February 19, 2013

AGENDA

✧ PUBLIC NOTICE ✧

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Hyatt Place
1790 E Plumb Lane
Reno, Nevada

Wednesday, March 6, 2013 – 9:00 am

Thursday, March 7, 2013 – 9:00 am

Please Note

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.
Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may entertain public comment on the proceeding at that time.

♦ CONSENT AGENDA ♦

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

2. Approval of January 16-17, 2013 Minutes for Possible Action

3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
   A. Accredo Health Group, Inc. – Oklahoma City, OK
   B. Advantage Pharmacy, LLC – Memphis, TN
   C. Bella Brands, LLC – Sandy, UT
   D. Brown’s Compounding Center – Parker, CO
   E. Byram Healthcare Centers, Inc. – Huntington Beach, CA
   F. Catamaran Home Delivery – Fairfield, OH
   G. Community Compounding Pharmacy – Portland, OR
   H. Denton Prescription Shop – Denton, TX
   I. La Vita Compounding Pharmacy LLC – San Diego, CA
   J. Liberty Medical Supply, Inc. – Port St Lucie, FL
   K. Liberty Medical Supply, Inc. – Salem, VA
   L. Meridian Meds, LLC – Lehi, UT
   M. Mission Road Pharmacy – Los Angeles, CA
   N. MRP – Los Angeles, CA
   O. Primrose Pharmacy LLC – Sandy Springs, GA
   P. PX Drugstore – North Hollywood, CA
   Q. Super Care Pharmacy – City of Industry, CA
   R. Titan Pharmacy – Astoria, NY
   S. U.C. Davis Medical Center – Sacramento, CA
   T. Augusta Medical Systems LLC – Augusta, GA
   U. Charter Medical Supplies, LLC – Burbank, CA
   V. Flowonix Medical Inc. – Mt. Olive, NJ
   W. Liberator Medical Supply, Inc. – Stuart, FL
   X. Liberty Medical Supply Inc. – Port St Lucie, FL
   Y. Liberty Medical Supply Inc. – Port St Lucie, FL

Applications for Out-of-State MDEG – Non Appearance for Possible Action:
Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

Z. Liberty Medical Supply Inc. – Salem, VA
AA. Nephron Pharmaceuticals Corporation – Murray, KY
BB. Nephron Pharmaceuticals Corporation – Orlando, FL
CC. Nephron Pharmaceuticals Corporation – Phoenix, AZ
DD. Philips Healthcare Informatics, Inc. – Foster City, CA
EE. Praxair Distribution, Inc. – South Lake Tahoe, CA
FF. RGH Enterprises, Inc. – Cranbury, NJ
GG. RGH Enterprises, Inc. – Grand Prairie, TX
HH. RGH Enterprises, Inc. – Jacksonville, FL
II. RGH Enterprises, Inc. – Ontario, CA
JJ. RGH Enterprises, Inc. – South Bend, IN
KK. Saracare Corporation – Plantation, FL
LL. Shire Regenerative Medicine, Inc. – La Jolla, CA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

AAA. Phoenix Pharmacy – Las Vegas
BBB. Sav-on Pharmacy #6002 – Henderson
CCC. Sav-on Pharmacy #6004 – Las Vegas
DDD. Sav-on Pharmacy #6005 – Las Vegas
EEE. Sav-on Pharmacy #6009 – Las Vegas
FFF. Sav-on Pharmacy #6014 – Henderson
GGG. Sav-on Pharmacy #6016 – Las Vegas
HHH. Sav-on Pharmacy #6018 – Las Vegas
III. Sav-on Pharmacy #6019 – Henderson
JJJ. Sav-on Pharmacy #6021 – Las Vegas
KKK. Sav-on Pharmacy #6032 – Las Vegas
LLL. Sav-on Pharmacy #6043 – Henderson
MMM. Sav-on Pharmacy #6046 – Las Vegas
NNN. Sav-on Pharmacy #6059 – Las Vegas
OOO. Sav-on Pharmacy #6060 – Las Vegas
PPP. Sav-on Pharmacy #6061 – Las Vegas
Applications for Nevada Wholesaler – Non Appearance for Possible Action:

VVV. Lincare Inc. – Las Vegas
WWW. Lincare Inc. – Minden

Applications for Nevada MDEG – Non Appearance for Possible Action:

XXX. Praxair Distribution, Inc. – Henderson
YYY. United Seating and Mobility, LLC – Las Vegas

REGULAR AGENDA

4. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

A. William L. Locke, R.Ph (12-034-RPH-N)
B. Hales 50 Kirman Pharmacy (12-034-PH-N)
C. Erika Spreeman, R.Ph (12-052-RPH-N)
D. Hongming Wong (12-052-IN-N)
E. CVS/pharmacy #9586 (12-052-PH-N)
F. Heather C. Thomas, PT (12-061-PT-N)
G. Elbion Estrin, R.Ph (12-015-RPH-N)
H. Leah C. Guerin, PT (13-003-PT-N)
I. Jacquelynn R. Holocker, PT (13-005-PT-N)
J. Alan Minson, R.Ph (13-005-RPH-N)
K. Smith’s Pharmacy #392 (13-005-PH-N)

5. Applications for Nevada MDEG – Appearance for Possible Action:

A. Baby Bumps Boutique – Reno
B. OMED of Nevada, LLC – Reno
C. Pro Comfort Medical – Las Vegas
D. Prosthetic Consulting Technologies – Washoe Valley

6. Application for Out-of-State Pharmacy – Appearance for Possible Action:

American Medical Direct – San Antonio, TX

7. Application for Nevada Pharmacy – Appearance for Possible Action:

Premium Surgical Services Center – Las Vegas
8. Appearance for Possible Action:

   Brett Kandt, Special Deputy Attorney General – AB 39

9. Authority for Dave Wuest and Paul Edwards to Sign on Board Bank Accounts for Possible Action

10. Discussion and Determination for Possible Action:

    Compounding Pharmacies

11. Executive Secretary Report for Possible Action:

    A. Financial Report
    B. Temporary Licenses
    C. Staff Activities
       1. Presentations: Drug Summit; Dental Board
    D. Reports to Board
       1. Legislative Committee on Regulations
       2. FDA Visit and Credentialing
    E. Board Related News
       1. FDA advisory committee voted 19 to 10 in favor of moving hydrocodone combination products to schedule II.
       2. VA to report to PMP’s
    F. Activities Report

12. General Counsel Report for Possible Action:

    A. Update on Matters Concerning Pharmacy Technicians
       1. Disciplinary Options for Failure to Respond to Subpoena
       2. Disciplinary Options for Failure to Meet CE Requirements
    B. Update on Delivery of Prescriptions
       1. Inconsistency Between Nevada Statute and Board Regulation
       2. Precedent from other Jurisdictions
    C. Update on Declination Regulation
    D. Intent of Mechanical Device Regulation
       1. Intent Underlying NAC 639.720

13. Next Board Meeting:

    April 17-18, 2013 – Las Vegas, Nevada

14. Public Comments and Discussion of and Deliberation Upon Those Comments:
    No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at bop.nv.gov:

Elko County Courthouse – Elko            Nevada Board of Pharmacy – Reno & Las Vegas
Washoe County Courthouse – Reno          Mineral County Courthouse – Hawthorne
BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Boulevard, South
Las Vegas

January 16 and 17, 2013

The meeting was called to order at 9:00 a.m. by Kirk Wentworth, Interim President.

Board Members Present:

Kirk Wentworth  Leo Basch   Jack Dalton
Russell Smith   Jody Lewis   Kam Gandhi
Cheryl Blomstrom

Board Members Absent:

Board Staff Present:

Larry Pinson   Dave Wuest   Shirley Hunting   Carolyn Cramer   Paul Edwards
Rose Marie Reynolds

CONSENT AGENDA

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1. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

No public comment.
Larry Pinson announced that Kirk Wentworth has been reappointed to serve another term on the Board. Mr. Wentworth will be presiding over the January meetings as interim president.

Leo Basch has been reappointed to serve on the Board. He was originally appointed to the Board in 2005 serving through 2009, and reappointed in December, 2012. Mr. Basch’s experience includes both hospital and retail pharmacy. He is currently employed at Sunrise Hospital.

Carolyn Cramer, General Counsel, will be retiring January, 2013. Mr. Pinson recognized and thanked Ms. Cramer for her service to the Board.

Paul Edwards has joined the Board Staff as General Counsel. Mr. Edwards completed his undergraduate studies at Utah State University and obtained his law degree at Gonzaga University.

Dave Wuest has joined the Staff as Deputy Secretary/Inspector. He has experience in all facets of pharmacy including infusion and compounding.

2. Approval of December 5-6, 2012, Minutes for Possible Action

3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:

A. Advantage Pharmacy LLC – Hattiesburg, MS
B. Bluegrass Pharmacy of Lexington – Lexington, KY
C. Brighton Pharmacy – Tempe, AZ
D. Eagle Pharmacy – Lakeland, FL
E. Longhorn Health Solutions – Austin, TX
F. Neighborhood Pharmacy – Woburn, MA
G. Northern New England Compounding Pharmacy – Littleton, NH
H. Plaza Pharmacy Inc. – Coral Springs, FL
I. Rx Pro Pharmacy & Compounding, Inc. – Hallandale, FL
J. Solara Medical Supplies – Imperial Beach, CA
K. World Health Industries, Inc. – Jackson, MS

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

L. Aberdeen Medical Services, Inc. – Mt. Laurel, NJ
M. Advanced Bionics, LLC – Valenica, CA
N. AllParts Medical, LLC – Nashville, TN
O. Baxter Healthcare Corporation – Earth City, MO
P. Baxter Healthcare Corporation – Englewood, CO
Q. Baxter Healthcare Corporation – Englewood, CO
R. Baxter Healthcare Corporation – Ontario, CA
S. Baxter Healthcare Corporation – Medina, NY
T. Blackstone Medical Services, LLC – Tampa, FL
Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

KK. Aegerion Pharmaceuticals – Cambridge, MA
LL. Amneal Agila, LLC – Glasgow, KY
MM. Amylin Ohio, LLC – Hamilton, OH
NN. AndersonBrecon Inc. – Rockford, IL
OO. Baxter Healthcare Corporation – Hayward, CA
PP. Cardinal Health 200, LLC – Buford, GA
QQ. Cardinal Health 200, LLC – Grand Prairie, TX
RR. Cardinal Health 200, LLC – Montgomery, NY
SS. Cardinal Health 200, LLC – Olive Branch, MS
TT. Cardinal Health 200, LLC – Waukegan, IL
UU. Medical Action Industries, Inc. – Arden, NC
VV. Medline Industries, Inc. – Tolleson, AZ
WW. Patterson Logistics Services, Inc. – South Bend, IN
XX. Sage Products, LLC – Cary, IL
YY. SkinMedica, Inc. – Carlsbad, CA
ZZ. Tech-Med Services, Inc. – Smithtown, NY
AAA. Western Stockmens – Caldwell, ID

Application for Nevada MDEG – Non Appearance for Possible Action:

BBB. National Seating & Mobility, Inc. – Henderson

Application for Nevada Pharmacy – Non Appearance for Possible Action:

CCC. Spring Valley Surgery Center – Las Vegas
Discussion:

Mr. Pinson noted that the December minutes will be corrected to include the section on members and staff present.

Leo Basch recused from participation in the approval of the minutes as he was not in attendance at the December meeting.

Board Action:

Motion: Kam Gandhi moved to approve the minutes with changes as noted.
Second: Jody Lewis
Action: Passed Unanimously

Cheryl Blomstrom asked regarding the status of open issues from the December meeting:

-The intern pharmacist that was subpoenaed but did not appear.
   Mr. Pinson said that Staff is in the process of determining what course of action will be taken.

-Wells Pharmacy Network was continued to the January meeting pending verification of 797 compliance before approval of their application.
   Mr. Pinson responded that Well’s Pharmacy did not contact the Board office to reschedule their appearance.

-The status of the Declination of Pharmacist to Fill Prescription regulation.
   LCB has not returned the language or inquiries by Board Staff.

Discussion:

The Consent Agenda applications and supporting documents were reviewed.

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval.
Second: Kam Gandhi
Action: Passed Unanimously
REGULAR AGENDA

4. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

A. Jaime Cordoba Hernandez, R.Ph (12-056-RPH-S)

Jamie Cordoba Hernandez appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony.

Ms. Cramer noted that Mr. Hernandez admits that he created and filled fraudulent prescriptions for Procrit and Epogen for a friend who is a cyclist and resides in Indiana. His friend was using the drugs for endurance and not a legitimate medical purpose. Mr. Hernandez is offering no defense.

Mr. Hernandez stated to the Board that he admits he is guilty of the charges.

Board Action:

Motion: Kam Gandhi moved to accept Mr. Hernandez’s admission of guilt.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to accept that the First and Second Causes of Action have been admitted to and proven.

Second: Kam Gandhi

Action: Passed Unanimously

Mr. Hernandez apologized to the Board for his actions and said that he is ashamed of disgracing his profession. He has been a pharmacist for seventeen years and has never had a disciplinary action taken against him in this country or his home country. He will accept the consequences, but will have to leave the United States if he does not have an active pharmacist license. His actions were not based on financial gain, but as a favor for a friend. He felt he deserved a second chance and asked for forgiveness.

Ms. Cramer recommended the revocation of Mr. Hernandez’s pharmacist license.
Board Action:

Motion: Cheryl Blomstrom moved to revoke Mr. Hernandez’s pharmacist license.

Second: Kam Gandhi

Action: Passed Unanimously

B. Chanice Newcomer, R.Ph (11-113-RPH-S)
C. Walgreens Pharmacy #04197 (11-113-PH-S)

Russ Smith recused from participation in this matter due to his employment with Walgreens.

Chanice Newcomer appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony.

Rob Graham was present representing Ms. Newcomer and Walgreens.

Carolyn Cramer presented a Stipulated Agreement regarding Ms. Newcomer for the Board’s consideration. Ms. Newcomer admitted to the facts and allegations made in the First Cause of Action regarding the mislabeling of a prescription with incorrect dosing instructions. The error resulted in a pediatric patient receiving less than half of the prescribed dosage of methotrexate resulting in a delay in therapy. Walgreens admits to the allegations in the Second Cause of Action in owning and operating the pharmacy in which the mislabeled prescription occurred.

Ms. Newcomer shall participate and successfully complete the pharmacist remediation program, Your Success Rx, at her own expense. Walgreens shall accept a letter of admonition.

Board Action:

Motion: Leo Basch moved to accept the Stipulated Agreement as presented.

Second: Jody Lewis

Action: Passed Unanimously

Ms. Cramer informed the Board that the pharmaceutical technician involved with the processing of the mislabeled prescription was subpoenaed to appear before the Board but was not present.
Jack Dalton recused from participation in this matter due to his employment with Walmart and prior knowledge of the case.

Kam Gandhi noted that there is a reference to Sav-On Pharmacy in the Notice of Intended Action and Accusation, but he is not familiar with this case and felt his participation would not be in conflict.

Carolyn Cramer noted that Mr. Johnson was not present for the hearing. His Notice of Intended Action and Accusation was sent certified mail to his last known address on file and returned to the Board office as unclaimed. His Notice to Appear was sent to the same address.

Ms. Cramer presented four exhibits that were accepted into the record.

Daniel Garcia, Board Investigator, appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony.

Ms. Cramer asked Mr. Garcia to explain his involvement in this matter. Mr. Garcia indicated that he was the investigator assigned to this case. During the investigation of this matter, Mr. Johnson voluntarily provided a written statement to Board Staff admitting that he had stolen a prescription pad from a physician at Southern Nevada Adult Mental Health Services (SNAMHS) where he was employed. He created fraudulent prescriptions for himself for controlled substances and signed the physician’s name. After resigning his employment with SNAMHS, Mr. Johnson was employed at Walmart, and admitted he diverted controlled substances from that pharmacy during his employment.

**Board Action:**

**Motion:** Russ Smith moved to find Mr. Johnson guilty of the alleged violations.

**Second:** Cheryl Blomstrom

**Action:** Passed Unanimously

Ms. Cramer recommended the revocation of Mr. Johnson’s pharmaceutical technician registration.

**Board Action:**

**Motion:** Russ Smith moved to revoke Mr. Johnson’s pharmaceutical technician registration.

**Second:** Jody Lewis
Action:            Passed Unanimously

E. Cindy Orwick, PT (12-047-PTS)

This matter was continued to the April meeting.

5. Progress Report for Pharmaceutical Technician in Training License –
Appearance for Possible Action:

                      Shari A. Challis

Shari Challis appeared and was sworn by Interim President Wentworth prior to
answering questions or offering testimony.

Russ Smith disclosed that he is an employee of Walgreens; however, he does not know
Ms. Challis and felt his participation in this matter would not be in conflict.

Ms. Challis appeared at the October, 2012, Board meeting because she had disclosed
on her pharmaceutical technician in training application that she had been arrested on
suspicion of selling a controlled substance (marijuana), and testified that the charges
were dismissed. Ms. Challis was also arrested for methamphetamine use when she
was an adolescent. At that meeting, the Board moved to accept her application
providing she is evaluated by PRN-PRN, and that Board Staff receives a letter of
recommendation from the managing pharmacist at Walgreens where she is employed.

Ms. Challis met both conditions set forth by the Board. She was evaluated by PRN-
PRN. Board Staff received a letter of recommendation from Larry Espaderio, PRN-PRN
Program Director, that Ms. Challis be allowed to work as a pharmaceutical technician
with no further action required. Board Staff also received a letter of support from the
managing pharmacist at Walgreens indicating his knowledge of her past issues and his
affirmation that Ms. Challis would be an asset to the pharmacy team.

Board Action:

Motion:           Kam Gandhi moved to approve Ms. Challis’ technician in training
application.

Second:          Cheryl Blomstrom

Leo Basch recused from participating in the decision on this matter as he was not
present during the October testimony.

Action:           Passed Unanimously
6. Approval Request – Appearance for Possible Action:

Dynamex

Dynamex is petitioning the Board to amend the regulation that allows only a bona fide employee of the pharmacy to deliver medications. Mr. Pinson reminded the Board that delivery services are not currently regulated in Nevada. This topic is an item for discussion and determination under agenda item 14.

Richard Adinolfi, Regional Sales Director, Dynamex, presented an overview of the company’s pharmaceutical courier service. This delivery system offers a secure and efficient delivery process through electronic chain of custody technology, which includes customized reporting, bar code scanning, and a record of delivery history. Background checks, DMV requirements and random drug screening procedures are in place for individuals transporting/delivering pharmaceuticals.

7. Applications for Nevada Pharmacy – Appearance for Possible Action:

A. Advanced Home Infusion – Las Vegas

Continued to the April meeting.

B. The Desert Hope Center – Las Vegas

Jade Maddox appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony.

Ms. Maddox explained that Desert Hope Center is a 148 bed inpatient medical detoxification facility. Ms. Maddox is the managing pharmacist and reports directly to the CEO of the facility. 20% of medications dispensed will be controlled substances (Suboxone®, Subutex®, methadone, librium). The pharmacy will not be doing any type of compounding.

Ms. Maddox disclosed on the application that she had been arrested. She explained on December 8, 2012, she was arrested on a misdemeanor DUI charge, but has not been convicted. She has been proactive in addressing this situation and has contacted Larry Espadero, PRN-PRN, for evaluation.

Board Action:

Motion: Russ Smith moved to approve the application for The Desert Hope Center.

Second: Kam Gandhi
Action: Passed Unanimously

C. Total Infusion Care – Henderson

Ali Pourmola, part owner, and Tim Brown, managing pharmacist, appeared and were sworn by Interim President Wentworth prior to answering questions or offering testimony.

Jack Dalton recused from participation in this matter as he was Mr. Brown’s supervisor with a former employer.

Mr. Pourmola explained that Total Infusion Care is a home infusion pharmacy offering IV compounding (sterile to sterile only) including antibiotics, TPN’s, hydration and pain management. Compounds are patient specific.

Mr. Brown disclosed on the managing pharmacist application that he had been arrested. He explained that in 2009, he was arrested for DUI in Palm Beach. He self-reported to PRN-PRN for evaluation, and it was determined that he was not at risk for repeat behavior. Mr. Brown answered questions regarding his involvement with the Pathway Specialty Compounds’ case to the Board’s satisfaction.

Board Action:

Motion: Leo Basch moved to approve the application for Total Infusion Care pending a satisfactory inspection.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Wentworth was excused from the meeting at 3:00 p.m. Ms. Lewis presided over the meeting during his absence.

8. Applications for Nevada MDEG – Appearance for Possible Action:

A. Prosthetic Consulting Technologies – Washoe Valley

Heather Flemming, COO, appeared and was sworn by Ms. Lewis prior to answering questions or offering testimony.

Ms. Flemming explained that Prosthetic Consulting Technologies has been based in Washoe Valley for six years, and primarily provides below the knee prosthetics for amputees. The current location has recently been physically expanded, and there are future plans to open facilities in other areas of Nevada. Richard Riley is the administrator and chief prosthetist, but was not present.
The Board asked Ms. Flemming why the business has been operating without a license for the past six years. Additionally, question I on the application regarding arrests/lawsuits was answered “Yes”, but the details appeared to be whited out. Ms. Flemming was not able to respond to questions to the Board’s satisfaction. The Board decided to postpone consideration of the application and requested that Mr. Riley appear to address these issues.

**Board Action:**

**Motion:** Kam Gandhi moved to continue this matter to the March meeting.

**Second:** Cheryl Blomstrom

**Action:** Passed Unanimously

**B. Sleep Medicine Associates – Sparks**

John Freeman, President, appeared and was sworn by Ms. Lewis prior to answering questions or offering testimony.

Mr. Freeman explained that Sleep Medicine Associates is a sleep disorder center for the treatment of all types of sleep disorders. Treatment is administered to patients that come in for titration of their CPAP. Currently, they only provide diagnostic treatment and would like to expand their services to include the dispensing of oxygen and medical gases.

**Board Action:**

**Motion:** Kam Gandhi moved to approve the application for Sleep Medicine Associates pending a satisfactory inspection.

**Second:** Jack Dalton

**Action:** Passed Unanimously

**Public Comment**

Liz Macmenamin, Retail Association of Nevada, thanked the Board for their diligence in pursing the status of the decline to fill regulation. She said that she received an email from the LCB indicating that they will only respond to inquiries from the client, in this case, the Board of Pharmacy. She will forward the information to Paul Edwards.
9. Approval Request for Removal of Probation Status – Appearance for Possible Action:

Hale’s Pharmacy – Reno

David Vasenden, pharmacist and owner of Sierra Health Mart pharmacies, appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony.

Mr. Vasenden, Hales’ new owner, requested Board consideration to lift the probationary status of Hale’s registration before the one year period (ending March 2013), which was imposed on the previous owner of the pharmacy. He indicated that after the change of ownership, new procedures and processes were put into place and the issues of organization, documentation and personnel are no longer present.

After discussion, the Board agreed that since Mr. Vasenden is successfully operating other pharmacies, and there are no known deficiencies on Hales’ last quarterly inspection, to lift the probation.

Board Action:

Motion: Kam Gandhi moved to lift the probationary status of Hales’ Pharmacy registration subject to a satisfactory reinspection of the Hales’ facility.

Second: Cheryl Blomstrom

Ayes: Blomstrom, Dalton, Smith, Lewis, Gandhi
Nayes: Basch

Action: Passed Unanimously

10. Application for Practitioner Dispensing Registration – Appearance for Possible Action:

Sean Su, MD

Sean Su appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony.

Dr. Su explained that he is applying for his dispensing license for controlled substances and dangerous drugs. Dr. Su is on probation for discipline imposed by the Nevada State Board of Medical Examiners resulting from a 2010 malpractice settlement. Dr. Su may not perform any medical or surgical procedures that are of a cosmetic or plastic surgical in nature. A 2012 addendum to the conditions of the original settlement permit him to conduct non-invasive cosmetic procedures. Dr. Su’s current practice will
primarily be treating eyelash deficiencies administering Latisse®. 20% of his practice will be family practice, and 20% will be chronic pain management.

The Board discussed concerns regarding controlled substance management and potential diversion as well as drug storage and record maintenance. They recommended Dr. Su work with Board Staff to develop policy and procedures regarding controlled substances to make certain his practice is in compliance with regulation and ensuring public safety. The Board felt that additional inspections were also warranted.

**Board Action:**

**Motion:** Jody Lewis motioned to approve Dr. Su’s application for the dispensing of dangerous drugs and controlled substances in Schedules 3, 4, and 5, excluding Schedule 2’s, and inspections be conducted every six months.

**Second:** Leo Basch

Basch offered a second to the motion with a friendly amendment that following the initial inspection, quarterly inspections be conducted for the first year.

Lewis accepted the friendly amendment.

Gandhi offered a friendly amendment to require written policy and procedures regarding controlled substances be available upon inspection, and approved by Board Staff.

Lewis and Basch accepted the friendly amendment.

**Action:** Passed Unanimously

11. Presentation of the Bowl of Hygeia Award for Possible Action:

Joseph R. Kellogg, R.Ph

Joseph Kellogg was presented with the Bowl of Hygeia Award for the State of Nevada. He was honored for this dedication to his family, the community and his profession.

12. Approval Request for Automated Dispensing Machine – Appearance for Possible Action:

Talyst – Matt Sneller

Mr. Pinson reminded the Board that Talyst was working with Linda Fox of the Department of Corrections to put a dispensing system in place for prisons. They appeared before the Board in January, 2012. The system does not fit within the current regulations, and since that time, funding was not approved.

Matt Sneller, Talyst Vice President of Pharmacy Affairs presented an overview of the InSite Remote Dispensing System. The system is designed to package and label medications onsite eliminating waste, improving efficiency, reducing labor and lowering overall cost. Medications are securely stored in the unit and only accessible
electronically by authorized staff. Technical support staff is available twenty-four hours, seven days a week.

13. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

A. American Specialty Pharmacy – Plano, TX

Devendra Patchala, pharmacist, appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony. Mr. Patchala presented a letter from Abdul Hameed, President of American Specialty Pharmacy, authorizing him to represent the corporation.

Mr. Patchala explained that American Specialty Pharmacy is currently licensed in thirty-three states. The Nevada location will specialize in rheumatology medication, primarily, Remicade® and Humira®, as well as Hepatitis C medications. There are no plans to ship high risk sterile compounded products into Nevada. Products are patient specific and shipped overnight directly to the patient’s physical address. Temperature indicators are included.

There was Board discussion that the application indicated “Parenteral (outpatient)” services, and since the pharmacy is currently not in operation, is the facility and staff prepared to provide that service, and 797 compliant. Mr. Pinson noted that 797 compliance will be verified during the Board inspection prior to approval of the application.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for American Specialty Pharmacy pending receipt and approval by Board Staff of their most recent state inspection.

Second: Kam Gandhi

Ayes: Blomstrom, Dalton, Smith, Lewis, Gandhi
Nayes: Basch

Action: Passed Unanimously

B. Infusion Innovations – Salt Lake City, UT

Ken Long, Director of Clinical Services, appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony. Mr. Long presented a letter from James Baker, Chief Financial Officer, authorizing Mr. Long to represent the corporation.
Mr. Long said that he is representing Infusion Innovations in reference to a change in ownership. He explained that Infusion Innovations specializes in home infusion pharmacy offering IV medications including antibiotics, TPN’s (parenteral and enteral nutrition) and inotropic medications for patients with heart failure. Patients are obtained through a referral source working with contacts, primarily for patients treated and discharged from a Utah hospital and returning home to Nevada. There is no high risk compounding. The pharmacy is 797 compliant and accredited by the Accreditation Commission for Health Care (ACHC).

