September 2017 Meeting Minutes

Application for Out-of-State Wholesaler – Appearance:

Alexso Inc. – Los Angeles, CA

Darla Zarley stated that during Alexso Inc.’s appearances at prior meetings she recused from participation due to Mr. Melamed being on Roseman University’s Board of Trustees. She disclosed that Mr. Melamed is no longer on the Board of Trustees and she would be able to participate in this matter.

Hootan Troy Farahmand, facility manager, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that in April 2016, the Board approved Alexso Inc.’s Out-of-State Wholesaler Application pending a positive inspection by Board Staff. He stated that in the interim while planning the inspection, Board Staff became aware of an indictment against the owner Mr. Hootan Melamed. At the July 2016 Board meeting, the Board tabled Alexso Inc.’s application at their request.

Mr. Farahmand answered the Board’s questions regarding Mr. Melamed’s Federal Indictment, Alexso Inc.’s Shareholder Agreement, where Mr. Melamed relinquished his control, decision-making power, ability and authority on behalf of Alexso Inc. and the status of the pending civil litigation between Mr. Melamed and Alexso Inc.

The Board expressed concern regarding the pending civil litigation and discussed the option of having Board Staff contact the California State Board of Pharmacy to discuss the outcome of their inspection of the facility.

The Board offered Mr. Farahmand the option to table Alexso Inc.’s application until Board Staff can discuss the outcome of Alexso Inc.’s inspection with the California State Board of Pharmacy.

The Board tabled Alexso Inc.’s application for Out-of-State Wholesaler at Mr. Farahmand’s request.
**July 2016 Meeting Minutes**

Board Staff Request for Review and Possible Reconsideration of Out-of-State Wholesaler Application – Appearance:

Alexso, Inc. – Los Angeles, CA

Jennifer Gaynor was present as counsel representing Alexso, Inc.

Mr. Edwards explained that during the last Board meeting, the Board had approved Alexso, Inc.’s Out-of-State Wholesaler Application pending a positive inspection by Board Staff and restrictions on altering Alexso, Inc.’s corporate structure.

Mr. Edwards stated that in the interim while planning the inspection, Board Staff became aware of an indictment against Mr. Hootan Melamed, owner.

Ms. Gaynor agreed with Mr. Edward’s description of the facts. Ms. Gaynor requested that the Board table Alexso, Inc.’s Application for Out-of-State Wholesaler. She stated that she will stay in contact with Board Staff and will request to reappear before the Board to discuss the outcome of this case.
April 2016 Meeting Minutes

Request for Reconsideration for Denied Out-of-State Wholesaler Application – Appearance:

Alexso Inc. – Los Angeles, CA

Darla Zarley recused from participation in this matter due to Mr. Melamed being on Roseman University's Board of Trustees.

Hootan Farahmand, and Hootan Melamed, owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Jennifer Gaynor was present as counsel for Mr. Melamed, Mr. Farahmand and Alexso Inc. Mr. Edwards reviewed Alexso Inc.'s past appearances for the Board's information.

Ms. Gaynor presented information regarding Concierge Compounding Pharmaceutical's (Concierge) disciplinary action for the Board.

Ms. Gaynor also described the changes Alexso Inc. has implemented to address the Board's concerns. This included Mr. Farahmand being elected as the new company president and the appointment of a compliance officer to ensure that Alexso Inc. is compliant with the laws for each of the states that Alexso Inc. holds a license.

The Board expressed concern that even with the new proposed business model that the original leadership is still in place.

Ms. Gaynor and Mr. Farahmand stressed that Alexso Inc. and Concierge are different businesses and assured the Board that Alexso Inc. is taking steps to ensure that they are in compliance with all state laws.

Mr. Melamed stated that he can't take back what happened with Concierge and claimed responsibility for what happened. He explained due to personal issues he stepped down from leadership positions at Alexso Inc.

Board discussion ensued regarding Alexso Inc.'s proposed changes and the possibility of sending Board Staff to inspect Alexso Inc.'s facility.

Board Action:

Motion: Jason Penrod moved to approve Alexso Inc.'s Application for Out-of-State Wholesaler Application pending a positive inspection by Board Staff. Alexso Inc. shall not alter their corporate structure. Board Staff will report to the Board any findings during the inspection.

