

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

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

- 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

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

- MM. Abraxis Bioscience, LLC – Melrose Park, IL
- NN. Advanced Pharma, Inc. – Houston TX
- OO. AnovoRx Distribution LLC – Memphis, TN
- PP. Elanco Animal Health – Greenfield, IN
- QQ. Hyperion Therapeutics, Inc. – South San Francisco, CA
- RR. MDC Acquisition Co., LLC – Hudson, OH
- SS. MDC Acquisition Co., LLC – Ontario, CA
- TT. Peyton's Northern – Bluffton, IN
- UU. Piramal Critical Care, Inc. – Bethlehem, PA
- VV. Piramal Critical Care, Inc. – Bethlehem, PA
- WW. Qualanex – Gurnee, IL
- XX. Smith & Nephew, Inc. – Concord, CA
- YY. The Hibbert Group – New Castle, DE
- ZZ. VistaPharm, Inc. – Largo, FL

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

- QQQ. Sav-on Pharmacy #6062 – Las Vegas
- RRR. Sav-on Pharmacy #6046 – Las Vegas
- SSS. Sav-on Pharmacy #6090 – Las Vegas
- TTT. Sav-on Pharmacy #6091 – Las Vegas
- UUU. Sav-on Pharmacy #6093 – Boulder City

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



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

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
Russell Smith
Cheryl Blomstrom

Leo Basch
Jody Lewis

Jack Dalton
Kam Gandhi

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

- U. CPAP Supply USA LLC – Clearwater, FL
- V. EZ Mobility Durable Medical Equipment & Supplies – Riverside, CA
- W. Fresenius Medical Care North America – Walnut Creek, CA
- X. MRB Acquisition Corp. – Ft Lauderdale, FL
- Y. National Seating & Mobility, Inc. – Murray, UT
- Z. National Seating & Mobility, Inc. – Sacramento, CA
- AA. Phillips Healthcare – Andover, MA
- BB. Phillips Healthcare – San Diego, CA
- CC. Philips Ultrasound, Inc. – Bothell, WA
- DD. Praxair Distribution Inc. – Phoenix, AZ
- EE. Praxair Distribution Inc. – Salt Lake City, UT
- FF. Respironics California Inc. – Carlsbad, CA
- GG. Respironics Novamatrix, LLC – Wallingford, CT
- HH. Spectrum Diabetic Services LLC – Jackson, MI
- II. THI Advantage DME, LLC – Sparks, MD
- JJ. Visicu, Inc. – Baltimore, MD

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

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|----|---------------------------|----------------|
| 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 Espadero, 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 pursuing 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, Dalton

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 – Mark 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, Dalton

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 Intergovernmental 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.

Blank

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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: 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

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

62246

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

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 3813
 Mailing Address: 543 Encinitas Blvd #107
 City: Encinitas State: CA Zip Code: 92024
 Telephone: (901) 881-9770 Fax: 866-488-7820
 Toll Free Number: 1800-662-9220 (Required per NAC 639.708)
 E-mail: admin@AdvantagePharmacy.com Website: www.VetDepot.com
www.AdvantagePharmacy.com
 Managing Pharmacist: Paul M. Peak License Number: 26949 (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

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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Veterinary

NEVADA STATE BOARD OF PHARMACY

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

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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: 855-289-3552 Fax: 480-707-4585

Toll Free Number: 855-289-3552 (Required per NAC 639.708)

E-mail: ldimick@phxcapital.com Website: www.bellacx.com

Managing Pharmacist: Lisa Dimick License Number: 153881-1701

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday on call am _____ pm

Sunday on call am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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
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 Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: 866-805-9543 (Required per NAC 639.708)
 E-mail: darby@brownscompounding.com Website: www.brownscompounding.com
 Managing Pharmacist: Darby C. Brown, RPh License Number: 16382

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

62127

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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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_02697)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: 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 am _____ pm

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

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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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
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation - Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 4,5,7
<input type="checkbox"/> Non Publicly Traded Corporation - Pages 1,2,4,7	<input type="checkbox"/> Sole Owner - Pages 4,5,7
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 Capitol Hwy
 Mailing Address: 11030 SW Capitol 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: RP00002481CS

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds ____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: 2501 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 2694
 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: 37892

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday RPh. ON call w/ patient records am pm
 Sunday RPh ON call w/ patient records am pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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@lavitarx.com Website: www.lavitarx.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

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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62271

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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01441</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

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 200, Port St. Lucie
 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)592-8466
 Toll Free Number: (800)491-3276 (Required per NAC 639.708)
 E-mail: vernillia.burchert@libertymedical.com Website: www.Libertymedical.com
 Managing Pharmacist: Kenneth Zielinski License Number: PS26385

Hours of Operation:

Monday thru Friday 6 am 11 pm
 Saturday 7 am 4 pm
 Sunday closed am _____ pm
 24 Hours / *on-call answering service
7 days

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input checked="" type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH <u>01218</u>)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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 24513

Mailing Address: 8881 Liberty Lane

City: Port St. Lucie State: FL Zip Code: 34952

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

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

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

Managing Pharmacist: Susan Sink License Number: 0202012034

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm Saturday 9:00 am 10:00 ^{am} ~~pm~~

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: UTAH 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 ∅ am ∅ pm

Sunday ∅ am ∅ pm 24 Hours ✓ (ON CALL)

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> Long Term Care

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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH02766)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation -- Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

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 639.708)

E-mail: dave@missionroadpharmacy.com Website: _____

Managing Pharmacist: Tu C. Nguyen License Number: 50935

Hours of Operation:

Monday thru Friday 8 am 5 pm ; Tues 8AM-9PM Saturday close am _____ pm
 Sunday close am _____ pm 24 Hours No

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH 02876)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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 7064 Fax: 770 998 7010
 Toll Free Number: 866-421-1085 (Required per NAC 639.708)
 E-mail: Karl1b@altheapharm.com Website: www.primrosepharmacy.com
 Managing Pharmacist: Joyce L. McWilliams License Number: RPH018787

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday - am - pm
 Sunday - am - pm 24 Hours -

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/> Long Term Care

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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH_____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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, # 1160
 Mailing Address: 110 E. HUNTINGTON DRIVE, MONROVIA, CA 91016
 City: NORTH HOLLYWOOD State: CALIFORNIA Zip Code: 91601
 Telephone: (818) 769 0313 Fax: (818) 769 0026
 Toll Free Number: (800) 278 3997 (Required per NAC 639.708)
 E-mail: scherman@modernhealthinc.com Website: www.modernhealthinc.com
 Managing Pharmacist: RICHARD NGUYEN License Number: 57367 CALIFORNIA

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 10 am 2 pm
 Sunday — am — pm 24 Hours —

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input checked="" type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: 626-854-2200 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 oncall

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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62411

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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: LEVIRON, 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

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
<input checked="" type="checkbox"/> OTHER <u>LLC</u> (Please provide current license number if making changes: PH_____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7

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	<u>9:00</u> am	<u>5:00</u> pm	Saturday	<u>N/A</u> am	<u>N/A</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input checked="" type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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.

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

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: to N/A Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MICHAEL C. OSBORN

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

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>MALE VED (VACUUM ERECTION DEVICE)</u>
<u>APCS L7900</u> |

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

Name: _____ Telephone: _____

62283

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: CHARTER MEDICAL SUPPLIES, LLC

Physical Address: 2049 N. LINCOLN ST
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: BURBANK State: CA Zip Code: 91504

Telephone: 877.470.1181 Fax: 818.475.1472

E-mail: michael@chartermedicalsupplies.com Website: chartermedicalsupplies.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 to Sun: CLOSED to 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)

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

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

Name: _____ Telephone: _____

62418

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: FLOWONIX MEDICAL INC.

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

Mailing Address: Same

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

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

E-mail: rvalentine@flawonix.com Website: www.flawonix.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)

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

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

Name: _____ Telephone: _____

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.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: Liberator Medical Supply, Inc.

Physical Address: 2979 SE Gran Park Way Stuart FL 34997
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 446

City: Stuart State: FL Zip Code: 34995

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 Libratoro

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Urological / Ostomy / Mastectomy</u> ^{Surgical Dressing/} _(non 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: _____

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.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00010</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: LIBERTY MEDICAL SUPPLY INC

Physical Address: 8883 LIBERTY LANE STE 250
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8881 LIBERTY LANE

City: BRT 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 _____ charge on a daily basis

Name: FRANK HARVEY

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

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

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

Name: oncall pharmacist Telephone: 1-800-491-3276

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW <u>MP01034</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7	

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

FACILITY INFORMATION

Facility Name: 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: PORT ST LUCIE State: FL Zip Code: 34952

Telephone: 772 398 5800 Fax: 772 398 2132

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)

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

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

Name: N/A 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.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP065281</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: LIBERTY MEDICAL SUPPLY INC

Physical Address: 2157 APPERSON DRIVE SALEM, VA 24513
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8881 LIBERTY LANE

City: PORT ST LUCE 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 Meriwether

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

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

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

Name: NA Telephone: 800-467-8546

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Nephron Pharmaceuticals Corporation

Physical Address: 78-88 Murray Spruce Street, Murray, KY 42071
(This must be a business address, we can not 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 2271 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)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>See Attachment 1</u> |

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

Name: NA Telephone: NA

62470

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Nephron Pharmaceuticals Corporation

Physical Address: 5249 LB McLeod Road, Orlando, FL 32811
(This must be a business address, we can not 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: margann.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 Cassagnol

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>See Attachment 1</u> |

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

Name: _____ Telephone: _____

62285

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Nephron Pharmaceuticals Corporation

Physical Address: 840 S 67th Av Phoenix, AZ 85003
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4121 SW 34th Street

City: Orlando Florida State: FL Zip Code: 32811

Telephone: 407-999-2225 ext 2271 Fax: (407) 872-1733

E-mail: otiley@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)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>See Attachment 1</u> |

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

Name: NA Telephone: NA

62471

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY 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)

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

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

Name: _____ Telephone: _____

62472

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Praxair 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: 91650

Telephone: 530-541-0398 Fax: 530-541-1831

E-mail: Wendee_Roberts@praxair.com Website: _____

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)

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

**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: Wendee Roberts Telephone: 530 541 0398

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

(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.

