traded corporation

- ☒ List of officers and directors
- ☒ Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 10/22/18

GENERAL INSTRUCTIONS

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

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

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

Application for NDC Homecare / Preferred Medical
Nature of Pharmacy or Wholesaler
NDC Homecare / Preferred Medical, 1000 Schroeder Blvd Suite 101 Waco, TX 76710
Name and Address of Business for Which Designated Representative Is Requested
Preferred Medical
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Pisculek Last Name Jay First Name Dawson Middle Name

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

2 Riders Way Present Residence Address-Street or RFD Waco City TX 76712 State/Zip

1000 Schroeder Blvd Suite 101 Present Business Address Waco City TX 76710 State/Zip

Branch Manager Present Position with the Pharmacy or Wholesaler 11/16-present Dates Waco City TX 76710 State/Zip

Phone:
Residence N/A
Business (254) 772-0040

28 Date of Birth Waco, McLennan, Texas Place of Birth (City, County, State)

28 Age Waco, McLennan, Texas Social Security Number M Sex

Green Color of Eyes Brown Color of Hair Fair Complexion 180 Weight M Build 6" Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

If naturalized, certificate No. N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial JP

MARITAL INFORMATION-Continued

A. **Current Marriage**.....N/A
 Date.....N/A.....City, County and State.....N/A
 Spouse's full name (Maiden).....N/A.....S.S. No.....N/A
 Date of Birth.....N/A.....Place of Birth.....N/A
 Resident address.....N/A
 Street.....City.....State.....Zip.....
 Telephone: Residence.....N/A.....Business.....N/A
 Spouse's employer.....N/A.....Occupation.....N/A
 Address of employer.....N/A
 Street.....City.....State.....Zip.....

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			

B. **Child Support Information:**

Please mark the appropriate response:

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

Applicant's initial.....JO

FAMILY INFORMATION-Continued

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

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Thomas Piscacek	2/10/1961	Cumder Court	Salesman
Mother Debra Rudolph-Piscacek	11/1/1961	"	Retired
Father-in-Law			

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Brian Piscacek	1/11/1988	Little Rock Court Collegestation, TX	Analyst
Spouse Michel Jones-Piscacek	1/11/1988	"	Teacher
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Wardlaw	Waco, TX	1995-2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Robinson	Robinson, TX	2004-2008	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College McLennan	Waco, TX	2007-2009	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Blinn	Brenham, TX	2008-2009	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any N/ACollege or university where obtained N/AApplicant's initial JP

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft?

Yes ☒ No ☐

County McLennan State Texas Date registered 2008

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

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

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

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

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

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

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

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? city, county and state

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

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial JP

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
1991-2008	9012 Kingswood Place	Weslway	TX
2008-2014	9308 Yellowstone	Waco	TX
2014-2017	1105 Camden Court	Waco	TX
2017-Present	1105 Riders Way	Waco	TX

Applicant's initial JP

8. EMPLOYMENT:

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

3/2011-3/2016	Privett Medical - 6813 Cactus Drive Waco, TX, 76712 - 4,000	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Warehouse / Driver / Sales	Stocking, deliveries, customer relations	Mark Martinez / Anne Privett / Kelly Kunkin
Title	Description of Duties	Name of Supervisor
4/16 - Present	Preferred Medical - 1000 Schroeder Blvd. Suite 101 Waco, TX, 76710 - 4,900	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Sales / Branch Manager	Calling on customers / Responsible for all Branch Duties	David Hicks / Dave Johnson
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial JP
Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Denny Warren</u>	Home	<u>Lytham Court</u>	<u>Burleson, TX</u>	<u>76028</u>	<u>-</u>	<u>25</u>
Employer <u>ESL Region 12</u>	Business	<u>2101 West Loop</u>	<u>340 - Waco, TX</u>	<u>76712</u>	<u>(254) 297-1161</u>	
Name <u>Paula Parish</u>	Home	<u>Summit Ridge</u>	<u>Waco, TX</u>	<u>76710</u>	<u>-6</u>	<u>25</u>
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Terri Murfin</u>	Home	<u>Double Tree Lane</u>	<u>Austin, TX</u>	<u>78750</u>	<u>-1</u>	<u>8</u>
Employer <u>Curb</u>	Business	<u>1524 South IH 35</u>	<u>Frontage Rd - Austin, TX</u>	<u>78704</u>	<u>(512) 629-2872</u>	
Name <u>Dr. Ken Koeritz</u>	Home	<u>Kingswood Place</u>	<u>Lexington, TX</u>	<u>76112</u>	<u>-6</u>	<u>25</u>
Employer <u>Himself</u>	Business	<u>2501 Ambassador Dr.</u>	<u>Waco, TX</u>	<u>76712</u>	<u>(254) 752-4395</u>	
Name <u>Rev. Mark Weckhimer</u>	Home	<u>5 Hanks Rd</u>	<u>Magnolia, TX</u>	<u>77355</u>	<u>(-)</u>	<u>20</u>
Employer <u>Magnolia UMC</u>	Business	<u>419 Commerce St</u>	<u>Magnolia, TX</u>	<u>77355</u>	<u>(281) 356-6647</u>	

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

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

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

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

N/A

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

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

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

N/A

Applicant's initial

JP

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?

Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler?

Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?

Yes ☒ No ☐



GRAPH

AST

Date of photograph

10/23/18

Applicant's initial

JP

STATE OF Texas

SS.

COUNTY OF McLennan

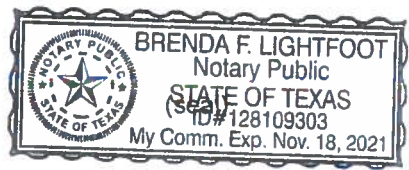
I, Jay Dislaczek, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation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

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 24th day of

October 2018
Brenda F. Lightfoot
Notary Public



Applicant's initial JP

[illegible]

Page 10

Jay Piscacek
1 Riders Way
Waco, TX 76712

Education

Spring 2016
2008-2009
2007-2009
2005-2008

Austin Community College, Austin, TX
Blinn College, Brenham and Bryan, TX.
McLennan Community College, Waco, TX.
Robinson High School, Waco, TX.

Work Experience

November 2016-present

Preferred Medical-Waco, TX
Branch Manager. Oversees all daily operations.

January-October 2016

Pruett/Preferred Medical-Austin, TX
Salesman. Called on new and existing customers.

February 2011-2015

Pruett Medical-Waco, TX.
Warehouse and Delivery. Packed and
delivered medical supplies to central Texas
hospitals and nursing homes.

July -August 2008

Wendy's Waco, TX.
Cooked and cleaned.

Honors and Awards

Baylor Masonic Lodge Bill Holder Memorial
Scholarship Recipient
Mayborn Museum Volunteer
A/B High School Honor Roll
Honorable Mention All-District Basketball

References

Denny Warren
Mytham Court
Burleson, TX 76028
(254) 495-0227

Paula Parish
Summit Ridge
Waco, TX 76710
(254) 722-7998



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

January 14, 2019

Djana Milliken
NDC
407 New Sanford Rd.
Lavergne, TN 37086

CFN: 2075828
Lic.: 1002544
Type: 2501
File: 5595

Re: License Verification for NV

Dear Ms. Milliken:

Enclosed is the license information you requested for NDC Homecare LLC dba Preferred Medical Supply located at 1000 Schroeder, Building 2, Suite 202, Waco, Texas. The firm currently holds license number 1002544 as a prescription drug distributor in Texas and is in good standing.