**Board Action:**

**Motion:** Jody Lewis moved to approve the application for Infusion Innovations pending receipt and approval by Board Staff of their most recent state inspection.

**Second:** Cheryl Blomstrom

**Action:** Passed Unanimously

C. Kabafusion – Norwalk, CA

David Chook, Vice President, Clinical Services and Regulatory Compliance, appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony.

Mr. Chook explained that Kabafusion is a home infusion pharmacy specializing in the management of IVIG and other acute chronic therapies. Compounding is low to medium risk and patient specific. Kabafusion is 797 compliant and ACHC accredited. Mr. Chook referenced their quality assurance program which was submitted with the application.

It was noted that the application did not have “Parenteral” and “Parenteral (outpatient)” checked as services provided. The application will be amended by Board Staff.

**Board Action:**

**Motion:** Cheryl Blomstrom moved to approve the application for Kabafusion pending receipt and approval by Board Staff of their most recent state inspection.

**Second:** Kam Gandhi

**Action:** Passed Unanimously
D. Triad Rx Inc. – Daphne, AL

Rob Roberts, Managing Pharmacist, appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony. Mr. Roberts submitted to the Board a letter from Matt McDonald, President, authorizing Mr. Roberts to represent the corporation.

Mr. Roberts explained that Triad Rx specializes in sterile and non-sterile compounding of weight loss products, HCG and topical pain creams. Products are patient specific and shipped overnight via Fed Ex. The pharmacy is 797 compliant and staff is trained annually in aseptic technique. Products are sterility and potency tested using outside laboratories as well as in-house testing on each batch for sterility.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for Triad Rx pending receipt and approval by Board Staff of their most recent state inspection.

Second: Jody Lewis

Action: Passed Unanimously

E. University Compounding Pharmacy – San Diego, CA

Joseph Grasela appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony.

Mr. Grasela explained that University Compounding Pharmacy is a sterile compounding pharmacy specializing in hormone replacement therapy medications. Compounds are patient specific and shipped directly to the patient. The pharmacy is 797 compliant and all products are tested.

Mr. Grasela disclosed that his brother and business partner, John Grasela, served a three year probation (2000 to 2003) for compounding an anti-viral agent for himself based on a verbal order. The order was documented in his patient chart, but the physician denied that he had authorized the order. Mr. Grasela is now retired and no longer filling prescriptions.

Board Action:

Motion: Russ Smith moved to approve the application for University Compounding Pharmacy pending receipt and approval by Board Staff of their most recent state inspection.

Second: Cheryl Blomstrom
Action: Passed Unanimously

14. Discussion and Determinations for Possible Action:

A. Delivery of Prescriptions

The regulation addressing the delivery of prescriptions (NAC.639.710) requires that the individual transporting or delivering a prescribed medication must be an employee of the licensee. A regulatory change would be required to allow delivery by a courier not employed by the pharmacy.

The Board discussed contract versus licensing of delivery services; Board approval including appearance before the Board; chain of custody; security; temperature sensitive medications; responsible party if delivery is not made; diversion and delivery in rural areas.

The Board directed Staff to ascertain other states’ regulations and bring this topic back for further discussion.

B. Compounding Pharmacies

Mr. Pinson reported on his participation at the Intergovermental Working Meeting on Pharmacy Compounding conducted by the FDA at their Maryland office in December. Pharmacy board executives and health officers from all fifty states were invited to participate. The purpose of the meeting was to provide an opportunity for state officials to discuss a variety of issues regarding their views on the role of the FDA and the states in the oversight of compounding. Some points of focus identified by the group included:
- A concise definition for compounding and manufacturing must be established.
- Sterile compounding should be considered high risk and comply with the requirements of 797.
- Clarification from the FDA regarding drugs shortages and the manufacturing of those drug products.
- FDA support of states, when requested, to assist in the inspection of a pharmacy to determine compounding versus manufacturing activity. Mr. Pinson noted that during these inspections, Board inspectors/investigators can be present, but findings by the FDA are confidential and not available to the public including Board Staff. An officer or employee of the Board can be commissioned by the FDA which will allow review of confidential FDA investigative files by the commissioned Board staff.

Mr. Pinson noted that Nevada began addressing compounding regulations in 2003 and the updated regulations became effective in 2008. The regulations are more stringent and other states are now following Nevada’s lead.

Kelly Stevens, Director of Pharmacy, Central Admixture Pharmacy Services (CAPS), said that CAPS has been licensed as a manufacturer in Nevada for approximately four years, and currently registered as a compounding pharmacy and manufacturer with the
FDA in fourteen states. The FDA has not yet inspected their facility in Nevada, but FDA inspections have been conducted at some of their other states’ facilities most recently in Massachusetts.

Mark Hencher stated that he is a compounding pharmacist and contributed to the development of the current Nevada compounding regulations. He asked for consideration that testing be required for compounds produced in quantities greater than twenty-five due to the expense of the testing. He also supported that out of state compounding pharmacies include their most recent inspection with their Nevada application.

Board discussion included NABP inspection of out of state pharmacies at the pharmacy’s expense as a condition of licensure; training requirements; testing certification; grading system by state based on their compounding regulations and inspections. These issues will be further addressed once the FDA establishes State and Federal roles in regulating pharmacy compounding and manufacturing.

Mr. Pinson asked for Board consideration for the Deputy Secretary, general counsel, inspectors, investigators and himself to be commissioned by the FDA.

**Board Action:**

**Motion:** Russ Smith moved to approve to have the Executive Secretary, Deputy Secretary, general counsel, inspectors, and investigators commissioned by the FDA.

**Second:** Kam Gandhi

**Action:** Passed Unanimously

Mr. Pinson received a letter from the Health Department expressing their appreciation for the opportunity to join the Board Staff in the FDA inspection of the compounding pharmacy located in Las Vegas. The letter states how impressed they were with the Board investigators and inspectors, and the Board Staff’s extraordinary level of expertise and commitment to protecting the public.

15. **Election of Officers for Possible Action**

Kam Gandhi was elected by the Board members to serve as President.

16. **General Counsel Report for Possible Action**

No report.
17. Executive Secretary Report for Possible Action:

A. Financial Report
Larry Pinson presented the financial report to the Board’s satisfaction.
B. Temporary Licenses
One temporary license was issued since the last meeting.
C. Staff Activities
   1. Presentations: NVSHP, Dental Board, Drug Summit
   Mr. Pinson advised that in January, he did a presentation at NVSHP in conjunction with the California Pharmacists’ Association. He will also be speaking at the Dental Board, at their request, on the subject of prescription drug abuse.
   He referenced the comments on the evaluation form from the Drug Summit he spoke at in October, 2012. Physician comments included utilization of the PMP more often, changing prescribing habits and reducing quantities prescribed. As result of the success and impact of this Summit, the UNR School of Medicine has scheduled another one on February 26th in Reno, and February 28th in Las Vegas. Mr. Pinson and Dr. Pohl will be the speakers for the February Summit.
D. Reports to Board
   1. NRS 233B.050
   Mr. Pinson advised that he has filed with the Legislative Counsel Bureau a report of the comprehensive review of all Board of Pharmacy regulations which was accomplished in December, 2011. The review and report will be accomplished every ten years as required by NRS 233B.050. The review of rules of practice was also accomplished and filed, and will be conducted every three years and filed with the Secretary of State.
   2. FDA Meeting
   Mr. Pinson noted that when he was at the FDA, the CDC approached him regarding their concerns with medical spas and their interest in investigating that industry.
E. Board Related News
   1. Canadian Pharmacies
   Mr. Pinson advised that the last remaining Canadian pharmacy did not renew their registration so there are currently no Canadian pharmacies registered with the Board.
F. Activities Report
As directed by the Board at the December meeting, Mr. Pinson sent a letter to pharmacy corporate and district management regarding the issue of pharmacy technician diversion. He reported that he has received feedback and support from various pharmacies on the Board’s suggestions.

PUBLIC HEARING for Possible Action

Thursday, January 17, 2013 – 9:00 am

18. Notice of Intent to Act Upon a Regulation for Possible Action:

A. Amendment of Nevada Administrative Code 453.510 Schedule I
Because of abuse or un-regulated products containing synthetic
cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I.

Interim President Wentworth opened the Public Hearing.

Mr. Pinson distributed an updated report from law enforcement indicating the synthetic drugs analyzed for the fourth quarter of 2012.

Larry Matheis, Nevada State Medical Association, appeared and was sworn by Interim President Wentworth prior to answering questions or offering testimony. Mr. Matheis spoke in support of the proposed regulations.

Interim President Wentworth closed the Public Hearing and asked for a motion.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the language as presented.

Second: Jack Dalton.

Action: Passed Unanimously

B. Amendment of Nevada Administrative Code Use of mechanical counting device for dispensing medications to be taken orally. This amendment will require a pharmacist to fill mechanical dispensing devices and maintain records for two years to ensure the correct medication is in the appropriate section of the dispensing device.

Interim President Wentworth opened the Public Hearing.

William Okuno, Raley's Director of Pharmacy Administration, submitted written comment suggesting the proposed amendment be revised to allow pharmacy technicians to fill counting devices. Mr. Pinson advised the Board that Raley’s technicians fill from a central filling station in California, which is allowed by California regulation, and not affected by these proposed regulations.

Interim President Wentworth closed the Public Hearing and asked for a motion.

Board Action:

Motion: Kam Gandhi moved to adopt the language as presented.

Second: Jody Lewis

Action: Passed Unanimously
19. Next Board Meeting:

March 6-7, 2013 – Reno

20. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

No public comment.

Kam Gandhi expressed his concern regarding MDEG companies that have been operating without a license. There appears to be a lack of consequences when those companies do appear before the Board for licensure. There was discussion that action against a non-licensed entity falls outside of the realm of this Board. A regulatory change would be required.
GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Accredo Health Group, Inc.

Physical Address: 4901 W. Reno Road, Suite 950

Mailing Address: (same as physical address)

City: Oklahoma City State: OK Zip Code: 73127

Telephone: 405-942-3961 Fax: 405-949-2689

Toll Free Number: 800-999-9376 (Required per NAC 639.708)

E-mail: John.Dunham@AccredoHealth.com Website: n/a

Managing Pharmacist: John Dunham License Number: (OK) 9924

Hours of Operation:
Monday thru Friday 8:00 am 5:00 pm Saturday closed am pm
Sunday closed am pm 24 Hours on call

TYPE OF PHARMACY

- Retail
- Hospital (# beds ___)
- Internet
- Nuclear
- Out of State
- Ambulatory Surgery Center

SERVICES PROVIDED

- Off-site Cognitive Services
- Parenteral
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☐ New Pharmacy ☐ Ownership Change
(Please provide current license number if making changes: PH_____)
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Advantage Pharmacy LLC
Physical Address: 2175 Business Center Park Dr., Ste. 6, Memphis, TN 38113
Mailing Address: 543 Encinitas Blvd #107
City: Encinitas State: CA Zip Code: 92024
Telephone: (901) 881-9770 Fax: 860-488-7820
Toll Free Number: 1800-682-9220 (Required per NAC 639.708)
E-mail: admin@AdvantagePharmacy.com Website: www.AdvantagePharmacy.com
Managing Pharmacist: Paul M. Peak License Number: 210949 (TN)

Hours of Operation:
Monday thru Friday 8:00 am 5:00 pm Saturday 8:00 am 12:00 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1

62410
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☑ New Pharmacy ☐ Ownership Change
(Please provide current license number if making changes: PH_______)
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Bella Brands, LLC
Physical Address: 9826 S Jordan Gateway
Mailing Address: 9826 S. Jordan Gateway
City: Sandy State: UT Zip Code: 84070
Telephone: 801-389-3552 Fax: 480-707-4585
Toll Free Number: 888-289-3552 (Required per NAC 639.708)
E-mail: dimick@bella.com Website: www.bella.com
Managing Pharmacist: Lisa Dimick License Number: 153881-1701

Hours of Operation:
Monday thru Friday 8 am 5 pm Saturday 8 am ___ pm
Sunday 8 am ___ pm 24 Hours ___

TYPE OF PHARMACY
☑ Retail ☐ Off-site Cognitive Services
☐ Hospital (# beds ___) ☐ Parenteral
☐ Internet ☐ Parenteral (outpatient)
☐ Nuclear ☐ Outpatient/Discharge
☑ Out of State ☐ Mail Service
☐ Ambulatory Surgery Center ☐ Long Term Care

Page 1

62128
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

| ☑ New Pharmacy | ☐ Ownership Change |
| ☐ Publicly Traded Corporation – Pages 1,2,3,7 | ☐ Partnership - Pages 1,2,5,7 |
| ☑ Non Publicly Traded Corporation – Pages 1,2,4,7 | ☐ Sole Owner – Pages 1,2,6,7 |

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Brown's Compounding Center  
Physical Address: 10259 S Parker Rd. #105  
Mailing Address: 10259 S. Parker Rd. #105  
City: Parker State: CO Zip Code: 80134  
Telephone: 303-805-9543 Fax: 303-805-0849  
Toll Free Number: 800-805-9543 (Required per NAC 639.708)  
E-mail: darby@browncompounding.com Website: www.browncompounding.com  
Managing Pharmacist: Darby C. Brown, RPh License Number: 112382

Hours of Operation:

Monday thru Friday 10 am 6 pm  
Saturday 9 am 1 pm  
Sunday am pm 24 Hours

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Retail</td>
<td>☐ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☐ Hospital (# beds ____</td>
<td>☐ Parenteral</td>
</tr>
<tr>
<td>☐ Internet</td>
<td>☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☐ Nuclear</td>
<td>☐ Outpatient/Discharge</td>
</tr>
<tr>
<td>☑ Out of State</td>
<td>☑ Mail Service</td>
</tr>
<tr>
<td>☐ Ambulatory Surgery Center</td>
<td>☐ Long Term Care</td>
</tr>
</tbody>
</table>

Page 1  
62127
GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Byram Healthcare Centers, Inc.

Physical Address: 5302 Rancho Road

Mailing Address: 5302 Rancho Road

City: Huntington Beach State: California Zip Code: 92647

Telephone: 714-799-1222 Fax: 714-890-3810

Toll Free Number: 800-552-2633 (Required per NAC 639.708)

E-mail: vmarinko@byramhealthcare.com Website: www.byramhealthcare.com

Managing Pharmacist: Valerie Marinko License Number: RPH 58160

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm Saturday on-call pm

Sunday on-call am pm 24 Hours on-call service

TYPE OF PHARMACY

☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED

☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy ☑ Ownership Change □
(Please provide current license number if making changes: PH_______)

□ Publicly Traded Corporation – Pages 1,2,3,7 □ Partnership - Pages 1,2,5,7
☑ Non Publicly Traded Corporation – Pages 1,2,4,7 □ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Catamaran Home Delivery
Physical Address: 4865 Dixie Highway
Mailing Address: 4865 Dixie Highway
City: Fairfield State: OH Zip Code: 45014
Telephone: 513-858-4881 Fax:
Toll Free Number: applying for (Required per NAC 639.708)
E-mail: Jeffery_Romani@express-scripts.com Website: www.medco.com
Managing Pharmacist: Jeffery Romani License Number: 03-3-13364

Hours of Operation:
Monday thru Friday 4:00 am 10:00 pm  Saturday 5:00 am 4:30 pm
Sunday ______ am ______ pm  24 Hours ______

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☑ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☑ Mail Service
☐ Long Term Care

Page 1

62313
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
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Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

New Pharmacy
(Please provide current license number if making changes: PH

Publicly Traded Corporation – Pages 1,2,3,7
Non Publicly Traded Corporation – Pages 1,2,4,7
Sole Owner – Page 6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Community Compounding Pharmacy
Physical Address: 11030 SW Capital Hwy
Mailing Address: 11030 SW Capital Hwy
City: Portland State: OR Zip Code: 97219
Telephone: (503) 244-3504 Fax: (503) 546-3536
Toll Free Number: (877) 244-3504 (Required per NAC 639.708)
E-mail: communitycompd@yahoo.com Website: CommunityCompd.com
Managing Pharmacist: communitycompd.com License Number: R900024810

Hours of Operation:
Monday thru Friday 8 am 5 pm
Sunday X am X pm
Saturday 8 am 5 pm
24 Hours X

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care

Page 1
62306
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

|☑️ New Pharmacy | ☐ Ownership Change | ☐ Partnership - Pages 1,2,5,7 | ☐ Sole Owner – Pages 1,2,6,7 |
|☐ Publicly Traded Corporation – Pages 1,2,3,7 | ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 |

PLEASE CHECK BOX FOR TYPE OF OWNERSHIP AND COMPLETE CORRECT PART OF THE APPLICATION.

GENERAL INFORMATION TO BE COMPLETED BY ALL TYPES OF OWNERSHIP

Pharmacy Name: Denton Prescription Shop  
Physical Address: 250 W. Oak St. Ste. 100 Denton TX 76201  
Mailing Address: Same as above.  
City: Denton  
State: TX  
Zip Code: 76201  
Telephone: 940 382 6758  
Fax: 940 382 2109  
Toll Free Number: 888 650 4843  
(Required per NAC 639.708)  
E-mail: rick@dentonprescription.com  
Website: www.dentonprescription.com  
Managing Pharmacist: Richard E. Appling  II  License Number: 378922

Hours of Operation:  
Monday thru Friday 9 am 6 pm  
Saturday 24 Hours  
Sunday 9 am 6 pm

 TYPE OF PHARMACY

| ☑️ Retail | ☐ Hospital (# beds ___) | ☐ Internet | ☐ Nuclear | ☐ Out of State | ☐ Ambulatory Surgery Center |

 SERVICES PROVIDED

| ☐ Off-site Cognitive Services | ☐ Parenteral | ☐ Parenteral (outpatient) | ☐ Outpatient/Discharge | ☒ Mail Service | ☐ Long Term Care |

Page 1

62252
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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□ New Pharmacy  □ Ownership Change

(Please provide current license number if making changes: PH_______)

□ Publicly Traded Corporation – Pages 1,2,3,7  □ Partnership - Pages 1,2,5,7
□ Non Publicly Traded Corporation – Pages 1,2,4,7  □ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: La Vita Compounding Pharmacy LLC

Physical Address: 3978 Sorrento Valley Blvd., Ste #300

Mailing Address: 3978 Sorrento Valley Blvd., Ste #300

City: San Diego State: CA Zip Code: 92121

Telephone: 858-453-2500 Fax: 858-453-2501

Toll Free Number: 866-507-1990 (Required per NAC 639.708)

E-mail: deb@lavitax.com Website: www.lavitax.com

Managing Pharmacist: Debra Kae Hubers

License Number: CA B6396069

Hours of Operation:

Monday thru Friday 8:30 am 5 pm  Saturday N/A am N/A pm

Sunday N/A am N/A pm  24 Hours No

TYPE OF PHARMACY

□ Retail  □ Off-site Cognitive Services
□ Hospital (# beds ____)
□ Parenteral
□ Internet
□ Parenteral (outpatient)
□ Nuclear
□ Outpatient/Discharge
□ Mail Service
□ Out of State
□ Long Term Care
□ Ambulatory Surgery Center
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
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laws of the State of Nevada.

☐ New Pharmacy
☐ Ownership Change
☐ Publicly Traded Corporation – Pages 1,2,3,7
☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Liberty Medical Supply, Inc.
Physical Address: 10400 S. US Highway 1, Suite 209, Port St. Lucie, FL 34952
Mailing Address: 8881 Liberty Lane, Port St. Lucie, FL 34952
City: Port St. Lucie State: FL Zip Code: 34952
Telephone: (800) 491-3276 Fax: (877) 542-8460
Toll Free Number: (800) 491-3276 (Required per NAC 639.708)
E-mail: vernillia.burcher@libertymedical.com Website: www.libertymedical.com
Managing Pharmacist: Kenneth Zielinski License Number: PS76385

Hours of Operation:
Monday thru Friday 6 am 11 pm
Sunday closed 4 pm
Saturday 7 am 4 pm
24 Hours/On-Call answering service

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☒ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
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☐ New Pharmacy
☐ Ownership Change
☐ Publicly Traded Corporation – Pages 1,2,3,7
☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Liberty Medical Supply, Inc.

Physical Address: 2157 Apperson Drive, Salem, VA 24153

Mailing Address: 8881 Liberty Lane

City: Port St. Lucie State: FL Zip Code: 34957

Telephone: 540-777-0000 Fax: 540-777-0015

Toll Free Number: 800-467-8546 (Required per NAC 639.708)

E-mail: ManagedPharmacy@libertymedical.com Website: www.libertymedical.com

Managing Pharmacist: Saxon Sunk License Number: 0202012034

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm Saturday 9:00 am 10:00 am

Sunday ______am ______pm 24 Hours ______

TYPE OF PHARMACY

☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED

☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1

24912
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☒ New Pharmacy  ☐ Ownership Change
(Please provide current license number if making changes: PH_______)
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: MERIDIAN MEDS, LLC
Physical Address: 220 NORTH 1200 EAST SUITE 104
Mailing Address: 220 NORTH 1200 EAST SUITE 104
City: LEHI State: UT Zip Code: 84043
Telephone: 801-331-8291 Fax: 801-331-8650
Toll Free Number: 877-760-5223 (Required per NAC 639.708)
E-mail: brett.johnson@m2rx.com Website: m2rx.com
Managing Pharmacist: BRETT C. JOHNSON License Number: 146323-1701

Hours of Operation:
Monday thru Friday 8:00 am 5:00 pm Saturday Ø am Ø pm
Sunday Ø am Ø pm 24 Hours ✓ (ON CALL)

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☒ Long Term Care

Page 1
62426
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☐ New Pharmacy
☐ Privately Owned Corporation – Pages 1,2,3,7
☐ Partnership - Pages 1,2,5,7
☐ Non Profit Corporation – Pages 1,2,4,7
☐ Sole Owner – Pages 1,2,6,7
(If making changes: PH 01766)

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: Mission Road Pharmacy
Physical Address: 1155 N. Mission Road, Los Angeles, CA 90033
Mailing Address: 1155 N. Mission Road
City: Los Angeles State: California Zip Code: 90033
Telephone: 323-227-4646 Fax: 323-227-8887
Toll Free Number: 866-RX-CENTER (Required per NAC 630.708)
E-mail: dave@missionroadpharmacy.com Website: 
Managing Pharmacist: Tu C. Nguyen License Number: 50935

Hours of Operation:
Monday thru Friday 8am – 5pm
Tues, Thurs 9pm – 9pm
Saturday close
Sunday close
24 Hours No

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy
☐ Ownership Change
☐ Publicly Traded Corporation – Pages 1, 2, 3, 7
☐ Non Publicly Traded Corporation – Pages 1, 2, 4, 7
☐ Partnership – Pages 1, 2, 5, 7
☐ Sole Owner – Pages 1, 2, 6, 7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: MRP
Physical Address: 1141 N. Mission Road, Los Angeles, CA 90033
Mailing Address: 1141 N. Mission Road
City: Los Angeles State: California Zip Code: 90033
Telephone: 323-227-8883 Fax: 323-227-8882
Toll Free Number: 866-RX-CENTER (Required per NAC 639.708)
E-mail: dave@missionroadpharmacy.com Website: __________________
Managing Pharmacist: Dao X. Nguyen License Number: 48791

Hours of Operation:
Monday thru Friday 8 am 5 pm Saturday close am pm
Sunday close am pm 24 Hours close

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☒ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<table>
<thead>
<tr>
<th>New Pharmacy</th>
<th>Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Please provide current license number if making changes: PH_ )</td>
</tr>
<tr>
<td></td>
<td>Partnerships - Pages 1,2,4,7</td>
</tr>
<tr>
<td></td>
<td>Sole Owner - Pages 1,2,6,7</td>
</tr>
</tbody>
</table>

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: __Primrose Pharmacy LLC._
Physical Address: 8601 Dunwoody Place (suite 146), Sandy Springs, GA 30350
Mailing Address: 8601 Dunwoody Place (suite 146)
City: Sandy Springs State: GA Zip Code: 30350
Telephone: 404-382-3064 Fax: 770-998-7010
Toll Free Number: 866-481-1085 (Required per NAC 639.708)
E-mail: kar1b@altheapharm.com Website: www.primrosepharmacy.com
Managing Pharmacist: __Joyce L. McWilliams__ License Number: RPH08787

Hours of Operation:
Monday thru Friday 9 am 5 pm Saturday ___ am ___ pm
Sunday ___ am ___ pm 24 Hours ___

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>Off-site Cognitive Services</td>
</tr>
<tr>
<td>Hospital (# beds ___)</td>
<td>Parenteral</td>
</tr>
<tr>
<td>Internet</td>
<td>Parenteral (outpatient)</td>
</tr>
<tr>
<td>Nuclear</td>
<td>Outpatient/Discharge</td>
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<tr>
<td>Out of State</td>
<td>Mail Service</td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td>Long Term Care</td>
</tr>
</tbody>
</table>

Page 1  62166
Nevada State Board of Pharmacy
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
Application for Out-of-State Pharmacy License
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or
denial of the application or subsequent revocation of the license issued and is a violation of the
laws of the State of Nevada.

☐ New Pharmacy ☐ Ownership Change
(Please provide current license number if making changes: PH______)
☐ Publicly Traded Corporation – Pages 1,2,3,7
☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7
☐ Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.

General Information to be completed by all types of ownership
Pharmacy Name: PX DRUGSTORE
Physical Address: 5300 LANKERSHIM BLVD, # 1600
Mailing Address: 110 E. HUNTINGTON DRIVE, MONROVIA, CA 91016
City: NORTH HOLLYWOOD State: CALIFORNIA Zip Code: 91601
Telephone: (818) 469-0313 Fax: (818) 769-0026
Toll Free Number: (800) 248-3997 (Required per NAC 639.708)
E-mail: gscherman@modernhealthinc.com Website: www.modernhealthinc.com
Managing Pharmacist: RICHARD NGUYEN License Number: 543667 (CALIFORNIA)

Hours of Operation:
Monday thru Friday 9 am 4 pm Saturday 10 am 2 pm
Sunday ___ am ___ pm 24 Hours ___

Type of Pharmacy
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

Services Provided
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1

62165
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

☐ New Pharmacy  ☐ Ownership Change
(Please provide current license number if making changes: PH________)

☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7
☒ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name:  Super Care Pharmacy

Physical Address:  16017 Valley Blvd., City of Industry, CA 91744

Mailing Address:  same as above

City:  ___________________________ State:  ________________ Zip Code:  ___________

Telephone:  626-854-2206  Fax:  626-854-2206

Toll Free Number:  800-206-4880 (Required per NAC 639.708)

E-mail: Katherine.le@supercaremed.com Website:  www.supercaremed.com

Managing Pharmacist:  Katherine Le, Pharm.D.  License Number:  57903

Hours of Operation:

Monday thru Friday  9 am  6 pm  Saturday  ____am  ____pm

Sunday  ____am  ____pm  24 Hours  on call

<table>
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<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Retail</td>
<td>☐ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☐ Hospital (# beds ___)</td>
<td>☐ Parenteral</td>
</tr>
<tr>
<td>☐ Internet</td>
<td>☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☐ Nuclear</td>
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<td>☒ Mail Service</td>
</tr>
<tr>
<td>☐ Ambulatory Surgery Center</td>
<td>☐ Long Term Care</td>
</tr>
</tbody>
</table>

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NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier’s check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☐ Ownership Change  
(Please provide current license number if making changes: PH_______)  
☐ Publicly Traded Corporation – Pages 1,2,3,7  ☐ Partnership - Pages 1,2,5,7  
☑ Non Publicly Traded Corporation – Pages 1,2,4,7  ☐ Sole Owner – Pages 1,2,6,7  
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
Pharmacy Name: LEVRON INC, D/B/A TITAN PHARMACY
Physical Address: 3519 31 AVENUE
Mailing Address: PO BOX 6246
City: ASTORIA State: NY Zip Code: 11106
Telephone: 718 267 8063 Fax: 718 267 8562
Toll Free Number: 800 278 1363 (Required per NAC 639.708)
E-mail: titanpharmacy@gmail.com Website: titanrx.com
Managing Pharmacist: PETER LEVINS, RPh. License Number: 041904

Hours of Operation:
Monday thru Friday 10 am 6 pm  Saturday 11 am 4 pm
Sunday CLOSED pm 24 Hours ______

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☑ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1

62307
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or  
denial of the application or subsequent revocation of the license issued and is a violation of the  
laws of the State of Nevada.