Application form with checkboxes for 'New MDEG', 'Ownership Change', 'Publicly Traded Corporation', 'Partnership', 'Non Publicly Traded Corporation', and 'Sole Owner'. Includes a note to check the box for type of ownership and complete the 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: rglicensure@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: Melvin Greene

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 Prosthethics

**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

62414

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7	

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

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.

Physical Address: 1825 Westpark Drive, Suite 200, Grand Prairie, TX 75050
(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 to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Davis Hood

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

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

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

Name: Davis Hood Telephone: 877-410-6446

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.

Physical Address: 8000 Forshee Drive, Jacksonville, FL 32219
(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: 877-233-1543 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 to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Darron Rhodes

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

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

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

Name: Darron Rhodes Telephone: 877-233-1543

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7	

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

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.

Physical Address: 3980 Earlstone Street, Ontario CA 91761
(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: 877-782-1295 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 to Sun: Closed to Holidays: Closed to

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)

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

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

Name: George W. Pizarro Telephone: 877-782-1295

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

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

FACILITY 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@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: Teresa Thomas

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

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

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

Name: Teresa Thomas Telephone: 866-523-1486

62417

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00895</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: SaraCare Corporation

Physical Address: 6600 NW 16th St, Ste 6
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Plantation State: FL Zip Code: 33313

Telephone: 855-467-8248 Fax: 855-503-0985

E-mail: JamesLetho@gmail.com Website: _____

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 5p Sat: closed to Sun: closed to Holidays: closed to

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)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>Non-Custom back, ankle knee braces</u> |

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

Name: _____ Telephone: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY 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)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Dermagraft (class III medical device)</u> |

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

Name: Michael Whitmore Telephone: 858-754-3856

62284

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

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

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

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

Telephone: Licensing: 845-544-2482
Facility: 708-486-2067 Fax: Licensing: 845-544-2481
Facility: 708-547-4429

Toll Free Number: _____

E-mail: ABL@slny.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 by firm:

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

manu.

62174

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

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

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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 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.

Application type selection box with options: New Wholesaler, Ownership Change. Includes instruction: (Please provide current license number if making changes: WH_____)

Ownership type selection box with options: Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner. Includes instruction: Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: AnavRx Distribution LLC
Physical Address: 1710 N. Shelby Oaks Drive, Ste 6, Memphis, TN 38134
Mailing Address: 1710 N. Shelby Oaks Drive, Ste 2 Memphis, TN 38134
City: Memphis State: TN Zip Code: 38134
Telephone: 901-201-5464 5470 Fax: 901-201-5465
Toll Free Number: 855-811-7995
E-mail: cathy.bellehumeur@anavrx.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 by firm:

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

62463

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

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

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

<input checked="" type="checkbox"/> New Wholesaler <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b <input type="checkbox"/> 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: 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: 800.428.4441 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: _____

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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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 be firm:

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

62247

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

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

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

<input checked="" type="checkbox"/> New Wholesaler <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b <input type="checkbox"/> 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 by 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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

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

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.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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/GM 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 by firm:

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

VAWD

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

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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 Schelden Circle, Bethlehem, PA 18017

City: Bethlehem State: PA Zip Code: 18020

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 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 by firm:

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

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

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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 Schelden 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 Zimper

Professional qualifications and experience of facility manager: BS Chemical Engineering. 30+ years manufacturing/engineering experience in chemical, food & pharma 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: _____

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62464

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

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

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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: Abbott Laboratories, Inc. 100 Abbott Park Rd, D-AH72, Bldg AP6C
Abbott Park, IL 60064

City: Abbott Park State: IL Zip Code: 60064

Telephone: 847-935-9197 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: 8 yrs. experience

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: universities, vets

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: _____

* applied for inspected
 11/12 will forward
 when recd

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

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

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

<input checked="" type="checkbox"/> New Wholesaler <input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Partnership - Pages 1,2,3,6 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b <input type="checkbox"/> Sole Owner – Pages 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
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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: 925-681-3300 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 by firm:

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

62421

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

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

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

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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 by firm:

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

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: 7265 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: brice @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: _____

manu

62308

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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

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

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input checked="" type="checkbox"/> Long Term Care
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62412

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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01578</u>)			

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

Albertson's LLC
dba Sav-On Pharmacy

of ownership

Pharmacy Name: _____ # 6002 X

Physical Address: 201 S STERNAFFE ST, HENDERSON, NV 89012 X

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: PATRICK L EVANS License Number: 10384 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

SERVICES PROVIDED

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01620</u>)			

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

GENERAL INFORM.

Albertson's LLC
 dba Sav-On Pharmacy

by all types of ownership

Pharmacy Name: _____ # 6004 x

Physical Address: 4055 S. Durango Blvd Reno, NV 89147 x

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: John McClure License Number: 17405 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

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>74880</u>)			

x 1981

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

Albertson's LLC
dba Sav-On Pharmacy

v all types of ownership

Pharmacy Name: _____ # 6005 x

Physical Address: 3010 W ANN RD, N. LAS VEGAS, NV 89031

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: Emelyn Espanol License Number: 11792 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

SERVICES PROVIDED

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01655</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 # 6009 X

Physical Address: 8410 Farm Rd, Las Vegas, NV 89131 X

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: Jeanne M. Roth License Number: NV 16653 For Manager X
PH 01655 - For Store

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

SERVICES PROVIDED

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01580</u>)			

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

Albertson's LLC
dba Sav-On Pharmacy

v all types of ownership

Pharmacy Name: _____ #6014 _____ X

Physical Address: 575 College Drive Henderson, NV 89015 X

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: Paul S. Taylor License Number: 15501 X

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01021</u>)			

x

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

Albertson's LLC
dba Sav-On Pharmacy

by all types of ownership

Pharmacy Name: _____ # 6016 x

Physical Address: 10250 W. Charleston Blvd LV, NV 89135 x

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 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

SERVICES PROVIDED

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH_01680)			

x

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 regulated by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-On Pharmacy # 6018 x

Physical Address: 7151 West CRAIG ROAD LAS VEGAS, NV 89129 x

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: LINDA MARIE MORDENTE-FLYNN License Number: 8305 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

SERVICES PROVIDED

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

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

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>00767</u>)			

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

GENERAL INFORM

Albertson's LLC
 dba Sav-On Pharmacy

by all types of ownership

Pharmacy Name: _____ # 0019 x

Physical Address: 190 N. Boulder Hwy Henderson, NV 89015 x

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: Terri Satran License Number: 13207 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

SERVICES PROVIDED

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

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01905</u>)			

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

GENERAL INFOR

† by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-On Pharmacy #6021 X

Physical Address: 10140 W Flamingo Rd Las Vegas, NV 89147 X

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: Erica Brynn 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

SERVICES PROVIDED

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

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>02358</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 # 6032 x

Physical Address: 4800 Blue Diamond Rd. Las Vegas, NV 89139 x

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: Perry Chu License Number: 14397 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

SERVICES PROVIDED

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

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>00760</u>)			

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

GENERAL INFORM

by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-On Pharmacy # 6043 x

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: licensegroup@Supervalu.com Website: _____

Managing Pharmacist: Krystal Satran License Number: 11125 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

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>00766</u>)			

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

Albertson's LLC
 dba Sav-On Pharmacy

by all types of ownership

Pharmacy Name: _____ # 6046 X

Physical Address: 1001 S Rainbow Blvd. Las Vegas, NV 89145 X

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: WAI. H. VONG License Number: 13730 X

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm X
 Sunday 10 am 6 pm 24 Hours _____ X
 ↓

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>02313</u>)			

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

Required by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-On Pharmacy # 6059 X

Physical Address: 5500 Boulder Highway Las Vegas, NV 89122 X

Mailing Address: PO Box 20 Dept 10428

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: FRANCIS GAVIND License Number: 12324 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

SERVICES PROVIDED

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH. <u>00760</u>)			

\$280

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

GENERAL INFORM

by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-On Pharmacy # 6060 X

Physical Address: 11720 W Charleston Blvd, LV, NV 89138 X

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: Angela Balian License Number: 17025 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

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01604</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 # 6061 X
dba Sav-On Pharmacy

Physical Address: 4850 W Craig Rd Las Vegas NV 89120 X

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: Michael Szweczyk License Number: 15028 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

SERVICES PROVIDED

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

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Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01606</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 # 6062 X

Physical Address: 2885 E Desert Inn Rd, Las Vegas, NV 89121 X

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: Shibu N. John License Number: 14862 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

SERVICES PROVIDED

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

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Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>02184</u>)			

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

GENERAL INFORM:

by all types of ownership

Pharmacy Name: Albertson's LLC
dba Sav-On Pharmacy # 6076 X

Physical Address: 7350 S. Rainbow Blvd, Las Vegas, NV 89139 X

Mailing Address: PO Box 20 Dept 70428

City: Bonnie State: ID Zip Code: 83726

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

Toll Free Number: _____

E-mail: licensegroup@Supervalu.com Website: _____

Managing Pharmacist: Jeffrey T. Schwartz License Number: 14758 X

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm X
 Sunday 10 am 6 pm 24 Hours _____ X
↓