If you have questions or need additional information, please contact me or Ms. Jonnetta Wheaton at 512-834-6755, via fax at (512) 834-6759, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:

Karen Tannert
Drugs and Medical Devices Unit MC 1987
PO Box 149347
Austin, TX 78714-9347

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: NDC Homecare, LLC dba Preferred Medical Supply
Address: 1000 Schroeder Bldg 1, Ste 101
City: Waco State: TX Zip: 76710
I hereby authorize the Texas Dept of State Health Ser. to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant Dana D. [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1002544	Current	8.1.2018	6.25.2020

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>[Signature]</u>	Chief Pharmacist	TX	1.14.18	

<u>State</u>	<u>Facility</u>	<u>License number</u>	<u>Issue date</u>	<u>expiration date</u>
Kansas, KS	Home TX	5-107883	2/25/2019	6/30/2019
Oregon, OR	Home TX	W1-0004753	2/13/2019	9/30/2019
Washington, WA	Home TX	PHWH.FX.60914175	11/2/2018	9/30/2019
Montana, MT	Home TX	PHA-WDD-LIC-57753	11/15/2018	11/30/2019
Louisiana, LA	Home TX	9509	1/2/2019	12/31/2019
South Dakota, SD	Home TX	600-2965	11/6/2018	12/31/2019
Oklahoma, OK	Home TX	88-W-5784	2/15/2019	2/28/2020
Minnesota, MN	Home TX	364072	11/14/2019	5/31/2020
Texas, TX -Prescription Drug (Address changed to si	Home TX	1002544		6/25/2020
Department of Transportation	Home TX	301802	6/20/2018	6/30/2020
Texas, TX - Multi Product	Home TX	1001574		9/27/2020
Arizona, AZ	Home TX	W003215	11/1/2018	10/31/2020
Colorado, CO	Home TX	WHO.0008394	12/7/2018	10/31/2020
Arkansas, AR	Home TX	WD05130	10/24/2018	12/31/2020
FDA Food Facility Registration Waco TX- Registrar C	Home TX	13430621266	4/24/2018	12/31/2020
Illinois, IL	Home TX	004.004723		12/31/2020
New Mexico, NM	Home TX	WD00012515	1/24/2019	12/31/2020
Utah, UT	Home TX	11123498-1710	2/8/2019	9/30/2021
Missouri, MO	Home TX	2018044343	12/14/2018	10/31/2019

We only have 2 suppliers that we will associate with regards to pharmaceutical products that will be sold, dispensed or distributed from this facility.

MPM Medical
1801 Big Town Blvd Ste 300
Mesquite, TX 75149

Dynarex
10 Glenshaw Street
Orangeburg, NY 10962

NDC Homecare, LLC .

Shareholders

NDC Intermediate Holdings, LLC 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Member

Mark Seitz, Member/Managers & CEO
100 Whistler Cove
Franklin, TN 37067

Scott Craighead, Member/ Manager & COO
Kenny's Bend Lane
Cathage, TN 37030

Tammy Beasley, Compliance Manager
1 Rosecran Circle
LaVergne, TN 37086

RE: New application in process – Updated organization's officer list

8/19/19

Name of Company

NDC Homecare, LLC. dba Preferred Medical Supply
1000 Schroeder Building 1, Suite 101
Waco, TX 76710

Shareholders

NDC Intermediate Holdings, LLC 100%
402 BNA Drive
Suite 500
Nashville, TN 37217

Member

Mark Seitz, Member/Managers & CEO
Whistler Cove
Franklin, TN 37067

Tammy Beasley, Compliance Manager
Rosecran Circle
LaVergne, TN 37086

List of names that would be handling the Rx drugs on a daily basis.

Tyler Buckner

Kateltyn Cheney

Marcus Dean

Tristian Clark

Andrew Sturgeon

Josh McFarland

Scott Myers



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

July 2, 2019

Djana Milliken
NDC Homecare
407 New Sanford Rd.
Laverne, TN 37086

CFN: 2075828
Lic.: 1002544
Type: 2501
File: 5594

Re: License Verification for CA & NV

Dear Ms. Milliken:

Enclosed is the license information you requested for NDC Homecare, LLC dba Preferred Medical Supply located at 1000 Schroeder Building 1, Suite 101, Waco, Texas, 76710. The firm currently holds license number 1002544 as a prescription drug distributor in Texas and is in good standing.

If you have questions or need additional information, please contact me or Ms. Jonnetta Wheaton at 512-834-6755, via fax at (512) 834-6759, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:

Karen Tannert
Drugs and Medical Devices Unit MC 1987
PO Box 149347
Austin, TX 78714-9347

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: NDC Homecare, LLC dba Preferred Medical Supply
Address: 1000 Schroeder Bldg 1 Ste 101
City: Waco State: TX Zip: 76710
I hereby authorize the Texas Dept of State Health Ser. to furnish to the Nevada State Board of Pharmacy, the information requested below.
Signature of Applicant Daria M. Miller

THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
1002544	Current	5.31.2019	6.25.2020

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
--	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has applicant met all licensing requirements of your state? (If no, please explain) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of State Official	Title	State	Date	State Seal
<u>Karen Chappell</u>	Chief Pharmacist	TX	7.2.19	

- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.state.tx.us/fdllicense.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Food and Drug Licensing Group at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://reglicensing.questionpro.com>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

NDC HOMECARE LLC
407 NEW SANFORD RD
LA VERGNE TN 37086



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT



NDC HOMECARE LLC DBA
PREFERRED MEDICAL SUPPLY
1000 SCHROEDER BLDG T STB 101
WACO, TX 76710

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1002544
Expires: June 25, 2020

NON-TRANSFERABLE

John R. [Signature]
Commissioner

511834

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NDC HOMECARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC HOMECARE, LLC" WAS FORMED ON THE SECOND DAY OF MARCH, A.D. 2017.

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



6333287 8300

SR# 20193515321

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

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

Authentication: 202761439

Date: 05-03-19

**CERTIFICATE OF FORMATION
OF
NDC HOMECARE, LLC**

This Certificate of Formation of NDC Homecare, LLC is to be filed with the Delaware Secretary of State pursuant to the Delaware Limited Liability Company Act, Section 18-201.

1. The name of the limited liability company is NDC Homecare, LLC.
2. The name and street and mailing address of the initial registered office and the registered agent for service of process of the limited liability company in the State of Delaware are as follows: National Registered Agents, Inc., 160 Greentree Drive, Suite 101, Dover, Delaware 19904, County of Kent.

Dated as of this 2nd day of March, 2017.

/s/ Meredith Collins
Meredith Collins, Organizer

22435750.1

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:56 AM 03/02/2017
FILED 11:56 AM 03/02/2017
SR 20171544450 - File Number 6333287

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 106862655

Application/License No. _____

NDC Homecare, LLC dba Dedicated
Distribution, Preferred Medical and Wolf Medical Supply

Applicant/Principal

_____, doing or intending to do business

as a pharmaceutical wholesaler, whose address for purposes of service is

407 Sanford Road, Laverne, TN 37086

Address of Applicant/Principal

, as

PRINCIPAL, and Travelers Casualty and Surety Company of America

Surety Company

, a

corporation organized under the laws of the state of _____

CT

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

6640 Carothers Parkway, Suite 300, Franklin, TN 37067

Address of Surety

as

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on _____

May 24, 2018

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
24th day of May, 2018.

APPLICANT/PRINCIPAL

NDC Homecare, LLC dba Dedicated
Distribution, Preferred Medical and Wolf Medical Supply

By: 

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

By: 

Surety Company's Representative

Pam Pratt, Attorney-in-fact
print name




SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness Chris McEvoy


Witness Crissy Hicks

Countersigned by:

N/A
Nevada Resident Agent



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Surety Bond No. 106862655

Principal: NDC Homecare, LLC dba Dedicated Distribution, Preferred Medical and Wolf Medical Supply

OR

Project Description: NV Pharmaceutical Wholesaler bond for NDC Homecare LLC dba
Dedicated Distribution, Preferred Medical and Wolf Medical Supply

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Pam Pratt** of the City of **Nashville**, State of **TN**, their true and lawful Attorney-in-Fact, to sign, execute, seal and acknowledge the surety bond(s) referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **24th** day of **June, 2016**.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut

City of Hartford ss.