- New Pharmacy  
- Other LLC  
- Ownership Change  
- Publicly Traded Corporation – Pages 1,2,3,7  
- Non Publicly Traded Corporation – Pages 1,2,4,7  
- Partnership - Pages 1,2,5,7  
- Sole Owner – Pages 1,2,6,7  
- Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: U.C. Davis Medical Center  
Physical Address: 2221 Stockton Blvd. Room 1130  
Mailing Address: 2221 Stockton Blvd. Room 1130  
City: Sacramento  
State: California  
Zip Code: 95817  
Telephone: (916) 734-0977  
Fax: (916) 703-5194  
Toll Free Number: (855) 257-4938  
(Required per NAC 639.708)  
E-mail: transplantrx@ucdmc.ucdavis.edu  
Website:  
Managing Pharmacist: David G. Mitchell  
License Number: RPH 51874  

Hours of Operation:

Monday thru Friday 9:00 am 5:00 pm  
Saturday N/A am N/A pm  
Sunday N/A am N/A pm  
24 Hours N/A  

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Retail</td>
<td>☐ Off-site Cognitive Services</td>
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<tr>
<td>☐ Hospital (# beds ___)</td>
<td>☐ Parenteral</td>
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<tr>
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<td>☒ Outpatient/Discharge</td>
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<td>☒ Mail Service</td>
</tr>
<tr>
<td>☐ Ambulatory Surgery Center</td>
<td>☐ Long Term Care</td>
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</tbody>
</table>

Page 1  
62172
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_________)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7 (LLC)

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: AUGUSTA MEDICAL SYSTEMS LLC
Physical Address: 1027 BROAD STREET
(This must be a business address, we can not issue a license to a home address)
Mailing Address: __________________________
City: AUGUSTA State: GA Zip Code: 30901
Telephone: (706) 312-0198 Fax: (706) 821-3626
E-mail: ssigmon@augustams.com Website: www.augustams.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6 Fri: 9 to 6
Sat: N/A Sun: __________ Holidays: ________

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: MICHAEL C. OSBORNE

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: MALE VBD (VACUUM ERECTION DEVICE)
**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ______________________________ Telephone: ______________________________

Page 1

62283
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.

FACILITY INFORMATION

Facility Name: CHARTER MEDICAL SUPPLIES, LLC
Physical Address: 2049 N. LINCOLN ST
Mailing Address: BURBANK
City: 877.470.1181
State: CA Zip Code: 91504
Telephone: 818.475.1472
Fax: michael@chartermedicalsups.com
E-mail: chartermedicalsups.com
Website: chartermedicalsups.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 5 Tue: 10 to 5 Wed: 10 to 5 Thu: 10 to 5 Fri: 10 to 5 Sat: CLOSED Sun: CLOSED Holidays: to Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: MICHAEL ROSS

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☑ Orthotics and Prosthetics
☑ Diabetic Supplies Other: PAIN MANAGEMENT

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: __________________________ Telephone: __________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG □ Ownership Change
(Please provide current license number if making changes: MP or MW

□ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: FLOWONIX MEDICAL INC.

Physical Address: 500 International Drive
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: ____________

City: MT. OLIVE State: NJ Zip Code: 07828

Telephone: 973-426-9229 Fax: 973-426-0035

E-mail: rvaletine@flowonix.com Website: www.flowonix.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: ______ to ______ Sun: ______ to ______ Holidays: ______ to ______

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Steve Adler

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies

☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthetics

Other: Implanted MediSor Pump

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: ____________ Telephone: ____________

Page 1

62305
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New MDEG   ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____________

☐ Publicly Traded Corporation – Pages 1,2,3,4   ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5   ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: Liberator Medical Supply, Inc.
Physical Address: 8979 SE Gran Park Way Stuart FL 34997
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: P.O. Box 440
City: Stuart State: FL Zip Code: 34997
Telephone: 800-755-7880 Fax: 800-755-0843
E-mail: __________________________________ Website: ______________________

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 5   Tue: 9 to 5   Wed: 9 to 5   Thu: 9 to 5
Fri: 9 to 5   Sat: N/A to  Sun: N/A to  Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Jennifer Librator

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

☐ Medical Gases**   ☐ Assistive Equipment
☐ Respiratory Equipment**   ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**   ☐ Orthotics and Prosthetics
☐ Diabetic Supplies   Other: Urological/Ostomy/Mastectomy (Custom)

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: ___________________________ Telephone: ________________________

Page 1

62304
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW 11111111000010)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: LIBERTY MEDICAL SUPPLY INC
Physical Address: 8883 LIBERTY LANE STE 250
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 8881 LIBERTY LANE
City: PORT ST LUCIE State: FL Zip Code: 34952
Telephone: 772 398 5800 Fax: 772 398 2132
E-mail: Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00
Fri: 8:30 to 5:00 Sat: ___ to ___ Sun: ___ to ___ Holidays: ___ to ___

MDEG ADMINISTRATOR INFORMATION: Provide charge on a daily basis
Name: FRANK HARVEY

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☒ Diabetic Supplies Other: OXYGEN CATHETERS

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: LUCAS PHARMACIST
Telephone: 1-800-491-8276
Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☑ New MDEG   ☐ Ownership Change
(Please provide current license number if making changes: MP or MW MPO1034)
☐ Publicly Traded Corporation – Pages 1,2,3,4   ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5   ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: LIBERTY MEDICAL SUPPLY INC
Physical Address: 8881 LIBERTY LANE
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 8881 LIBERTY LANE
City: POCATERO State: FL Zip Code: 89509
Telephone: 775 395 5800   Fax: 775 395 2133
E-mail:                      Website: www.libertymedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:30 to 5:00   Tue: 8:30 to 5:00   Wed: 8:30 to 5:00   Thu: 8:30 to 5:00
Fri: 8:30 to 5:00   Sat: to   Sun: to   Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: FRANK HARVEY

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

☐ Medical Gases**   ☐ Assistive Equipment
☐ Respiratory Equipment**   ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**   ☐ Orthotics and Prosthetics
☒ Diabetic Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: NA

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
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☐ New MDEG ☐ Ownership Change
(Provide current license number if making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: LIBERTY MEDICAL SUPPLY INC
Physical Address: 3157 APPRION DR W, SALEM, VA 24513

(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 8881 LIBERTY LANE
City: PORT ST LUCIE State: FL Zip Code: 34950
Telephone: 540 777 0000 Fax: 540 777 0015
E-mail: Website: www.libertymedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9:00 to 6:00 Tue: 9:00 to 6:00 Wed: 9:00 to 6:00 Thu: 9:00 to 6:00
Fri: 9:00 to 6:00 Sat: 9:00 to 10:00 Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Ed Meriweather

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☒ Diabetic Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: NA
Telephone: 800-467-8516
Page 1
**NEVADA STATE BOARD OF PHARMACY**
431 W Plumb Lane – Reno, NV  89509 – (775) 850-1440

**APPLICATION FOR OUT-OF-STATE MDEG LICENSE**

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

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

Application must be printed legibly or typed

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

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| Publicly Traded Corporation – Pages 1,2,3,4 | Partnership – Pages 1,2,3,6 |
| Non Publicly Traded Corporation – Pages 1,2,3,5 | Sole Owner – Pages 1,2,3,7 |

Please check box for type of ownership and complete correct part of the application.

**FACILITY INFORMATION**

**Facility Name:**  
Nephran Pharmaceuticals Corporation

**Physical Address:**  
78-88 Murray Spruce Street, Murray, KY 42071
(This must be a business address, we cannot issue a license to a home address)

**Mailing Address:**  
4121 SW 34th Street

**City:** Orlando  
**State:** FL  
**Zip Code:** 32811

**Telephone:** (407) 999-2225 ext 227  
**Fax:**  (407) 872-1733

**E-mail:** atiley@nephronpharm.com  
**Website:** www.nephronpharm.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

| Mon: 8 to 5 | Tue: 8 to 5 | Wed: 8 to 5 | Thu: 8 to 5 |
| Fri: 8 to 5 | Sat: NA to NA | Sun: NA to NA | Holidays: NA to NA |

**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basis

**Name:** Randy McClure

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

| ☐ Medical Gases** | ☐ Assistive Equipment |
| ☐ Respiratory Equipment** | ☐ Parenteral and Enteral Equipment** |
| ☐ Life-sustaining equipment** | ☐ Orthotics and Prosthetics |
| ☐ Diabetic Supplies | Other: See Attachment 1 |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.**

| Name: NA | Telephone: NA |

Page 1
Medical Equipment
Legend Devices

Medical Device

EZ Breathe Atomizer™

Asthmanefrin® is an over-the-counter medication for the temporary relief of bronchial asthma symptoms, including shortness of breath, tightness of chest and wheezing. Asthmanefrin® can be administered for patients ages four (4) and older. Asthmanefrin® has been used to treat asthma in children and adults for over a hundred years.

Asthmanefrin® is an inhaled solution delivered to the patient via a handheld device known as an atomizer. This product is not a CFC inhaler, and presents no risk to the environment.

Legend Devices

Sodium Chloride Inhalation Solution USP, 0.9% 3mL

- Sterile individual unit dose
- Preservative and additive free
- Individually foil pouched and embossed vials for easy identification
- Available in the following package configurations per box:
  - 0487-9301-03 (100 vials bulk wrapped)
  - 0487-9301-33 (30 individually wrapped and bar coded vials)
  - 0487-9301-02 (30 individually wrapped, robot ready vials)

Sodium Chloride Inhalation Solution USP, 3% 4mL

- Sterile individual unit dose
- Preservative and additive free
- Non-pyrogenic
- Available in the following package configurations per box:
  - 0487-9003-60 (60 vials bulk wrapped)

Sodium Chloride Inhalation Solution USP, 7% 4mL

- Sterile individual unit dose
- Preservative and additive free
- Non-pyrogenic
- Available in the following package configurations per box:
  - 0487-9007-60 (60 vials bulk wrapped)

Sodium Chloride Inhalation Solution USP, 10% 4mL
• Sterile individual unit dose
• Preservative and additive free
• Non-pyrogenic
• Available in the following package configurations per box:
  • 0487-9010-60 (60 vials bulk wrapped)
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
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<td>□ Sole Owner – Pages 1,2,3,7</td>
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Please check box for type of ownership and complete correct part of the application.

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FACILITY INFORMATION

Facility Name: Nephron Pharmaceuticals Corporation
Physical Address: 5249 LB McLeod Road, Orlando, FL 32811
(May be a business address, we cannot issue a license to a home address)
Mailing Address: 4121 SW 34th Street
City: Orlando State: FL Zip Code: 32811
Telephone: 407-999-2225 Fax: 407-872-1733
E-mail: maryann.webb@nephronpharm.com Website: www.nephronpharm.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Patrick Cossognol

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

- [ ] Medical Gases**
- [ ] Respiratory Equipment**
- [ ] Life-sustaining equipment**
- [ ] Diabetic Supplies
- [ ] Assistive Equipment
- [ ] Parenteral and Enteral Equipment**
- [ ] Orthotics and Prosthetics
- Other: See Attachment 1

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ______________________________ Telephone: ______________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
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| Non Publicly Traded Corporation – Pages 1,2,3,5 | Sole Owner – Pages 1,2,3,7 |
| Please check box for type of ownership and complete correct part of the application. |

FACILITY INFORMATION

Facility Name: **Nephron Pharmaceuticals Corporation**
Physical Address: **840 S 4th Ave Phoenix, AZ 85003**

(Mailing Address: 4121 SW 34th Street)
City: **Orlando Florida** State: **FL** Zip Code: **32811**
Telephone: **407-999-2225** Fax: **407) 872-1733**
E-mail: **otley@nephronpharm.com** Website: **www.nephronpharm.com**

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: **7 to 4** Tue: **7 to 4** Wed: **7 to 4** Thu: **7 to 4**
Fri: **7 to 4** Sat: **NA to NA** Sun: **NA to NA** Holidays: **NA to NA**

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: **Art Litchfield**

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

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthetics
- Other: **See Attachment 1**

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: **NA** Phone: **NA**

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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□ New MDEG □ Ownership Change
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□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6
X Non Publicly Traded Corporation – Pages 1,2,3,5 □ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Philips Healthcare Informatics, Inc.

Physical Address: 4100 East Third Ave., Ste. 101, Foster City, CA 94404
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Peggy Erb, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 650-293-2300 Fax: 650-293-2301

E-mail: Dennis.krap@philips.com Website: http://www.healthcare.philips.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM
Fri: 9 AM to 5 PM Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dennis A. Krap

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

□ Medical Gases** □ Assistive Equipment
□ Respiratory Equipment** □ Parenteral and Enteral Equipment**
□ Life-sustaining equipment** □ Orthotics and Prosthetics
□ Diabetic Supplies □ Other: Prescription Medical Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: __________________________ Telephone: __________________________

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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☐ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW__________)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Praxaire Distribution
Physical Address: 2117 James Avenue
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2117 James Avenue
City: South Lake Tahoe State: CA. Zip Code: 96150
Telephone: 530-541-0398 Fax: 530-541-1731
E-mail: Wendeer@praxaire.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: ________________________________

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
□ Medical Gases** □ Assistive Equipment
□ Respiratory Equipment** □ Parenteral and Enteral Equipment**
□ Life-sustaining equipment** □ Orthotics and Prosthetics
□ Diabetic Supplies Other: ________________________________

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Wendeer Roberts Telephone: 530-541-0398
Page 1

62468
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
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☐ New MDEG
☐ Ownership Change
(Please provide current license number if making changes: MP or MW )
☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.

Physical Address: 1265 South River Road, Suite 200, Cranbury NJ 08512
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip Code: 44087

Telephone: 877-898-9785 Fax: 330-405-5674
E-mail: rghlicensure@rghtn.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm
Fri: 9am to 4pm Sat: Closed Sun: Closed

Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Melvin Greene

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: 

*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Melvin Greene
Telephone: 877-898-9785
Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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✓ New MDEG  □ Ownership Change
(Please provide current license number if making changes: MP or MW
□ Publicly Traded Corporation – Pages 1,2,3,4
□ Partnership - Pages 1,2,3,6
✓ Non Publicly Traded Corporation – Pages 1,2,3,5
□ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: RGH Enterprises, Inc.
Physical Address: 1825 Westpark Drive, Suite 200, Grand Prairie, TX 75050
(If this must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone: 877-410-6446 Fax: 330-405-5674
E-mail: rghlicensure@rghent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9am to 4pm  Tue: 9am to 4pm  Wed: 9am to 4pm  Thu: 9am to 4pm
Fri: 9am to 4pm  Sat: Closed  Sun: Closed  Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Davis Hood

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
□ Medical Gases**  □ Assistive Equipment
□ Respiratory Equipment**  □ Parenteral and Enteral Equipment**
□ Life-sustaining equipment**  □ Orthotics and Prosthetics
✓ Diabetic Supplies  Other: ____________________________________________
*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Davis Hood
Telephone: 877-410-6446
Page 1

62413
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
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☑ New MDEG  ☐ Ownership Change
(Please provide current license number if making changes: MP or MW________________________)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☑ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION
Facility Name: RGH Enterprises, Inc.
Physical Address: 8000 Forshee Drive, Jacksonville, FL 32219
(Must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone: 877-233-1543 Fax: 330-405-5674
E-mail: rghlicensure@rgcent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9am to 4pm  Tue: 9am to 4pm  Wed: 9am to 4pm  Thu: 9am to 4pm
Fri: 9am to 4pm  Sat: Closed  Sun: Closed  Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Darron Rhodes

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

☐ Medical Gases**    ☐ Assistive Equipment
☐ Respiratory Equipment**    ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**    ☐ Orthotics and Prosthetics
☑ Diabetic Supplies    ☐ Other: ___________________________

*If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Darron Rhodes
Telephone: 877-233-1543
Page 1

62416
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
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Facility Name: RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.
Physical Address: 3980 Earlstone Street, Ontario CA 91761
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone: 877-782-1295 Fax: 330-405-5674
E-mail: rghlicensure@rghent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm
Fri: 9am to 4pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: George W. Pizarro

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: 

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: George W. Pizarro
Telephone: 877-782-1295

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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☑ Non Publicly Traded Corporation – Pages 1,2,3,5 □ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.
Physical Address: 7250 Vorden Parkway, South Bend, Indiana 46628
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone: 866-523-1486 Fax: 330-405-5674
E-mail: rghlicensure@rghtent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm
Fri: 9am to 4pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Teresa Thomas

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

☑ Medical Gases** ☑ Assistive Equipment
☑ Respiratory Equipment** ☑ Parenteral and Enteral Equipment**
☑ Life-sustaining equipment** ☑ Orthotics and Prosthetics
☑ Diabetic Supplies Other: _______________________

*If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Teresa Thomas
Telephone: 866-523-1486
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☒ Ownership Change
(Please provide current license number if making changes: MP or MW MP00695)
☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Sagacare Corporation
Physical Address: 6600 NW 16th St, Ste 60
(Mailing Address: ____________________________)
City: Plantation State: FL Zip Code: 33313
Telephone: 855-467-8248 Fax: 855-503-0985
E-mail: James.Letho@gmail.com Website: ____________

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 a to 5 p  Tue: 9 a to 5 p  Wed: 9 a to 5 p  Thu: 9 a to 5 p
Fri: 9 a to 5 p  Sat: closed  Sun: closed  Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James J. Letho

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☒ Diabetic Supplies  Other: Non-custom back, ankle, knee braces

*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: ________________ Telephone: ________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW ________)
☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Shire Regenerative Medicine, Inc.

Physical Address: 10933 North Torrey Pines Road STE 200 La Jolla, CA 92037
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10933 N Torrey Pines Rd STE 200

City: La Jolla State: CA Zip Code: 92037

Telephone: 858-754-3700 Fax: 858-754-3750

E-mail: license_management@shire.com Website: www.shire.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 800 to 1700 Tue: 800 to 1700 Wed: 800 to 1700 Thu: 800 to 1700
Fri: 800 to 1700 Sat: ______ to ______ Sun: ______ to ______ Holidays: ______ to ______

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Whitmore

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Dermagraft (class III medical device)

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Michael Whitmore

Telephone: 858-754-3856

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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  ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: ABRAXIS BIOSCIENCE, LLC
Physical Address: 2045 N. Cornell Ave.,
Mailing Address: c/o State License Servicing, 321 Route 94 South, Warwick, NY 10990
City: Melrose Park State: IL Zip Code: 60160
Licensing: 845-544-2482 Facility: 708-486-2067
Fax: 708-486-4429
Toll Free Number: 
E-mail: ABL@slsny.com Website: www.abraxisbio.com
Facility Manager: William Streu
Professional qualifications and experience of facility manager: Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: 

Type of Products to be handled or wholesaled be firm:

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

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☑ New Wholesaler  ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Advanced Pharma, Inc.
Physical Address: 9265 Kirby Drive, Houston, TX 77054
Mailing Address: 9265 Kirby Drive, Houston, TX 77054
City: Houston State: Texas Zip Code: 77054
Telephone: 713-794-0404 Fax: 713-794-0707
Toll Free Number: 877-794-0404
E-mail: babboud@advancedpharma.net Website: www.advancedpharma.com
Facility Manager: Bourjois Abboud, RPh, MBA

Professional qualifications and experience of facility manager: Pharmacist with over 10 years
in management and high scale manufacturing/wholesaling.

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies  ☐ Practitioners  ☑ Hospitals  ☐ Wholesalers
☐ Other: ________________________________

Type of Products to be handled or wholesaled be firm:
☑ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs
☑ Controlled Substances (include copy of DEA)  ☐ Other: ________________________________
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  ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation Pages 1,2,3,5a,5b  ☐ Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Anavox Distribution LLC
Physical Address: 1710 N. Shelby Oaks Drive, Ste 6, Memphis, TN
Mailing Address: 1710 N. Shelby Oaks Drive, Ste 2, Memphis, TN 38134
City: Memphis State: TN Zip Code: 38134
Telephone: 901-201-5465 Fax: 901-201-5465
Toll Free Number: 855-811-7995
E-mail: cathy.bellehumeur@anavox.com Website: n/a
Facility Manager: Susan Robinson

Professional qualifications and experience of facility manager: Pharmacist, over age 21,
with at least 6000 hours worked in pharmacies

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☑ Practitioners  ☑ Hospitals  ☐ Wholesalers
☐ Other: ______________

Type of Products to be handled or wholesaled be firm:

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

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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.  

<table>
<thead>
<tr>
<th>New Wholesaler</th>
<th>Ownership Change</th>
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<tbody>
<tr>
<td>(Please provide current license number if making changes: WH______)</td>
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</tbody>
</table>

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6  
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7  
Please check box for type of ownership and complete correct par. of the application.  

GENERAL INFORMATION  

Facility Name:  ELANCO ANIMAL HEALTH, A DIVISION OF ELI LILLY AND COMPANY  
Physical Address:  2500 INNOVATION WAY, GREENFIELD, IN 46140  
Mailing Address:  2500 INNOVATION WAY  
City:  GREENFIELD  State:  IN  Zip Code:  46140  
Telephone:  800.426.4441  Fax:  317.279.9434  
Toll Free Number:  ___________________________  
E-mail:  MCCORMICKSH@LILLY.COM  Website:  WWW.ELANCO.COM/CONTACT-US.HTML  
Facility Manager:  STEVEN BROWNING  
Professional qualifications and experience of facility manager:  10+ YEARS EXPERIENCE IN PHARMACEUTICAL INDUSTRY.  

Types of licensed outlets or authorized persons firm will serve:  
☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☒ Wholesalers  
☒ Other:  VETERINARIANS, VET HOSPITAL NETWORKS  

Type of Products to be handled or wholesaled be firm:  
☐ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices  
☐ Poisons or Chemicals  ☒ Veterinary Legend Drugs  
☒ Controlled Substances (include copy of DEA)  
☐ Other:  ___________________________  

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62311
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    ☐ Ownership Change
(Please provide current license number if making changes: WH____)  

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Hyperion Therapeutics, Inc.

Physical Address: 601 Gateway Blvd., Suite 200

Mailing Address: ________________________________

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

Telephone: 650-745-7802  Fax: 650-745-1021

Toll Free Number: 888-897-4276

E-mail: ________________________________  Website: www.hyperiontx.com

Facility Manager: Kamal Sigel

Professional qualifications and experience of facility manager: See attached CV

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies    ☐ Practitioners    ☐ Hospitals    ☐ Wholesalers
☐ Other: ________________________________

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)  ☐ Other: ________________________________
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier’s check only)  
Application must be printed legibly or typed  

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

☐ New Wholesaler  ☐ Ownership Change  
(Please provide current license number if making changes: WH____)  

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6  
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7  
LLC Please check box for type of ownership and complete correct part of the application.  

GENERAL INFORMATION  
Facility Name: WBC Group, LLC (f/k/a - MDC Acquisition Co., LLC)  
Physical Address: 6333 Hudson Crossing Parkway, Hudson, OH 44236  
Mailing Address: 6333 Hudson Crossing Parkway  
City: Hudson State: OH Zip Code: 44236  
Telephone: 330-963-8650 Fax: 330-405-5619  
Toll Free Number: 800-472-4221  
E-mail: mdclicensure@meyerdist.com  Website: www.meyerdist.com / www.millikenmedical.com  
Facility Manager: John Ticak  
Professional qualifications and experience of facility manager: see attached  

Types of licensed outlets or authorized persons firm will serve:  
☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers  
☐ Other: DME Suppliers  

Type of Products to be handled or wholesaled be firm:  
☐ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices  
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)  
☐ Other: DME Supplies / OTC - see attached for supplements  

VAwD  62420
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 ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
LLC Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Facility Name: WBC Group, LLC (f/k/a - MDC Acquisition Co., LLC)
Physical Address: 895 South Rockefeller Ave, Suites 105 & 106 Ontario, CA 91761
Mailing Address: 6333 Hudson Crossing Parkway
City: Hudson State: OH Zip Code: 44236
Telephone: 909-937-6084 Fax: 909-937-6768
Toll Free Number: 800-472-4221
E-mail: mdclicensure@meyerdist.com Website: www.meyerdist.com / www.millikenmedical.com
Facility Manager: Robert Anaya
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: DME Suppliers

Type of Products to be handled or wholesaled be firm:
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: DME Supplies / OTC - see attached for supplements

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VAWD
62419
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  ☐ Ownership Change

(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Facility Name: Kroger Limited Partnership II dba Peyton's Northern
Physical Address: 1111 S. Adams Street
Mailing Address: _____________________________________________
City: Bluffton State: IN Zip Code: 46714
Telephone: 260-827-2000 Fax: 260-827-2192
Toll Free Number: None
E-mail: keith.wilson@kroger.com Website: None
Facility Manager: Michael Giaquinta

Professional qualifications and experience of facility manager: 30+ years experience in distribution; Managed distribution facilities in Indiana, Arizona and Georgia distributing Drug/OM and Food products to over 600 Food Stores and Pharmacies.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

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VAMD 62248
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

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[ ] New Wholesaler [ ] Ownership Change
(Please provide current license number if making changes: WH______)

[ ] Publicly Traded Corporation – Pages 1,2,3,4 [ ] Partnership - Pages 1,2,3,6
[✓] Non Publicly Traded Corporation – Pages 1,2,3,5a,5b [ ] Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Facility Name: Piramal Critical Care, Inc.
Physical Address: 2550 Broadhead Rd., Suite 105
Mailing Address: 3950 Schellen Circle, Bethlehem, PA 18017
City: Bethlehem State: PA Zip Code: 18017
Telephone: 610-974-9760 Fax: 610-861-4746
Toll Free Number: N/A
E-mail: Jamie.keller@piramal.com Website: www.piramalcriticalcare.com
Facility Manager: Keith Zimpfer

Professional qualifications and experience of facility manager: B.S. Chemical Engineering, 30+ years experience (manufacturing/engineering) in chemical, food & pharma industries

Types of licensed outlets or authorized persons firm will serve:

[ ] Pharmacies [ ] Practitioners [✓] Hospitals [✓] Wholesalers
[ ] Other: ________________________________

Type of Products to be handled or wholesaled be firm:

[✓] Legend Pharmaceuticals, Supplies or Devices [ ] Hypodermic Devices
[ ] Poisons or Chemicals [✓] Veterinary Legend Drugs
[ ] Controlled Substances (include copy of DEA) [ ] Other: ________________________________

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62465
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

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☐ New Wholesaler  ☐ Ownership Change
(Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Facility Name: Piramal Critical Care, Inc.
Physical Address: 3950 Scheiden Circle
Mailing Address: Same as Physical Address
City: Bethlehem  State: PA  Zip Code: 18017
Telephone: 610-974-9760  Fax: 610-861-4746
Toll Free Number: N/A
E-mail: Jamie.Keller@Piramal.com  Website: www.piramalcriticalcare.com
Facility Manager: Keith Zimpfer

Professional qualifications and experience of facility manager: BS Chemical Engineering, 30 years manufacturing/engineering experience in chemical, biotech & pharmaceutical industry.