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH. <u>02359</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 # 6090 X

Physical Address: 7075 W. ANN ROAD LAS VEGAS, NV 89180 X

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: DAVID A. WINTCH License Number: 10630 X

Hours of Operation:

Monday thru Friday <u>9</u> am <u>9</u> pm	Saturday <u>9</u> am <u>6</u> pm X
Sunday <u>10</u> am <u>6</u> pm	24 Hours _____ ↓

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> 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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH. <u>01545</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> 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 # 6091 X

Physical Address: 5881 E. Charleston Blvd, Las Vegas NV 89142 X

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: Kendal W. Pedersen License Number: 11268 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

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> 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.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01263</u>)			

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

GENERAL INFORM

Albertson's LLC
 dba Sav-On Pharmacy

by all types of ownership

Pharmacy Name: _____ # 6093 x

Physical Address: 1008 Nevada Highway, Boulder City, NV x

Mailing Address: Po Box 20 Dept 70428 89005

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: Hitesh Rohit Amin License Number: PH01263 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

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral _____
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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

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

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

<input checked="" type="checkbox"/> New Wholesaler <input type="checkbox"/> Ownership Change <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change (Please provide current license number if making changes: WH _____)

<input type="checkbox"/> Publicly Traded Corporation – Page 1,2,3,4 <input type="checkbox"/> Partnership - Page 1,2,3,6a,6b <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Page 1,2,3,5a,5b <input type="checkbox"/> Sole Owner – Page 1,2,3,7 Please check box for type of ownership and complete correct part of the application.
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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: 888-854-0014
E-mail: jordan1@lincare.com Website: www.lincare.com
Facility Manager: DANNY WILSON

Professional qualifications and experience of facility manager: NUMEROUS COX, 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 by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: MEDICAL OXYGEN & DME

NEVADA 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: 11669 LUCERNE SUITE B

Mailing Address: PO BOX 9004 CLEARWATER FL 33758

City: MINDEN State: NV Zip Code: 89423

Telephone: 775 783 9966 Fax: 775 783 1125

Toll Free Number: 888 505 6959

E-mail: Jordan@lincare.com Website: WWW.LINCARE.COM

Facility Manager: MICHELLE VENTURA

Professional qualifications and experience of facility manager: FOA, 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 by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: MEDICAL OXYGEN & DME

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.

Form with checkboxes: New MDEG, Ownership Change, Name Change, Location Change. Includes instruction: (Please provide current license number if making changes: MP or MW _____)

Form with checkboxes: Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Includes instruction: 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 can not 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 AM to 4:00 AM Tue: 7:00 AM to 4:00 AM Wed: 7:00 AM to 4:00 AM Thu: 7:00 AM to 4:00 AM Fri: 7:00 AM to 4:00 AM Sat: 0 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**
Respiratory Equipment**
Life-sustaining equipment**
Diabetic Supplies
Assistive Equipment
Parenteral and Enteral Equipment**
Orthotics and Prosethics
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

62469

Effective 1/10/2013

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.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW <u>MP00783</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> 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 can not 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

8:30 am to Noon and 1 pm to 5 pm Monday through Friday

Mon: to Tue: to Wed: to Thu: to

Fri: to Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Roxanne Madonna

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

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

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

56376

Blank

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,)	
	)	CASE NO . 12-034-RPH-N
Petitioner,)	
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,)	
v.)	
WILLIAM L. LOCKE, RPH	)	ANSWER AND NOTICE OF
Certificate of Registration No. 05222	)	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.

William L. Locke, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO . 12-034-PH-N
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
HALES 50 KIRMAN PHARMACY	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PH00734	)	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,)	
	)	CASE NO . 12-034- PH-N
Petitioner,)	
v.)	
)	
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

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.

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. 12-052-RPH-N
Petitioner,)	
v.)	
	)	ANSWER AND
ERIKA SPREEMAN, RPH	)	NOTICE OF DEFENSE
Certificate of Registration No. 17827)	
)	
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.

Erika Spreeman, R.Ph

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. Finson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-052-IN-N
Petitioner,)	
v.)	
	)	ANSWER AND
HONGMING WONG, INTERN PHARMACIST	)	NOTICE OF DEFENSE
Certificate of Registration No. IN03336)	
)	
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.

Hongming Wong, Intern Pharmacist

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO . 12-052-PH-N
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
CVS PHARMACY #9586	)	NOTICE OF INTENDED ACTION
Certificate of Registration No.	)	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,**) **CASE NO. 12-052-PH-N**
)
) **v.**)
) **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").

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

For CVS #9586

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

v.
HEATHER THOMAS, PT
Certificate of Registration No. PT 12669
Respondent.

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.

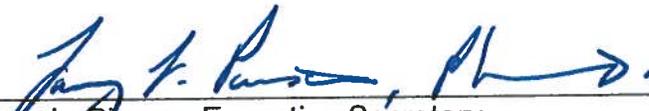
FIRST CAUSE OF ACTION

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.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

**HEATHER THOMAS, PT
Certificate of Registration No. PT 12669
Respondent.**

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSE

HEATHER THOMAS, PT
Certificate of Registration No. PT 12669
Respondent.

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

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).

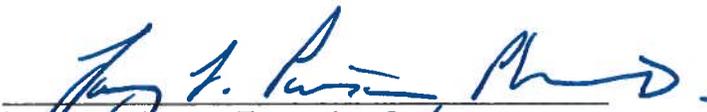
SECOND CAUSE OF ACTION

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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Case No. 12-015-RPH-N

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.

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.

ANSWER AND
NOTICE OF DEFENSE

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Case No. 12-015-RPH-N

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 _____, 2012.

Elbion Estrin, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION
AND ACCUSATION

LEAH CAMILLE GUERIN, PT,
Certificate of Registration No. PT13751,
Respondent.

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,

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

LEAH CAMILLE GUERIN, PT,
Certificate of Registration No. PT13751,
Respondent.

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.

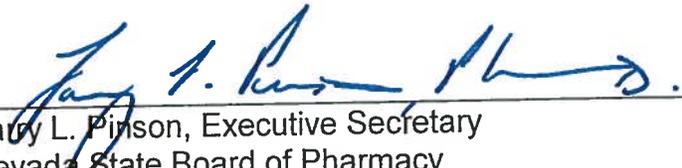
III.

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.


Larry 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
OF DEFENSE

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,)	
	)	CASE NOS. 13-005-PT-N
Petitioner,	)	13-005-RPH-N
v.	)	13-005-PH-N
JACQUELYNN R. HOLOCKER, PT)	
Certificate of Registration No. PT13637)	
	)	NOTICE OF INTENDED ACTION
ALAN MINSON, RPH	)	AND ACCUSATION
Certificate of Registration No. 18352)	
)	
SMITH'S #392)	
Certificate of Registration No. PH01331)	
)	
Respondents	/	

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.

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,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
JACQUELYNN R. HOLOCKER, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT13637	)	AND ACCUSATION
	)	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.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)
) CASE NO. 13-005-PT-N
)
) Petitioner,)
)
) v.)
) ANSWER AND
) NOTICE OF DEFENSE
)
) JACQUELYNN R. HOLOCKER, PT)
) Certificate of Registration No. PT13637)
)
) 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:

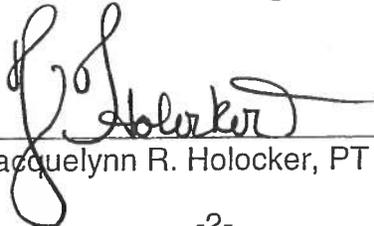
1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").



2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows: I 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.



Jacquelyn R. Holocker, PT

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO . 13-005-RPH-N
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
ALAN MINSON, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 18352	)	AND ACCUSATION
	)	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.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ALAN MINSON, RPH
Certificate of Registration No. 18352

Respondent

)
) CASE NO. 13-005-RPH-N
)

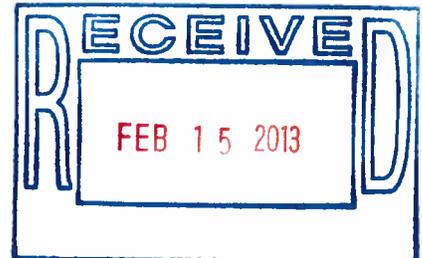
) ANSWER AND
) NOTICE OF DEFENSE
)
)

/

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").

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.

NEVADA STATE BOARD OF PHARMACY,)	
	PETITIONER,)
	v.)
)
ALAN MINSON, RPH	)	CASE NO. 13-005-RPH-N
Certificate of Registration No. 18352)	
	RESPONDENT)

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,

A handwritten signature in black ink, appearing to read 'Alan Minson', with a long horizontal flourish extending to the right.

Alan Minson, PharmD

Dated this 15th day of February 2013.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)
)
) Petitioner,)
)
) v.)
)
) STATEMENT TO THE RESPONDENT
) NOTICE OF INTENDED ACTION
) AND ACCUSATION
) 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.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)
)
) **CASE NO. 13-005-PH-N**
)
) **Petitioner,**)
)
) **v.**)
) **ANSWER AND**
) **NOTICE OF DEFENSE**
)
) **SMITH'S #392**)
) **Certificate of Registration No. PH01331**)
)
) **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").

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

Bonnie Brandt

For Smith's #392

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.