By:

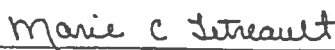

Robert L. Raney, Senior Vice President

On this the **24th** day of **June, 2016**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**.




Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 24th day of May, 2018.



Kevin E. Hughes, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

9D

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 checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: WH- WH101936 Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that WH101856 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: Teleflex LLC

Physical Address: 11245 North Distribution Cove

City: Olive Branch State: MS Zip Code: 38654

Telephone Number: 662-892-9100 Fax Number: 662-892-9900

Toll Free Number: _____

E-mail: statelicensing@teleflex.com Website: https://www.teleflex.com

Facility Manager: Michael Adam Nester

Professional qualifications and experience of facility manager: see exhibit A

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: see exhibit B

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate)
see exhibit C

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

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

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☐

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

Teleflex LLC only receives product from Arrow International, Inc. and Teleflex Medical Incorporated. Teleflex LLC has not distributed any product to date.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____
n/a

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? **Yes** ☒ **No** ☐
see exhibit E


4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? **Yes** ☐ **No** ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? **Yes** ☐ **No** ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


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

Jake Elguicze
Print Name of Authorized Person

6/10/19
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Teleflex Incorporated

Mailing Address: 550 E Swedesford Road

City: Wayne State: PA Zip: 19087

Telephone: 610-225-6800 Fax: _____

Contact Person: Jake Elguicze

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Teleflex Incorporated
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 100% membership interest in the limited liability company

3) What was the price paid per share? n/a

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a

Include with the application for a non publicly traded corporation

List of officers and directors

see exhibit E

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

See exhibit F

EXHIBIT A

Michael Adam Nester

1 Crystal Court
Nesbit, MS 38651

Qualifications

- Provide leadership to teams with excellent organizational skills
- Self-motivated leader who is excellent in meeting metrics requirements
- Detail-oriented team player who is eager to accept new challenges while effecting surrounding people in a positive way

Work Experience

Certified Designated Representative

August 2019 - Present

Teleflex LLC, Olive Branch, Mississippi

- Work with state license specialist and legal to required state license accreditation for the facility
- Work with quality, management, and facilities to ensure Teleflex LLC follows: GMP's, Policy & Procedures, Agile Training, Certifications, Temperature Monitor, Secured Access, and Storage,

Certified Designated Representative

April 2013 – August 2019

Arrow International Inc., Olive Branch, Mississippi

- Work with state license specialist and legal to gain VAWD-Verified Accredited Wholesale Distributors and required state license accreditation for Arrow International Inc.
- Successfully represented Arrow International Inc. at the South Carolina Board of Pharmacy case review
- Adhere to all state and federal regulations agencies for the wholesale distribution of pharmaceuticals
- Complete annual state required self-assessments (Oregon self-inspections)
- Work with quality, management, and facilities to ensure Arrow International Inc. follows: GMP's, Policy & Procedures, Agile Training, Certifications, Temperature Monitor, Secured Access, and Storage,

Distribution Center Supervisor

January 2019 - Present

Teleflex LLC, Olive Branch, MS

- Safely manage the employees in the shipping departments and adhere to , Current policies, procedures, & regulations (FDA, ISO, OSHA etc.), responsible for investigating and analyzing all events and developing actions that provide and maximize expected results,
 - Experience with SCAR process (OEM)
 - Created and assist in work instructions
- Support the growth and development of a start-up Distribution Center and the consolidation of existing distribution centers,
- Support and improve metrics for the Distribution Center operation,
- Focus on continuous improvement within the operation and with customers,
 - Operations expert for NADC Parcel Optimization project

- UAT Test Coordinator for NADC Parcel Optimization Project
 - Created the Training Plan for NADC Parcel Optimization Project
 - Created WI & Single Point lessons for NADC Parcel Optimization Project
 - UAT Tester APO project
 - Create service tickets that address root cause issues form a systematic approach
- Demonstrate solid management and leadership ability with the DC employees,
- Maintain compliance with company policies, safety standards, Housekeeping practices, GMP's, ISO, OSHA, FDA and other government regulations,
- Contribute to a budget development process for the Distribution Center operation that includes operating expenses and capital dollar requirements,
- Gain and use knowledge of the existing system to improve the operation

Distribution Center Supervisor

March 2014 – December 2019

Arrow International, Inc. Olive Branch, MS

- Safely manage the employees in the shipping departments and adhere to , Current policies, procedures, & regulations (FDA, ISO, OSHA etc..), responsible for investigating and analyzing all events and developing actions that provide and maximize expected results,
 - Experience with SCAR process (OEM)
 - Created and assist in work instructions
- Support the growth and development of a start-up Distribution Center and the consolidation of existing distribution centers,
- Support and improve metrics for the Distribution Center operation,
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- Contribute to a budget development process for the Distribution Center operation that includes operating expenses and capital dollar requirements,
- Gain and use knowledge of the existing system to improve the operation.

Shipping Lead

December 2012-March 2014

Teleflex Medical Inc. and Arrow International Inc., Olive Branch, Mississippi

- Lead a team in day-to-day shipping activities within a medical device distribution center,
- Ensure that all daily requirements are being met by staff and any projects meet the deadlines given,
- Effectively plan and communicate daily volume and assign work to 40 team members,
- Adjust manpower throughout the day, in conjunction with other leads, to ensure customer orders are processed in a timely manner,
- Assist in determining reasons for system inaccuracies as they occur and recommend methods to prevent future inventory corruption,
- Make recommendations to improve the management and processes,

- Reconcile each count, performing root cause analysis and trending and track errors and report information to the responsible parties,
- Investigate inventory discrepancies (wrong quantity, wrong product, and wrong location),
- Analyze productivity and quality reports to achieve established goals,
- Enforce company rules and regulations,
- Perform duties of material handlers and/or distribution associates as needed and complete daily,
- Operational tasks using RF technology,
- Assist with special projects and training of new processes,
- Pull reports and plan the daily production based on capacity,
- Hold daily meetings with clerks, processors, material handlers and dock Associate.

International

July 2004 - January 2010

Medtronic Inc., Memphis, Tennessee

- Lead a team to successfully meet consolidated and urgent medical shipments to Asia (Hong Kong, South Korea and Malaysia),
- Participated in several Kaizen projects
- Managed and tracked internal transfer orders and deliveries in TCS (automated system),
- Trained new hired employees,
- Created successful strategic action plans for timely consolidated shipments,
- Took charge of record retention requirements (AES customer clearance, shipping documents),
- Managed time and temperature sensitive Infuse (bone marrow protein),
- Cycle count inventory in Automated pick System TCS,
- Create invoices for consolidated shipments and scheduled pickups with Fed Ex,
- Maintained communication and carried out work orders with customer service through email and phone calls,
- Created and directed strategic action plans with teammates for accurate and timely consolidated shipments,
- Selected to represent fellow employees in the HR revision of the employee handbook.

Infuse kitting

- Build Infuse kits for surgery
- count , label , and audit bone marrow proteins , collagen sponges, sterile water, and syringes in a Sterile Environment

Loaner Distribution

- Assign surgical set to deliveries
- Receive sets and product
- Pull missing parts from inventory and place in sets
- Create S6 for missing inventory
- Best of the Best Loaner Distribution Shipping Clerk

Skills

Computer

Advanced in SAP R/3 and proficient in SAP 6.0 production systems, Proficient in TCS Automated System, Proficient in Microsoft office 2010, and Proficient with QuickBooks 2007.

Certificates

Teleflex Academy Management Development

Florida Certified Designated Representative

California Designated Representative

VAWD Verified Accredited Wholesale Distribution for Arrow International, Inc.

Obtained all required state licensing for Arrow

Awards

Recipient of Sense of Urgency for Teleflex Medical Inc. /Arrow International Inc.

Most Committed Award for Teleflex Medical Inc. /Arrow International Inc.

Received Team Player, Passion To Win and Accountability awards from Medtronic Inc.