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☐ Wholesalers
☐ Other: ___________________________

Type of Products to be handled or wholesaled by firm:
☐ Legend Pharmaceuticals, Supplies or Devices  ☐ Hypodermic Devices
☐ Poisons or Chemicals  ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)  ☐ Other: ___________________________
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
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☐ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Abbott Laboratories Inc.
% Qualanex
5605 Centerpoint Court
Gurnee, IL 60031

Facility Name: __________________________

Physical Address: ________________________________
Mailing Address: ________________________________

City: Abbott Park State: IL Zip Code: 60064

Telephone: 847-938-9197 Fax: 847-938-2741

Toll Free Number: N/A
E-mail: denise.stollenwerk@abbott.com Website: www.abbott.com
Facility Manager: Denise Stollenwerk

Professional qualifications and experience of facility manager: ___________________________________________________________________________________________

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: Universities

Type of Products to be handled or wholesaled be firm:
☑ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☑ Controlled Substances (include copy of DEA) ☐ Other:

☑ applied for, inspected ________ will forward
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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

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☐ New Wholesaler filling out this form.
☐ Ownership Change (Please provide current license number if making changes: WH______)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Smith & Nephew, Inc.

Physical Address: 4085 Nelson Avenue, Suite E&F, Concord, CA 94520

Mailing Address: c/o Business Licenses LLC, PO Box 867

City: Monsey State: NY Zip Code: 10952

Telephone: 925-681-3100 Fax: 925-681-3388

Toll Free Number: 800-821-5700

E-mail: gina.mckenzie@smith-nephew.com Website: www.smith-nephew.com

Facility Manager: Gina McKenzie

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers
☐ Other: __________________________________________

Type of Products to be handled or wholesaled be firm:

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

Page 1
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  ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: The Hibbert Group

Physical Address: 890 Ships Landing Way, New Castle, DE 19720

Mailing Address: 400 Pennington Avenue, P.O. Box 8116,

City: Trenton  State: New Jersey  Zip Code: 08650

Telephone: 609-394-7500  Fax: 609-656-0632

Toll Free Number: 1-800-HIBBERT

E-mail: jlabaw@hibbertgroup.com  Website: www.hibbertgroup.com

Facility Manager: John Qualteria

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

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

Page 1

62338
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 □ Ownership Change
   (Please provide current license number if making changes: WH_______)

☐ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b □ Sole Owner – Pages 1,2,3,7
   Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: VistaPharm, Inc.
Physical Address: 7245 Ulmerton Road
Mailing Address: Same
City: Largo State: FL Zip Code: 33771
Telephone: 727-530-1633 Fax: 727-531-5427
Toll Free Number: 877-530-1633
E-mail: trice@vistapharm.com Website: www.vistapharm.com
Facility Manager: Robert Rice
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 be firm:
☐ Legend Pharmaceuticals, Supplies or Devices □ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: __________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

[ ] New Pharmacy [ ] Ownership Change [ ] Name Change [ ] Location Change
(Please provide current license number if making changes: PH___________)

[ ] Publicly Traded Corporation – Pages 1,2,3,7,8a,8b [ ] Partnership - Pages 1,2,5,7,8a,8b
[ ] Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b [ ] Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Phoenix Pharmaceuticals, Inc. DBA Phoenix Pharmacy

Physical Address: 6096 S. Fort Apache Rd. Las Vegas, NV 89148

Mailing Address: 6096 S. Fort Apache Rd. Las Vegas, NV 89148

City: Las Vegas State: NV Zip Code: 89148

Telephone: 702-275-7733 (temp) Fax: Pending

Toll Free Number: Pending

E-mail: dpham47@cox.net Website: Pending

Managing Pharmacist: Jasmine Ta License Number: 16755

Hours of Operation:
Monday thru Friday 9 am 7 pm Saturday 10 am 5 pm
Sunday ______am ______pm 24 Hours ______

TYPE OF PHARMACY

[ ] Retail
[ ] Hospital (# beds _____)
[ ] Internet
[ ] Nuclear
[ ] Out of State
[ ] Ambulatory Surgery Center

SERVICES PROVIDED

[ ] Off-site Cognitive Services
[ ] Parenteral
[ ] Parenteral (outpatient)
[ ] Outpatient/Discharge
[ ] Mail Service
[ ] Long Term Care

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

Application must be printed legibly or typed

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

☐ New Pharmacy  ☑ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: PH 01578)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed on Reverse of ownership
Pharmacy Name: Albertson’s LLC dba Sav-On Pharmacy # 6002 ☑
Physical Address: 201 S STEPHENIE ST, HEN DEER, NV 89512 ☑
Mailing Address: PO BOX 20 DEPT 70438
City: Boise State: ID Zip Code: 83704
Telephone: 208-395-5823 Fax: 208-395-4220
Toll Free Number: 
E-mail: license.group@supervalu.com Website:
Managing Pharmacist: PATRICK L EVANS License Number: 10384

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the
application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy ☑ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_014229)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson’s LLC dba Sav-On Pharmacy
Physical Address: 4055 S. Durango Blvd Las Vegas, NV 89147
Mailing Address: PO Box 20 Dept 70458
City: Boise State: ID Zip Code: 83726
Telephone: 208-395-5333 Fax: 208-395-4420
Toll Free Number: 
E-mail: license.group@supervalu.com Website: 
Managing Pharmacist: John McClure License Number: 17405

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mall Service
☐ Long Term Care
APPLICATION FOR NEVADA PHARMACY LICENSE

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

(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New Pharmacy ☑ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH-91480- )

☐ Publicly Traded Corporation - Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation - Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner - Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Pharmacy Name: Albertsons LLC d/b/a Sav-On Pharmacy
# 6005

Physical Address: 3010 W Ann Rd, N. Las Vegas, NV 89121
Mailing Address: P.O. Box 20, Dept 70428
City: Boise State: ID Zip Code: 83706

Telephone: 208-395-5333 Fax: 208-395-4220

Managing Pharmacist: Emelyn Espame License Number: 1792

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy ☑ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_016653 □)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership – Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson’s LLC dba Sav-On Pharmacy

Physical Address: 3410 Farm Rd., Las Vegas, NV 89117
Mailing Address: PO Box 20 Dept 70428

City: Boise State: ID Zip Code: 83720

Telephone: 208-395-5333 Fax: 208-395-4220

Toll Free Number: 

E-mail: license-group@supervalu.com Website: 

Managing Pharmacist: Jeanne M. Pahl License Number: NV16653

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours ___

TYPE OF PHARMACY
☑ Retail ☐ Hospital (# beds ___)
☐ Internet ☐ Nuclear
☐ Out of State ☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_01580)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertsons LLC dba Sar-On Pharmacy
Physical Address: 575 College Drive Henderson, NV 89015
Mailing Address: PO Box 20 Dept 70448
City: Boise State: ID Zip Code: 83724
Telephone: 208-395-5333 Fax: 208-395-4220
Toll Free Number: 
E-mail: licensegroup@supervalu.com Website: 
Managing Pharmacist: Paul S. Taylor License Number: 1550

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (if beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the
application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_01621)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson's LLC
dba Sav-On Pharmacy
By all types of ownership
# 6016
Physical Address: 10250 W. Charleston Blvd LV, NV 89135
Mailing Address: PO Box 20 Dept 70428
City: Boise State: ID Zip Code: 83726
Telephone: 208-395-5333 Fax: 208-395-4220
Toll Free Number: ____________________
E-mail: licensegroup@Supervalu.com Website: ____________________
Managing Pharmacist: Ashley Latina License Number: 17404

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

Application must be printed legibly or typed

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

☐ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_04680 )

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertsons LLC
dba Sav-On Pharmacy ☑ 6018
Physical Address: 7151 West Craig Road Las Vegas, NV 89129 ☑
Mailing Address: PO Box 20 Dept 70428
City: Boise State: ID Zip Code: 83720
Telephone: 208-395-5933 Fax: 208-395-4220
Toll Free Number: 
E-mail: license_group@supervalu.com Website:
Managing Pharmacist: LINDA MARIE MONDENTE-FLYNN License Number: 8305 ☑

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm ☑
Sunday 10 am 6 pm 24 Hours ☑

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☑ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: PH_007467)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson’s LLC
dba Sav-On Pharmacy
by all types of ownership
Pharmacy Name: # 0019
Physical Address: 190 N. Boulder Hwy. Henderson, NV 89014
Mailing Address: P.O. Box 20 Dept. 70428
City: Boise State: ID Zip Code: 83724
Telephone: 208-395-5333 Fax: 208-395-4240
Toll Free Number: 
E-mail: license_group@supervalu.com Website: 
Managing Pharmacist: Terri Sartan License Number: 13207

Hours of Operation:
Monday thru Friday 9 am 9 pm  Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (6 beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mall Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☑ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: PH.C1 997)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson’s LLC dba Sav-On Pharmacy  by all types of ownership  X
Physical Address: 70140 W Flamingo Rd. Las Vegas, NV 89147  X
Mailing Address: PO Box 20 Dept 70468
City: Boise State: ID Zip Code: 83720
Telephone: 208-395-5333 Fax: 208-395-4220
Toll Free Number: 
E-mail: license_group@supervalu.com Website: 
Managing Pharmacist: Erica Bryan Hester License Number: 17432  X

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm X
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail  ☐ Off-site Cognitive Services
☐ Hospital (if beds ______)  ☐ Parenteral
☐ Internet  ☐ Parenteral (outpatient)
☐ Nuclear  ☐ Outpatient/Discharge
☐ Out of State  ☐ Mall Service
☐ Ambulatory Surgery Center  ☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy ☑ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_02358)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson’s LLC dba Sav-On Pharmacy #6032 ☑
Physical Address: 4800 Blue Diamond Rd. Las Vegas, NV 89139 ☑
Mailing Address: PO Box 20 Dept 70428
City: Boise State: ID Zip Code: 83726
Telephone: 208-395-5333 Fax: 208-395-4220

E-mail: licensegroup@supervalu.com Website: 
Managing Pharmacist: Perry Chu ☑ License Number: 14397

Hours of Operation:
Monday thru Friday 9 am 9 pm ☑ Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (if beds ____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☐ Ownership Change  ☐ Name Change  ☐ Location Change  
(Please provide current license number if making changes: PH_00760)  

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b  
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b  
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION  
Pharmacy Name: Albertsons LLC  
dba Sav-On Pharmacy  
#1043  
Physical Address: 2851 N. Green Valley Pkwy Henderson NV 89014  
Mailing Address: PO Box 20 Dept 70428  
City: Boise  State: ID  Zip Code: 83726  
Telephone: 208-395-5333  Fax: 208-395-4220  
Toll Free Number:  
E-mail: license.group@Supervalu.com Website:  
Managing Pharmacist: Krystal Satran  License Number: 11125  

Hours of Operation:  
Monday thru Friday 9 am 9 pm  Saturday 9 am 6 pm  
Sunday 10 am 6 pm  24 Hours  

TYPE OF PHARMACY  
☐ Retail  
☐ Hospital (# beds ___)  
☐ Internet  
☐ Nuclear  
☐ Out of State  
☐ Ambulatory Surgery Center  

SERVICES PROVIDED  
☐ Off-site Cognitive Services  
☐ Parenteral  
☐ Parenteral (outpatient)  
☐ Outpatient/Discharge  
☐ Mail Service  
☐ Long Term Care  

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☐ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: PH.00766)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson’s LLC dba Sav-On Pharmacy
Physical Address: 1001 S Rainbow Blvd., Las Vegas, NV 89145
Mailing Address: PO Box 20, Dept 70448
City: Boise  State: ID  Zip Code: 83720
Telephone: 208-395-5333  Fax: 208-395-4220
E-mail: licensegroup@Supervalu.com Website: 
Managing Pharmacist: WAI. H. VONG License Number: 13730

Hours of Operation:
Monday thru Friday 9 am 9 pm  Saturday 9 am 6 pm
Sunday 10 am 6 pm  24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ✔ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: PH_02313 )

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFO:
Pharmacy Name: Albertson's LLC dba Sev-On Pharmacy
Physical Address: 5500 Boulder Hwy, Las Vegas, NV 89122
Mailing Address: PO Box 20 Dept 70428
City: Boise State: ID Zip Code: 83724
Telephone: 208-395-5333 Fax: 208-395-4220

E-mail: licensegroup@Supervalu.com Website:
Managing Pharmacist: Francis GAVIN License Number: 12345

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitve Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_6060)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Pharmacy Name: Albertson’s LLC dba Sav-On Pharmacy
Pharmacy Number: #6060
Physical Address: 11720 W Charleston Blvd, LV, NV 89138
Mailing Address: PO Box 20, Dept 70458
City: Boise State: ID Zip Code: 83720
Telephone: 208-395-5333 Fax: 208-395-4220

Toll Free Number: 
E-mail: license-group@supervalu.com Website: 
Managing Pharmacist: Angela Balian License Number: 17025

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1
Application for Nevada Pharmacy License

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy  ☑ Ownership Change  ☐ Name Change  ☐ Location Change

(Please provide current license number if making changes: PH 01604)

☐ Publicly Traded Corporation – Pages 1, 2, 3, 7, 8a, 8b  ☐ Partnership - Pages 1, 2, 5, 7, 8a, 8b

☐ Non Publicly Traded Corporation – Pages 1, 2, 4a, 4b, 7, 8a, 8b  ☐ Sole Owner - Pages 1, 2, 6, 7, 8a, 8b

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-On Pharmacy

Pharmacy Name: Albertson's LLC dba Sav-On Pharmacy  ☑

Physical Address: 4850 W Craig Rd Las Vegas, NV 89120 ☑

Mailing Address: PO Box 20 Dept 70428

City: Boise State: ID Zip Code: 83726

Telephone: 208-395-5333 Fax: 208-395-4220

Toll Free Number: ___________________________

E-mail: license.group@Supervalu.com Website: ___________________________

Managing Pharmacist: Michael Sreewrly ☑ License Number: 15028 ☑

Hours of Operation:

Monday thru Friday 9 am 9 pm  Saturday 9 am 6 pm ☑

Sunday 10 am 6 pm 24 Hours ______

TYPE OF PHARMACY

☐ Retail

☐ Hospital (# beds ____)  ☐ Off-site Cognitive Services

☐ Internet

☐ Nuclear

☐ Out of State

☐ Ambulatory Surgery Center  ☐ Parenteral

☐ Parenteral (outpatient)

☐ Outpatient/Discharge

☐ Mail Service

☐ Long Term Care

Page 1
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the
application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☑ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: PH_ 010001 )

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Alberson's LLC  dba Sav-On Pharmacy  # 6062
Physical Address: 2885 E Desert Inn Rd, Las Vegas, NV 89121
Mailing Address: PO Box 20  Dept 704J8
City: Boise  State: ID  Zip Code: 83720
Telephone: 208-395-5333  Fax: 208-395-4220
Toll Free Number: __________________
E-mail: licensegroup@supervalu.com  Website: __________________
Managing Pharmacist: Shibu N. John  License Number: 14862

Hours of Operation:
Monday thru Friday 9 am 9 pm  Saturday 9 am 6 pm
Sunday 10 am 6 pm  24 Hours

TYPE OF PHARMACY
☐ Retail  ☐ Off-site Cognitive Services
☐ Hospital (# beds _____)  ☐ Parenteral
☐ Internet  ☐ Parenteral (outpatient)
☐ Nuclear  ☐ Outpatient/Discharge
☐ Out of State  ☐ Mail Service
☐ Ambulatory Surgery Center  ☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy  ☑ Ownership Change  ☐ Name Change  ☐ Location Change

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b
☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Pharmacy Name: Albertsons's LLC
dba Sav-On Pharmacy
Physical Address: 7850 S. Rainbow Blvd, Las Vegas, NV 89139
Mailing Address: P.O. Box 20 Dept 70425
City: Boise  State: ID  Zip Code: 83720
Telephone: 208-395-5333  Fax: 208-395-4210

E-mail: license-group@supervalu.com
Website:
Managing Pharmacist: Jeffrey J. Schwarte  License Number: 14758

Hours of Operation:
Monday thru Friday  9 am  9 pm  Saturday  9 am  6 pm
Sunday  10 am  6 pm  24 Hours

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy  ☐ Ownership Change  ☐ Name Change  ☐ Location Change

(Please provide current license number if making changes: PH_023599)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  ☐ Sole Owner – Pages 1,2,6,7,8a,8b

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Pharmacy Name: Albertson's LLC
dba Sav-On Pharmacy

#-6090

Physical Address: 7075 W. ANN ROAD  LA VEGAS, NV 89120

Mailing Address: PO BOX 20 DEPT 70428

City: Boise  State: ID  Zip Code: 83726

Telephone: 208-395-5333  Fax: 208-395-4220

Toll Free Number: ____________________

E-mail: license-group@supervalu.com Website: ____________________

Managing Pharmacist: DAVID A. WINTCH  License Number: 10630

Hours of Operation:

Monday thru Friday  9 am  9 pm

Saturday  9 am  6 pm

Sunday  10 am  6 pm

24 Hours

TYPE OF PHARMACY

☐ Retail

☐ Hospital (# beds ____)

☐ Internet

☐ Nuclear

☐ Out of State

☐ Ambulatory Surgery Center

SERVICES PROVIDED

☐ Off-site Cognitive Services

☐ Parenteral

☐ Parenteral (outpatient)

☐ Outpatient/Discharge

☐ Mail Service

☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH_01545) ☑

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership – Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson’s LLC dba Sav-On Pharmacy ☑
Physical Address: 5881 E. Charleston Blvd., Las Vegas NV 89142 ☑
Mailing Address: PO Box 20 Dept 70428
City: Boise State: ID Zip Code: 83720
Telephone: 208-395-5333 Fax: 208-395-4220
Toll Free Number: __________________________
E-mail: licensegroup@supervalu.com Website: __________________________
Managing Pharmacist: Kendal h. Pedersen License Number: 11208 ☑

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm ☑
Sunday 10 am 6 pm 24 Hours ☑

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☐ Parenteral
☐ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: PH01263)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership - Pages 1,2,5,7,8a,8b
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Pharmacy Name: Albertson's LLC dba Sav-On Pharmacy
Pharmacy Number: 6093
Physical Address: 1008 Nevada Highway, Boulder City, NV 89005
Mailing Address: PO Box 20, Dept 70448
City: Boise State: ID Zip Code: 83720
Telephone: 208-395-5333 Fax: 208-395-4220

E-mail: llicensegroup@supervalu.com Website: 
Managing Pharmacist: Hitesh Rohit Amin License Number: PH01263

Hours of Operation:
Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours

TYPE OF PHARMACY
☐ Retail ☐ Off-site Cognitive Services
☐ Hospital (# beds ___) ☐ Parenteral
☐ Internet ☐ Parenteral (outpatient)
☐ Nuclear ☐ Outpatient/Discharge
☐ Out of State ☐ Mall Service
☐ Ambulatory Surgery Center ☐ Long Term Care

Page 1
NEWADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
APPLICATION FOR NEVADA WHOLESALER LICENSE
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

☐ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH_______)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION
Facility Name: LINCARE INC
Physical Address: 3565 E POST RD #105
Mailing Address: PO BOX 9004 CLEARWATER FL 33758
City: LAS VEGAS State: NV Zip Code: 89120
Telephone: 702-855-0014 Fax: 702-855-0016
Toll Free Number: 888-855-0014
E-mail: JORDAN@LINCARE Website: WWW.LINCARE.COM
Facility Manager: DANNY WILSON

Professional qualifications and experience of facility manager: NUMEROUS LAX, FDA & MANUFACTURER TRAINING SINCE 2003

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: NURSING HOMES

Type of Products to be handled or wholesaled be firm:
☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) ☐ Medical Oxygen & DME
☐ Other: MEDICAL OXYGEN & DME
APPLICATION FOR NEVADA WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

New Wholesaler □ Ownership Change □ Name Change □ Location Change

(Please provide current license number if making changes: WH______)

□ Publicly Traded Corporation – Page 1,2,3,4 □ Partnership - Page 1,2,3,6a,6b
□ Non Publicly Traded Corporation – Page 1,2,3,5a,5b □ Sole Owner – Page 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: LINCARE INC

Physical Address: 1669 LUCERNE SUITE B

Mailing Address: PO BOX 9004 CLARK AIR NV 89428

City: LINCOLN State: NV Zip Code: 89423

Telephone: 702-783-9966 Fax: 702-783-1125

Toll Free Number: 888 505-6959

E-mail: JORDAN@LINCARE Website: www.LINCARE.com

Facility Manager: MICHELLE VENTURA

Professional qualifications and experience of facility manager: FDA 10X, INservice training by various vendors since 2004

Types of licensed outlets or authorized persons firm will serve:

□ Pharmacies □ Practitioners □ Hospitals □ Wholesalers
□ Other: NURSING HOMES

Type of Products to be handled or wholesaled be firm:

□ Legend Pharmaceuticals, Supplies or Devices □ Hypodermic Devices
□ Poisons or Chemicals □ Veterinary Legend Drugs
□ Controlled Substances (include copy of DEA) □ Other: MEDICAL OXYGEN & OME
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW __________)

☑ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Praxair Distribution, Inc.

Physical Address: 601 W. Sunset Rd, Henderson, NV 89011
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 601 W. Sunset Rd, Henderson, NV 89011

City: Henderson State: NV Zip Code: 89011

Telephone: 702-565-1252 Fax: 702-564-8150

E-mail: Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00 to 4:00  Tue: 7:00 to 4:00  Wed: 7:00 to 4:00  Thu: 7:00 to 4:00
Fri: 7:00 to 4:00  Sat: ___ to ___  Sun: ___ to ___  Holidays: ___ to ___

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Dennis Giles

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

☑ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: __________

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Dennis Giles  Telephone: 702-565-1252

Page 1

62469
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG  ☑ Ownership Change  ☐ Name Change  ☐ Location Change
(Please provide current license number if making changes: MP or MW  MP00783  )

☐ Publicly Traded Corporation – Pages 1,2,3,4  ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b  ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

Limited Liability Company

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: United Seating and Mobility, L. L. C.

Physical Address: 3230 West Desert Inn Rd., Bldg.
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 975 Hornet Drive, Suite 250, Hazelwood, MO 63042-2309

City: Las Vegas  State: NV  Zip Code: 89102-8446

Telephone: (702) 431-1610  Fax: (702) 431-1605

E-mail: mhawkins@unitedseating.com  Website: www.unitedseating.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 am to Noon and 1 pm to 5 pm  Monday through Friday
Tue: to  Wed: to  Thu: to
Fri: to  Sat: Closed  Sun: Closed to  Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Roxanne Madcnna

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

☐ Medical Gases**  ☑ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  Other: __________________________

**If providing these types of services you are required to have in place a mechanism to ensure
continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name: N/A  Telephone: __________________________
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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )
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see his medications. Patient W presented a prescription bottle for olanzapine 20 mg. tablets with instructions to take one tablet at bedtime. Four tablets remained in the bottle. The prescription label indicated an original fill date of May 7, 2012, and a refill date of May 22, 2012, fifteen days later, for thirty additional tablets. Ms. Campanella questioned Patient W about the refill and he appeared unaware of the dosage change. He reported that he had taken two tablets per his normal routine until May 22, 2012, at which time he noted the prescription bottle was almost empty. He reported the perceived shortage to Mr. Locke, who subsequently dispensed an additional thirty tablets. Ms. Campanella contacted Mr. Locke and confirmed the unauthorized refill. Mr. Locke insisted that he received authorization from someone at NNAMHS, but could not provide documented proof. Patient W ingested fifty-six 20 mg. olanzapine tablets within a twenty-two day period with a daily ingestion of 40 mg. olanzapine instead of the 20 mg. prescribed. As a result of the overdose, Patient W allegedly suffered from hand tremors, slurred speech and delayed therapeutic results.

IV.

During the investigation of this matter, Board Staff asked Mr. Locke to produce the original prescription for this fill, patient profile, counseling log, label set and refill log. He explained that the original prescription and supporting documents may be stored in his garage. The requested documents were not located by Mr. Locke or provided to Board Staff. Mr. Locke did produce a Medicare Part D insurance report, which indicates fills for olanzapine occurred on May 7, 2012, and May 30, 2012, but no record of the May 22, 2012 fill. Mr. Locke stated that the May 30, 2012 fill was possibly picked up by a guardian or caregiver of Patient W. Mr. Locke, however, could not produce a signature log or register receipt as proof.

FIRST CAUSE OF ACTION

V.

In failing to counsel Patient W on his new prescription, William Locke violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or 639.945(1)(i).
SECOND CAUSE OF ACTION

VI.

By refilling a prescription for a dangerous drug early without prescriber authorization, and without adequate records, Mr. Locke violated NRS 639.210(4) and/or 639.2392 and/or 639.2393 and/or 639.2396 and/or NAC 639.945(1)(h) and/or (i).

THIRD CAUSE OF ACTION

VII.

In failing to provide documents to Board Staff for their investigation and maintain a recordkeeping system that would allow for readily retrievable prescription records for Patient W’s olanzapine prescription, Mr. Locke violated NRS 639.210(4) and/or (15) and/or (17) and/or 639.236 and/or NAC 639.482 and/or 639.706 and/or 639.945(1)(d and/or (h) and/or (i).

FOURTH CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which the alleged violations occurred, Hales Pharmacy violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (h) and/or (i).and (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of the Respondents.

Signed this 31st day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )
Petitioner, )
) CASE NO. 12-034-RPH-N
v. )
WILLIAM L. LOCKE, RPH ) STATEMENT TO THE RESPONDENT
Certificate of Registration No. 05222 ) NOTICE OF INTENDED ACTION
) AND ACCUSATION
Respondent / RIGHT TO HEARING

______________________________

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.
IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 31st day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

 ) CASE NO. 12-034-RPH-N

Petitioner, )

 ) ANSWER AND NOTICE OF

v. ) DEFENSE

WILLIAM L. LOCKE, RPH )

Certificate of Registration No. 05222 )

Respondent /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of ______________________, 2013.

_____________________________________
William L. Locke, RPH
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )
Petitioner, )

v. ) CASE NO. 12-034-PH-N

HALES 50 KIRMAN PHARMACY )
Certificate of Registration No. PH00734 )
Respondent )

STATEMENT TO THE RESPONDENT )
NOTICE OF INTENDED ACTION )
AND ACCUSATION )
RIGHT TO HEARING )

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

-1-
IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 31st day of January, 2013.