Form with checkboxes for New MDEG, Ownership Change, Name Change, Location Change and a note to provide current license number.

Form with checkboxes for Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner, with a note to check the correct type of ownership.

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

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: 11a 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 1p Sun: 11a to 4p 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 Prosthesis, Other: Breast 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:

62467

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.

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> 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.

Randi A. Pearce
Original Signature of Person Authorized to Submit Application, no copies or stamps

Randi A. Pearce
Print Name of Authorized Person

1/7/2013
Date

Board Use Only	Received: <u>FEB 19 2013</u>	Amount: <u>500⁻</u>
----------------	------------------------------	--------------------------------

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: 10015 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 6012F Plumas St. Reno NV 89510
Name Address

b) Vicki Pearce 1009 7th 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 2/14/2013

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 615 S. Virginia St. Ste F Reno NV 89502
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Pearce
Last Name

Randi
First Name

Ann
Middle Name

None

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

6012 F Plumas St. Reno NV 89519
Present Residence Address-Street or RFD City State/Zip

10015 S. Virginia St Ste F 12/11-present Reno NV 89502
Present Business Address Dates City State/Zip

Owner 12/11 - present
Present Position with the MDEG Dates

Phone: 775-853-2867 Fax: 775-853-0230

Email address: 1

41 Reno, Washoe, NV
Date of Birth Place of Birth (City, County, State)

41 F
Age Sex

green brown 115 5'-2"
Color of Eyes Color of Hair Weight Height

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.

605 S. Virginia St.
Ste F

12/10 - present Baby Bumps Boutique Reno NV 89502
 No of Employed Hours
 5200+ hours

Owner Manage/Own Shop
 Title Description of Duties Name of Supervisor
 We have been renting hospital grade pumps for 20 months. selling open system pumps for 20 months

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

Month and Year Name/ Address of Employer/Business No of Employed Hours

Title Description of Duties Name of Supervisor

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. *Made Public*

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: Nevada

Date: March

Case Number: _____

County: Washoe

Court: Reno Justice Court

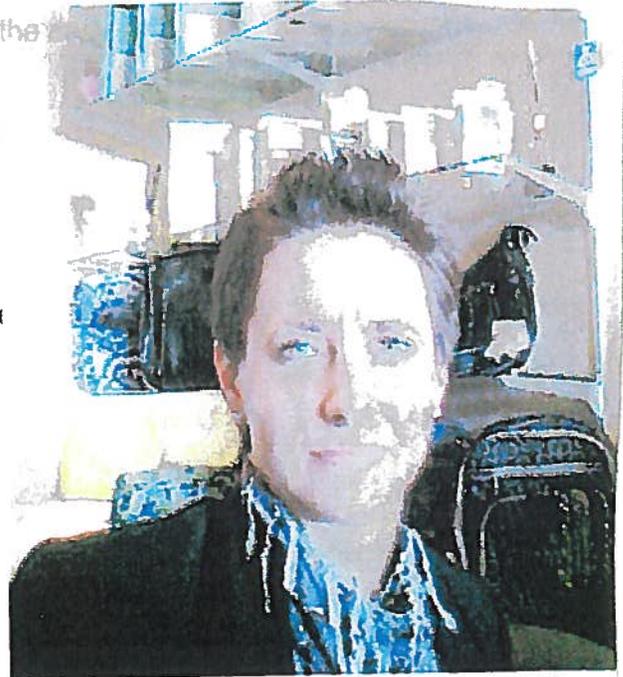
4. Will you be actively involved in and aware of the operation of the MDEG?

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 cause 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 or 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.

Randi A. Pearce
Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 1/8/13

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
Baby Bumps Boutique 6015 S. Virginia St. Ste F Reno NV 89502

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Pearce 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 Ely NV 89301
Present Business Address City State/Zip

Human Resources Manager Dates 2008- Present
Occupation

Phone: Residence

Business

Date of Birth Delta Millard UT Place of Birth (City, County, State)

61 Age Social Security Number F Sex

Green Color of Eyes Grey Color of Hair White Complexion 170 Weight 5'4" Height

Scars, tattoos or distinguishing marks and/or characteristics Surgery Spans - Right Knee
Hysterectomy SCAE

Are you a citizen of the United States? Yes [X] No [] If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [] Separated [] Divorced [X] Widowed [] Engaged []

Applicant's initial UP

A. **Current Marriage** n/a

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

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Paul D. Pearce AKA Nevada Beckett Pearce	10/76		Divorced	Ely White Pine NV

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

Name	Street	City	State	Zip	Telephone
n/a					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial MP

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

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

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

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

Father

Louis F. Ashby 1200 Ave L Ely NV Machinist deceased

Mother

Colleen R. Ashby 1200 Ave L Ely NV Bookkeeper retired

Father-in-Law

C. D. Pearce 605 Parker Ave Ely NV DMV Examiner deceased

Mother-in-Law

Lionna Pearce 605 Parker Ave Ely NV Waitress deceased

D. Brothers and Sisters:

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

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

Louis F. Ashby Jr 1984 15129 Ely NV 89315 W.P. Co Sher. P. Sergeant

Spouse

Jennifer Ashby Same Business owner - Hair/tech

Michael Shane Ashby 318 Hill Ave Grand Junction CO Construction

Spouse

Ray Patterson Ashby Same MASSAGE Therapist

LouAnn Ashby 1298 Ave D Ely NV 89301 Clerical / disabled

Spouse

N/A

Jodi S. West 11/30/01 3327 Oregon Trail Dr E Inventory Controller

Spouse

Daniel West 1/14/61 Same Kimberly ID 83341 Sales Mgr Kellersteggs

0.1

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School EAST ELY GRADE Ely NV 56-64 Yes No

High School White Pine High Ely NV 64-69 Yes No

College University Yes No

Other Yes No

Type of degree obtained, if any

College or university where obtained

Applicant's initial *MP*

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No

County.....State.....Date registered.....

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

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

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

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State	County
1976-1993	1016 PARK Ave	Ely	NV	White Pine
1993-1997	113 Small Lane	Missoula	MT	Missoula
1997-2000	1013 Primrose Ln	Frenley	NV	Lyon
2000-Present	1009 75th St E	Ely	NV	White Pine

Applicant's initial *NP* Page 5

O. 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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2000 - Present	William Bee Riech Hospital 1500 Ave H Ely NV 89301	
Title	Description of Duties	Name of Supervisor
Human Resource	MANAGER - Mgmt. Clerical	Jan Jensen
6/97 - 5/2000	D & D Tire 1505 E Newlands Dr Fernley NV 89408 - Moved to Ely	
Title	Description of Duties	Name of Supervisor
Sr. Accountant	Accounting	Gary McCurry
4/93 - 5/97	KRS ENVIRO Resources, Dateline Drilling 3650 Grant Ave Missoula MT	
Title	Description of Duties	Name of Supervisor
Administrative	Admin - Acct. SUPERVISOR	Charles Nuanez
5/89 - 4/93	Alta Gold Great Basin Blvd Ely NV	Moved to MT - Mined ascc
Title	Description of Duties	Name of Supervisor
Admin. Asst.	Admin, payroll etc	Charles Nuanez
6/81 - 5/89	BP Gold - Alligator Ridge Mine Ely NV	Job in town
Title	Description of Duties	Name of Supervisor
Inventory Control / Payroll		Jim Alworth
77 - 81	1st Western Savings	Better Pay
Title	Description of Duties	Name of Supervisor
head teller	BANK duties	Sharon McClam
? 76 - 77	J.C. Penney Ely NV	Better Pay
Title	Description of Duties	Name of Supervisor
Office Help	Clerical lay away	Gary Sorenson
? 72 - 76	Crystal Gate	Better Job
Title	Description of Duties	Name of Supervisor
waitress	waiting tables	Get Tom

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

Applicant's initial MP

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <i>Christine Ricci</i>	Home	<i>1035 Ave 2 Ely NV</i>				<i>40</i>
Employer <i>W.P. County</i>	Business	<i>MGR Senior Center :</i>				
Name <i>Carol Leyba</i>	Home	<i>901 Ave G</i>				
Employer <i>W.P.Co School Dist</i>	Business	<i>APP Ely NV 89301</i>				<i>50</i>
Name <i>Renee Olkien</i>	Home	<i>1102 Colorado Carson City NV</i>				<i>40+</i>
Employer <i>Advanced Data Sys</i>	Business	<i>Programming Carson City NV</i>				
Name <i>Juni Buckett</i>	Home	<i>4215 W 2050 N Cedar City UT</i>			<i>84720</i>	<i>12+</i>
Employer <i>CRNA</i>	Business	<i>Retireed. - Recently moved</i>				
Name <i>Pam McNeill</i>	Home	<i>1080 Kosutz LN Carson City NV</i>			<i>89701</i>	<i>20+</i>
Employer <i>Advanced Data Sys</i>	Business	<i>Receptionist Carson City NV</i>			<i>89701</i>	

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

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

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

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

Yes 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.

.....

.....

Applicant's initial *MP*

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



SS.