Education

Currently enrolled and working to complete Bachelors in Business Administration

EXHIBIT B

As a newly formed entity, Teleflex LLC has not received any disciplines to this date. The following information relates to disciplines received by Teleflex LLC's affiliates, Arrow International, Inc. and Teleflex Medical Incorporated.

Arrow International, Inc. 312 Commerce Place, Asheboro, NC

This facility ceased distribution operations in 2014. All distribution activities were moved to the facility located in Olive Branch, MS. The Olive Branch facility has not been subject to any disciplinary actions.

- 1) Arrow received a Citation dated December 17, 2014 from the California State Board of Pharmacy. The Citation alleged a *per se* violation of Section 4301(n) of the California Business and Professional Code due to payment of a fine under a Settlement Agreement entered into by Arrow with the State of Florida on July 17, 2012. The Settlement is further described below.
- 2) Arrow received a Notice of Violation and Notice of Intent to Deny from the Florida Department of Business and Professional Regulation dated April 12, 2012 for alleged violations of sections 499.005(15) and 499.012. Arrow entered into a Settlement Agreement dated July 17, 2012 to resolve the matter. As part of the settlement, Arrow paid a \$25,000 fine. Per section 17(e) of the Settlement Agreement, nothing referenced in the Settlement Agreement constituted a disciplinary action against the facility's Florida permit.
- 3) In 2009, Arrow was cited by the Florida Department of Health for alleged violations of Sections 499.005(2) F. S. and 499.0105(1) F. S. The Florida Department of Health performed an investigation and no violation was found.
- 4) In 2008, Arrow was cited by the Florida Department of Health for a violation of Sections 499.005(18) and 499.012(6) of the Florida statutes concerning required recordkeeping and a violation of Section 499.005(19) concerning reporting of correct lot numbers for drugs contained in Arrow kits distributed in Florida. Arrow agreed to correct its practices and paid a minimal fine.

Teleflex Medical Incorporated 970 Westport Parkway, Fort Worth, TX

This facility is now closed. In 2008, Teleflex Medical Incorporated was issued a probationary Out-of-State Wholesale Drug Distributor License by the State of Missouri for failure to apply for its Missouri Wholesale Drug Distributor License in a timely fashion. As a result of the Missouri disciplinary action, in 2010 the State of Colorado issued Teleflex Medical Incorporated a probationary Out-of-State wholesaler registration under the same terms and for the same period of time as that provided in the order by the State of Missouri. Because of the probationary status of the Teleflex Medical licenses in Missouri and Colorado, South Carolina issued a probationary license to Teleflex Medical, conditioned on Teleflex Medical being VAWD certified by June 1, 2012. Teleflex Medical complied fully with the requirements.

Teleflex Medical Incorporated 11245 North Distribution Cove, Olive Branch, MS

Teleflex Medical Incorporated received a Michigan Administrative Complaint in December 2013. The Complaint alleged a *per se* violation of the Michigan Public Health Code due to the disciplines involving the Texas facility noted above. The Complaint did not allege any current violations. The parties entered into a Consent Order dated December 10, 2014 to resolve the matter by payment of a fine with no reprimand or conditions on Teleflex's Michigan license.

Teleflex Medical Incorporated 2917 Weck Drive, Durham, NC

Teleflex Medical Incorporated received a Notice of Intent to Deny from the Florida Department of Business and Professional Regulations on January 10, 2014 for its administrative facility. The parties entered into a Settlement Agreement on November 25, 2014 to resolve the matter by payment of a fine. Per Section 9 of the Settlement Agreement, the settlement does not constitute a discipline under Florida's statutes or regulations.



*The National Association of Boards of Pharmacy®
hereby awards*

*Verified-Accredited Wholesale Distributors®
Accreditation*

to

Arrow International, Inc

located at

11245 N Distribution Cove, Olive Branch, MS 38654

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone

Carmen A. Catizone, Executive Director/Secretary

August 27, 2017 - August 26, 2020

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Fitchmanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy



The National Association of Boards of Pharmacy®
hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Teleflex Incorporated
dba Teleflex Medical Incorporated

located at

11245 Distribution Cove, Olive Branch, MS 38654

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.net.

Carmen A. Catano Executive Director/Secretary

May 13, 2016 - May 12, 2019

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.net

EXHIBIT E

OFFICERS OF TELEFLEX LLC

OFFICERS	TITLE
Jay White jay.white@teleflex.com **Director	President
John Robert Deren john.deren@teleflex.com **Director	Vice President
Gregg Wayne Winter gregg.winter@teleflex.com	Vice President
Jake Elguicze jake.elguicze@teleflex.com **Director	Vice President & Treasurer
James Joseph Leyden james.leyden@teleflex.com	Secretary

Mr. White is located at
Teleflex LLC
3015 Carrington Mill Blvd
Morrisville, NC 27560

The other officers are located at
Teleflex Incorporated
550 E Swedesford Rd #400
Wayne, PA 19087

List of employees at Teleflex LLC that ship the products

Person Id	First Name	Last Name	Position Title
10236	Gary	Thomas	Distribution Associate II
11159	Mack	Harris	Quality Assurance Technician II
11245	Larry	Tate	Material Handler
11311	Henry	Hoang	Senior Team Lead
11312	Leroy	Cryer	Material Handler
11313	Angela	Harris	Material Handler
11316	Dean	Frazier	Quality Assurance Technician I
11339	Tosha	Walker	Team Lead
11343	William	Stanback	Distribution Yard Hostler
11344	Vandasia	Bryant	Senior Team Lead
11347	Derrick	Bradley	Material Handler
11348	Glenda	Settle	Senior Team Lead
11363	Renee	Conston	Quality Assurance Technician II
11390	Wade	Jackson	Team Lead
11391	Torris	Scott	Team Lead
11393	Tiffany	Lowe	Quality Assurance Technician II
11394	Latosha	Harper	Ship Hold Coordinator II
11396	Christopher	Katchens	Distribution Associate II
11399	Jarica	Sumler	Senior Team Lead
11401	Ngoc Van	Vo	Distribution Associate I
11412	LaShondra	Jackson	Wave Planner
11413	Cassandra	Jackson	Wave Planner
11416	Shondreaka	Hill	Senior Team Lead
11417	Jonathan	Hernandez	Quality Assurance Technician II
11419	Israel	Falkner	Material Handler
11420	Montina	Hughes	Distribution Associate I
11421	Tracy	Barnes	Senior Team Lead
11424	Derrick	Granderson	Senior Team Lead
11515	Kenisha	Shelton	Team Lead
11516	Kevin	Johnson	Team Lead
11518	Hang	Le	Distribution Associate II
11523	Sheree	Elliott	Material Handler
11525	Della	Kimbrough	Distribution Associate I
11526	Brian	Tolentino	Material Handler
11537	Adrian	Thomas	Senior Team Lead
11538	Lorando	Hawkins	Material Handler
11543	Lorena	Lopez	Distribution Associate I
11546	Alice	Crutcher	Distribution Associate II
11547	Michael	Carver	Facilities Service Technician
11572	Mohamedou	Gadio	Sr. Team Lead
11603	Erica	Kilpatrick	Material Handler
11604	Roy	Bedford	Team Lead
11605	Shaun	Berryhill	Senior Team Lead