[Signature]

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

v. ) CASE NO. 12-034- PH-N

HALES 50 KIRMAN PHARMACY ) ANSWER AND NOTICE OF
Certificate of Registration No. PH00734 ) DEFENSE

Respondent /

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of ________________________, 2013.

________________________________________

Please type or print name

For Hales 50 Kirman Pharmacy

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, 

Petitioner,

v.

ERIKA SPREEMAN, RPH
Certificate of Registration No. 17827

HONGMING WONG, INTERN PHARMACIST
Certificate of Registration No. IN03336

CVS PHARMACY #9586
Certificate of Registration No. PH01821

Respondents

CASE NOS. 12-052-RPH-N
12-052-IN-N
12-052-PH-N

NOTICE OF INTENDED ACTION
AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these Respondents because Respondent Erika Spreeman, R.Ph, is a registered pharmacist with the Board, Respondent Hongming Wong is a registered intern pharmacist with the Board, and Respondent CVS/Pharmacy #9586 is a pharmacy licensed by the Board, located at 55 Damonte Ranch Parkway, Reno, Nevada.

II.

On or about July 26, 2012, Jacob Julius, a two-year-old male, was prescribed brand name sulfamethoxazole-TMP suspension with directions to take one teaspoon by mouth twice daily for ten days. The prescription was filled at CVS #9586 with instructions on the label to take one tablespoon by mouth twice a day for ten days, and picked up by the patient’s mother, Heidi Julius, the same day.
III.

On or about July 29, 2012, after administering one tablespoon twice a day for three days, Ms. Julius noticed that the prescription bottle was almost empty. She contacted the pharmacy and spoke with pharmacist Grace Chu. Ms. Chu checked the fill history and confirmed that the unit of measure for sulfamethoxazole-TMP suspension was incorrect and should have been one “teaspoon” instead of one “tablespoon” twice a day.

IV.

During the investigation of this matter, it was learned that the original prescription was entered into the pharmacy computer by a pharmaceutical technician in training. During data entry of the prescription, the pharmaceutical technician in training had difficulty reading the prescriber’s instructions and requested assistance from the pharmacist in charge, Erika Spreeman. Ms. Spreeman verified that the dosage was “one teaspoon by mouth twice daily for ten days.” Inexplicably, the technician in training incorrectly entered the patient’s prescription as 300 ml sulfamethoxazole-TMP with directions to take one tablespoon twice a day for ten days rather than the correct directions for 100 ml sulfamethoxazole-TMP suspension with directions to take one teaspoon by mouth twice a day for ten days. He completed the data entry, printed the label set, and sent the prescription to Production.

V.

The pharmaceutical technician working Production retrieved a stock bottle of sulfamethoxazole-TMP suspension and filled the prescription bottle with 300 ml of the product as indicated on the label set, then staged the prescription for pharmacist verification. Ms. Spreeman was the verifying pharmacist and identified the 300 ml quantity error, but failed to identify the incorrect dosage unit (tablespoon) in the instructions. She sent the order back for correction and advised the technician to change the quantity from 300 ml to 100 ml; the incorrect dosage unit remained the same. In her written statement, Ms. Spreeman indicated that during the second verification, she focused on the scan of the prescription and did not thoroughly examine
the typed directions. She subsequently verified that the prescription was accurate as presented and staged it for customer pick up. When Ms. Julius picked up Jacob’s prescription, she was counseled by intern pharmacist, Hongming Wong, who failed to identify the incorrect dosage unit and instructed her to give her son one tablespoon of sulfamethoxazole-TMP suspension twice a day for ten days. Jacob ingested six incorrect doses over a four day period and experienced diarrhea during that time period.

FIRST CAUSE OF ACTION

VI.

In failing to strictly follow the directions of Jacob Julius’ physician by mislabeling his prescription for sulfamethoxazole-TMP suspension with incorrect dosing instructions namely, to take one "tablespoon" twice a day for ten days rather than one "teaspoon" twice a day for ten days resulting in an adverse effect, Erika Spreeman violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In failing to adequately counsel Ms. Julius’ on her son’s new prescription, intern pharmacist, Hongming Wong violated NRS 639.210(4) and/or NAC 639.707(4)(e) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which Ms. Spreeman and Mr. Wong committed the alleged violations, CVS #9586 violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i) and (2).
WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 31st day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

) ) CASE NO. 12-052-RPH-N

v.

ERIKA SPREEMAN, RPH
Certificate of Registration No. 17827

) ) STATEMENT TO THE RESPONDENT
) ) NOTICE OF INTENDED ACTION
) ) AND ACCUSATION
) ) RIGHT TO HEARING

) ) Respondent

________________________________________

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.
IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 31st day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,  )
   )
   )
Petitioner,  )
   )
   )
ERIKA SPREEMAN, RPH  )
Certificate of Registration No. 17827  )
   )
   )
Respondent /

CASE NO. 12-052-RPH-N

ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of __________________, 2013.

______________________________
Erika Spreeman, R.Ph

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

Petitioner, )

v. )

HONGMING WONG, INTERN PHARMACIST )
Certificate of Registration No. IN03336 )

Respondent )

) )

) CASE NO. 12-052-IN-N
) )

) STATEMENT TO THE RESPONDENT )
) NOTICE OF INTENDED ACTION )
) AND ACCUSATION )
) RIGHT TO HEARING )

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

-1-
III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 31st day of January, 2013.

[Signature]

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,  )

Petitioner,

v.  )

HONGMING WONG, INTERN PHARMACIST  )
Certificate of Registration No.  IN03336

Respondent /

CASE NO. 12-052-IN-N

ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of ________________, 2013.

__________________________
Hongming Wong, Intern Pharmacist
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #9586
Certificate of Registration No.

RESPONDENT

) ) CASE NO. 12-052-PH-N
) ) STATEMENT TO THE RESPONDENT
) ) NOTICE OF INTENDED ACTION
) ) AND ACCUSATION
) ) RIGHT TO HEARING

) )

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.
III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 31st day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

Petitioner, )

v. )

CASE NO. 12-052-PH-N )

ANSWER AND )

NOTICE OF DEFENSE )

CVS PHARMACY #9586 )
Certificate of Registration No. PH001821 )

Respondent )

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert “none”).

-1-
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ______ day of ____________________, 2013.

__________________________________________
Type or print name

Fcr CVS #9586

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, 
Petitioner, 

v. 

HEATHER THOMAS, PT 
Certificate of Registration No. PT 12669 
Respondent. 

NOTICE OF INTENDED ACTION 
AND ACCUSATION 
Case No. 12-061-PT-N 

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I. 

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Thomas is a registered pharmaceutical technician with the Board.

II. 

On or about October 16, 2012, Board staff was notified that Ms. Thomas had been terminated from employment as a pharmaceutical technician at Wal-Mart Pharmacy #1648 located at 3770 South Highway 395, Carson City, Nevada. An investigation by Wal-Mart found that Ms. Thomas had fraudulently authorized a refill for a carisoprodol prescription for her sister. In her written statement, she admitted that she authorized the refill and did not receive authorization from the physician. She then transferred the prescription to another pharmacy and shredded the transfer document.

FIRST CAUSE OF ACTION 

III. 

In filling a fraudulent prescription for a controlled substance, namely carisoprodol, without a prescription or authorization from a physician, Ms. Thomas violated (NRS) 453.331(1)(d), and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).
WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 28th day of November, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

HEATHER THOMAS, PT
Certificate of Registration No. PT 12669
Respondent.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

Case No. 12-061-PT-N

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.
Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.
You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.
III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 28th day of November, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,  
    Petitioner, 
v.  

HEATHER THOMAS, PT  
Certificate of Registration No. PT 12669  
    Respondent.  

ANSWER AND NOTICE  
OF DEFENSE  

Case No. 12-061-PT-N

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

///
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of ____________________, 2012.

Heather Thomas, PT
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,
Respondent.

Case No. 12-015-RPH-N

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both an amended notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Elbion Estrin is a pharmacist licensed by the Board.

II.

On or about January 31, 2012, Jennifer Childs saw her physician, Dr. James Schaupp, for treatment of pain and swelling of her left foot. Ms. Childs was prescribed diclofenac sodium 75 mg. tablets with instructions to take one tablet by mouth twice daily as needed. Dr. Schaupp electronically transmitted the prescription however inadvertently sent it to the wrong CVS pharmacy. Later that same day it was faxed to the intended CVS pharmacy #4691. Ms. Childs picked up the prescription from CVS #4691 and ingested 10 tablets from what she was given and experienced several adverse effects including dry mouth, dizziness, hand tremors, extreme fatigue, blurred vision, constipation and night sweats before it was discovered that she received and ingested 50 mg. amitriptyline tablets rather than the diclofenac sodium 75 mg. tablets that she was prescribed.
III.

During the investigation of this matter it was found that one pharmaceutical technician had input the prescription information and generated a label set. A second pharmaceutical technician pulled the stock bottle, counted and filled the prescription. It was then verified by Mr. Estrin. The label set did not accurately reflected the prescriber’s order and it was assumed the error took place during the counting and filling production process. The label set was for diclofenac potassium 50 mg not diclofenac sodium 75 mg. Although the pharmacy’s computer system does not provide exact times for prescription fills it was discovered that another patient had a prescription for 50 mg. amitriptyline tablets and 10 mg. lisinopril tablets filled at CVS #4691 that same day. The refill log showed only the label for lisinopril and not the label for amitriptyline for the other patient and Ms. Childs label for diclofenac potassium, even though it is CVS’s policy to put all labels, new and refill, in the refill log. It is assumed that the amitriptyline prescription and the diclofenac potassium prescriptions were being filled at the same time and that the stock bottles were switched during the filling process.

IV.

On February 15, 2012, Ms. Childs discovered that the prescription label stated the drug should be a white tablet imprinted with M D5 on it. The pills in the bottle were red and said M 36 on them. A friend of Ms. Childs researched on line the identification of the drug that had been dispensed to Ms. Childs and suspected the pills that had been dispensed were amitriptyline 50 mg. Ms. Childs returned to the pharmacy to ask questions about the drug she had been dispensed. Mr. Estrin confirmed that the wrong drug had been dispensed, namely amitriptyline 50 mg. tablets. Mr. Estrin threw the amitriptyline 50 mg. tablets away. He read the label on the bottle, not realizing that the label was incorrect, and he then dispensed diclofenac potassium 50 mg. tablets to Ms. Childs, not the diclofenac sodium 75 mg. tablets that were prescribed by her physician.
FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Ms. Child's physician by verifying and dispensing her prescription for 75 mg. tablets of diclofenac sodium with 50 mg. tablets of amitriptyline, Mr. Estrin violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to strictly follow the instructions of Ms. Child's physician by dispensing her prescription for 75 mg. tablets of diclofenac sodium with 50 mg tablets of diclofenac potassium, Mr. Estrin violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 30th day of October, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
NOTICE TO/respondent

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.
The Board has reserved Wednesday, December 5, 2012 as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of October, 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Respondent.

Answer and Notice of Defense

Case No. 12-015-RPH-N

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of ______________, 2012.

Elbion Estrin, R.Ph.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,  
Petitioner,  

v.  

LEAH CAMILLE GUERIN, PT,  
Certificate of Registration No. PT13751,  
Respondent.  

NOTICE OF INTENDED ACTION  
AND ACCUSATION  

Case No. 13-003-PT-N  

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Guerin is a registered pharmaceutical technician with the Board.

II.

On or about January 22, 2013, Board staff received a letter from Adrienne Santiago, Director of Pharmaceutical Training for the Career College of Northern Nevada, notifying the Board that during a random drug screen on January 17, 2013, Ms. Guerin tested positive for marijuana.

FIRST CAUSE OF ACTION

III.

By testing positive for marijuana during a random drug screen, Ms. Guerin violated Nevada Revised Statute (NRS) 639.210(3) and/or (4) and/or 639.283 and Nevada Administrative Code (NAC) 639.945(1)(i).
WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 24th day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

LEAH CAMILLE GUERIN, PT,
Certificate of Registration No. PT13751,
Respondent.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

Case No. 13-003-PT-N

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.
III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 24th day of January, 2013.

[Signature]

Lacy L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.                                               ANSWER AND NOTICE

LEAH CAMILLE GUERIN, PT,
Certificate of Registration No. PT13751,
Respondent.  

Case No. 13-003-PT-N

/ Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of ___________________, 2013.

Leah Guerin, PT
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, )

Petitioner, )

v. )

JACQUELYNN R. HOLocker, PT )
Certificate of Registration No. PT13637 )

ALAN MINSON, RPH )
Certificate of Registration No. 18352 )

SMITH'S #392 )
Certificate of Registration No. PH01331 )

Respondents /

CASE NOS. 13-005-PT-N )
13-005-RPH-N )
13-005-PH-N )

NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Holocker is a registered pharmaceutical technician in training with the Board, Respondent Alan Minson is a registered pharmacist with the Board and Respondent Smith's #392 is a registered pharmacy with the Board located at 2200 Highway 50 East, Dayton, Nevada.

II.

On or about January 18, 2013, it came to the Board's attention that Ms. Holocker had not renewed her pharmaceutical technician in training registration. Board Staff requested Ms. Holocker's work hours from November 1, 2012 through January 18, 2013, from the district pharmacy coordinator for Smith's #392, the pharmacy at which Ms. Holocker was employed. It was determined that Ms. Holocker had worked for 33 hours, or approximately six days, between November 1, 2012, and January 18, 2013, without a valid registration.

-1-
FIRST CAUSE OF ACTION

III.

By working at Smith’s #392 for approximately six days between November 1, 2012 and January 18, 2013, when she did not have a current pharmaceutical technician in training registration, Ms. Holocker violated NRS 639.210(4) and/or (12) and/or (13) and/or (NAC) 639.945 (1)(i) and/or (k).

SECOND CAUSE OF ACTION

IV.

As managing pharmacist for the pharmacy in which Ms. Holocker worked without a license and in failing to verify that Ms. Holocker had timely and validly renewed her registration, Alan Minson violated NRS 639.210(4) and/or (15) and/or NAC 639.945(1)(i) and/or (k).

THIRD CAUSE OF ACTION

V.

In owning and operating the pharmacy in which Ms. Holocker worked without a license and in failing to verify that Ms. Holocker had timely and validly renewed her registration, Smith’s #392 violated NRS 639.210(4) and/or NAC 639.260 and 639.945(1)(i) and/or (k) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 31st day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, ) CASE NO. 13-005-PT-N

Petitioner, ) STATEMENT TO THE RESPONDENT

v. ) NOTICE OF INTENDED ACTION

JACQUELYNN R. HOLOCKER, PT ) AND ACCUSATION
Certificate of Registration No. PT13637 ) RIGHT TO HEARING

Respondent

TO THE RESPONDENT ABOVE-SAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.
III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 31st day of January, 2013.

[Signature]

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JACQUELYNN R. HOLOCKER, PT
Certificate of Registration No. PT13637

Respondent

) ) CASE NO. 13-005-PT-N
) ) ANSWER AND
) ) NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows: I am taking responsibility for not having my license in time. This was however unintentional and as soon as it was brought to my attention it was corrected.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 13 day of February, 2013.

[Signature]

Jacquelynn R. Holocker, PT
TO THE RESPONDENT ABOVE-SAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.
III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 31st day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

None
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

See Attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 15th day of February, 2013.

ALAN MINSON, R.Ph.
Dear Board:

As of the 31st day of October, 2012 confirmation of licensure renewals was completed for all technicians employed at Smith's Food and Drug Pharmacy in Dayton, Nevada with the exception of Jacquelynn Holocker. Upon talking with Ms. Holocker about her license, she stated she had sent in the paperwork and the status online was a mistake. Ms. Holocker stated she would get it taken care of immediately. The district pharmacy coordinator, Ms. Brandt, contacted me a short time later concerning the status posted online regarding Ms. Holocker's license status. I reported to Ms. Brandt that Ms. Holocker had mailed in her paperwork for the renewal and was working to determine why her license had not been received. Ms. Brandt strongly advised appropriate follow-up on my part and that Ms. Holocker not be allowed to work until confirmation of renewal had been verified.

I followed up with Ms. Holocker on several occasions thereafter and she was certain she had mailed everything in to the Nevada State Board of Pharmacy. Within a few days I saw a license with Ms. Holocker's name on it newly placed among the others on the board where they are displayed in the pharmacy. I regretfully did not look closely at the date. Upon further investigation, I discovered that another pharmacy employee had moved her old license to a new spot on the board. I mistakenly thought it was her new one and stopped pursuing the issue thereafter. Ms. Holocker continued to work and was staffed on six (6) days between the dates of the 31st of October 2012 and the 1st day of January 2013, for a total of thirty-three (33) hours. For several weeks during this period, Ms. Holocker was suffering from a serious pulmonary illness which resulted in her being sent home early on a few of those days.

Early in January 2013, one of the other technicians, a close friend of Ms. Holocker, notified me that her license was still showing "non-renewal" status online. Ms. Holocker was taken off of the schedule immediately. Before I was able to call Ms. Holocker, I received a phone call from Ms. Brandt that the Pharmacy Board was investigating the matter. It was thereafter confirmed that Ms. Holocker's application for renewal had been lost in the mail.

I am exceptionally embarrassed by this whole situation. I willingly and accept whatever action the Board may feel necessary to impose upon me. I am mortified that I let such an error occur under my watch as the pharmacy manager. I assure the Board that I will be far more diligent in all license renewal
verifications and that I shall seek to ensure such a situation will not happen in the future. I wish to reassure the Board that it was a series of unfortunate circumstances and misunderstandings that resulted in this situation and there was no intent to violate the licensing requirements for any employee at the Pharmacy. I sincerely apologize for the work this has caused the Board and express my gratitude for their diligence in making sure that the profession abides by the laws and principles that provide the groundwork for the safe practice of pharmacy.

Sincerely,

Alan Minson, PharmD

Dated this 15th day of February 2013.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,  )

Petitioner,  )

v.  )

SMITH'S #392  )
Certificate of Registration No. PH01331  )

Respondent  )

) CASE NO. 13-005-PH-N
) STATEMENT TO THE RESPONDENT
) NOTICE OF INTENDED ACTION
) AND ACCUSATION
) RIGHT TO HEARING

TO THE RESPONDENT ABOVE-SAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

-1-
III.

The Board has reserved Wednesday, March 6, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 31st day of January, 2013.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

NONE
2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 12th day of February, 2013.

Bonnie Brandt
Print or Type name

For Smith's #392

-2-
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

- New MDEG [ ] Ownership Change [ ] Name Change [ ] Location Change
  (Please provide current license number if making changes: MP or MW)

- Publicly Traded Corporation – Pages 1,2,3,4 [ ] Partnership - Pages 1,2,3,6
- Non Publicly Traded Corporation – Pages 1,2,3,5a,5b [ ] Sole Owner – Pages 1,2,3,7
  Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
MDEG Name: Baby Bumps Inc. Dba Baby Bumps Boutique
Physical Address: 6015 S Virginia St. Ste F Reno NV 89502
  (This must be a business address, we cannot issue a license to a home address)
Mailing Address: Same
City: __________________ State: ______________ Zip Code: ______________
Telephone: 775-853-2867 Fax: 775-853-0230
E-mail: _______________ www.babybumpsboutique.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 11am to 5:30 Tue: 11a to 5:30 Wed: 11a to 5:30 Thu: 11a to 5:30
Fri: 11a to 5:30 Sat: 11a to 6p Sun: 11a to 4pm Holidays: Emergency only

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Randi A. Pearce

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

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthetics
- Braest pumps

**If providing these types of services you are required to have in place a mechanism to ensure
continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name: Randi Pearce Telephone: ________

Page 1
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_________________________  _________________________  _______________________

_________________________  _________________________  _______________________

_________________________  _________________________  _______________________

1) 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 □  ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?  Yes □  No □  ☒

3) Are any of the owners health professionals?  If yes, please check the box and list name.

☐ Practitioner  Name: ________________________________
☐ Advanced Practitioner of Nursing  Name: ________________________________
☐ Physician’s Assistant  Name: ________________________________
☐ Physical Therapist  Name: ________________________________
☐ Occupational Therapist  Name: ________________________________
☐ Registered Nurse  Name: ________________________________
☐ Respiratory Therapist  Name: ________________________________

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner, 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 □

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action 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 questions 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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

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

[Signature]

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

[Print Name]

Print Name of Authorized Person

[Date]

Date

Board Use Only

Received: FEB 19 2013

Amount: $500-

Page 3
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any:

Corporation Name: Baby Bumps Inc.

Mailing Address: 1001 S. Virginia St. STE F

City: Reno State: NV Zip: 89502

Telephone: 775-853-2867 Fax: 775-853-0230

Contact Person: Randi Pearce

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Randi Pearce 1001 F Plumas St. Reno NV 89519
      Name Address
   b) Vicki Pearce 1009 75th E. St. Ely NV 89315
      Name Address
   c) 
      Name Address
   d) 
      Name Address

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

2) Provide the number of shares issued by the corporation. 601

3) What was the price paid per share? 0

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information
APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date: 01/4/2013

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate’s degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, 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 hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator 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: Breast Pump Rental (Hospital/Medical Grade)

Baby Bumps Boutique

Nature of MDEG:

Name and Address of Business for Which MDEG Administrator is Requested: Las Vegas, Nevada 89502

If applicable, Name Under Which It Is Now Operated

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

Last Name: Pearce
First Name: Randi
Middle Name: Ann

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): None

Present Residence Address - Street or RFD: 6012 F Plumas St. Reno NV 89519
City: Reno
State/Zip: NV 89519

Present Business Address: 6015 S. Virginia St
City: Reno
State/Zip: NV 89502

Owner Dates: 12/11 - present

Present Position with the MDEG: Owner Dates: 12/11 - present

Phone: 775-853-2867
Fax: 775-853-0230

Email address:

Date of Birth: 41
Place of Birth (City, County, State): Reno, Washoe, NV
Age:
Sex: F
Color of Eyes: Green
Color of Hair: Brown
Weight: 115
Height: 5'-2""

Scars, tattoos or distinguishing marks and/or characteristics: No

Are you a citizen of the United States? Yes ☑ No ☐
If alien, registration No
If naturalized, certificate No Date
Place _________________________. (If naturalized, document must be verified.)
EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10 - present</td>
<td>Baby Bumps Boutique, Reno, NV 89502</td>
<td>5200+ hours</td>
</tr>
</tbody>
</table>

**Title:** Owner/Manager/Own Shop

**Description of Duties:** We have been renting hospital grade pumps for 20 months. Selling open-system pumps for 20 months.

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<th>Month and Year</th>
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<th>Name of Supervisor</th>
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<th>Name of Supervisor</th>
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</table>
I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.

2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.

3. I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:  
State: ____________________________
Date: ____________________________
Case Number: ____________________________

b)  

c) Criminal Action:  
State: Nevada
Date: March
Case Number: ____________________________
County: Washoe
Court: Reno Justice Court

4. Will you be actively involved in and aware of the operation of the MDEG?

5. Will you be employed fulltime with the MDEG?

6. Will you be present at the site of the MDEG during its normal operating hours?

If you answer No to questions 4, 5 or 6 please provide:
I, Randi A. Pearce, 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 MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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 MDEG in the State of Nevada.

Original Signature of Applicant
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 MD EG

Baby Bumps Boutique 1015 S Virginia St Ste F Reno NV 89502

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Peace
First Name: Vickie (Vicki)
Middle Name: Lynn

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

1009 75th St E Ely NV 89301

Present Residence Address-Street or RFD City State/Zip

1500 Ave H Dates 2000 - Present Ely NV 89301

Present Business Address City State/Zip

Human Resources Manager Dates 2008 - Present

Occupation

Place of Birth (City, County, State)

Date of Birth

Age Social Security Number Sex

Hair Color Eye Color Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics

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

If naturalized, certificate No. ___________________________ Date ___________________________

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

2. MARITAL INFORMATION:

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

Applicant's initial ___________________________
MARRITAL INFORMATION-Continued

A. Current Marriage

Date of Birth, Place of Birth

Resident address

Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer

Street City State Zip

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul D. Peace</td>
<td>10/76</td>
<td></td>
<td>Divorced</td>
<td>Ely, White Pine, NV</td>
</tr>
<tr>
<td>Aka Nevada Peace</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

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

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

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louis F. Ashby</td>
<td></td>
<td>1200 Ave Ely NV</td>
<td>Machinist deceased</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colleen R. Ashby</td>
<td></td>
<td>1200 Ave Ely NV</td>
<td>Bookkeeper retired</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. D. Pearce</td>
<td></td>
<td>605 Parker Ave Ely NV</td>
<td>Drivers deceased</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>konta Pearce</td>
<td></td>
<td>605 Parker Ave Ely NV</td>
<td>Waitress deceased</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louis F. Ashby Jean</td>
<td>9/10/24</td>
<td>1200 Ave Ely NV</td>
<td>W.P.O. Sheriff Sergeant</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td>Business owner - Retail</td>
</tr>
<tr>
<td>Michael Stone Ashby</td>
<td></td>
<td>318 14th Ave Grand Junction CO</td>
<td>Construction</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td>Massage Therapist</td>
</tr>
<tr>
<td>Ray Paterson Ashby</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jodi S. West</td>
<td>11/30/01</td>
<td>3377 Oregon Trail E &amp; E</td>
<td>Inventory Controller</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daniel West</td>
<td>1/14/61</td>
<td>3377 Oregon Trail E &amp; E</td>
<td>Sales Manager, Milling, Inc.</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>East Ely High</td>
<td>1956-1964</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>High School</td>
<td>White Pine High</td>
<td>1964-1969</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>College University</td>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>Yes ☑ No ☐</td>
</tr>
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</table>

Type of degree obtained, if any. 

College or university where obtained. 

Applicant's initial: [Initial]
5 MILITARY INFORMATION:
A. Have you ever served in any armed forces? Yes ☐ No ☑

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

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

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

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

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

County................................State................................Date registered........................................