COUNTY OF White Pine

I, Vicki L. 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 or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 8th day of

January 2013
[Signature]
Notary Public



(seal)

Had 3 other Job from 69-72

Printing Company, Stead NV don't remember name & date

Radio Shack Sparks NV don't remember dates

Worked for a Hypnotist / Counsellor, Reno NV don't remember
his name or dates

Applicant's initial WP

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 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 - Breast Pumps
Baby Bumps Boutique, 6015 S. Virginia St. Ste F Reno 89502

If applicable, Name Under Which It Is Now Operated

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

Present Business Address 6015 S. Virginia St. Ste F Reno 89502

Occupation Owner 12/2001 - present

Date of Birth Place of Birth (City, County, State) Reno, Washoe, Nevada

Age 41 Social Security Number Sex Female

Color of Eyes Hazel Color of Hair Brown Complexion Fair Weight 115 Build Small Height 5-2"

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes [X] 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

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

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

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

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

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

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

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

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address

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 RP

FAMILY INFORMATION-Continued

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

Name.....
 Address.....
 Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father Paul D. Pearce		unknown	
Mother Vicki Pearce (Ashby)		1009 75th St E Ely NV 89301	
Father-in-Law N/A			HR Manager
Mother-in-Law N/A			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse Roni Olson (Pearce)		116 Ave G Ely NV 89301	Home make,
Spouse Dustin Olson		1216 Ave G Ely NV 89301	Bldg Maint - chance
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	East Ely Grade	Ely NV	77-85	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	White Pine High	Ely NV	85-89	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Cotter College	Nevada, Mo	89-91	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.....

College or university where obtained.....

Applicant's initial RP

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

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 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.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
1/3/20	40	DUI	Reno NV	Guilty/May 17, 2011	NHP

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

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

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

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

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

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

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

Name	Relationship	Charge	Location	Date
Paul D. Pearce	Father	Felony Possession	NV	1985(?)

Applicant's initial RP

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:

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

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

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Answer should be NO		

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
07/2011-Present	10012F Plumas St.	Reno	NV 89519
10/2010 - 07/2011	10709 Graylake Dr.	Reno	NV 89521
09/2010 - 4/2010	370 Stradella Way	Reno	NV 89521
7/2010 - 9/2010	8455 Offenhauser Dr. Apt 1218	Reno	NV 89511
11/2009 - 7/2010	7250 Sugarloaf Dr.	Reno	NV 89511
06/2004 - 11/2004	1660 Ashworth Ct	Reno	NV 89521
08/2001 - 06/2004	4533 Cansbrook Lane	Reno	NV 89502
12/1999 - 08/2001	1320 Wesley Dr.	Reno	NV 89503
04/94 - 1/2000	75 Bond Pl	Reno	NV 89503
1996-1994	1016 Park Ave	Ely	NV 89531

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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/10-present	Baby Bumps Boutique 6015 S. Virginia St. Reno NV 89502	
Title	Description of Duties	Name of Supervisor
Owner		
04/10- 8/10	Tessco 4775 Aircenter Cirde Reno NV 89502	Start own business
Title	Description of Duties	Name of Supervisor
Sales	Inside Sales	Ray
08/05 - 01/10	Server Technology	Fired for staying home w/sick child
Title	Description of Duties	Name of Supervisor
Sales	Inside Sales	Michelle Ruiz
08/03 - 02/05	McGregor Plant Sales	too much travel
Title	Description of Duties	Name of Supervisor
Sales	Outside Sales	Angela Mejkian
05/02-08/03	Smith Gardens	laid off- greenhouse closure
Title	Description of Duties	Name of Supervisor
Sales	Sales	Dave Edenfield
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
-04/02	Eagle Hardware	Merged w/Lowie's
Title	Description of Duties	Name of Supervisor
Garden Coordinator	Managed 4 gardens	
06/93- 04/02	St. Marys Health/Hospital	Job with Eagle
Title	Description of Duties	Name of Supervisor
Scrub Tech	Scrub in Labor & Delivery	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	Coffey College	left school
Title	Description of Duties	Name of Supervisor
Student Body V.P.		

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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Tricia Olson</u>	Home <u>PO Box 1571</u>	<u>Truckee</u>	<u>CA</u>			<u>5 yrs.</u>
Employer <u>Machabee</u>	Business <u>Designer / Sales</u>				<u>96160</u>	
Name <u>Erica Moulian</u>	Home <u>Baker</u>	<u>350 Sunset Springs Lane</u>				<u>10 yrs</u>
Employer <u>NV Alzheimer's</u>	Business	<u>Sparks, NV</u>		<u>89441</u>		
Name <u>Wendi Wells</u>	Home					<u>20 yrs</u>
Employer <u>Carolina Veterinary</u>	Business <u>Specialist</u>	<u>Vet</u>				<u>1 yrs</u>
Name <u>Donya Heddy</u>	Home <u>1264 Fleetwood Ave</u>					<u>40 yrs</u>
Employer <u>St. of NV.</u>	Business	<u>Carson City</u>	<u>NV</u>	<u>89701</u>		<u>12</u>
Name <u>Heather Minnick</u>	Home <u>1735 F. 1500 Rd</u>	<u>Lawrence</u>	<u>KS</u>	<u>66044</u>		
Employer <u>CASA</u>	Business <u>CASA director</u>					

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

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

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

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

Yes 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:

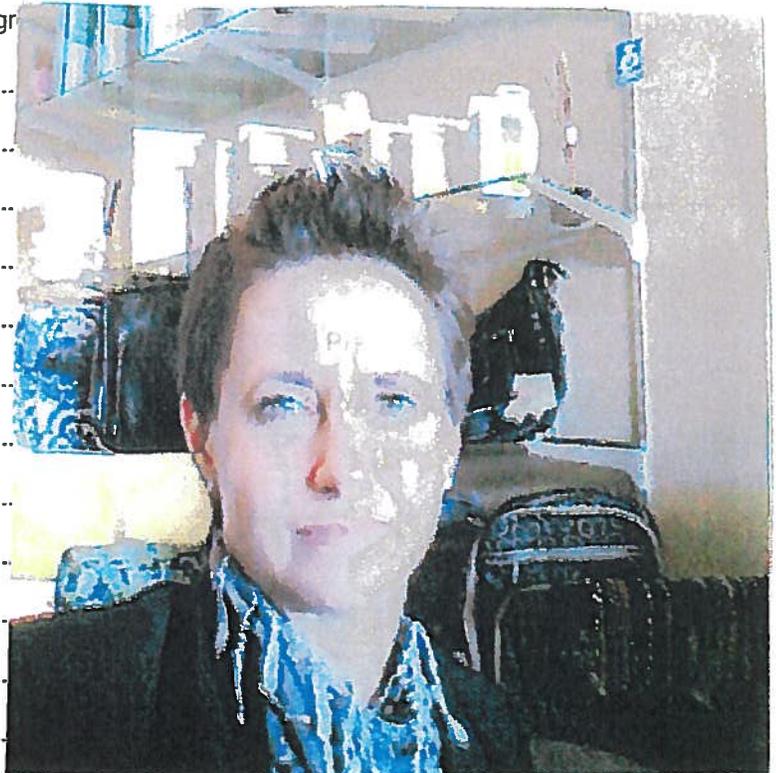
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

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 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 pharmaceutical or drug related industry?



Date of photograph 7/15/2015

Applicant's initial RP

STATE OF Nevada.....

ss.

COUNTY OF Washoe.....

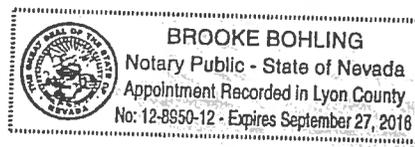
I, Randi A. Pearce....., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge 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 or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

Randi A. Pearce
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 14 day of

February 2013
Brooke Bohling
.....
Notary Public



(seal)

Applicant's initial RP.....
Page 9

ADDITIONAL INFORMATION

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

Please make any changes to name or address next to the old information

RENEW BY MAIL
<ol style="list-style-type: none"> 1. Complete this form 2. Sign and date this form 3. Send payment with this form (do <u>NOT</u> staple) 4. Mail <u>original</u> form and payment to address above 5. NO COPIES OR STAMPS ACCEPTED



--

Section 1: Since your <u>last renewal</u> or recent licensure has any owner or shareholder: <i>(Fill in completely)</i> Yes No			
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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	/ /	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: <input checked="" type="checkbox"/> Money Order or Cashier's Check ONLY (NO BUSINESS OR PERSONAL CHECKS)
Amount Enclosed: <input type="checkbox"/> \$500.00 (postmarked on or before 10/31/2012) (NO CASH)
<input checked="" type="checkbox"/> \$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: <u></u>	Date: <u>2, 12, 13</u>

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 processing 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:

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 can not 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**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- 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

62425

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:

568763 0001 _____

- 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:

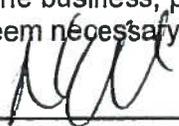
- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest,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



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

NATHAN P. HIGHAM
Print Name of Authorized Person

1/31/13
Date

Board Use Only	Received: <u>FEB 19 2013</u>	Amount: <u>\$500.00</u>
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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: 702-993-8426
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
Name Address
- b) CORINNE HIGHAM 10569 Valdosta Las Vegas, Nv. 89129
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. 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? 1/6/06
- 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

PRO COMFORT MEDICAL, 101 S. RAINBOW BLVD. STE. 15, LAS VEGAS NV.

Name and Address of Business for Which MDEG Administrator Is Requested

89145

PRO COMFORT MEDICAL

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

HIGHAM

Last Name

NATHAN

First Name

PAUL

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.
SUITE 15

June 2012
Dates to Present

LAS VEGAS

NV / 89145

Present Business Address

City

State/Zip

OWNER

June 2012
Dates to Present

Present Position with the MDEG

Phone: 702-629-6818

Fax: 702-993-8426

Email address: nathanhigham@yahoo.com

Date of Birth

Idaho Falls, Bonnerille, Idaho

Place of Birth (City, County, State)

31

Age

Male

Sex

Brown

Color of Eyes

Brown

Color of Hair

220

Weight

6'0"

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.