Person Id	First Name	Last Name	Position Title
11607	Derrick	Clark, II	Material Handler
11612	Sharon	Brantley	Distribution Associate I
11613	Michael	Strickland	Material Handler
11627	LeKendris	Chavers	Material Handler
11633	Kent	Williford	Material Handler
11681	Bobby	Bolton	Material Handler
11682	Ruth	Wainaina	Sr. Team Lead
11684	Zuher	Beikhan	Material Handler
11690	Ashley	Burgess	Distribution Associate II
11702	Dedrick	Houston	Material Handler
11703	Gatt	Williams	Material Handler
11704	Rena	Rayford	Material Handler
11725	Doneese	Williams	Material Handler
11754	Jennifer	Wilson	Distribution Associate II
11761	Monee	Adams	Material Handler
11762	Paul	Satcher	Material Handler
11766	Christina	Fitz	Quality Assurance Technician II
11767	Terrie	Yarbrough	Distribution Associate I
11819	Tangie	Sykes	Distribution Associate I
11827	Kendrick	Oliver	Material Handler
11828	Candace	Mallory	Distribution Associate II
11847	Shelly	Mattie	Distribution Associate I
11848	Sheila	Campbell	Distribution Associate I
11852	Kenneth	Cochran	Team Lead
11882	John	Hankins	Material Handler
11890	Chataira	Parnell	Distribution Associate I
11956	Dale	Bortters	Material Handler
11957	Patricia	Moses	Material Handler
11980	Savy	Duch	Distribution Associate II
11982	Chanel	Underwood	Team Lead
11983	Joyce	Vera	Distribution Associate II
11984	Carlos	Vera	Team Lead
11989	Tyler	Dicarlo	Senior Team Lead
12069	Canesha	Luellen	Team Lead
12083	John	Sullivan	Material Handler
12086	John	Lewis Jr.	Material Handler
12096	Tacamjula	Driver	Team Lead
12102	Marco	Watson	Material Handler
12103	Sharonda	Phillips-Glover	Material Handler
12105	Tyrone	Dandridge	Material Handler
12115	Lasheka	Scooter	Distribution Associate II
12116	Tina	Phillips	Distribution Associate I
12118	Darion	Marble	Material Handler
12119	Monique	Allen	Distribution Associate I
12129	Brian	Turnbow	Material Handler
12141	Paul	Hibler Jr	Material Handler

Person Id	First Name	Last Name	Position Title
12152	Chauntay	Williams	Senior Team Lead
12159	Sharon	Jones	Distribution Associate II
12160	Tyler	Wilkins	Distribution Associate I
12170	Chelsey	Rutherford	Material Handler
12189	Renee	Parrett	Wave Planner
12190	David	Hull	Material Handler
12247	Michael	Wiggison	Material Handler
12251	Marvin	Farmer	Material Handler
12252	LiQuita	Phillips	Material Handler
12254	Debra	Dunbar	Material Handler
12261	Sherry	Hughes	Material Handler
12262	James	Pike	Team Lead
12267	Antoine	Mosley	Material Handler
12268	Marcus	Reed	Material Handler
12282	Robert	Scott Jr.	Distribution Associate I
12365	Larrisha	Bell	Team Lead
12373	Sulara	Carter	Senior Team Lead
12375	Cecil	Boyland	Distribution Associate I
12378	Roderick	Ware Jr.	Material Handler
12380	James	Brown	Material Handler
12383	Angela	Cook	Transportation Coordinator
12784	Daniel	Willman	Distribution Associate II
12799	Latonya	Dishmon	Team Lead
12800	Rauricas	Tate	Material Handler
12803	Janice	Eldridge	Distribution Associate I
12804	Coshia	Smith	Material Handler
12806	Michael	Greene	Material Handler
12821	Issouf	Toure	Material Handler
12841	Kevin	Malone	Material Handler
12902	Alvin	Cross	Material Handler
12977	Miquanius	Williams	Material Handler
12980	Essic	White	Material Handler
12990	Marian	Smith	Distribution Associate I
13004	Robert	Pearson	Distribution Associate II
13027	Heriberto	Trinidad Cruz	Material Handler
13316	Necole	Levy	Material Handler
13456	Stephanie	May	Material Handler
13507	Darrian	Malone	Material Handler
13512	Felicia	Odom	Distribution Associate I
13548	Noah	Waalk	Maintenance Technician
13718	Katina	Armstrong	Material Handler
13719	Ricardo	Gant	Senior Team Lead
13720	Antonio	Gaston	Material Handler
13752	Robert	Bell	Material Handler
13753	Daryl	Ayers	Material Handler
13754	Chelsea	Jones	Material Handler

Person Id	First Name	Last Name	Position Title
13755	Dwight	Haley	Ship Hold Coordinator I
13775	Danny	Harris	Material Handler
13795	Joselin	Letet	Distribution Associate II
13819	Terry	Boyle	Material Handler
13836	Roosevelt	Walker	Material Handler
13877	Isaac	Westbrook	Distribution Associate II
13895	Diamone	Hill	Distribution Associate I
13904	Antwone	Stewart	Material Handler
13963	Jerome	Weeks	Material Handler
13975	Veronica	James	Distribution Associate I
13987	Willie	Mack	Material Handler
14018	Nicholas	Smith	Material Handler
14035	Quinton	Jackson	Material Handler
14036	Jessica	Fisher	Distribution Associate I
14037	LaToya	Cole	Distribution Associate I
14038	Leticia	Perez Bernardino	Distribution Associate I
14053	Evelyn	Amro	Distribution Associate I
14110	Deneisha	Haggard	Distribution Associate I
14111	Delferd	Harris	Material Handler
14129	Mark	Eaton	Material Handler
14137	Tavares	Smith	Distribution Associate I
14163	Deangelo	Payne	Distribution Associate I
14184	Qiana	Stoxstell	Distribution Associate I
15655	Beverly	Barber	Distribution Associate I
15656	Kaleb	Medina	Material Handler
15674	Luisa	Sotomayor	Material Handler
15691	Harry	Clemmons	Material Handler
15692	Iris	Martin	Distribution Associate I
15710	Carlos	Simmons	Material Handler
15726	Kim	Wright	Distribution Associate I
15727	ZayDeisha	Phillips	Distribution Associate II
15735	Raymond	West	Material Handler
15761	Jessica	Sellers	Material Handler
15762	Deadrick	Boyd	Distribution Associate I
15813	Tiara	Hodges	Distribution Associate I
15840	Kevin	Cochran	Material Handler
15854	Tamenshia	Ford	Distribution Associate I
15864	Shenekia	Cooper	Distribution Associate I
15866	Michael	Woods	Distribution Associate I
15899	Marian	Thompson	Distribution Associate I
15921	Kendall	Thomas	Material Handler
15923	Sandra	Miller	Distribution Associate I
15977	Crystal	Morrow	Distribution Associate I
16097	Travis	Henson	Material Handler
16100	Gerard	Hall	Material Handler
16181	George	Miller	Material Handler

Person Id	First Name	Last Name	Position Title
16183	Gevita	Fondren	Distribution Associate I
16186	Shawn	Williams	Material Handler
16189	Antjuan	Burnett	Distribution Yard Hostler
16191	Alisha	Hurst	Distribution Associate II
16193	James	Ward	Material Handler
16197	Tyra	McCray	Material Handler
16198	Erwin	Hurt	Material Handler
16200	Jason	Andrews	Material Handler
16205	Martavis	Reaves	Material Handler
16206	Cameron	Burton	Material Handler
16208	Candace	Love	Distribution Associate I
16214	Ardy	Phillips	Material Handler
16226	Jeffrey	Walton	Material Handler
16227	Christopher	Woods	Distribution Associate I
16230	Jamonica	Street	Material Handler
16231	Tarrika	Cleaves	Distribution Associate I
16233	Dana	Hayzlett	Distribution Associate I
16242	Kevin	Cockrell	Material Handler
16248	Krystal	Felston	Material Handler
16250	Jarvis	Malone	Material Handler
16259	Tito	Lazo	Material Handler
16270	Tametrious	Rodgers	Distribution Associate I
16279	Garry	Gamble	Material Handler
16281	Terry	Turner	Material Handler
16284	Lester	Benton	Quality Assurance Technician I
16286	Cedrick	Sherrod	Material Handler
16287	Jasma	Franklin	Distribution Associate I
16288	Elliott	Barnes	Material Handler
16290	Salvador	Campos Reyes	Material Handler
16291	Enrique	Faz	Material Handler
16301	Cleveland	Phillips	Material Handler
16312	Mariah	Brunson	Material Handler
16313	Teresa	Totton	Distribution Associate I
16319	Derrick	LaBarre	Material Handler
16334	Rodderick	Jones	Material Handler
16372	Virginia	Campos	Material Handler
16373	John	Milam	Material Handler
16375	Deangelo	Frederick	Material Handler
16414	LaCher	Carruth	Material Handler
16417	Zavien	Thomas	Material Handler
16446	Aisha	Barnes	Distribution Associate I
16464	Netopeu	Ngbe	Distribution Associate I
16572	Arizvett	Regalado	Distribution Associate I
16625	Demeshia	Miller	Distribution Associate I
16642	Shon	Williams	Material Handler
16644	Terrance	Jackson	Material Handler

