

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: Valley Wholesale Drug Co., LLC

Physical Address: 1401 West Fremont Street

Mailing Address: same as above

City: Stockton State: CA Zip Code: 95203

Telephone: (209) 466-0131 Fax: (209) 465-4056

Toll Free Number: (800) 247-6255

E-mail: licensing@hdsmith.com Website: www.vwdco.com

Facility Manager: Angelo Grande

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? Yes No
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes No
(If yes, provide a copy of the FDA registration)

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

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

- | | |
|-------------------------|---|
| 1) Lilly, Eli & Company | P.O. Box 2508 Fresno, CA 93745 |
| Name | Address |
| Business | |
| 2) Merck & Co., Inc. | 6409 E. Gayhart Los Angeles, CA 90040 |
| Name | Address |
| Business | |
| 3) Glaxo, Inc. | P.O. Box 13328 Research Triangle Park, NC 27709 |
| Name | Address |
| Business | |
| 4) Pfizer, Inc. | 2400 W. Central Road Hoffman Estate, IL 60196 |
| Name | Address |
| Business | |

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

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- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 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

James Christopher Smith 9/30/2016
Print Name of Authorized Person Date

Board Use Only	Received: _____	Amount: <u>\$ 500.00</u>
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: H. D. Smith, LLC
Corporation Name: Valley Wholesale Drug Co., LLC
Mailing Address: 1401 West Fremont Street
City: Stockton State: CA Zip: 95203
Telephone: (209) 466-0131 Fax: (209) 465-4056
Contact Person: Angelo Grande

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
 - a) See attached

Name	Address
------	---------
 - b) _____

Name	Address
------	---------
 - c) _____

Name	Address
------	---------
 - d) _____

Name	Address
------	---------
- 2) Provide the number of shares issued by the corporation. NA
- 3) What was the price paid per share? NA
- 4) What date did the corporation actually receive the cash assets? NA
- 5) Provide a copy of the corporation's stock register evidencing the above information



Nevada State Board of Pharmacy

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

Date: May 11, 2016
To: Valley Wholesale Drug Co., LLC
1401 W Fremont St
Stockton, CA 95203
From: Nevada State Board of Pharmacy
Subject: Surety Bond

The Nevada State Board of Pharmacy is in receipt of your Notice of Cancellation for your surety bond number 106045846 expiring April 4, 2016.

Nevada Revised Statutes 639.51 5. Bond or other form of security required. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. The only exceptions to this requirement is if a wholesaler is publicly traded, VAWD certified or an approved FDA manufacturer.

Considering your company has continued to renew your wholesaler registration, the surety bond cannot be canceled without closing the current wholesaler registration.

Please provide a new surety bond, letter of credit, VAWD certification, publicly traded documentation or copy of FDA manufacturer's approval within 30 days from the expiration date of the bond. If the required document is not received within 30 days, the registration will be **CLOSED** and you will no longer be authorized to ship products into Nevada.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>Valley Wholesale Drug Co., LLC 1401 W Fremont St Stockton, CA 95203</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>																	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>2. Article Number (Transfer from service label)</p> <p>9171 9690 0935 0097 3143 08</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
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