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)
A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
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B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑ If yes, furnish details on page 10.
C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑
D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑
E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑
F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑

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

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

If yes, when?..................................................city, county and state............................
H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
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Applicant's initial: [Signature]
1. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
   Yes ☐ No ☑ (Other than divorces)  
   If yes, give details below. List all cases without exception, including bankruptcies:

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

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976-1978 1016 Park Ave</td>
<td>Ely, NV</td>
<td></td>
<td>White Pine</td>
</tr>
<tr>
<td>1978-1997 113 Small Lane</td>
<td>Missoula, MT</td>
<td>Missoula</td>
<td></td>
</tr>
<tr>
<td>1997-2000 1013 Primrose Ln</td>
<td>Ely, NV</td>
<td></td>
<td>Lynn</td>
</tr>
<tr>
<td>2000-Present 1009 75th St E</td>
<td>Ely, NV</td>
<td></td>
<td>White Pine</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/2000 - Present</td>
<td>William Bea Rite Hospital 1500 Ave H Ely NV 89301</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Human Resource Manager - Admin - Clerical</td>
<td></td>
<td>Jan Jensen</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Sr. Accountant Accounting</td>
<td></td>
<td>Gary McCurry</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Administrative Assistant Supervisor Charles Nuancez</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/99 - 4/93</td>
<td>Mita Gold Great Basin Blvd Ely NV Moved to MT Minedisco</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Admin. Asst. Admin. payroll etc</td>
<td></td>
<td>Charles Nuancez</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Inventory Controller Payroll</td>
<td></td>
<td>Jim Alworth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/81</td>
<td>First Western Savings</td>
<td>Better Pay</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Head Teller Bank duties</td>
<td></td>
<td>Sharon McElhaney</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>76 - 77</td>
<td>J.C. Penney Ely NV</td>
<td>Better Pay</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Office Help Medical Layaway</td>
<td></td>
<td>Gary Sonnson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 - 76</td>
<td>Crystal Lake</td>
<td>Better Job</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Waitress</td>
<td></td>
<td>Yet Tom</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christine P.</td>
<td>Home</td>
<td>NV</td>
<td></td>
<td>89301</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W.P. County</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary L.</td>
<td>Home</td>
<td>NV</td>
<td></td>
<td>89301</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NPS School District</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renee C.</td>
<td>Home</td>
<td>NV</td>
<td></td>
<td>89301</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Data Systems</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun B.</td>
<td>Home</td>
<td>UT</td>
<td></td>
<td>84704</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. McNeil</td>
<td>Home</td>
<td>NV</td>
<td></td>
<td>89701</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Data Systems</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Liquor</th>
<th>Lawyer</th>
<th>Race horse/race dog owner</th>
<th>Securities dealer</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Contractor</td>
<td>Real estate broker or salesman</td>
<td>Barber/Cosmetologist</td>
<td>Gaming</td>
</tr>
<tr>
<td>Accountant</td>
<td>Pilot</td>
<td>Sports promoter</td>
<td>Trainer or manager</td>
<td>Educator</td>
</tr>
</tbody>
</table>

Yes [ ] No [x]  
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes [ ] No [x]  
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial [w]
13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No □

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

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

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

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

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

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

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

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 8th day of January, 2013

Notary Public

Applicant's initial
Had 3 other jobs from 69-72

Printing Company, St. Paul, MN, don't remember name or dates

Radio Shack, Sparks, NV, don't remember dates

Worked for a Hypodermic Nurse, Reno, NV, don't remember his name or dates

Applicant's initial: W
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date: 1/16/2013

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: Baby Bumps Boutique, 1615 S Virginia St., Ste F, Reno, 89502

Nature of License: Nature of License

Name and Address of Establishment for Which License Is Requested

1. PERSONAL INFORMATION:

Last Name: Pearce
First Name: Randi
Middle Name: Ann

Present Residence Address-Street or RFD: 16012 F Plumas St., present
City: Reno
State/Zip: NV 89519

Present Business Address: 16015 S Virginia St., Ste F, Reno 89502
City: Reno
State/Zip: NV 89502

Occupation: Owner
Dates: 12/2001 - present

Date of Birth: 
Place of Birth (City, County, State): Reno, Washoe, Nevada

Age: 41
Sex: Female

Social Security Number:

Color of Eyes: Hazel
Color of Hair: Brown
Complexion: Fair
Weight: 115 lbs
Build: Small
Height: 5'2"

Scars, tattoos or distinguishing marks and/or characteristics: none

Are you a citizen of the United States? Yes [] No [] If alien, registration No.

If naturalized, certificate No. Date.

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

2. MARITAL INFORMATION:

Single [X] Married [ ] Separated [ ] Divorced [ ] Widowed [ ] Engaged [ ]

Applicant’s Initial: RP

Page 1
MARITAL INFORMATION-Continued

A. Current Marriage

Spouse’s full name (Maiden) ___________________________ Date ___________________________
City, County and State ___________________________

Date of Birth ___________________________ Place of Birth ___________________________

Resident address ___________________________

Street ___________________________ City ___________________________ State ________ Zip ________

Telephone: Residence ___________________________ Business ___________________________

Spouse’s employer ___________________________ Occupation ___________________________

Address of employer ___________________________

Street ___________________________ City ___________________________ State ________ Zip ________

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:
A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

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

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

Applicant's Initial: [Signature]  
Page 2
FAMILY INFORMATION-Continued

Name: ____________________________________________________________

Address: ____________________________________________________________________________

Contact person: ________________________________________________________________

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Paul D. Pearce</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>Vicki Pearce (Ashby)</td>
<td>1009 75th St E Ely NV 89301</td>
<td></td>
</tr>
<tr>
<td>Father-In-Law</td>
<td>N/A</td>
<td></td>
<td>HR Manager</td>
</tr>
<tr>
<td>Mother-In-Law</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Roni Olson (Pearce)</td>
<td>1216 Ave G Ely NV 89301</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Spouse</td>
<td>Dustin Olson</td>
<td>1216 Ave G Ely NV 89301</td>
<td>Bldg Maint</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>East Ely Grade</td>
<td>Ely NV 77-85</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>High School</td>
<td>White Pine High</td>
<td>Ely NV 85-87</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>College University</td>
<td>Cofrey College</td>
<td>Nevada, Mo 89-91</td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: ________________________________________________

College or university where obtained: ____________________________________________

Applicant's initial: RP

Page 3
5 MILITARY INFORMATION:
A. Have you ever served in any armed forces? Yes ☐ No X

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

Date of separation……………………………………Type of discharge………………………………………………

Rating at separation……………………………………Serial number………………………………………………

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

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

County N/A……………State……………………………..Date registered……………………………………

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)
A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☐ If yes, give details in space provided below. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposited/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3/20</td>
<td>40</td>
<td>DUI</td>
<td>Reno NV</td>
<td>Guilty May 17, 2011</td>
<td>NHP</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul D. Pearce</td>
<td>Father</td>
<td>Felony possession</td>
<td>NV</td>
<td>1985 (?)</td>
</tr>
</tbody>
</table>

Applicant’s initial RP
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 □a. (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

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

If yes, complete the following:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer should be NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>答should be NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>答should be NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>答should be NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/2001-07/2012</td>
<td>10012F Flumes St.</td>
<td>Reno</td>
<td>NV 89519</td>
</tr>
<tr>
<td>01/2010-01/2011</td>
<td>10709 Greenshaw Dr.</td>
<td>Reno</td>
<td>NV 89521</td>
</tr>
<tr>
<td>01/2010-01/2004</td>
<td>8455 Offenauer Dr. APT 121B</td>
<td>Reno</td>
<td>NV 89511</td>
</tr>
<tr>
<td>07/2004-07/2005</td>
<td>7250 Sugarloaf Dr.</td>
<td>Reno</td>
<td>NV 89511</td>
</tr>
<tr>
<td>05/2004-07/2004</td>
<td>1660 Ashworth Ct</td>
<td>Reno</td>
<td>NV 89521</td>
</tr>
<tr>
<td>08/2002-06/2003</td>
<td>4533 Cansbrook Lane</td>
<td>Reno</td>
<td>NV 89503</td>
</tr>
<tr>
<td>01/1997-08/2003</td>
<td>1320 Wesley Dr.</td>
<td>Reno</td>
<td>NV 89503</td>
</tr>
<tr>
<td>04/1994-07/1995</td>
<td>75 Pond Pl</td>
<td>Reno</td>
<td>NV 89503</td>
</tr>
<tr>
<td>1994-1994</td>
<td>1016 Park Ave</td>
<td>Ely</td>
<td>NV 89531</td>
</tr>
</tbody>
</table>

Applicant’s initial: [Signatures]
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/10 - present</td>
<td>Baby Bumps Boutique 1601 S. Virginia St. Reno NV 89502</td>
<td>Owner</td>
</tr>
<tr>
<td>02/10 - 08/10</td>
<td>Tesco 4775 Aircenter Circle Start own business</td>
<td>Ray</td>
</tr>
<tr>
<td>08/10 - 01/10</td>
<td>Server Technology</td>
<td>Filmed for staying home w/sick child</td>
</tr>
<tr>
<td>08/05 - 02/05</td>
<td>McGregor Plant Sales</td>
<td>too much travel</td>
</tr>
<tr>
<td>05/02 - 08/05</td>
<td>Smyth Gardens</td>
<td>Laid off - greenhouse closure</td>
</tr>
<tr>
<td>04/02</td>
<td>Eagle Hardware</td>
<td>Merged w/ Lowes</td>
</tr>
<tr>
<td>06/99 - 04/02</td>
<td>St. Mary's Health Hospital</td>
<td>Job with Eagle</td>
</tr>
<tr>
<td>01/98</td>
<td>Blue Valley</td>
<td>Student Body V.P.</td>
</tr>
</tbody>
</table>

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

Applicant's initial: RP
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tricia Olson</td>
<td>PO Box 1571 Truckee</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
<td>10 yrs</td>
</tr>
<tr>
<td>Machabee</td>
<td>Designer 1 Sales Manager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erica Moulihan Baker</td>
<td>350 Sunset Springs Lane</td>
<td>Sparks, NV 89441</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NV Alzheimer's</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wondi Wells</td>
<td>Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20 yrs</td>
</tr>
<tr>
<td>Carolina Veterinary</td>
<td>Vet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonya Heddy</td>
<td>1764 Fleetwood Ave</td>
<td>Carson City NV 89701</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Of NV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heathcote Minueck</td>
<td>1735 E. 1500 Rd Lawrence KS 66044</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑.

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
</table>

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

- Liquor
- Doctor
- Accountant
- Yes ☐ No ☑
- Lawyer
- Contractor
- Pilot
- Race horse/race dog owner
- Real estate broker or salesman
- Sports promoter
- Securities dealer
- Barber/Cosmetologist
- Trainer or manager
- Insurance
- Gaming
- Educator

If yes, state type, where and years held.

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

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

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

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

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

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

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

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

19. Do you have any relatives within the fourth degree in the pharmaceutical or drug related industry?
STATE OF Nevada ss.

COUNTY OF Washoe

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

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 14th day of February, 2013

[Signature]
Notary Public

BROOKE BOHLING
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 12-8056-12 - Expires September 27, 2016

(seal)

Applicant's initial: R
My D.U.I. Conviction was public record and made public.
Nevada State Board of Pharmacy Renewal Application

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

For the period of November 1, 2012 to October 31, 2014

LICENSE: MW00720
OMED OF NEVADA, LLC
800 STILLWELL RD #80,
Reno, NV 89512

RENEW BY MAIL:
1. Complete this form
2. Sign and date this form
3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. NO COPIES OR STAMPS ACCEPTED

Section 1: Since your last renewal or recent licensure has any owner or shareholder: (Fill in completely) Yes No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state? .......................................................... ☐ ☑
2. Been the subject of an administrative action whether completed or pending in any state? ......................................... ☐ ☑
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?........................... ☐ ☑

If you marked YES to any of the questions (1-3) above, include the following information & provide documentation:
Board Administrative Action: ___________________________ State: ____________ Case #: ____________
Criminal Action: State: ____________ Case #: ____________ Court: ________________________________

Section 2: CAUTIONS:
(1.) Nevada has no grace period. All applications postmarked by the US Postal Service after October 31, 2012 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.
(2.) Any application that is not 100% complete will be returned and will not be considered to have been received. Only completed applications will be processed.

Section 3: Payment Type: ☐ Money Order or Cashier’s Check ONLY (NO BUSINESS OR PERSONAL CHECKS)
Amount Enclosed: ☐ $500.00 (postmarked on or before 10/31/2012) (NO CASH)
☐ $750.00 (postmarked after 10/31/2012)

Section 4: It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature: ___________________________ Date: 2/12/13
Re: renewal form

Sent: Thursday, February 14, 2013 3:44 PM
To: Lisa J. Hedaria
Cc: LARRY L. PINSON

Hello Larry,

With reference to our telephone conversation just now i would like to reiterate that i did send in the renewal application at the same time i prepared for the audit which was scheduled to be held in October 2012. Unfortunately i have no proof of this mailing that happened in late September since i had to be ready for the audit by 10/1/2012. 

i was not aware and apologize for this incorrect assumption that i had to follow up with the board when i did not receive a renewal license by mid October last year; i thought that this was held up for porcessing by your staff until the audit had occurred.

This audit only took place this week at which time it was discovered that our renewal application never had been received.

The second i realized what had happened i contacted Lisa to get a new renewal form, filled it out and expedited it this time via FedEx together with the correct form of payment, a money order.

You may recall how forthcoming i was back in 2010 once i first recognized that the business had been conducted without a license and immediately did all i could to get this license. i appeared before the board hat in hand saying i am sorry for the oversight but i wanted to come in compliance asap. the board was gracious enough to accept our application back then and it was processed. believe me, i had learned my lesson and i was not going to fail to renew this application in time as required.

i am sorry for my oversight of mailing this to the board back in september without some kind of proof of delivery and for not checking back once the old license had expired. you drew the analogy with the driver license and that i would check back with the DMV if the renewal license was not received prior to expiry. that is absolutely correct. this case however in my mind was different in as much i thought i had to wait for the audit to occur. i realize now that this was an erroneous assumption. i apologize for this. of course i will again appear before the board as you request, i ask however humbly and respectfully for reconsideration in light of the foregoing and have our overdue renewal application processed as soon as possible.

Sincerely yours,

Heinz Roesch, CEO
OMED of Nevada, LLC

On Thu, Feb 14, 2013 at 4:47 PM, Lisa J. Hedaria <lhedaria@pharmacy.nv.gov> wrote:

https://mail.state.nv.us/owa/?ae=Item&t=IPM.Note&id=RgAAAABkWnG%2bBWnzTrH... 2/14/2013
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership
MDEG Name: PRO COMFORT MEDICAL
Physical Address: 101 SOUTH RAINBOW BLVD. STE. 15 LAS VEGAS, NV, 89145
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 101 SOUTH RAINBOW BLVD. STE. 15
City: LAS VEGAS State: NV Zip Code: 89145
Telephone: 702-629-6818 Fax: 702-993-8426
E-mail: __________ Website: www.procomfortmedicalnv.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 10am to 5pm Tue: 10am to 5pm Wed: 10am to 5pm Thu: 10am to 5pm
Fri: 10am to 5pm Sat: ___ to ___ Sun: ___ to ___ Holidays: ___ to ___

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: NATHAN HIGHAM

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☑ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☒ Life-sustaining equipment** ☑ Orthotics and Prosthetics
☒ Diabetic Supplies Other: __________________________

*If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: NATHAN HIGHAM Telephone: 702-629-6818
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

5681630001


1) 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 ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes □ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner Name: N/A
☐ Advanced Practitioner of Nursing Name: 
☐ Physician’s Assistant Name: 
☐ Physical Therapist Name: 
☐ Occupational Therapist Name: 
☐ Registered Nurse Name: 
☐ Respiratory Therapist Name: 

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner, 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 ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action 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 questions 1 through 5 is "yes," a signed statement of explanation must be submitted.

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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

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

[Signature]
Original Signature of Person Authorized to Submit Application, no copies or stamps
NATHAN P. HIGGINS
Print Name of Authorized Person
01/31/13
Date

Board Use Only
Received: FEB 19 2013
Amount: $500.00

Page 3
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: PACIFIC PEDORTHIC SERVICES CORPORATION
Mailing Address: 101 SOUTH RAINBOW BLVD. SUITE 15
City: LAS VEGAS State: NV, zip: 89145
Telephone: 702-629-6818 Fax: 702-913-8426
Contact Person: NATHAN HIGHAM

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) NATHAN HIGHAM 10569 Valdosta Las Vegas, NV, 89129
   b) CORINNE HIGHAM 10569 Valdosta Las Vegas, NV, 89129
   c)
   d)

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

2) Provide the number of shares issued by the corporation. 1,000 shares
3) What was the price paid per share? $1.00 per share
4) What date did the corporation actually receive the cash assets? 11/6/06
5) Provide a copy of the corporation’s stock register evidencing the above information
APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date: 1/17/13

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate’s degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, 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 hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator 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 MEDICAL DEVICE, EQUIPMENT AND GASES (MDEG)

Nature of MDEG

PROCOMFORT MEDICAL, 101 S. RAINBOW BLVD, STE. 15, LAS VEGAS, NV.

Name and Address of Business for Which MDEG Administrator Is Requested: BA145

If applicable, Name Under Which It Is Now Operated

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

**HIGHAM** NATHAN PAUL

Last Name First Name Middle Name

N/A

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

10569 Valdosta LAS VEGAS NV/89129

Present Residence Address-Street or RFD City State/Zip

101 SOUTH RAINBOW BLVD. June 2012 City State/Zip

SUIT 15 Dates to Present LAS VEGAS NV/89145

Present Business Address City State/Zip

OWNER Dates to Present

Present Position with the MDEG

Phone: 702-629-6818 Fax: 702-993-8426

Email address: nathanhigham@yahoo.com

Idaho Falls, Bonneville, Idaho

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

31

Age Male

Brown Brown

Color of Eyes Color of Hair

220

Weight 6'10"

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 ____________________________

If naturalized, certificate No________________________ Date __________________________

Place__________________________________________(If naturalized, document must be verified.)
EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULY 2003 - JAN 2006</td>
<td>CALL FOOT &amp; ANKLE 8369 MERLIN DRIVE IDAHO FALLS, ID 83404</td>
<td>4,375</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDORTHIST</td>
<td>FITTING ORTHOPEDIC FOOTWEAR</td>
<td>CHARLES CALL D.P.M.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN 2003 - PRESENT</td>
<td>PACIFIC PEDORTHIC SERVICES</td>
<td>10,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT/OWNER</td>
<td>FITTING ORTHOPEDIC FOOTWEAR</td>
<td>SELF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
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<th>Name of Supervisor</th>
</tr>
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<tbody>
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</tbody>
</table>

Page 3 – MDEG Administrator
I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.

2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.

3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

   a) Board Administrative Action: State: ______________________________
      Date: ______________________________
      Case Number: ____________________

   b) Criminal Action:
      State: ______________________________
      Date: ______________________________
      Case Number: ____________________
      County: ____________________________
      Court: ____________________________

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☐ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☐ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☐ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

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Date of photograph: 1/17/12

Page 4 – MDEG Administrator
I, Nathan Higham, 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 MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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 MDEG in the State of Nevada.

______________________________
Original Signature of Applicant
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, 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 MEDICAL DEVICE EQUIPMENT AND GAS (MDEG)

Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name    HIGHAM                           First Name    NATHAN                           Middle Name    PAUL

Present Residence Address-Street or RFD   10569 Valdosta St, Las Vegas, NV 89129

City          Las Vegas

State/Zip     NV 89129

Present Business Address  101 S. Rainbow Blvd, Ste 15, Las Vegas, NV 89145

City          Las Vegas

State/Zip     NV 89145

Occuption

PEDEORTHIST

Place of Birth (City, County, State)

IDAHO FALLS / BONNEVILLE / IDAHO

MALE

Date of Birth

Age 31

Social Security Number

Color of Hair

Brown

Complexion

WHITE

Weight

220

Build

AVERAGE

Height

6'0"

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

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

Page 1
A. Current Marriage:
   Date: 11/23/04
   Spouse's full name (Maiden): Corinne Elizabeth Plank
   Date of Birth: Place of Birth: Corning, Tehama, California
   Resident address: 10569 Valdosta, Las Vegas, NV 89129
   Telephone: Residence, Business: N/A
   Spouse's employer: N/A
   Address of employer: N/A

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:
A. Children and Dependents:
   List all children, including step-children and adopted children and give the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

B. Child Support Information:
   Please mark the appropriate response:

- [X] 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: [Sign]
**FAMILY INFORMATION—Continued**

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

Name: N/A

Address: __________________________________________________________________________

Contact person: _____________________________________________________________________

**C. Parents:**

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Paul Mason Higham</td>
<td>10372 Santa Creata</td>
<td>Sales</td>
</tr>
<tr>
<td>Mother</td>
<td>Rochelle Harker</td>
<td>10372 Santa Creata</td>
<td>Office assist</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td>Albert Paul Plank</td>
<td>19215 Tall Firs Lane</td>
<td>Contractor</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td>Linda Marie Demas</td>
<td>19215 Tall Firs Lane</td>
<td>Home Maker</td>
</tr>
</tbody>
</table>

**D. Brothers and Sisters:**

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Janel Higham</td>
<td>3816 NE 36th Ave.</td>
<td>Nurse practitioner</td>
</tr>
<tr>
<td>Spouse</td>
<td>Elijah Hillstrom</td>
<td>3816 NE 36th Ave.</td>
<td>Shoe salesman</td>
</tr>
<tr>
<td>Spouse</td>
<td>Addison Higham</td>
<td>1000 E. Center St., #13</td>
<td>Computer systems</td>
</tr>
<tr>
<td>Spouse</td>
<td>Ashley Deever</td>
<td>1000 E. Center St., #13</td>
<td>Teacher</td>
</tr>
<tr>
<td>Spouse</td>
<td>Lauren Higham</td>
<td>641 Shadwell St.</td>
<td>Marketing administrator</td>
</tr>
<tr>
<td>Spouse</td>
<td>Sean McKinney</td>
<td>641 Shadwell St.</td>
<td>Shoe salesman</td>
</tr>
</tbody>
</table>

**4. EDUCATION:**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Harwood</td>
<td>Rigby, Id. 8/87-5/94</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>High School</td>
<td>Pineview</td>
<td>St. George, Ut. 8/96-5/99</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>College</td>
<td>Dixie State</td>
<td>St. George, Ut. 9/99-5/03</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>University</td>
<td>Wash. State</td>
<td>Vancouver, Wa. 9/04-5/06</td>
<td>Yes ☑</td>
</tr>
<tr>
<td>Other</td>
<td>Oklahoma State Pedorthic Program</td>
<td>2005</td>
<td>Okmulgee, Ok.</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: N/A

College or university where obtained: N/A

Applicant's initials: [Initials]
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑
   Branch ___________________________ Date of entry-active service ___________________________________________
   Date of separation ______________________ Type of discharge ___________________________________________
   Rating at separation __________________________ Serial number ________________________________
   While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☑ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑
   County Washington State Utah Date registered 08/17/99

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

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

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

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

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

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

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

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

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

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

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

Applicant's initials: ____________________________

Page 4
I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes ☐ No ☒ (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies:

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


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

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


7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12 - Present</td>
<td>10569 Valdosta</td>
<td>Las Vegas</td>
<td>NV. 89129</td>
</tr>
<tr>
<td>3/12-9/11</td>
<td>10636 Collier Bay</td>
<td>Las Vegas</td>
<td>NV. 89129</td>
</tr>
<tr>
<td>1/11 - 3/12</td>
<td>3628 Wild Willow</td>
<td>Las Vegas</td>
<td>NV. 89129</td>
</tr>
<tr>
<td>5/05 - 1/11</td>
<td>12310 NE 41st St.</td>
<td>Vancouver</td>
<td>WA. 98682</td>
</tr>
<tr>
<td>11/04 - 5/05</td>
<td>2406 NE 139th St.</td>
<td>Vancouver</td>
<td>WA. 98686</td>
</tr>
<tr>
<td>1/04 - 11/04</td>
<td>1769 S. Market Blvd. #2</td>
<td>Chehalis</td>
<td>WA. 98532</td>
</tr>
<tr>
<td>6/00 - 1/04</td>
<td>205 Winchester Hills</td>
<td>Chehalis</td>
<td>WA. 98532</td>
</tr>
<tr>
<td>5/99 - 6/00</td>
<td>908 Landing Way</td>
<td>Centralia</td>
<td>WA. 98531</td>
</tr>
<tr>
<td>8/96 - 5/99</td>
<td>737 Quail Ridge</td>
<td>Washington</td>
<td>UT. 84780</td>
</tr>
<tr>
<td>10/86 - 8/96</td>
<td>118 W. Main St.</td>
<td>Rigby</td>
<td>ID. 83442</td>
</tr>
</tbody>
</table>

Applicant's Initial: NY
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/06 - present*</td>
<td>Pro Comfort Medical, 101 S. Rainbow Blvd., Ste. 15</td>
<td>I own the business</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Owner/Pres.</td>
<td>Las Vegas, NV 89145</td>
<td>Self</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/03 - 11/06</td>
<td>Call Foot &amp; Ankle, 13849 Merlin Dr., Idaho Falls, ID 83404</td>
<td>Open my own business</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Pedorthist</td>
<td>Fitting Orthopedic Footwear</td>
<td>Charles Call</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/03 - 7/03</td>
<td>Diamond Ranch Academy, 4395 S. Diamond Ranch Pkwy.</td>
<td>Move out of state</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Inside Staff</td>
<td>Supervise troubled youth</td>
<td>Can't remember</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/00 - 11/02</td>
<td>LDS Mission, Detroit, Michigan</td>
<td>2-year term over</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Missionary</td>
<td>Church work</td>
<td>Rulon Robinson</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/99 - 11/00</td>
<td>Riverside Golf Club, 1481 NW Airport Rd., Chehalis, WA 98532</td>
<td>LDS mission</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>Pro shop staff</td>
<td>Retail/Sales</td>
<td>Steve McNally</td>
</tr>
</tbody>
</table>

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

Applicant's initial: 

Page 6
9. Character References:

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Kelly Smith</td>
<td>Home</td>
<td></td>
<td>Vancouver, Wa. 98664</td>
<td></td>
<td>6 YEARS</td>
</tr>
<tr>
<td>Employer</td>
<td>Self</td>
<td>Business</td>
<td></td>
<td>1101 NE 14th Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Steve Moss</td>
<td>Home</td>
<td></td>
<td>Henderson, Nv. 89002</td>
<td></td>
<td>15 YEARS</td>
</tr>
<tr>
<td>Employer</td>
<td>Self</td>
<td>Business</td>
<td></td>
<td>185 Glen Falls Ave.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Tom Knudsen</td>
<td>Home</td>
<td></td>
<td>Cedar Hills, Ut. 84062</td>
<td></td>
<td>15 YEARS</td>
</tr>
<tr>
<td>Employer</td>
<td>Target</td>
<td>Business</td>
<td></td>
<td>606 W. Main Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Randy Fuller</td>
<td>Home</td>
<td></td>
<td>Sumner, Wa. 98390</td>
<td></td>
<td>13 YEARS</td>
</tr>
<tr>
<td>Employer</td>
<td>School District</td>
<td>Business</td>
<td></td>
<td>Sumner, Wa. 98390</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Gaydon Leavitt</td>
<td>Home</td>
<td></td>
<td>Salt Lake City, Ut. 84162</td>
<td></td>
<td>15 YEARS</td>
</tr>
<tr>
<td>Employer</td>
<td>Self</td>
<td>Business</td>
<td></td>
<td>St. George, Ut. 84771</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person’s depository? Yes ☐ No ☑

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

If yes, state type, where and years held:

| N/A                              |          |                |                  |

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

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:

Pacific Redortic Services Corp. (State and city business license)

First location: 7902 NE St. Johns Rd., Vancouver, Wa. 98665

Second location: 5508 NE 4th Plain Blvd., Vancouver, Wa. 98661

Applicant's Initial: Nu
13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☑

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

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

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

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

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

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

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

COUNTY OF CLARK

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

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

STATE OF NEVADA
COUNTY OF CLARK
Subscribed and Sworn to before me this 22nd day of JANUARY 2013 was NATHAN PAUL HIGHAM

Notary Public

LANC H KEBERHART
Notary Public, State of Nevada
Appointment No. 12-062-1

(seal)

Applicant's initial

Page 9
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

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 MEDICAL DEVICE, EQUIPMENT AND GAS (MDEG)

Pro Comfort Medical, 101 S. Rainbow Blvd, ste. 15, Las Vegas, Nv. 89145

Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name: HIGHTMAN
First Name: CORINNE
Middle Name: ELIZABETH

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

N/A

Present Residence Address Street or RFD

10569 Valdosta Ave

State/Zip: NV 89129

Present Business Address

101 S. Rainbow Blvd, ste. 15

State/Zip: NV 89145

Occupation

HOME MAKER

Place of Birth (City, County, State)

Bellevue, King, Washington

Age

30

Sex

Female

Color of Eyes

Hazel

Country of Origin

Brown

Companion

White

Weight

135

Build

Slender

Height

5'7"

Scars, tattoos or distinguishing marks and/or characteristics

N/A

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

If naturalized, certificate No. Date.