JULY 2003 - JAN 2006	CALL FOOT & ANKLE 3369 MERLIN DRIVE IDAHO FALLS, ID 83404	4,375
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
PEDORTHIST	FITTING ORTHOPEDIC FOOTWEAR	CHARLES CALL D.P.M.
Title	Description of Duties	Name of Supervisor
JAN 2003 - PRESENT	PACIFIC PEDORTHIC SERVICES	10,500
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
PRESIDENT/ OWNER	FITTING ORTHOPEDIC FOOTWEAR	SELF
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

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: _____
b) Date: _____

Case Number: _____

c) 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.

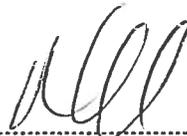
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Date of photograph 1/17/13

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 cause 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 or 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

Date 1/17/13

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 MEDICAL DEVICE EQUIPMENT AND GAS (MDEG)
Pro Comfort Medical, 101 S. Rainbow Blvd, Ste 15, Las Vegas, NV, 89145
Pro Comfort Medical
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name HIGHAM First Name NATHAN Middle Name PAUL

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

Present Residence Address-Street or RFD 10569 Valdosta City Las Vegas State/Zip NV/89129

Present Business Address 101 S. Rainbow Blvd, Ste 15 City Las Vegas State/Zip NV/89145

Occupation PEDORTHIST Phone: Residence Business 3

Date of Birth Place of Birth (City, County, State) IDAHO FALLS / BONNEVILLE / IDAHO MALE

Age 31 Social Security Number Sex

Color of Eyes BROWN 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 [X] No [] If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [X] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial NH

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/23/04 Belleve, King, Washington
Date City, County and State
 Spouse's full name (Maiden) Corinne Elizabeth Plank S.S. No.
 Date of Birth _____ Place of Birth Corning, Tehama, California
 Resident address 10569 Valdosta Las Vegas NV 89129
Street City State Zip
 Telephone: Residence _____ Business N/A
 Spouse's employer N/A Occupation Home Maker
 Address of employer N/A
Street City State Zip

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

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

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

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

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address

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 NH

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.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Paul Mason Higham</u>	<u>10372 Santa Cresta Las Vegas, Nv. 89129</u>	<u>Sales</u>
Mother <u>Rockelle Harker</u>		<u>10372 Santa Cresta Las Vegas, Nv. 89129</u>	<u>office assist</u>
Father-in-Law <u>Albert Paul Plank</u>		<u>19215 Tall Firs Lane Rochester, Wa. 98579</u>	<u>Contractor</u>
Mother-in-Law <u>Linda Marie Demais</u>	..... ?	<u>19215 Tall Firs Lane Rochester, Wa. 98579</u>	<u>Home maker</u>

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
<u>Janel Higham</u>		<u>3816 NE 38th Ave. Vancouver, Wa. 98661</u>	<u>Nurse Practitioner</u>
^{Spouse} <u>Elijah Hillstrom</u>		<u>3816 NE 38th Ave. Vancouver, Wa. 98661</u>	<u>shoe salesman</u>
<u>Addison Higham</u>		<u>1000 E. Center St. #13 Provo, Ut. 84606</u>	<u>computer systems</u>
^{Spouse} <u>Ashley Deever</u>		<u>1000 E. Center St. #13 Provo, Ut. 84606</u>	<u>Teacher</u>
<u>Lauren Higham</u>		<u>691 Shadwell St. Las Vegas, Nv. 89178</u>	<u>Marketing Administrator</u>
^{Spouse} <u>Sean McKinney</u>		<u>691 Shadwell St. Las Vegas, Nv. 89178</u>	<u>shoe salesman</u>
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Harwood</u>	<u>Rigby, Id.</u>	<u>8/87-5/94</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Pineview</u>	<u>St. George, Ut.</u>	<u>8/96-5/99</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College <u>bixie state</u>	<u>st. George, Ut.</u>	<u>9/99-5/03</u>	No <input checked="" type="checkbox"/>
University <u>wash. state</u>	<u>Vancouver, Wa.</u>	<u>9/04-5/06</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other <u>Oklahoma state pedorthic program</u>	<u>okmulgee, OK.</u>	<u>2005</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial NH

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 8/7/99

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.

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

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
9/12-Present	10569 Valdosta	Las Vegas	Nv. 89129
3/12-9/12	10635 Colter Bay	Las Vegas	Nv. 89129
1/11-3/12	3628 Wild Willow	Las Vegas	Nv. 89129
5/05-1/11	12310 NE 41 ST St.	Vancouver	Wa. 98682
11/04-5/05	2406 NE 139 th St.#349	Vancouver	Wa. 98686
1/04-11/04	1769 S. Market Blvd.#2	chehalis	Wa. 98532
6/00-1/04	205 Winchester Hills	chehalis	Wa. 98532
5/99-6/00	908 Landing Way	Centralia	Wa. 98531
8/96-5/99	737 Quail Ridge	Washington	Ut. 84780
10/86-8/96	118 W. Main St.	Rigby	Id. 83442

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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/06 - present	Pro Comfort Medical 101 S. Rainbow Blvd. Ste. 15 Las Vegas, NV. 89145	I own the business
Owner/Pres.	oversee entire business	Self
7/03 - 1/06	Call Foot & Ankle 3369 Merlin Dr. Idaho Falls, Id. 83404	open my own business
Pedorthist	Fitting Orthopedic Footwear	Charles Call
1/03 - 7/03	Diamond Ranch Academy 433 S. Diamond Ranch Pkwy Hurricane, UT. 84737	move out of state
Inside staff	supervise troubled youth	can't remember
11/00 - 11/02	LDS mission / Detroit, Michigan	2 year term over
missionary	church work	Rulon Robinson
12/99 - 11/00	Riverside Golf Club 1451 NW Airport Rd. Chehalis Wa. 98532	LDS mission
proshop staff	retail / sales	Steve McNally
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Kelly Smith	Home	10507 SE Milplain Blvd	Vancouver, Wa.	98664		6 YEARS
Employer self	Business	11101 NE 14th Street	Vancouver, Wa.	98684		
Name Steve Moss	Home	185 Glen Falls Ave.	Henderson, Nv.	89002		15 YEARS
Employer self	Business	same				
Name Tom Knudsen	Home	1009 W. Troon	Cedar Hills, Ut.	84062		15 YEARS
Employer Target	Business	608 W. Main Street	American Fork, Ut.	841		
Name Randy Fuller	Home	1612 Valley Ave.	Sumner, Wa.	98390		13 YEARS
Employer school district	Business	1202 Wood Ave.	Sumner, Wa.	98390		
Name Gaydon Leavitt	Home	P.O. Box 521342	Salt Lake City, Ut.	84152		15 YEARS
Employer Self	Business	P.O. Box 1791	St. George, Ut.	84771		

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

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

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

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 1/17/13

Applicant's initial MM

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 or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

[Handwritten Signature]

Original Signature of Applicant

STATE OF NEVADA
COUNTY OF CLARK

Subscribed and Sworn to before me this 22nd day of

JANUARY, 2013 WAS NATHAN PAUL HIGHAM

[Handwritten Signature]
Notary Public



(seal)

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 1/31/13

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 MEDICAL DEVICE EQUIPMENT AND GAS (MDEG)
Pro Comfort Medical, 101 S. Rainbow Blvd. ste. 15, Las Vegas, NV. 89145
Pro Comfort Medical
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name HIGHAM 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 10509 Valdosta Present Dates 9/12- City Las Vegas State/Zip NV 89129

Present Business Address 101 S. Rainbow Blvd. ste 15 Present Dates 6/12- City Las Vegas State/Zip NV 89145

Occupation

Phone: Residence: Business: 3

HOME MAKER

Date of Birth Place of Birth (City, County, State) Bellevue, King, Washington

Age 30 Sex Female

Color of Eyes Hazel Color of Hair Brown Complexion 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 [X] No [] If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [X] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial GA

MARITAL INFORMATION-Continued

A. **Current Marriage** 1/23/04 Bellevue, King, Washington
Date
 Spouse's full name (Maiden) Nathan Paul Higham City, County and State
S.S. No
 Date of Birth, ... Idaho Falls, Bonneville, Idaho Place of Birth
 Resident address 10569 Valdosta Las Vegas Nv. 89129
Street City State Zip
 Telephone: Residence Business
 Spouse's employer SELF Occupation PEDESTRIAN
 Address of employer 101 S. Rainbow Blvd. Ste 15, Las Vegas, Nv. 89145
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place
N/A		

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 PA

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.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Albert Paul Plank</u>		<u>19215 Tall Firs Lane Rochester, Wa. 98579</u>	<u>Contractor</u>
Mother <u>Linda Marie Demas</u>		<u>19215 Tall Firs Lane Rochester, Wa. 98579</u>	<u>Homemaker</u>
Father-in-Law <u>Paul Mason Higham</u>		<u>10372 Santa Cresta Las Vegas, Nv. 89129</u>	<u>Sales</u>
Mother-in-Law <u>Rochelle Harker</u>		<u>10372 Santa Cresta Las Vegas, Nv. 89129</u>	<u>office Assist.</u>

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
<u>Patricia Plank</u>		<u>23 Silver Pine Rd. Lake Almanor, Ca. 96137</u>	<u>Manager</u>
Spouse <u>Brett Womack</u>		<u>23 Silver Pine Rd. Lake Almanor, Ca. 96137</u>	<u>Contractor</u>
<u>Paul Plank</u>		<u>12904 126th Court NE (APT. - J302) Kirkland, Wa. 98034</u>	<u>Teacher</u>
Spouse <u>Tracy Falter</u>		<u>12904 126th Court NE (APT. - J302) Kirkland, Wa. 98034</u>	<u>Homemaker</u>
<u>Sean Plank</u>		<u>33462 37th Ave. SW Federal Way, Wa. 98023</u>	<u>Technical Architect</u>
Spouse <u>Jenifer Richards</u>		<u>33462 37th Ave. SW Federal Way, Wa. 98023</u>	<u>Homemaker</u>
<u>Ann Plank</u>		<u>2828 E. 2850 S. SLC. Ut. 84109</u>	<u>Chemical Engineer</u>
Spouse <u>Adam Canton</u>		<u>2828 E. 2850 S. SLC. Ut. 84109</u>	<u>Marketing</u>

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Littlerock Elementary, Littlerock, Wa.</u>		<u>1989-1995</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Tumwater High School, Tumwater Wa</u>		<u>1996-2000</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial PA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes No

County.....State.....Date registered.....