Person Id	First Name	Last Name	Position Title
16656	Whitney	Young	Distribution Associate I
16658	Lance	Brown	Material Handler
16678	Lakiesha	Covington	Distribution Associate I
16679	Mamadou	Sow	Distribution Associate I
16682	Daphinique	Sample	Distribution Associate I
16691	Kendrick	Hymon	Material Handler
16703	Ladarius	Black	Material Handler
16706	Tyrod	Williams	Material Handler
16711	Demarius	Todd	Material Handler
16713	Eddie	Patterson	Material Handler
16728	Marketta	Johnson	Distribution Associate I
16729	Timothy	Walker	Material Handler
16730	Cedrick	Hudson	Team Lead
16751	Darryl	Stringfellow	Material Handler
16764	DeRhondlyn	Gulledge	Material Handler
16769	Gavin	Clark	Material Handler
16785	Joshua	Bray	Distribution Associate I
16787	Shaveda	Holt	Distribution Associate I
16795	Sabrena	Reed	Distribution Associate I
16823	Ashley	Willis	Material Handler
16869	Leticia	Esteva	Distribution Associate I
16870	Sandra	Dowdy	Team Lead
16871	Robert	Childress	Material Handler
16874	Edward	Robinson	Material Handler
16875	Desmond	Goodwin	Material Handler
16907	Randy	Bailey	Material Handler
16913	Dezmond	Harris	Material Handler
16953	shuronda	henderson	Distribution Associate I
16986	LaTasha	Nash	Distribution Associate I
17009	Maleslie	Sanders	Distribution Associate I
17042	Evette	Williams	Distribution Associate I
17044	Kiron	Covington	Material Handler
17078	Ternell	Keys	Material Handler
17092	Derian	Ferrell	Material Handler
17099	jason	hernandez	Material Handler
17119	Tjsa	Davis	Material Handler



MISSISSIPPI *Board of Pharmacy*



Arrow International, Inc

Permit No.:
15197/16.5

11245 North Distribution Cove
Olive Branch, MS 38654

Permit Holder:
Nester, Michael A

Wholesale Drug Distributor

This permit is not transferable or assignable.

Issued: 3/2/2017
Renewed: 11/7/2018
Expires: 12/31/2019

Cary Phillips
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851



MISSISSIPPI *Board of Pharmacy*



Teleflex Medical Incorporated

Permit No.:
15198/16.5

11245 North Distribution Cove
Olive Branch, MS 38654

Wholesale Drug Distributor

Permit Holder:
Jimmy D. Breedlove

This permit is not transferable or assignable.

Issued: 3/2/2017
Renewed: 11/7/2018
Expires: 12/31/2019

Cory Phillips
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Registration of Foreign Limited Liabilities Company Act to be filed in my office do hereby certify:

TELEFLEX LLC

Registered the 21st day of August, 2018

A Delaware LIMITED LIABILITY COMPANY has filed the necessary documents in this office and has obtained a certificate of registration to do business in this state, under the provisions of The Mississippi Registration of Foreign Limited Liability Companies Act as shown by the records in this office.

I further certify that said Limited Liability Company has filed in this office an appointment of registration for service of process, with written acceptance endorsed thereon, and/or power of attorney, designating its agent and/or attorney for service of process in this State as:

CORPORATION SERVICE COMPANY
7716 Old Canton Road, Suite C
Madison, MS 39110

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 2nd day of January, 2020

A handwritten signature in dark ink that reads "C. Delbert Hosemann, Jr." The signature is written in a cursive style.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN20075329

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>

EXHIBIT F
SECRETARY OF STATE



**CERTIFICATE OF REGISTRATION
OF
FOREIGN LIMITED LIABILITY COMPANY**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am the legal custodian of the records pertaining to Limited Liability Companies, and that I am the proper officer to execute this certificate.

I further certify upon said records that **TELEFLEX LLC**, a Limited Liability Company organized under the laws of the State of Delaware did, on February 5, 2019 qualify pursuant to the provisions of the Nevada Revised Statutes and is currently registered to transact business in this State as a Limited Liability Company.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 6, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Amy Brewer
Certificate Number: C20190205-1319

ENTITY INFORMATION**ENTITY INFORMATION****Entity Name:**

TELEFLEX LLC

Entity Number:

E0054952019-2

Entity Type:

Foreign Limited-Liability Company

Entity Status:

Active

Formation Date:

02/05/2019

NV Business ID:

NV20191101240

Termination Date:

Perpetual

Annual Report Due Date:

2/29/2020

Series LLC:☐**Domicile Name:****Jurisdiction:**

Delaware

REGISTERED AGENT INFORMATION**Name of Individual or Legal Entity:**

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:**Jurisdiction:**

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Email Address:

SOP@CSCGLOBAL.COM

Mailing Address:**Individual with Authority to Act:**

GEORGE MASSIH

Contact Phone Number:**Fictitious Website or Domain Name:****PRINCIPAL OFFICE ADDRESS**

Address:**Mailing Address:****OFFICER INFORMATION**☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
Manager	JOHN R DEREN	550 EAST SWEDESFORD ROAD, SUITE 400, WAYNE, PA, 19087, USA	02/06/2019	Active
Manager	JACOB ELGUICZE	550 EAST SWEDESFORD ROAD, SUITE 400, WAYNE, PA, 19087, USA	02/06/2019	Active
Manager	JAY WHITE	3015 CARRINGTON MILL BOULEVARD, MORRISVILLE, NC, 27560, USA	02/06/2019	Active

Page 1 of 1, records 1 to 3 of 3[Filing History](#)[Name History](#)[Mergers/Conversions](#)[Return to Search](#)[Return to Results](#)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800052326

Application/License No. _____

Teleflex LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
11245 North Distribution Cove, Olive Branch, MS 38654, as
Address of Applicant/Principal
PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
corporation organized under the laws of the state of New York
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800, Plymouth, MN 55441 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada
State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND
DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors,
administrators, successors and assigns jointly and severally, by these presents. This
bond term shall become effective on September 19, 2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that
the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy
(Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of
Pharmacy and this bond is executed and tendered in accordance therewith. This
bond secures payment of any administrative fines imposed by the Board pursuant to
NRS 639.255 and any costs incurred by the Board regarding the license of
Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the
Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
19th day of September, 2019.

APPLICANT/PRINCIPAL

Teleflex LLC


Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company


Surety Company's Representative

Adanna Brathwaite, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:


Witness


Witness


Witness

Countersigned by:


Nevada Resident Agent

Adanna Brathwaite, Nevada Non-Resident Agent



Power of Attorney

Surety Bond No: 800052326

Principal: Teleflex LLC

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Minnetonka, Minnesota, does hereby constitute and appoint: Adanna Brathwaite, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this eighth day of December, 2014.

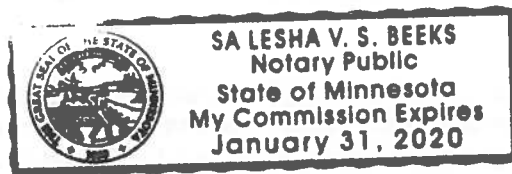
STATE OF MINNESOTA
HENNIPEN COUNTY

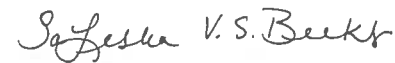


By


Paul J. Brehm, Senior Vice President

On this eighth day of December, 2014, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.





Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 19th day of September, 2019.





James G. Jordan, Assistant Secretary



Teleflex

3015 Carrington Mill Blvd
Morrisville, NC 27560
USA

Phone: 919-361-4150

Fax: 919-361-3905

teleflex.com

June 20, 2019

SENT VIA UPS

Nevada Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

Subject: **11245 North Distribution Cove Olive Branch, MS38654**
Wholesaler – Teleflex LLC

Dear Sir/Madam,

The above-listed facility (the "Facility") currently operates under the following Out-of-State Drug Distributor Permit:

Teleflex Medical Incorporated	WH01856
Arrow International, Inc.	WH01936
Arrow International, Inc.	MP01280

Teleflex Medical Incorporated ("TMI") and Arrow International, Inc. ("Arrow") are each wholly-owned subsidiaries of Teleflex Incorporated ("Teleflex"), and are both operating out of the Facility, with Arrow distributing medical devices, including convenience kits containing lidocaine, and TMI distributing medical devices.

To reduce complexity for our customers and improve operational efficiencies, Teleflex is reorganizing certain of its commercial operations, including the sales, logistics and distribution functions for its subsidiaries TMI and Arrow. The reorganization involves the establishment of a new wholly-owned subsidiary named Teleflex LLC, to which TMI and Arrow will transfer all of their respective operations taking place at the Facility. Following this transfer Teleflex LLC will hold, offer for sale, sell and distribute the products in inventory at the Facility, while Arrow and TMI will remain the manufacturers of their respective products, selling such products to Teleflex LLC for distribution.

The transfer will become effective on or around August 5, 2019. Until that time, TMI and Arrow will continue to hold, offer for sale, sell and distribute products in inventory at the Facility under their existing respective permits.

Please note the following with respect to the enclosed application:

- 1) The officers and ownership of Teleflex LLC are the same as those of Arrow and TMI.

- 2) Teleflex LLC has filed an application for a Drug Wholesaler Distributor Permit in Mississippi. Documentation of the home state license and license verification will be provided when they become available. Copies of the current Arrow and TMI permits are attached.
- 3) Arrow and TMI are currently VAWD certified. Copies of the certificates are enclosed. Teleflex LLC is applying for a Change of Ownership for the Arrow VAWD certification. Upon issuance of the VAWD certification to Teleflex LLC, the Arrow and TMI certifications will be surrendered
- 4) Once the transaction is completed, documentation of the Change of Ownership will be submitted and Arrow and TMI will surrender their Drug Distributor Permits
- 5) Adam Nester, the current Arrow facility manager for the Facility will remain facility manager under Teleflex LLC.
- 6) Once the transaction is completed, documentation of the Change of Ownership will be submitted and Arrow and TMI will surrender their Drug Distributor Permits.

The operations at the Facility are not expected to change as a result of the transfer to Teleflex LLC. In this regard, products, personnel and policies and procedures are expected to remain the same. The only change is to the Teleflex legal entity that will be responsible for the operations at the Facility.

In order to effectuate a smooth transition, we are submitting the enclosed application 30 business days prior to the effective date of the transfer to Teleflex LLC. Should you have any questions regarding the foregoing or the enclosed application, please let me know. I can be reached by telephone at 919-361-3905 or by email at Bettina.knight@teleflex.com.

Kind regards,



Bettina Knight
State Licensing Specialist
Teleflex
3015 Carrington Mill Boulevard
Morrisville, NC 27560
Direct: 919-361-3905
Bettina.knight@teleflex.com

9E

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: Teleflex LLC

Physical Address: 14005 13th Avenue

City: Plymouth State: MN Telephone: 55441

Number: 763-656-4300 Fax Number: 763-656-4253

Toll Free Number: _____

E-mail: statelicensing@teleflex.com Website: http://www.teleflex.com

Facility Manager: Christopher Chapman

Professional qualifications and experience of facility manager: see exhibit A

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: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

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

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

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

Teleflex LLC only receives products from Vascular Solutions LLC. Teleflex LLC has not distributed any product to date.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20191101240

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☒ No ☐

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

Yes ☒ No ☐

exhibit B

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



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

Jake Elguicze

Print Name of Authorized Person

Date

4/10/19

Board Use Only

Date Processed: _____

Amount:

500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Teleflex Incorporated
Mailing Address: 550 E Swedesford Road
City: Wayne State: PA Zip: 19087
Telephone: 610-225-68000 Fax: _____
Contact Person: Jake Elguicze

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) Teleflex Incorporated
Name Business Address
 - b) _____
Name Business Address
 - c) _____
Name Business Address
 - d) _____
Name Business Address
- 2) Provide the number of shares issued by the corporation. 100% membership interest in the limited liability company
- 3) What was the price paid per share? n/a

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a

Include with the application for a non publicly traded corporation

List of officers and directors

see exhibit C

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. exhibit D

Include with the application for a non publicly traded corporation continued

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

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

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Page 9 for Fingerprint Submission Instructions.

Submit a list containing each employee(s) who handle the drugs on a daily basis.
n/a the drug is packaged in a medical convenience kit

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

EXHIBIT A

CHRISTOPHER CHAPMAN

Forestview Ln N,
Maple Grove, MN 55369, USA

WORK EXPERIENCE

Teleflex, Plymouth, MN

Materials Group Lead, Apr 2019 – Present

- Provide direction and training for Material Coordinators
- Oversee day to day warehouse activities
- Pick, pack and ship customer orders
- Assist other departments with materials related issues

Inventory/Shipping Coordinator, Feb 2015 – Apr 2019

- Pick, pack and ship customer orders
- Assist production with inventory issues
- Maintain and perform Cycle Count activities
- Replenish inventory to stocking locations.
- Investigate/reconcile inventory discrepancies at the Distribution Center and Raw Materials Warehouse.

Tolomatic, Hamel, MN

Inventory Control Coordinator, Dec 2012 – Jan 2015

- Pick orders for production
- Investigate and reconcile inventory discrepancies
- Maintain and perform Cycle Count activities
- Assist Production Planning and Purchasing with inventory issues

Vascular Solutions, Maple Grove, MN

Assembler, Dec 2008 – Jun 2012

- Medical device assembly

EDUCATION

West Lutheran
Plymouth, MN
High School Diploma (May 2002)

EXHIBIT B

As a newly formed entity, Teleflex LLC has not received any disciplines to this date. The following information relates to disciplines received by Teleflex LLC's affiliates, Arrow International, Inc. and Teleflex Medical Incorporated.

Arrow International, Inc. 312 Commerce Place, Asheboro, NC

This facility ceased distribution operations in 2014. All distribution activities were moved to the facility located in Olive Branch, MS. The Olive Branch facility has not been subject to any disciplinary actions.

- 1) Arrow received a Citation dated December 17, 2014 from the California State Board of Pharmacy. The Citation alleged a *per se* violation of Section 4301(n) of the California Business and Professional Code due to payment of a fine under a Settlement Agreement entered into by Arrow with the State of Florida on July 17, 2012. The Settlement is further described below.
- 2) Arrow received a Notice of Violation and Notice of Intent to Deny from the Florida Department of Business and Professional Regulation dated April 12, 2012 for alleged violations of sections 499.005(15) and 499.012. Arrow entered into a Settlement Agreement dated July 17, 2012 to resolve the matter. As part of the settlement, Arrow paid a \$25,000 fine. Per section 17(e) of the Settlement Agreement, nothing referenced in the Settlement Agreement constituted a disciplinary action against the facility's Florida permit.
- 3) In 2009, Arrow was cited by the Florida Department of Health for alleged violations of Sections 499.005(2) F. S. and 499.0105(1) F. S. The Florida Department of Health performed an investigation and no violation was found.
- 4) In 2008, Arrow was cited by the Florida Department of Health for a violation of Sections 499.005(18) and 499.012(6) of the Florida statutes concerning required recordkeeping and a violation of Section 499.005(19) concerning reporting of correct lot numbers for drugs contained in Arrow kits distributed in Florida. Arrow agreed to correct its practices and paid a minimal fine.