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

2. MARITAL INFORMATION:

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

Applicant's initial: CA

Page 1
A. Current Marriage: 1/23/04 Bellevue, King, Washington

Spouse's full name (Maiden): Nathan Paul Higham

Date of Birth: 

Place of Birth: Idaho Falls, Bonneville, Idaho

Resident address: 10569 Valdosta Las Vegas NV 89129

Telephone: Residence SELF Business PEDIATRICIAN

Spouse's employer:

Address of employer: 101 S. Rainbow Blvd. Ste. 15, Las Vegas, NV 89145

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
</tr>
</thead>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

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

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

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albert Paul Plank</td>
<td>19215 Tall Firs Lane</td>
<td>Rochester, Wa. 98579</td>
<td>Contractor</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda Marie Demas</td>
<td>19215 Tall Firs Lane</td>
<td>Rochester, Wa. 98579</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Mason Higham</td>
<td>10372 Santa Creata</td>
<td>Las Vegas, Nv. 89129</td>
<td>Sales</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rochelle Harker</td>
<td>10372 Santa Creata</td>
<td>Las Vegas, Nv. 89129</td>
<td>Office Assist</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patricia Plank</td>
<td></td>
<td>23 Silver Pine Rd.</td>
<td>Manager</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>Lake Almanor, Ca. 96137</td>
<td></td>
</tr>
<tr>
<td>Brett Womack</td>
<td></td>
<td>23 Silver Pine Rd.</td>
<td>Contractor</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>Lake Almanor, Ca. 96137</td>
<td></td>
</tr>
<tr>
<td>Paul Plank</td>
<td></td>
<td>12404 126th Court NE Apt. J302</td>
<td>Teacher</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>Kirkland, Wa. 98034</td>
<td></td>
</tr>
<tr>
<td>Tracy Falter</td>
<td></td>
<td>33462 37th Ave. SW</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>Federal Way, Wa. 98023</td>
<td>Technical Architect</td>
</tr>
<tr>
<td>Sean Plank</td>
<td></td>
<td>33462 37th Ave. SW</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>Federal Way, Wa. 98023</td>
<td></td>
</tr>
<tr>
<td>Jennifer Richards</td>
<td></td>
<td>2820 E. 2850 S.</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>SLC, Ut. 84109</td>
<td></td>
</tr>
<tr>
<td>Ann Plank</td>
<td></td>
<td>2820 E. 2850 S.</td>
<td>Chemical Engineer</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>SLC, Ut. 84109</td>
<td></td>
</tr>
<tr>
<td>Adam Canton</td>
<td></td>
<td>2820 E. 2850 S.</td>
<td>Marketing</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Littlerock Elementary, Littlerock, Wa. 1989-1995</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>Tumwater High School, Tumwater Wa. 1996-2000</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: ____________________________

College or university where obtained: ____________________________

Applicant's initial: [Signature]
5 MILITARY INFORMATION:

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

Branch. Date of entry-active service.

Date of separation. Type of discharge.

Rating at separation. Serial number.

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

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

County. State. Date registered.

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

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

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

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

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

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

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

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

If yes, when? city, county and state.

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

If yes when? city, county and state.

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒

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

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

Applicant's initial ☒

Page 4
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS - Continued

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

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

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

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

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12 - Present</td>
<td>10569 Valdosta</td>
<td>Las Vegas</td>
<td>NV, 89129</td>
</tr>
<tr>
<td>3/12 - 9/12</td>
<td>10635 Colter Bay</td>
<td>Las Vegas</td>
<td>NV, 89129</td>
</tr>
<tr>
<td>1/11 - 3/12</td>
<td>3620 Wild Willow</td>
<td>Las Vegas</td>
<td>NV, 89129</td>
</tr>
<tr>
<td>5/05 - 11/11</td>
<td>12310 NE 41st St.</td>
<td>Vancouver</td>
<td>WA, 98682</td>
</tr>
<tr>
<td>11/04 - 5/05</td>
<td>2406 NE 128th St. #349</td>
<td>Vancouver</td>
<td>WA, 98686</td>
</tr>
<tr>
<td>9/03 - 11/04</td>
<td>17649 Market Blvd #2</td>
<td>Chehalis</td>
<td>WA, 98532</td>
</tr>
<tr>
<td>6/00 - 9/03</td>
<td>1407 1/2 Sunset Ave</td>
<td>Chico</td>
<td>CA, 95926</td>
</tr>
<tr>
<td>6/89 - 6/00</td>
<td>6748 12th Ave SW</td>
<td>Olympia</td>
<td>WA, 98512</td>
</tr>
<tr>
<td>5/03 - 4/89</td>
<td>95 E Jackson St</td>
<td>Quincy</td>
<td>CA, 95971</td>
</tr>
</tbody>
</table>

Applicant's Initial: CA
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/06 - present</td>
<td>N/A</td>
<td>N/A</td>
<td>Homemaker</td>
<td>N/A</td>
<td>NONE</td>
</tr>
<tr>
<td>9/03 - 9/04</td>
<td>Prime Fitness 1751 s. market blvd. wa. 98522</td>
<td>moved</td>
<td>Office Staff</td>
<td>General office duties</td>
<td>Don't remember</td>
</tr>
<tr>
<td>6/00 - 9/03</td>
<td>Morning Thunder Cafe 362 Vallomerosa ave. chico, ca. 95926</td>
<td>moved</td>
<td>Server</td>
<td>Take orders / Serve food</td>
<td>Tish Womack</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Name of Character Reference</th>
<th>Home Address</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheena Klein</td>
<td>2765 Trotwood Lane</td>
<td>Las Vegas, NV 89148</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25 years</td>
</tr>
<tr>
<td>Julia Selenberg</td>
<td>16 Hickory Hill</td>
<td>Estill Springs, TN 37330</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6 years</td>
</tr>
<tr>
<td>Amber Watten</td>
<td>7485 Amigo Way</td>
<td>Redding, CA 96002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10 years</td>
</tr>
<tr>
<td>Kathleen Kravle</td>
<td>1232 Hunter Road</td>
<td>Rochester, WA 98679</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14 years</td>
</tr>
<tr>
<td>Kami Flexhaug</td>
<td>252 Chehalis Valley Dr</td>
<td>Chehalis, WA 98532</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12 years</td>
</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☑

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized User</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Race horse/race dog owner</th>
<th>Other licenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor</td>
<td>Lawyer</td>
<td>Securities dealer</td>
</tr>
<tr>
<td>Doctor</td>
<td>Contractor</td>
<td>Barber/Cosmetologist</td>
</tr>
<tr>
<td>Accountant</td>
<td>Pilot</td>
<td>Trainer or manager</td>
</tr>
<tr>
<td>Yes ☐ No ☑</td>
<td>Sports promoter</td>
<td>Educator</td>
</tr>
</tbody>
</table>

If yes, state type, where and years held

N/A

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

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

Applicant's initial: [Signature]
13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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

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

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

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

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

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

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

______________________________
Date of photograph

______________________________
Applicant's initial
STATE OF NEVADA ss.

COUNTY OF CLARK

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

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 31 day of January, 2013

[Signature]
Notary Public

[Stamp]
GALINA KIROVA
Notary Public-State of Nevada
APPT. NO. 10-1103-1
My App. Expires December 03, 2013

(seal)

Applicant's initial
<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Address</th>
<th>City, State, Zip</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leslie Plank</td>
<td>2/4/61</td>
<td>2946 Montavista St. SE</td>
<td>Olympia, WA, 98501</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Bart Coppin</td>
<td>2/4/61</td>
<td>2946 Montavista St. SE</td>
<td>Olympia, WA, 98501</td>
<td>Endodontist</td>
</tr>
<tr>
<td>Jared Plank</td>
<td>4/3/57</td>
<td>434 Berkeley Rd.</td>
<td>Indianapolis, IN, 46208</td>
<td>Engineer</td>
</tr>
<tr>
<td>Jane Redden</td>
<td></td>
<td>434 Berkeley Rd.</td>
<td>Indianapolis, IN, 46208</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Lance Plank</td>
<td>7/20/84</td>
<td>770 W 1st St.</td>
<td>Cheney, WA, 99004</td>
<td>Student</td>
</tr>
<tr>
<td>N/A Plank</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emily Plank</td>
<td>1/2/79</td>
<td>14215 Tall Fir. Lane SW</td>
<td>Rochester, WA, 98207</td>
<td>Unemployed</td>
</tr>
<tr>
<td>N/A Plank</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leah Plank</td>
<td>1/2/10</td>
<td>1700 5th Ave. NE</td>
<td>Seattle, WA, 98115</td>
<td>Nanny</td>
</tr>
<tr>
<td>Shay McElvair</td>
<td></td>
<td>1700 5th Ave. NE</td>
<td>Seattle, WA, 98115</td>
<td>Student</td>
</tr>
<tr>
<td>Julie Plank</td>
<td>1/2/85</td>
<td>1627 82nd Ave. NE</td>
<td>Seattle, WA, 98115</td>
<td>Nanny</td>
</tr>
<tr>
<td>Brady Duncan</td>
<td></td>
<td>1627 82nd Ave. NE</td>
<td>Seattle, WA, 98115</td>
<td>Hosp. Admin</td>
</tr>
<tr>
<td>Colin Plank</td>
<td>1/2/79</td>
<td>14215 Tall Fir. Lane SW</td>
<td>Rochester, WA, 98207</td>
<td>Student</td>
</tr>
<tr>
<td>N/A Plank</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)
$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier’s check only)
Application must be printed legibly or typed

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

☐ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW ____________ )

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Prosthetic Consulting Technologies
Physical Address: 220 N. HWY 395, Suite 303, Washoe Valley, NV 89704
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 220 N. HWY 395, Suite 303
City: Washoe Valley State: NV Zip Code: 89704
Telephone: 775.849.0958 Fax: 775.849.2566
E-mail: infoamputeprosthetics.com Website: amputeprosthetics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9A to 5p Tue: 9A to 5p Wed: 9A to 5p Thu: 9A to 5p
Fri: 9A to ______ Sat: ______ to ______ Sun: ______ to ______ Holidays: ______ to ______

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Richard Riley

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: _____________________________

**If providing these types of services you are required to have in place a mechanism to ensure
continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name: _____________________________ Telephone: _____________________________
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

(Plan) 589599001

________________________________________

Yes □ No ☒

1) 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?

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes □ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner Name: ______________________

☐ Advanced Practitioner of Nursing Name: ______________________

☐ Physician's Assistant Name: ______________________

☐ Physical Therapist Name: ______________________

☐ Occupational Therapist Name: ______________________

☐ Registered Nurse Name: ______________________

☐ Respiratory Therapist Name: ______________________

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Page 2
APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner, 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 ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action 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 questions 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 MDEG provider or wholesaler may be grounds for the revocation of this permit.

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

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

Print Name of Authorized Person

Date

Board Use Only
Received: DEC 18 2012
Amount: 500.00
APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: __________ %: ______
Name: __________ %: ______
Name: __________ %: ______
Name: __________ %: ______

Partnership Name: __________
Mailing Address: __________
City: __________ State: __________ Zip Code: ______
Telephone Number: ______ Fax Number: ______
Contact Person: __________

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the “New Applications” tab. The forms are available under the documents for all types of businesses.
PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

$/Date. 11-29-12

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 hererin 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 MDEG- Orthotics and Prosthetics

Nature of License

Prosthetic Consulting Technologies, LLC, 220 N. Huy 395, Suite 303, Washoe Valley, NV 89704

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Billey, Richard Lee

Last Name First Name Middle Name

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

7451 Arapahoe Ridge Ct., Washoe Valley, Nevada, 89704

Present Residence Address-Street, RFD, or P.O. Box

City State/Zip Dates

220 N. Huy 395 Suite 303 Dates 9/80 - Current

Certified Business Address

City State/Zip

Occupation

Phone Residence Business 775-849-0958

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

Age Social Security Number Sex

Blue Brown Fair 225 Stocky 5'11½"

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics: Below Knee (Right Leg) Amputee

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's Initial
A. Current Marriage
   
   Spouse's full name (Maiden)        Jill Ann Dickinson        S.S. No.          
   Date of Birth                    10-30-65                Place of Birth   Olney, Illinois       
   Resident address                  7451 Gravity Ridge St, Washoe Valley, NV 89428   
   Telephone: Residence              31456789012            Occupation    Physical Therapist     
   Spouse's employer                 Self                        Address of employer Same 

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Conway</td>
<td></td>
<td>Divorce</td>
<td>S. Hampton, N.H.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Conway</td>
<td>915 Hill Ave, S. Hampton, NH</td>
<td>03-43-27</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:
A. Children and Dependents:

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

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
FAMILY INFORMATION-Continued

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

Name: ____________________________
Address: ____________________________
Contact person: ____________________________

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Harold Riley</td>
<td>1231 Luther Street, Cleveland, OH</td>
<td>BE/Research Manager</td>
</tr>
<tr>
<td>Mother</td>
<td>Joan Riley</td>
<td>same</td>
<td>Teacher</td>
</tr>
<tr>
<td>Father-in-law</td>
<td>John Patches</td>
<td>NA</td>
<td>Pilot</td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>Jo Anne Patterson</td>
<td>114</td>
<td>Teacher</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Garfield Elementary, Medina, Ohio</td>
<td>00-08</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>High School</td>
<td>Medina H.S.</td>
<td>08-92</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>College University</td>
<td>Miami U. of Ohio</td>
<td>72-76</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Other</td>
<td>Northwestern University, Prosthetics Program</td>
<td>89-90</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: BS, Education/Certificate in Prosthetic

College or university where obtained: Miami U./Northwestern U.
5 MILITARY INFORMATION:

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

Branch________________________________________Date of entry-active service_____________________

Date of separation____________________________Type of discharge_________________________________

Rating at separation__________________________Serial number______________________________

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

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

County__________________State______________Date registered__________1972____________

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 and provide a written explanation. List all cases without exception.

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

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

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, please provide a written explanation.

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

*E. I am an expert witness in Prostitution.*

Applicant's initial_____________
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/81 to 5/91</td>
<td>815 Mill St.</td>
<td>Reno</td>
<td>NV</td>
</tr>
<tr>
<td>5/91 to 11/97</td>
<td>715 N Hwy 395</td>
<td>Washoe Valley</td>
<td>NV</td>
</tr>
<tr>
<td>11/97 to present</td>
<td>7451 Granite Ridge Ct.</td>
<td>Washoe Valley</td>
<td>NV</td>
</tr>
</tbody>
</table>

Applicant's Initial: ___________________________
8. EMPLOYMENT:

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

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-76 - 7-78</td>
<td>Cairo American College, Egypt</td>
<td>Contract Over</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4th grade teacher</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-79 - 6-79</td>
<td>Coonuty School District / NA</td>
<td>Contract Over</td>
</tr>
<tr>
<td></td>
<td>Teacher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Science teacher</td>
<td></td>
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<td></td>
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<tr>
<td>7-80 - 9-82</td>
<td>Atlantic Prosthetics, Atlanta, GA</td>
<td>Needed new experience</td>
</tr>
<tr>
<td></td>
<td>apprentice prosthetist</td>
<td></td>
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<td></td>
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<tr>
<td>12-82 - 11-83</td>
<td>Atlanta Orthopedic Institute, GA</td>
<td>New Experience</td>
</tr>
<tr>
<td></td>
<td>prosthodontist</td>
<td></td>
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<tr>
<td></td>
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<tr>
<td>11-83 - 11-86</td>
<td>Cape Associates, Maitland, MI</td>
<td>Begin sole proprietorship</td>
</tr>
<tr>
<td></td>
<td>prosthodontist</td>
<td></td>
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<tr>
<td></td>
<td>supervising all prosthetics</td>
<td></td>
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<tr>
<td>11-88 - 11-89</td>
<td>Portsmouth Orthopedic, RI</td>
<td>Moved to Nevada</td>
</tr>
<tr>
<td></td>
<td>prosthodontist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>independent contractor providing prosthetics</td>
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<tr>
<td></td>
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</tr>
<tr>
<td>11-89 - 12-06</td>
<td>Prosthetic Consulting Technologies, LLC</td>
<td>Sold business</td>
</tr>
<tr>
<td></td>
<td>prosthodontist</td>
<td></td>
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<tr>
<td>1-2006</td>
<td>Prex, Prosthetic Consulting</td>
<td>Self</td>
</tr>
<tr>
<td></td>
<td>CEO/President</td>
<td></td>
</tr>
</tbody>
</table>

If additional space is needed, please provide an attachment.
9. CHARACTER REFERENCES:

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

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Askin</td>
<td>15065 Donnington, Truckee, CA</td>
<td>96141</td>
<td></td>
<td></td>
<td></td>
<td>10+</td>
</tr>
<tr>
<td>Employer: Community Foundation Business: CEO</td>
<td></td>
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<td></td>
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<tr>
<td>John Mulligan</td>
<td>4995 Caughrin Blvd. 100</td>
<td>Reno, NV 89519</td>
<td></td>
<td></td>
<td></td>
<td>10+</td>
</tr>
<tr>
<td>Employer: Self Business: Attorney, Law Office</td>
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<td></td>
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<tr>
<td>Steve Messer</td>
<td>3801 Fairview Dr. Reno, NV 89511</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20+</td>
</tr>
<tr>
<td>Employer: Self Business: Same</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Bill Creekbaum</td>
<td>4995 DDC Drive, Carson City, NV</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Employer: Smith Barney Business: Stockbroker</td>
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<tr>
<td>Harvey Fennel</td>
<td>2830 Brentwood Ct. Reno, NV 89504</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Employer: Dickson Realty Business: CEO - Real Estate</td>
<td></td>
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</tr>
</tbody>
</table>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒

If yes, complete the following:

<table>
<thead>
<tr>
<th>Box Number or Type of Depository</th>
<th>Location</th>
<th>City and State</th>
<th>Authorized Users</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

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

Yes ☐ No ☒

If yes, state type, where and years held

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

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

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

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

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

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

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

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

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

Date of photograph: 11-28-12

Applicant's initial: [Signature]

Page 8
STATE OF Nevada ss.

COUNTY OF Washoe

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 14th day of December 2012.

Notary Public

Luann Penegor-Sorensen

No. 08-7523-2


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

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

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

☑ New Pharmacy ☐ Ownership Change
(Please provide current license number if making changes: PH______)
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: American Medical Direct
Physical Address: 1842 W. Bitters, St. 301
Mailing Address: 1842 W. Bitters, St. 301
City: San Antonio State: Texas Zip Code: 78248
Telephone: 210-632-8300 Fax: 210-520-1440
Toll Free Number: 877-506-8383 (Required per NAC 639.708)
E-mail: brook@amdhr.com Website: www.americanmedicaldirect.com
Managing Pharmacist: Heather Mulvihill License Number: 34835

Hours of Operation:
Monday thru Friday 9:00 am 6:00 pm Saturday 9:00 am _____ pm
Sunday 9:00 am _____ pm 24 Hours 9:00 am

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☑ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED
☐ Off-site Cognitive Services
☒ Parenteral
☑ Parenteral (outpatient)
☐ Outpatient/Discharge
☐ Mail Service
☐ Long Term Care

Page 1

61292
APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

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 ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action 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

Brock Rush

Print Name of Authorized Person

Date 9/24/12

Board Use Only

Received: 10-1-12

Amount: 500.00

Page 2
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: ____T____E____Y____A____S____

Parent Company if any: _____I____A____

Corporation Name: American Medical Direct

Mailing Address: 1802 W. Bitters, Ste. 301

City: San Antonio State: ____T____X____ Zip: 78248

Telephone: 210 832 8500 Fax: 210 530 1440

Contact Person: Dominique

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?
   a) Name: ____B____E____N____I____N____K____P____U____S____L____
      Address: 1802 W. Bitters, Ste. 301, SA, TX 78248
   b) Name: ____J____E____R____E____Y____M____A____R____K____
      Address: 1802 W. Bitters, Ste. 301, SA, TX 78248
   c) Name: ___________________________ Address: ___________________________
   d) Name: ___________________________ Address: ___________________________

2) Provide the number of shares issued by the corporation. 30,000

3) What was the price paid per share? ________________________________

4) What date did the corporation actually receive the cash assets? ________________

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

List any physician shareholders and percentage of ownership.

Name: ___________________________ %: ___________________________

Name: ___________________________ %: ___________________________

Include with the application for a non publicly traded corporation

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 catted within the last 6 months.

List of officers and directors
CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brock Rush
Responsible Person of American Medical Direct
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy
law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Brock Rush
Print Name of Authorized Person

9/25/14
Date
**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**  
$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and not transferable money order or cashier's check only)  
Application must be printed legibly or typed  
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.

<table>
<thead>
<tr>
<th>□ New Pharmacy</th>
<th>□ Ownership Change</th>
<th>□ Name Change</th>
<th>□ Location Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Please provide current license number if making changes: PH)</td>
</tr>
</tbody>
</table>

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b  
☐ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b  
☑ Sole Owner – Pages 1,2,6,7,8a,8b  
Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: **Premium Surgical Services Center**

Physical Address: **8954 Spanish Ridge Ave.**

Mailing Address: ____________________________

City: **Las Vegas**  
State: **NV**  
Zip Code: **89148**

Telephone: **702-210-9374**  
Fax: **702-210-9805**

Toll Free Number: __________________________

E-mail: **drtstle@hotmail.com**  
Website: **www.premiumsurgicalservicescenter.com**

Managing Pharmacist: **David Wintch**  
License Number: **10630**

**Hours of Operation:**

<table>
<thead>
<tr>
<th>Days</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday thru Friday</td>
<td>7 am</td>
<td>5 pm</td>
</tr>
<tr>
<td>Sunday</td>
<td>9 am</td>
<td>9 pm</td>
</tr>
</tbody>
</table>

24 Hours

**TYPE OF PHARMACY**

- □ Retail
- □ Hospital (# beds ___)
- □ Internet
- □ Nuclear
- □ Out of State
- ☑ Ambulatory Surgery Center

**SERVICES PROVIDED**

- □ Off-site Cognitive Services
- □ Parenteral
- □ Parenteral (outpatient)
- ☑ Outpatient/Discharge
- □ Mail Service
- □ Long Term Care
APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

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 ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action 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 questions 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

Frank L. Stile MD 2/13/2013

Print Name of Authorized Person Date

Board Use Only Received: 2-19-13 Amount: 500-
APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner’s Name: Frank L. Stile, MD

Business Name: Premium Surgical Services Center

Current Business Address: 8954 Spanish Ridge Ave

City: Las Vegas State: NV Zip Code: 89148

Telephone: 702-221-9374 Fax: 702-221-9805

List any physician shareholders and percentage of ownership.

Name: Frank L. Stile, MD %: 100

Name: __________________________ %: __________

Are you a registered pharmacist in Nevada? Yes ☐ No ☑ License #: __________

SOLE OWNER

Include with the application for a sole owner

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

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the “New Applications” tab. The forms are available under the documents for all types of businesses. Must be original signature(s), no copies or stamps.
I, Frank J. Stile, responsible person of Premium Surgical Services Center, hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.

Original Signature, no stamps or copies

Date 2/13/2013
Statement of Responsibility

Managing Pharmacist

Pharmacist Name: DAVID A. WINTCH License #: 10690
Pharmacy Name: PREMIUM SURGICAL SERVICES CENTER

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

 Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? ☑

1. been charged, arrested or convicted of a felony or misdemeanor in any state? ☑

2. been the subject of an administrative action whether completed or pending in any state? ☑

3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state? ☑

If you marked YES to any of the numbered questions above, please include the following information:

Board Administrative Action: State: NV Date: 7/1/2000 Case #: 99-100LM

And/or Criminal Action: State: ______ Date: ______ Court: ______ Case #: ______
PROPOSED AMENDMENTS TO AB 39

Brett Kandt, Special Deputy Attorney General will address the Board on AB 39.

AB 39 is a bill supported by the Attorney General to address further curtailment of methamphetamine precursors. The original language put the approval of a real-time, stop sale system with the Department of Public Safety. Board staff met with Brett Kandt, Special Deputy Attorney General, Keith Munro, Assistant Attorney General, and the Retail Association of Nevada to discuss the bill, and the possibility of the approval of the system being the responsibility of the Board of Pharmacy, rather than DPS. Mr. Kandt will address the bill with you and be asking for your support. Board staff is in support of the bill pending discussion of the details. Proposed language enclosed.

The system being considered is one that was reviewed last session, namely National Precursor Log Exchange (NPLEx) which is currently being used in 25 states and even in some Nevada pharmacies (K-Mart; CVS; & Wal-Mart). It apparently will be made available to all Nevada pharmacies at no cost and has the capability of interconnecting with other states that use it. The system would replace our current “Log Book” system which has many flaws, and would not require the scheduling of pseudoephedrine as a controlled substance to track through our PMP.

The chair of the Assembly Commerce and Labor Committee has agreed to defer the hearing on AB 39 until March 13 to allow the Board of Pharmacy to consider approval of this language.
PROPOSED AMENDMENTS TO AB 39

Contact information:
Brett Kandt
Special Deputy Attorney General
688-1966 or bkandt@ag.nv.gov
100 N. Carson Street
Carson City, NV 89701

PROPOSE TO AMEND BILL AS FOLLOWS:

Amendment #1:

Amend the bill by amending Section 2, page 2, lines 3-28, to read as follows:

Sec. 2. 1. The [Director of the Department of Public Safety] Board shall approve a real-time, stop sale system for use by pharmacies in this State if the [Director] Board determines that a real-time, stop sale system is available and appropriate for use by pharmacies in this State. The [Director] Board shall approve a real-time, stop sale system for use by pharmacies in this State only if the [Director] Board determines that the system:

(a) Will allow pharmacies in this State to electronically submit information to the system before the sale or transfer of a product that is a precursor to methamphetamine;

(b) Will determine whether the sale or transfer of the product would violate NRS 453.355 or any other law which prohibits the sale or transfer of a product that is a precursor to methamphetamine, as defined in NRS 639.400;

(c) Will send an alert to pharmacies to stop the sale or transfer of a product if the sale or transfer would violate NRS 453.355 or any other law which prohibits the sale or transfer of a product that is a precursor to methamphetamine;

(d) Will allow law enforcement agencies in this State access to transaction records of any sale or transfer or attempted sale or transfer of a product that is a precursor to methamphetamine; and

(e) Is available for use by pharmacies and law enforcement agencies in this State free of charge.

2. Before approving a real-time, stop sale system, the [Director] Board must adopt regulations establishing the minimum requirements for the real-time, stop sale system. The [Director] Board shall also adopt regulations establishing the requirements for use of the real-time, stop sale system by the pharmacies and law enforcement agencies of this State.