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

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

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

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

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

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

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

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
9/12-Present	10569 Valdosta	Las Vegas	Nv. 89129
3/12-9/12	10635 Colter Bay	Las Vegas	Nv. 89129
1/11-3/12	3620 Wild Willow	Las Vegas	Nv. 89129
5/05-1/11	12310 NE 41st St.	Vancouver	Wa. 98682
11/04-5/05	2406 NE 139th St. #349	Vancouver	Wa. 98686
9/03-11/04	1769 S. Market Blvd #2	Chehalis	Wa. 98532
6/00-9/03	1407 1/2 Sunset Ave	Chico	CA 95926
6/89-6/00	6748 128th Ave SW	Olympia	WA 98512
5/82-4/89	95 E Jackson St	Quincy	CA 95971

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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/06-present	N/A	N/A
Title	Description of Duties	Name of Supervisor
Homemaker	N/A	NONE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/04 - 5/06	GS Financial Vancouver 6515 E. Millplain Blvd. Wa. 98061	Pregnancy
Title	Description of Duties	Name of Supervisor
customer service Rep.	Loan processor / check cashing	Daniel Lee
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/03 - 9/04	Femine Fitness chehalis 1751 S. market Blvd. Wa. 98532	moved
Title	Description of Duties	Name of Supervisor
office staff	general office duties	don't remember
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/00 - 9/03	Morning Thunder Cafe 352 Vallombrosa Ave. chico, Ca. 95926	moved
Title	Description of Duties	Name of Supervisor
Server	take orders / serve food	Tish Womack
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial CA Page 6

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name	Sheena Klein	2765 Trotwood Lane	Las Vegas, NV	89108		23 years
Employer	N/A	Business	N/A		N/A	
Name	Julia Seibenberg	118 Hickory Hill	Estill Springs, TN	37330		6 years
Employer	N/A	Business	N/A		N/A	
Name	Amber Walton	7295 Amigo Way	Redding, CA	96002		10 years
Employer	N/A	Business	N/A		N/A	
Name	Kathleen Kravle	12832 Hunter Road	Rochester, WA	98579		14 years
Employer	Assured Home Health	Business	2102 Carraige St. SW Ste. D	Olympia, WA	98502	
Name	Kami Flexhaug	252 Chehalis Valley Dr.	Chehalis, WA	98532		12 years
Employer	N/A	Business	N/A		N/A	

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

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

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

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

Yes No
 If yes, state type, where and years held

N/A

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

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

N/A

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

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Date of photograph.....

Applicant's initial GAA

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 or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

Corinne Higham
Original Signature of Applicant

Subscribed and Sworn to before me this 31 day of

January, 2013

Galina Kirova
Notary Public



(seal)

Applicant's initial CH Page 9

BROTHERS & SISTERS ADDITIONAL INFORMATION

BIRTH DATE	ADDRESS	OCCUPATION
Leslie Plank Bart Coppin SPOUSE	2946 Montavista St, SE Olympia, Wa. 98501	Homemaker Endodontist
JARED Plank Jane Redden SPOUSE	434 Berkley Rd, Indianapolis, IN. 46208 434 Berkley Rd, Indianapolis, In. 46208	Engineer Homemaker
Lance Plank N/A SPOUSE	720 West 1st Street Cheney, Wa. 99004	Student
Emily Plank N/A SPOUSE	19215 Tall Firs Lane SW Rochester, Wa. 98579	unemployed
Leah Plank Shay McElvair SPOUSE	1700 5th Avenue NE Apt. 10 Seattle, Wa. 98115 1700 5th Avenue NE Apt. 10 Seattle, Wa. 98115	Nanny student
Julie Plank Brady Duncan SPOUSE	7527 35th AVE NE Seattle, Wa. 98115 7527 35th AVE NE Seattle, Wa. 98115	Nanny Hosp. Admin
Colin Plank N/A SPOUSE	9215 Tall Firs Lane SW Rochester, Wa. 98579	student

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.

Application type checkboxes: New MDEG, Ownership Change, Name Change, Location Change. Includes instruction to provide current license number.

Ownership type checkboxes: Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Includes instruction to check box for type of ownership.

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

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: info@amputeeprosthetics.com Website: amputeeprosthetics.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**
Respiratory Equipment**
Life-sustaining equipment**
Diabetic Supplies
Assistive Equipment
Parenteral and Enteral Equipment**
Orthotics and Prosethics
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.

61998

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:

(PTAN) 5895990001 _____

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.

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: Riley Family Trust %: 100
Name: _____ %: _____
Name: _____ %: _____
Name: _____ %: _____

Partnership Name: Richard Lee Riley
Mailing Address: 7451 Granite Ridge Ct.
City: Washoe Valley State: NV Zip Code: 89704
Telephone Number: 775-849-1258 Fax Number: 775-849-2566
Contact Person: Richard Riley

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

Prosthetic Consulting Technologies, LLC Nature of License
Name and Address of Establishment for Which License Is Requested 220 N. Hwy 395, Suite 303, Washoe Valley, NV
89704

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Biley Richard Lee
Last Name First Name Middle Name

Bick Riley

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

7451 Granite Ridge Ct. Washoe Valley Nevada 89704
Present Residence Address-Street or RFD City State/Zip

220 N. Hwy 395 Suite 303 2006-2012 Washoe Valley NV 89704
Present Business Address Dates City State/Zip

Certified Prosthetist 9/80 - current
Occupation Dates

Phone:
 Residence
 Business 775.849.0958

Roanoke, Roanoke Co., Virginia
Date of Birth Place of Birth (City, County, State)

58 M
Age Social Security Number Sex

Blue Brown Fair 225 Stocky 5'11 1/2"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Belowknee (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

FAMILY INFORMATION-Continued

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

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father Harold Riley		1231 Luther Palmer Cleveland, GA,	BT Goodrich regional manager
Mother Joan Riley		same	teacher
Father-in-law John Dickinson		NA	pitot
Mother-in-Law Jo Anne Patterson		114	teacher

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse Jan Riley		1155 Jolly Ave Clarkston, GA	painter
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Garfield Elementary	Medina, Ohio	60-68	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Medina HS.		68-72	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Miami U. of Ohio		72-76	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Northwestern University		79-80	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... BS - Education / Certificate in Prosthetic

College or university where obtained Miami U / Northwestern U

Applicant's initial *PR*

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 Madison State Ohio 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.

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

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No
- 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.

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

E. I am an expert witness in Prosthetics.

Applicant's initial *[Signature]* 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:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
				4-1

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

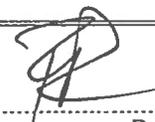
Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
11/89 → 5/91	815 Mill St.	Reno	NV
5/91 → 11/97	715 N HWY 395	Washoe Valley	NV
11/97 → present	7451 Granite Ridge Ct.	Washoe Valley	NV

Applicant's initial.....



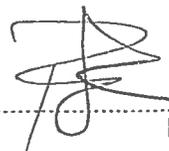
8. EMPLOYMENT:

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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9-76 → 6-78	Cairo American College ^{Mardi} Egypt	contract over
Title	Description of Duties	Name of Supervisor
teacher	4th grade teacher	John Johnson
9-78 - 6-79	Connetquot School District / NA	contract over
teacher	science teacher	Denton Hayes
6-80 - 6-82	Atlanta Prosthetics ^{555 GA Babbitt Rd.} Atlanta, GA	Needed new experience
apprentice prosthetist	prosthetist	Grant Rice
6-82 → 11-83	GA. Prosthetics ^{100 Aitech Blvd.} Atlanta, GA	new experience
prosthetist	prosthetist	Aaron Smith
11-83 → 11-86	^{Old Laurence Hill} OAP Associates Metuchen, N.J.	begin sole proprietorship
chief prosthetist	supervising all prosthetic duties	Bill Neuman
11-86 → 11-89	^{715 Longmeadow Rd.} Sports Medicine ^{Portsmouth N.H.} Portsmouth, N.H.	moved to Nevada
prosthetist	independant contractor providing prosthetics	self
11-89 - present 2000	^{715 N. Hwy 395} Prosthetic Consulting Technologies ^{in Washoe} Washoe Valley, NV	sold business
owner	prosthetics	self
1-2006 → present	^{250 N. Hwy 395} Prosthetic Consulting Technologies Washoe Valley, NV	
CEO/prosthetist	CEO - prosthetist	self

If additional space is needed, please provide an attachment.