Teleflex Medical Incorporated 970 Westport Parkway, Fort Worth, TX

This facility is now closed. In 2008, Teleflex Medical Incorporated was issued a probationary Out-of-State Wholesale Drug Distributor License by the State of Missouri for failure to apply for its Missouri Wholesale Drug Distributor License in a timely fashion. As a result of the Missouri disciplinary action, in 2010 the State of Colorado issued Teleflex Medical Incorporated a probationary Out-of-State wholesaler registration under the same terms and for the same period of time as that provided in the order by the State of Missouri. Because of the probationary status of the Teleflex Medical licenses in Missouri and Colorado, South Carolina issued a probationary license to Teleflex Medical, conditioned on Teleflex Medical being VAWD certified by June 1, 2012. Teleflex Medical complied fully with the requirements.

Teleflex Medical Incorporated 11245 North Distribution Cove, Olive Branch, MS

Teleflex Medical Incorporated received a Michigan Administrative Complaint in December 2013. The Complaint alleged a *per se* violation of the Michigan Public Health Code due to the disciplines involving the Texas facility noted above. The Complaint did not allege any current violations. The parties entered into a Consent Order dated December 10, 2014 to resolve the matter by payment of a fine with no reprimand or conditions on Teleflex's Michigan license.

Teleflex Medical Incorporated 2917 Weck Drive, Durham, NC

Teleflex Medical Incorporated received a Notice of Intent to Deny from the Florida Department of Business and Professional Regulations on January 10, 2014 for its administrative facility. The parties entered into a Settlement Agreement on November 25, 2014 to resolve the matter by payment of a fine. Per Section 9 of the Settlement Agreement, the settlement does not constitute a discipline under Florida's statutes or regulations.

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Teleflex LLC
Date Filed:	08/21/2018
File Number:	1028960900041
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Delaware

This certificate has been issued on: 01/02/2020



Steve Simon

Steve Simon
Secretary of State
State of Minnesota

SECRETARY OF STATE



**CERTIFICATE OF REGISTRATION
OF
FOREIGN LIMITED LIABILITY COMPANY**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am the legal custodian of the records pertaining to Limited Liability Companies, and that I am the proper officer to execute this certificate.

I further certify upon said records that **TELEFLEX LLC**, a Limited Liability Company organized under the laws of the State of Delaware did, on February 5, 2019 qualify pursuant to the provisions of the Nevada Revised Statutes and is currently registered to transact business in this State as a Limited Liability Company.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 6, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Amy Brewer
Certificate Number: C20190205-1319

ENTITY INFORMATION**ENTITY INFORMATION****Entity Name:**

TELEFLEX MEDICAL INCORPORATED

Entity Number:

E0391522017-7

Entity Type:

Foreign Corporation (80)

Entity Status:

Active

Formation Date:

08/16/2017

NV Business ID:

NV20171520304

Termination Date:

Perpetual

Annual Report Due Date:

8/31/2020

Domicile Name:**Jurisdiction:**

California

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:**Jurisdiction:**

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Email Address:

SOP@CSCGLOBAL.COM

Mailing Address:**Individual with Authority to Act:**

GEORGE MASSIH

Contact Phone Number:**Fictitious Website or Domain Name:****PRINCIPAL OFFICE ADDRESS****Address:**

Mailing Address:**OFFICER INFORMATION**☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	Jay White	3015 Carrington Mill Boulevard, Morrisville, NC, 27560, USA	08/28/2019	Active
Secretary	James J. Leyden	3015 Carrington Mill Boulevard , Morrisville, NC, 27560, USA	08/28/2019	Active
Treasurer	Jacob Elguicze	3015 Carrington Mill Boulevard, Morrisville, NC, 27560, USA	08/28/2019	Active

Page 1 of 1, records 1 to 3 of 3

CURRENT SHARES

Class/Series	Type	Share Number	Value
	Authorized	6,000	0.010000000000

Page 1 of 1, records 1 to 1 of 1

☐ Unlimited Foreign Entities Only☐ No Stock Foreign Entities Only

Number of No Par Value Shares:

0

Total Authorized Capital:

60

[Filing History](#)[Name History](#)[Mergers/Conversions](#)[Return to Search](#)[Return to Results](#)

EXHIBIT D

OFFICERS OF TELEFLEX LLC

OFFICERS	TITLE
Jay White jay.white@teleflex.com **Director	President
John Robert Deren john.deren@teleflex.com **Director	Vice President
Gregg Wayne Winter gregg.winter@teleflex.com	Vice President
Jake Elguicze jake.elguicze@teleflex.com **Director	Vice President & Treasurer
James Joseph Leyden james.leyden@teleflex.com	Secretary

Mr. White is located at
Teleflex LLC
3015 Carrington Mill Blvd
Morrisville, NC 27560

The other officers are located at
Teleflex Incorporated
550 E Swedesford Rd #400
Wayne, PA 19087

List of employees that handle the products at the Teleflex LLC Plymouth, MN warehouse:

Jon Rasmussen

Tony Rodine

Chris Chapman

Juan Burgos

Michael Larson

Timothy Firle

Kimberly Hupila

Timothy Weseloh

Debra Walton

Travis Woodruff

Ryan Wraa

Application for Licensure – Teleflex LLC 14005 13th Avenue, Plymouth MN 55441

EXHIBIT E

See the attached license for current facility operations under Vascular Solutions LC. Teleflex has submitted a Minnesota application for the change in ownership. A copy of the license will be provided when available.

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

WHOLESALE DISTRIBUTOR LICENSE NUMBER: 363343
(ACTIVE)

To:

VASCULAR SOLUTIONS, LLC
14005 13TH AVE
PLYMOUTH MN 55441

EFFECTIVE DATE

04/04/2019

EXPIRATION DATE

05/31/2020

State of Minnesota

BOARD OF PHARMACY
2829 UNIVERSITY AVE SE #530
MINNEAPOLIS, MN 55414-3251

HAS ISSUED

WHOLESALE DISTRIBUTOR LICENSE
NUMBER: 363343 (ACTIVE)

To:

VASCULAR SOLUTIONS, LLC

EFFECTIVE DATE

04/04/2019

EXPIRATION DATE

05/31/2020

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 800005663

Application/License No. _____

Teleflex LLC, doing or intending to do business

Applicant/Principal

as a pharmaceutical wholesaler, whose address for purposes of service is

14000 13th Avenue Plymouth MN 55441, as

Address of Applicant/Principal

PRINCIPAL, and Atlantic Specialty Insurance Company, a

Surety Company

corporation organized under the laws of the state of NY

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

605 Highway 169 North, Suite 800 Plymouth MN 55441 as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 7, 2019.

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
7th _____ day of _____ June _____, 2019 _____.

APPLICANT/PRINCIPAL
Teleflex LLC

By: _____

Authorized Representative

SURETY COMPANY
Atlantic Specialty Insurance Company

By: _____

Surety Company's Representative

Joseph R. Williams _____, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Sarah Hancock

Witness

Countersigned by:

Nevada Resident Agent Annette Wisong

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Tina H. Kennedy, Annette Wisong, Joseph R. Williams, Sarah Hancock, Steven L. Swords, Kathryn Wieland Allen, Desiree Payne**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-sixth day of October, 2017.

STATE OF MINNESOTA
HENNEPIN COUNTY



By

Paul J. Brehm, Senior Vice President

On this twenty-sixth day of October, 2017, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 7th day of June, 2019

This Power of Attorney expires
October 1, 2019



Christopher V. Jerry, Secretary