Purpose of amendment: To grant statutory authority to approve a real-time, stop sale system for use by pharmacies and law enforcement agencies in this State to the Board of Pharmacy rather than the Director of the Department of Public Safety, and to clarify...
that the system must be available for use by law enforcement agencies in this State free of charge.

Amendment #2:

Amend the bill by amending Section 3, page 2, lines 28-31, though page 3, lines 1-31, to read as follows:

28 Sec. 3. 1. After the [Director of the Department of Public Safety] Board has approved a real-time, stop sale system pursuant to section 2 of this act and adopted regulations establishing the requirements for the use of the system pursuant to that section, the [Director must notify the] Board [and] must notify each pharmacy in this State of the real-time, stop sale system that has been approved, the manner in which to establish the system in the pharmacy and the content of the regulations.

2. Once a pharmacy receives notification pursuant to subsection 1, the pharmacy shall obtain the real-time, stop sale system and consult the system in the manner prescribed before completing any sale or transfer of a product that is a precursor to methamphetamine, except when the purchaser has a valid prescription for such a product. The pharmacy shall obtain any information necessary from the person seeking the purchase or transfer of the product to receive notice from the real-time, stop sale system.

3. Except as otherwise provided in this subsection, if a pharmacy receives an alert from the real-time, stop sale system that the sale or transfer of a product may violate NRS 453.355 or any other law which prohibits the sale or transfer of a product that is a precursor to methamphetamine, the pharmacy must not allow the sale or transfer to be completed. The [Department of Public Safety] Board may provide by regulation for exceptions to allow for the completion of a sale or transfer despite such an alert when the pharmacist or an employee of the pharmacy has a reasonable fear of imminent bodily harm.

4. A pharmacy that complies with the provisions of this section is not liable in any civil action for using the real-time, stop sale system or for any act or omission resulting from the use of the system which is not the result of the negligence, recklessness or deliberate misconduct of the pharmacy.

5. Failure of a person to use the real-time, stop sale system as required pursuant to this section is a misdemeanor punishable by a fine of not more than $1,000.

Purpose of amendment: Conforming amendments to the changes made above and clarification of criminal offense for failure to use the real-time, stop sale system as required.
Amendment #3:

Amend the bill by amending Section 4, page 2, lines 32-36, by amending the section to read as follows:

32 [Sec. 4. The Director of the Department of Public Safety shall
33 request transaction records from the real-time, stop sale system
34 which is approved pursuant to section 2 of this act. The Director
35 shall forward such transaction records to law enforcement
36 agencies in this State.] The failure of a real-time, stop sale system approved pursuant
to section 2 of this act to send an alert to pharmacies to stop the sale or transfer of a
product in violation of NRS 453.355, or any other law which prohibits the sale or transfer
of a product that is a precursor to methamphetamine, does not establish a basis for any
cause of action by a party against the Board. The Board shall be immune from liability
arising from or related to the unauthorized access or misuse of any information collected
by or derived from a system approved pursuant to section 2 of this act.

Purpose of amendment: Conforming amendments to the changes made above and to
establish that the failure or misuse of any system approved pursuant to Section 2 shall
not be the basis of a cause of action against nor create liability for the Board.
COMPOUNDING PHARMACIES

At the Board’s request during both the December and January meetings, the issue of compounding pharmacies requires further discussion. Since our January meeting, Board staff will make it a requirement of application for an out-of-state compounding pharmacy to supply their most recent inspection from their state, which hopefully will include a demonstration of potency and sterility testing.

Also, Board staff has begun the process of getting several us commissioned by the FDA so that we can share records, reports and inspection information.

For consideration:

1) What is “compounding” and what is “manufacturing”?
   a. Is there a line, and if so what is that line (based upon quantity compounded?; based upon patient specificity?; based upon shipping across state lines?)

2) Should there be a third designation: i.e. “non-traditional compounding”?
   a. If so, do we create a new license category?

3) What drives pharmacies to compound beyond a prescription?
   a. Money?
   b. Drug shortages, and if so, why do we have drug shortages?

4) How do we ensure that what is compounded in another state is safe for Nevadans?
   a. Should we inspect out-of-state compounders rather than simply make them appear?
      i. When they appear, do they tell the truth?
      ii. Do we inspect and charge the pharmacy for that inspection?

5) Role of the FDA
   a. If their job is to regulate manufacturing (which NECC clearly was engaged in), why were they not inspecting and regulating?
   b. Do we call them in to determine whether a borderline pharmacy in Nevada is actually manufacturing or not?
   c. Should we become commissioned by FDA to help them regulate?
February 11, 2013

Larry L. Pinson
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Ln.
Reno, 89509

Dear Mr. Pinson,

The mission of the Pharmacy Compounding Accreditation Board (PCAB) is to promote high quality in pharmacy compounding through a voluntary accreditation program that recognizes adherence to established principles, policies and standards. PCAB’s rational standards are based on the consensus of industry experts of those elements that should exist in a pharmacy that adheres to high quality standards.

PCAB is an independent non-profit organization formed by several professional organizations in 2004. Currently, its Board of Directors includes representatives from the American College of Apothecaries, National Community Pharmacists Association, American Pharmacists Association, National Alliance of State Pharmacy Associations, International Academy of Compounding Pharmacists, National Home Infusion Association and the United States Pharmacopeia.

In order to demonstrate compliance with PCAB standards and earn PCAB accreditation, pharmacies voluntarily participate in an off-site and on-site evaluation process that includes:

- Verification by PCAB that the pharmacy is not on probation for issues related to compounding quality, public safety or controlled substances.
- Verification that the pharmacy is properly licensed in each state it does business in.
- An extensive on-site evaluation by a PCAB surveyor, all of whom are compounding pharmacists trained in evaluating compliance with PCAB’s quality standards. For example, this evaluation includes:
  - Assessment of the pharmacy’s system for assuring and maintaining staff competency.
  - Review of facilities and equipment.
  - Review of records and procedures required to prepare quality compounded medications.
  - Verification that the pharmacy uses ingredients from FDA registered and or licensed sources.
  - Review of the pharmacy’s program for testing compounded preparations.

PCAB considers a pharmacy’s licensure status an important part of qualifying for and maintaining accreditation. In the event a compounding pharmacy is cited or in any other manner issued disciplinary action for violations of your state’s practice act laws, regulations or rules, we are requesting that the Board notify PCAB of such actions as quickly as possible. PCAB will review that information to determine whether or not it should take action against the pharmacy’s accreditation status as provided for in PCAB’s standards and operating procedures.

Similarly, if PCAB becomes aware of circumstances during its survey or other accreditation activities that may cause harm to patients, PCAB will report those to the appropriate Board in the pharmacy’s home state for review.

We are sometimes asked if PCAB will share the results of on-site surveys with Boards. Upon receipt of a pharmacy’s written permission to release its survey results and information, PCAB will provide those to the Board. In other cases, PCAB will share the results upon the receipt of a legally valid request from the Board. It is important to recognize that PCAB’s internal accreditation documents, including surveys, survey reports, and other materials may be exempted from discovery under some state’s quality improvement laws and regulations.

If you have any questions, or want to learn more about PCAB and the accreditation process, please do not hesitate to contact me,

Sincerely yours,

[Signature]

Joe Cabaleiro, R.Ph.
Executive Director
866.377.5104 x804
joec@pcab.org
TEMPORARY LICENSES
(Issued since last board meeting)

Banner Churchill Hospital Off-Site Cognitive Services

BINDER, CAROL ANN
BRUNNER, ALYSSA
CANN IV, ARTHUR HENRY
CLARK, WILLIAM DALE
EINHELLIG, RICHARD RAY
FOLLETT, DANIEL LYNN
FRIEBUS, DWIGHT
GRUSECK, BENJAMIN C
LUDTKE, KIMBERLY ANN
PERYAM, CHRISTOPHER KEIR
RANDA, SHAUN
STANLEY, KEVIN SCOTT
TOMOI, SAM J
TYRRELL, SCOTT LEE
WILLIAMS, LAUREN LINN
WILLOUGHBY, KYLEE JO
WORTHMAN, DOUGLAS MARK
WU, CHUNG
YOUNT, NATALIE LOUISE
F.D.A. Likely to Add Limits on Painkillers

JK Belz & Associates [jb@jkbelz.com]

Sent: Saturday, January 26, 2013 10:25 AM
To: JK Belz & Associates [jb@jkbelz.com]


F.D.A. Likely to Add Limits on Painkillers

By SABRINA TAVERNISE

Trying to stem the scourge of prescription drug abuse, an advisory panel of experts to the Food and Drug Administration voted on Friday to toughen the restrictions on painkillers like Vicodin that contain hydrocodone, the most widely prescribed drugs in the country.

The recommendation, which the drug agency is likely to follow, would limit access to the drugs by making them harder to prescribe, a major policy change that advocates said could help ease the growing problem of addiction to painkillers, which exploded in the late 1990s and continues to strike hard in communities from Appalachia and the Midwest to New England.

But at 19 to 10, the vote was far from unanimous, with some opponents expressing skepticism that the change would do much to combat abuse. Oxycodone, another highly abused painkiller and the main ingredient in OxyContin, has been in the more restrictive category since it first came on the market, they pointed out in testimony at a public hearing. They also said the change could create unfair obstacles for patients in chronic pain.

Painkillers now take the lives of more Americans than heroin and cocaine combined, and since 2008, drug-induced deaths have outstripped those from traffic accidents. Prescription drugs account for about three-quarters of all drug overdose deaths in the United States, with the number of deaths from painkillers quadrupling since 1999, according to federal data.

The change would have sweeping consequences for doctors, pharmacists and patients. Refills without a new prescription would be forbidden, as would faxed prescriptions and those called in by phone. Only written prescriptions from a doctor would be allowed. Distributors would be required to store the drugs in special vaults.

The vote comes after similar legislation in Congress failed last year, after aggressive lobbying by pharmacists and drugstores.

“This is the federal government saying, ‘We need to tighten the reins on this drug,’” said Scott R. Drab, associate professor of pharmacy and therapeutics at the University of Pittsburgh’s School of Pharmacy. “Pulling in the rope is a way to rein in abuse, and, consequently, addiction.”

But at the panel’s two-day hearing at F.D.A. headquarters in Silver Spring, Md., many spoke against the change, including advocates for nursing home patients, who said frail residents with chronic pain would have to make the trip to a doctor’s office.

The change would also ban nurse practitioners and physician assistants from prescribing the drugs, making it harder for people in underserved rural areas.

Panelists also cautioned that the change would produce a whack-a-mole effect, pushing up abuse of other drugs, like heroin, which has declined in recent years.

“Many of us are concerned that the more stringent controls will eventually lead to different problems, which may be worse,” said Dr. John Mendelson, a senior scientist at the Addiction and Pharmacology Research Laboratory at the California Pacific Medical Center Research Institute in San Francisco.

The F.D.A. convened the panel, made up of scientists, pain doctors and other experts, after a request by the Drug Enforcement Administration, which contends that the drugs are among the most frequently abused painkillers and should be more tightly controlled.

If the F.D.A. accepts the panel’s recommendation, it will be sent to officials at the Department of Health and Human Services, who will make the final determination. The F.D.A. denied a similar request by the D.E.A. in 2008, but the law enforcement agency requested that the F.D.A. reconsider its position in light of new research and data.

While hydrocodone products are the most widely prescribed painkillers, they make up a minority of deaths, because there is less medication in each tablet than some of the other more restricted drugs, like extended-release oxycodone products, said Dr. Nathaniel Katz, assistant professor of anesthesia at Tufts University School of Medicine in Boston. Oxycodone and methadone products account for about two-thirds of drug overdose deaths, he said, despite accounting for only a fraction of hydrocodone prescriptions.

The importance of Friday's vote was more symbolic, he said, a message to doctors that they will need to think twice before prescribing hydrocodone, and to patients that the days of “unbridled access” are coming to an end. The tide has been turning against easy opioid prescriptions, as the medical system and federal regulators slowly make adjustments to reduce the potential for abuse.

“It will help shape thinking,” said Dr. Katz, whose clinical research company, Analgesic Solutions, is trying to develop other treatments for pain. “It’s an important marker in the progressively more conservative swing of the pendulum in opioid prescribing.”

He cautioned that patients who need the medications for pain should not suffer inappropriate barriers to access because of the change, a concern that the dissenters shared. Medical professionals battling the prescription drug abuse epidemic applauded the change.

“This may be the single most important intervention undertaken at the federal level to bring the epidemic under control,” said Dr. Andrew Kolodny, chairman of psychiatry at Maimonides Medical Center in New York and president of Physicians for Responsible Opioid Prescribing, a New York-based advocacy group. “This is about correcting a mistake made 40 years ago that's had disastrous consequences.”

Testimony at the hearing included emotional appeals from parents who had lost their children to painkiller addiction. Senator Joe Manchin III, a Democrat from West Virginia, a state that has been hit hard by the prescription drug epidemic, pleaded for
tougher restrictions.

"When I go back to West Virginia, I hear how easy it is for anybody to get their hands on hydrocodone drugs," Mr. Manchin said. "For under-age children, these drugs are easier to get than beer or cigarettes."
Blank
Department of Veterans Affairs
Issues Interim Final Rule on Providing Information to PDMPs

In what will be viewed as welcome news, the Department of Veterans Affairs today issued interim final rules allowing the sharing of prescription information to state Prescription Drug Monitoring Programs (PDMPs). The rules are effective immediately however there is a comment period through April 12, 2013.

On December 23, 2011, the President signed into law the Consolidated Appropriations Act, 2012 (the Act), Public Law 11274. Section 230 of the Act amended 38 U.S.C. 5701, which governs the confidential nature of VA claims and information of present and former members of the Armed Forces and their dependents in VA's possession, by adding a new subsection (l), to allow the Secretary of Veterans Affairs to disclose information about a veteran or the dependent of a veteran to a state PDMP "to the extent necessary to prevent misuse and diversion of prescription medicines."

Before releasing information to PDMPs, under the Privacy Act, VA must publish a Federal Register notice (released today) to provide additional guidance.
This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the January, 2013 Board meeting.

**Licensing Activity:**

- 25 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 2 licenses were granted for a Nevada MDEG company pending inspection and one was continued pending more information.
- 16 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 17 licenses were granted for Out-of-State wholesalers.
- 2 applications were approved for Nevada pharmacies pending inspection.
- Physician SS was granted a restricted dispensing license pending inspection and receipt of his policy and procedures for his dispensing activity.

**Disciplinary Action:**

- Pharmacist JC was revoked for fabricating and filling phony prescriptions for doping medications for a bicycling friend in Indiana.
- Pharmacist CN was ordered into remedial training (Your Success Rx) and pharmacy WG was ordered a letter of admonition, for mislabeling a child’s MTX prescription resulting in delay of therapy.
- Pharmaceutical technician GJ was revoked for diverting controlled substances for self-use.
- Pharmacy HP was granted conclusion of probation due to a change in ownership and staffing.
Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- Lengthy discussions were held concerning compounding pharmacies, especially out-of-state, and the safety of the products they ship into Nevada.
- A discussion was held regarding the delivery of prescriptions to patients (i.e., courier service; taxi; etc.)
- Pharmacist Joseph R. Kellogg was honored and presented the Bowl of Hygeia Award for the state of Nevada for his continual dedication to his community and his profession.
- Two presentations were given, one regarding delivery service of prescriptions and the other regarding an automatic dispensing system.
- A new president of the Board was elected.

Public Hearing:

A. **Amendment of Nevada Administrative Code 639.725 Use of mechanical counting device for dispensing medication to be taken orally.** Requires a pharmacist filling mechanical dispensing devices to maintain records for two years to ensure the correct medication is in the appropriate section of the dispensing device.

B. **Amendment of Nevada Administrative Code 453.510 Schedule I.** Because of abuse of un-regulated products containing synthetic cannabinoids, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule 1.
DISCIPLINARY OPTIONS FOR FAILURE TO RESPOND TO SUBPOENA

Option #1: Bring an Accusation against the Pharmacy Technician’s Registration for Unprofessional Conduct

NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:

4. Is guilty of unprofessional conduct or conduct contrary to the public interest;

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. (NRS 639.070, 639.210)

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

NRS 639.255 Authorized disciplinary action; judicial review of such action; fines; private reprimands prohibited; orders imposing discipline deemed public records.

1. The holder of any certificate, license or permit issued by the Board, whose default has been entered or who has been heard by the Board and found guilty of the violations alleged in the accusation, may be disciplined by the Board by one or more of the following methods:

(a) Suspending judgment;
(b) Placing the certificate, license or permit holder on probation;
(c) Suspending the right of a certificate holder to practice, or the right to use any license or permit, for a period to be determined by the Board;
(d) Revoking the certificate, license or permit;
(e) Public reprimand; or
(f) Imposition of a fine for each count of the accusation, in accordance with the schedule of fines established pursuant to subsection 3.

4. The Board shall not issue a private reprimand.

5. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.
Option #2: Pursue a Contempt Order in State Court

NRS 639.249 Contempt. If any person in proceedings before the Board disobeys or resists any lawful order or refuses to respond to a subpoena, or refuses to take the oath or affirmation as a witness or thereafter refuses to be examined, or is guilty of misconduct during a hearing or so near the place thereof as to obstruct the proceeding, the Board shall certify the facts to the district court of the county where the proceeding is being conducted. The court shall thereupon issue an order directing the person to appear before the court and show cause why he or she should not be punished as for contempt. The order and a copy of the certified statement shall be served on the person. Thereafter the court shall have jurisdiction of the matter. The same proceedings shall be had, the same penalties may be imposed and the person charged may purge himself or herself of the contempt in the same way, as in the case of a person who has committed a contempt in the trial of a civil action.
DISCIPLINARY OPTIONS FOR FAILURE TO COMPLETE CONTINUING EDUCATION REQUIREMENTS

NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:

1. Is not of good moral character;

....

4. Is guilty of unprofessional conduct or conduct contrary to the public interest;

....

9. Has willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of this chapter;

10. 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;

....

12. Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit;

....

17. Has failed to maintain and make available to a state or federal officer any records in accordance with the provisions of this chapter or chapter 453 or 454 of NRS;
NAC 639.945 Unprofessional conduct; owner responsible for acts of employees. (NRS 639.070, 639.210)

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

   (h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.
   (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
MAY 15, 2009

TO: ALL PHARMACISTS AND TECHNICIANS

FROM: LARRY PINSON, EXECUTIVE SECRETARY
NEVADA STATE BOARD OF PHARMACY

PHARMACEUTICAL TECHNICIAN LAW CE

Pursuant to a request by the Pharmaceutical Technician Advisory Committee, the Board of Pharmacy has passed a regulation requiring pharmaceutical technicians to obtain a minimum of one hour (1 CEU) of law CE prior to licensure renewal. The regulation became effective in April of this year meaning that the requirement will need to be met prior to PT renewal by October 31st of 2010. IT IS IMPERATIVE THAT YOU AS PHARMACISTS HELP COMMUNICATE THIS NEW REQUIREMENT TO YOUR TECHNICIANS.

The law CE can be obtained by attending a Board of Pharmacy meeting or by attending a Board of Pharmacy Law CE presentation along with pharmacists. The Board recognizes the important role that pharmaceutical technicians play in providing quality pharmaceutical care to Nevadans and the need for all healthcare professionals to keep abreast of ever changing statutes and regulations. The Law CE will also provide a forum for the discussion of the ever increasing technician diversion issues the Board faces. Auditing of the Law CE will be accomplished during your pharmacy’s annual inspection so the certificates should be logged in your technicians’ in-service training hours file. Advise your technicians that they DO NOT send Law CE documentation to the Board office.
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DELIVERY OF PRESCRIPTIONS

1. Existing Inconsistency Between Nevada Statute and Board Regulation

NAC 639.710 Delivery of prescription drugs. (NRS 639.070)

1. A prescribed medication may be delivered or dropped off by a licensee if the person making the delivery:
   (a) Is a bona fide employee of the licensee;
   (b) Is at least 16 years of age; and
   (c) Has not been convicted of any offense in any jurisdiction, whether a felony or misdemeanor, involving any dangerous drug, controlled substance, embezzlement or theft.

2. A prescribed medication must be delivered directly to the patient, or must be dropped off with a person at the patient's residence or the appropriate person on the staff of the medical facility at which the patient is being treated. The person accepting the prescribed medication must sign for it.

3. All prescribed medications must be adequately secured in the vehicle used for delivery.

4. The licensee shall maintain records of all prescribed medications which are delivered pursuant to this section.

5. Any prescribed medication may be picked up from the pharmacy by any authorized, noncompensated agent of the person for whom the drug is prescribed, including but not limited to, a neighbor, friend or relative.

NRS 453.226 Requirements for registration; authority of registrant; exemptions and waivers; inspections.

1. Every practitioner or other person who dispenses any controlled substance within this State or who proposes to engage in the dispensing of any controlled substance within this State shall obtain biennially a registration issued by the Board in accordance with its regulations.

3. The following persons are not required to register and may lawfully possess and distribute controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive:
   (a) An agent or employee of a registered dispenser of a controlled substance if he or she is acting in the usual course of his or her business or employment;
   (b) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment;
2. **Regulations Regarding Delivery from Other States**

**Arizona:** It is unprofessional conduct for a pharmacist to participate in an agreement to deliver prescriptions to a place that is not licensed as a pharmacy. Pharmacy employees may deliver directly to practitioner or patient. *ARS 32-1901.23.*

**Idaho:** It is unprofessional conduct for a pharmacist to participate in an agreement to deliver prescriptions to a place that is not licensed as a pharmacy. Pharmacy employees may deliver directly the patient, patient’s residence, patient’s hospital, or to patient’s physician if not a controlled substance.

**Missouri:** Prescriptions “may not be left at, accepted by, or delivered to a location, place of business or entity not licensed as a pharmacy.” However, patient may authorize delivery to a (1) licensed prescriber, (2) long term facility where patient resides, (3) a hospital, office, clinic or medical institution that provides health care services, (4) a residence designated by the patient or the patient’s designee, or (5) patient’s office or place of employment. The regulation does not appear to address who may make the delivery.

**California:** Anyone can deliver prescriptions to any location.
NAC 639.720 Mechanical devices: Use to furnish drugs and medicines for administration to registered patients in medical facility and to patients receiving treatment in emergency room of hospital. (NRS 639.070, 639.2655)

1. Except as otherwise provided in subsections 4 and 6, a mechanical device may be used to furnish drugs and medicines for administration to registered patients in a medical facility. The device must conform to all the following provisions:
   (a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:
      (1) Medical facility in which the drug or medicine is administered; or
      (2) Pharmacy that supplies the medical facility in which the drug or medicine is administered.
   (b) Access to the device must be:
      (1) Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:
         (I) Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and
         (II) Employed by the medical facility or pharmacy that supplies the medical facility.
      (2) Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.
   (c) Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.
   (d) The device must be designed in such a manner that:
      (1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:
         (I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;
         (II) The day and time access to the device is obtained;
         (III) If a drug or medicine is removed for administration to a patient, the name of the patient;
         (IV) An inventory of the drugs and medicines stored in the device; and
         (V) The name of the person who obtained access to the device.
   (2) Access to the device may be obtained only by a person with the use of a code which identifies that person.

2. A pharmacy which supplies drugs and medicines to a medical facility which are furnished by a mechanical device pursuant to subsection 1 shall maintain a written policy which sets forth:
   (a) The duties of all persons who are authorized to obtain access to the device; and
   (b) The procedure for:
      (1) Maintaining the security of the drugs and medicines stored in the device during the maintenance and repair of the device;
      (2) The preparation of an inventory of the drugs and medicines stored in the device; and
      (3) Stocking the device with drugs and medicines.

3. A pharmacy which supplies drugs or medicines to a medical facility which uses a mechanical device to furnish drugs or medicines for administration to patients pursuant to subsection 1 shall provide written notice to the Board. The notice must include:
   (a) A description of each mechanical device used by the medical facility to furnish drugs or medicines for administration to patients, including, without limitation, the name of the manufacturer of the device; and
   (b) The address of the medical facility at which the mechanical device is located.

4. A pharmacy shall not stock a mechanical device with drugs or medicines and a mechanical device must not be used to furnish drugs or medicines for administration to patients until:
   (a) The pharmacy has notified the Board as required by subsection 3; and
   (b) The Board has issued a certificate to the pharmacy that authorizes the use of the mechanical device at the medical facility at which the mechanical device is located.

5. Each medical facility that uses a mechanical device pursuant to subsection 1 must make and maintain a record of any waste of a controlled substance in the manner provided in NAC 639.486. The record of any waste of a controlled substance may be prepared:
   (a) By the mechanical device if the mechanical device is capable of making and maintaining such a record and documenting the record of the waste being witnessed by another person as provided in paragraph (g) of subsection 1 of NAC 639.486; or
(b) As a written record.

6. A mechanical device may be used to furnish drugs and medicines for a patient receiving treatment in the emergency room of a hospital. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a
registered pharmacist employed by or contracted with the:

(1) Hospital in which the drug or medicine is furnished; or
(2) Pharmacy that supplies the hospital in which the drug or medicine is furnished.

(b) Access to the device for the purposes of stocking, inventory and monitoring must be limited to
pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists or registered
pharmacists employed by the hospital or the pharmacy that supplies the hospital.

(c) Use of the device to furnish a drug or medicine to a patient must be:

(1) By a practitioner who:
   (I) Is authorized by law to prescribe controlled substances or dangerous drugs;
   (II) Is employed by or who has privileges at the hospital;
   (III) Prescribed the drug or medicine that is furnished to the patient;
   (IV) Personally verifies the correctness of the prescription for the drug or medicine before he or
she furnishes it to the patient; and
   (V) Has offered to the patient the choice of being provided a prescription that may be filled at a
pharmacy, which offer first must be declined by the patient before the prescription is transmitted to the
mechanical device to fill and furnish the prescription; or

(2) By the patient where:
   (I) The device requires from the patient a unique code known only to the patient to allow the
patient to access the device; and
   (II) The patient is notified by the device that he or she may choose not to purchase the drug or
medicine from the device at any time before the device furnishes the drug or medicine.

(d) Each container of a drug or medicine dispensed by the device is labeled pursuant to NRS
639.2801.

(e) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record
which is readily retrievable and which includes:
   (I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked,
   inventoried or removed for dispensing to a patient;
   (II) The day and time access to the device is obtained;
   (III) If a drug or medicine is removed for dispensing to a patient, the name of the patient;
   (IV) An inventory of the drugs and medicines stored in the device; and
   (V) The name of the person who obtained access to the device.

(2) Access to the device may be obtained only by a person with the use of a unique code which
identifies that person.

(f) The device must be located in such a place and manner that a person is unable to remove it from
the hospital, and that attempts to obtain access to the device without authorization are visible to
employees of the hospital.

(g) Before the device is used to furnish a drug or medicine directly to a patient pursuant to paragraph
(c), the manufacturer of the device must appear before the Board for its approval of that use of the
device and submit evidence satisfactory to the Board that the device:

(1) Furnishes drugs and medicines accurately; and
(2) Otherwise satisfies the provisions of this subsection.

7. As used in this section, “medical facility” has the meaning ascribed to it in NRS 449.0151.

[Bd. of Pharmacy, § 639.320, eff. 6-26-80]—(NAC A 12-21-95; 5-20-96; R017-03, 10-21-2003;
R043-07, 10-31-2007)