Applicant's initial



9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Chris Askin</u> Employer <u>Community Foundation</u>	<u>15065</u> Home	<u>Donnington,</u> <u>CA</u>	<u>Truckee,</u> <u>9161</u>			<u>10+</u>
Name <u>John Mulligan</u> Employer <u>Self</u>	<u>4795</u> Home	<u>Caughlin Rkwy #100</u> <u>Reno,</u>	<u>NV</u>	<u>89519</u>		<u>10+</u>
Name <u>Steve Mestre</u> Employer <u>Self</u>	<u>3801</u> Home	<u>Fairview Dr.</u>	<u>Reno,</u>	<u>NV</u>	<u>89511</u>	<u>20+</u>
Name <u>Bill Creekbaum</u> Employer <u>Smith Barney</u>	<u>3975</u> Home	<u>Ddc Olsen Ct.</u>	<u>Carson City,</u>	<u>NV</u>		<u>3</u>
Name <u>Harry Fennel</u> Employer <u>Dickson Realty</u>	<u>2870</u> Home	<u>Brentwood Ct.</u>	<u>Reno,</u>	<u>NV</u>	<u>89509</u>	

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

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

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

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

Yes 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.

.....

.....

.....

Applicant's initial  Page 7

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

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

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

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

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

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

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

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



Date of photograph 11-28-12

Applicant's initial FR

STATE OF Nevada.....

ss.

COUNTY OF Washoe.....

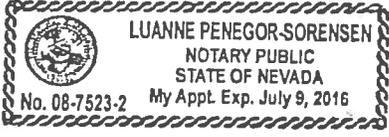
I, Richard Lee Riley....., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge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

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

Richard Lee Riley
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of

December, 2012
.....
Luanne Penegor-Sorensen
.....
Notary Public



(seal)

Applicant's initial RL.....
Page 9

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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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: 1802 W. Bitters, St. 301

Mailing Address: 1802 W. Bitters, St. 301

City: San Antonio State: Texas Zip Code: 78248

Telephone: 210-832-8300 Fax: 210-520-1440

Toll Free Number: 877-505-8383 (Required per NAC 639.708)

E-mail: brock@amdhc.com Website: www.americanmedicaldirect.com

Managing Pharmacist: Heather Mulvihill License Number: 34835

Hours of Operation:

Monday thru Friday 830 am 500 pm

Saturday on call am _____ pm

Sunday on call am _____ pm

24 Hours on call

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input checked="" type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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

9/24/12
Date

Board Use Only	Received: <u>10-1-12</u>	Amount: <u>500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Texas
Parent Company if any: N/A
Corporation Name: American Medical Direct
Mailing Address: 1802 W. BITTERS, Ste. 301
City: SAN ANTONIO State: TX Zip: 78248
Telephone: 210 832 8300 Fax: 210 520 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) BROOK PUSK 1802 W. BITTERS, Ste. 301, SA, TX 78248
Name Address
- b) JEREMY CARP 1802 W. BITTERS, Ste. 301, SA, TX 78248
Name Address
- 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 dated 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

9/25/12
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.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> 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: 702-221-9374 Fax: 702-221-9805

Toll Free Number: _____

E-mail: drstille@hotmail.com Website: www.premiumsurgicalservicescenter.com

Managing Pharmacist: David Wintch License Number: 10630

Hours of Operation:

Wednesday
 Monday thru Friday 7 am 5 pm Saturday Ø am Ø pm
 Sunday Ø am Ø pm 24 Hours Ø

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input checked="" type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input checked="" type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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62466

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

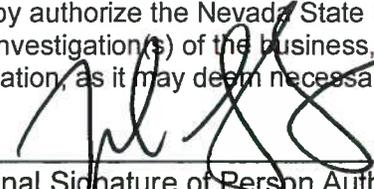
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, 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
Print Name of Authorized Person

2/13/2013
Date

Board Use Only	Received: 2-19-13	Amount: 500-
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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.

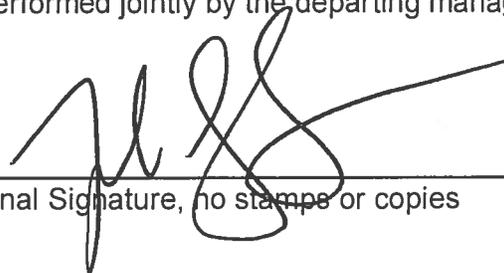
STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, Frank L. 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

2/13/2013
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: DAVID A. WINTON

License #: 10630

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.

	Yes	No
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>2/1/00</u> Case #: <u>99-150RPH</u>
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

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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
4 shall approve a real-time, stop sale system for use by pharmacies
5 in this State if the ~~Director~~ Board determines that a real-time, stop sale
6 system is available and appropriate for use by pharmacies in this
7 State. The ~~Director~~ Board shall approve a real-time, stop sale system for
8 use by pharmacies in this State only if the ~~Director~~ Board determines that
9 the system:
10 (a) Will allow pharmacies in this State to electronically submit
11 information to the system before the sale or transfer of a product
12 that is a precursor to methamphetamine;
13 (b) Will determine whether the sale or transfer of the product
14 would violate NRS 453.355 or any other law which prohibits the
15 sale or transfer of a product that is a precursor to
16 methamphetamine, as defined in NRS 639.400;
17 (c) Will send an alert to pharmacies to stop the sale or transfer
18 of a product if the sale or transfer would violate NRS 453.355 or
19 any other law which prohibits the sale or transfer of a product that
20 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
21 ~~(d)~~ (e) Is available for use by pharmacies and law enforcement agencies in this State
22 free of
23 charge.
24 2. Before approving a real-time, stop sale system, the
25 ~~Director~~ Board must adopt regulations establishing the minimum
26 requirements for the real-time, stop sale system. The ~~Director~~ Board shall
27 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~~**
29 **~~Safety~~ Board has approved a real-time, stop sale system pursuant to**
30 **section 2 of this act and adopted regulations establishing the**
31 **requirements for the use of the system pursuant to that section, the**
1 **~~Director must notify the~~ Board ~~and~~ must notify each pharmacy in this State of**
2 **the real-time, stop sale system that has been approved, the manner**
3 **in which to establish the system in the pharmacy and the content**
4 **of the regulations.**
5 **2. Once a pharmacy receives notification pursuant to**
6 **subsection 1, the pharmacy shall obtain the real-time, stop sale**
7 **system and consult the system in the manner prescribed before**
8 **completing any sale or transfer of a product that is a precursor to**
9 **methamphetamine, except when the purchaser has a valid**
10 **prescription for such a product. The pharmacy shall obtain any**
11 **information necessary from the person seeking the purchase or**
12 **transfer of the product to receive notice from the real-time, stop**
13 **sale system.**
14 **3. Except as otherwise provided in this subsection, if a**
15 **pharmacy receives an alert from the real-time, stop sale system**
16 **that the sale or transfer of a product may violate NRS 453.355 or**
17 **any other law which prohibits the sale or transfer of a product that**
18 **is a precursor to methamphetamine, the pharmacy must not allow**
19 **the sale or transfer to be completed. The ~~Department of Public~~**
20 **~~Safety~~ Board may provide by regulation for exceptions to allow for the**
21 **completion of a sale or transfer despite such an alert when the**
22 **pharmacist or an employee of the pharmacy has a reasonable fear**
23 **of imminent bodily harm.**
24 **4. A pharmacy that complies with the provisions of this**
25 **section is not liable in any civil action for using the real-time, stop**
26 **sale system or for any act or omission resulting from the use of the**
27 **system which is not the result of the negligence, recklessness or**
28 **deliberate misconduct of the pharmacy.**
29 **5. Failure of a person to use the real-time, stop sale system as required**
30 **pursuant to this section is a misdemeanor punishable by a fine of**
31 **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.

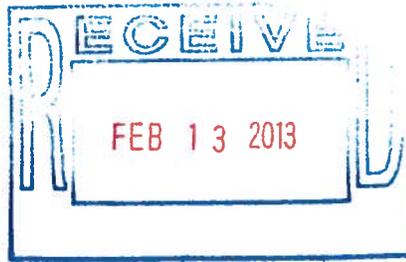
Also, Board staff has begun the process of getting several us commissioned by the FDA so that we can share records, reports and inspection information.

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 national 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 standards²⁹ 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.

²⁹ Standards may be downloaded at: <http://www.pcab.org/cms/wp-content/themes/pcab/img/PCAB-Accreditation-Manual.pdf>

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,

A handwritten signature in cursive script that reads "Joe Cabaleiro".

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

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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]

The New York Times January 25, 2013**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.”

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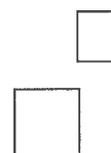
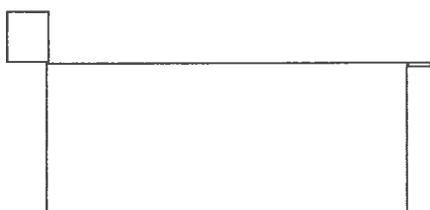
Breaking News - Dept. of Veterans Affairs Issues Rule on Disclosure of Info to PDMPs

Katherine Keough [kathykeough@nascsa.org]

Sent: Tuesday, February 12, 2013 6:25 PM

To: LARRY L. PINSON

Having trouble viewing this email? [Click here](#)



February 12, 2012
9 p.m.

Contact Us

NASCSA
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Quincy, MA 02170
Phone: (617) 472-0520
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Website: www.nascsa.org
Webmaster: ward@nascsa.org

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.

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Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JANUARY 16 & 17, 2013 BOARD MEETING HELD IN LAS VEGAS, NEVADA

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:

....

(1) 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 patients designee, or (5) patients 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)