Second: Kirk Wentworth
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 1,2,3,5,5b  ☐ 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: Alexso Inc.
Physical Address: 2317 Colter Avenue, Los Angeles, CA 90064
Mailing Address: (Same)
City: _______________________ State: _______________ Zip Code: ______________________
Telephone: 480-253-9761  Fax: 888-502-1669
Toll Free Number: 888-495-6078
E-mail: troy@alexso.com  Website: www.alexso.com
Facility Manager: Troy Ferahmand
Professional qualifications and experience of facility manager: Please see attached document

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: OTC

Page 1

97476
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

Licensed as 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 □  Please see the attached document

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) Medisca, Inc.  661 Route 3, Unit C, Plattsburgh, NY 12901
   Name: ____________________________  Address: ____________________________
   Contract Manufacturer: Yes □ No ☑
   Business: ____________________________

2) ____________________________
   Name: ____________________________  Address: ____________________________
   Business: ____________________________

3) ____________________________
   Name: ____________________________  Address: ____________________________
   Business: ____________________________

4) ____________________________
   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 ☑
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

Troy Farahmand
Print Name of Authorized Person

Date

Board Use Only

Received: ____________________  Amount $500.00

Page 3
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: (None)
Corporation Name: Alesso, Inc
Mailing Address: 2317 Colmer Avenue
City: Los Angeles State: CA Zip: 90064
Telephone: 480-253-9761 Fax: 888-502-1669
Contact Person: Troy Farahmand

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?
   a) Troy Farahmand
      Name: Troy Farahmand
      Address: 1olkstone Lane, Los Angeles, CA 90077
   b) Hootan Melamed
      Name: Hootan Melamed
      Address: Wetherby Lane, Los Angeles, CA 90077
   c) ____________________________
      Name: ____________________________
      Address: ____________________________
   d) ____________________________
      Name: ____________________________
      Address: ____________________________

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 05/01/2010

5) Provide a copy of the corporation's stock register evidencing the above information

   Please see the attached document.
State of California
Secretary of State

Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)

Fees (Filing and Disclosure): $25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME
ALEXSO, INC.

2. CALIFORNIA CORPORATE NUMBER
C3256201

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE
2317 COTNER AVE.

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY
2317 COTNER AVE.

6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4

7. CHIEF EXECUTIVE OFFICER
Hootan Troy Farahmand

8. SECRETARY
Hootan Troy Farahmand

9. CHIEF FINANCIAL OFFICER
Hootan Troy Farahmand

10. NAME
Hootan Troy Farahmand

11. NAME
Hootan Troy Farahmand

12. NAME

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY

14. NAME OF AGENT FOR SERVICE OF PROCESS
Hootan Troy Farahmand

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL
2317 COTNER AVE.

16. TYPE OF BUSINESS
WHOLESALE DISTRIBUTION PHARMACY

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

Hootan Troy Farahmand

DATE: 08/02/2016

SIGNED: [Signature]

Printed Name of Person Completing Form: Hootan Troy Farahmand

Title: President

Approved by Secretary of State
# State of California Secretary of State
## Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)

**FEES (Filing and Disclosure):** $25.00.

If this is an amendment, see Instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. **CORPORATE NAME**
   ALEXSO, INC.

2. **CALIFORNIA CORPORATE NUMBER**
   C3256201

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

   ☑️ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

**Complete Addresses for the Following** (Do not abbreviate the name of the city, items 4 and 5 cannot be P.O. Box.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>4.</td>
<td>STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE</td>
</tr>
<tr>
<td>5.</td>
<td>STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY</td>
</tr>
<tr>
<td>6.</td>
<td>MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4</td>
</tr>
</tbody>
</table>

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added, however, the preprinted titles on this form must not be altered.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Title</th>
<th>Address</th>
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<tbody>
<tr>
<td>7.</td>
<td>CHIEF EXECUTIVE OFFICER</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>SECRETARY</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>CHIEF FINANCIAL OFFICER</td>
<td></td>
</tr>
</tbody>
</table>

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>10.</td>
<td>NAME</td>
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<tr>
<td>11.</td>
<td>NAME</td>
<td></td>
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<tr>
<td>12.</td>
<td>NAME</td>
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13. **NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY.**

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and item 15 must be left blank.

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>14.</td>
<td>NAME OF AGENT FOR SERVICE OF PROCESS</td>
</tr>
</tbody>
</table>

**Type of Business**

15. **STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL**

**Date**

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/06/2017</td>
<td>DATE</td>
</tr>
<tr>
<td>HOOTAN TROY FARAHMAND</td>
<td>PRESENT</td>
</tr>
</tbody>
</table>

**Signature**

APPROVED BY SECRETARY OF STATE

**SI-200 (REV 01/2013)**