

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ANIMART Livestock Pharmacy

Physical Address: 1240 Green Valley Rd

Mailing Address: 1240 Green Valley Rd

City: Beaver Dam State: WI Zip Code: 53916

Telephone: 920-885-2800 Fax: 920-569-0112

Toll Free Number: 866-986-9404 (Required per NAC 639.708)

E-mail: Pharmacy@animart.com Website: www.animart.com

Managing Pharmacist: Lance D. Paulson License Number: 1094840

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

Yes/No

Retail

Off-site Cognitive Services

Hospital (# beds _____)

Parenteral **

Internet

Parenteral (outpatient)

Nuclear

Outpatient/Discharge

Ambulatory Surgery Center

Mail Service

Community

Long Term Care

Other: Mail Order

Sterile Compounding **

Pharmacy for large animal

Non Sterile Compounding

All boxes must be checked

Mail Service Sterile Compounding **

For the application to be complete

Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

98168

B

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Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Biologics, Inc.

Physical Address: 11800 Weston Parkway

Mailing Address: Same as above.

City: Cary State: NC Zip Code: 27513

Telephone: 919-546-9810 Fax: 919-831-0440

Toll Free Number: 800-850-4306 (Required per NAC 639.708)

E-mail: pharmacists@biologicsinc.com Website: www.biologicsinc.com

Managing Pharmacist: Thomas Quinn License Number: 20692 (NC)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Non-Dispensing Pharmacy

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: See attached.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

98303

B

Nevada - Biologics, Inc. - Additional Information

Services Provided:

Biologics, Inc. ("Biologics") will be a non-dispensing pharmacy at the 11800 Weston Parkway, Cary, NC location. Biologics will not store drugs or dispense drugs from this location. This facility will perform telephonic pharmacy and customer service work on behalf of its dispensing location, permit number 12941. Services will include prescription intake functions (receiving prescriptions via facsimile or e-prescribing directly from physicians), initial pharmacist verification of the prescription including drug utilization reviews, counseling, claims adjudication, and delivery setup. The dispensing location will then be able to perform the product fulfillment and shipping using the same pharmacy system (with information being updated and shared across the system in real time) with a second pharmacist verification occurring prior to shipping. The Pharmacist in Charge services will be provided by Thomas Quinn, Clinical Pharmacist Team Lead for Biologics, Inc. Ultimately, this will allow Biologics to assist cancer patients to remove any financial barriers to therapy with expensive cancer medications and coordinate shipment with the fulfillment pharmacy location. It is Biologics' understanding that similar centralized pharmacy prescription intake and customer service operations are performed by other companies throughout the U.S.

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: A & K PHARMACY, LLC. D/B/A BROADWAY CONTINENTAL DRUGS

Physical Address: 7200 BROADWAY NORTH BERGEN NJ 07047

Mailing Address: SAME AS PHYSICAL

City: _____ State: _____ Zip Code: _____

Telephone: 201-854-4800 Fax: 201-854-1518

Toll Free Number: 844-859-5094 (Required per NAC 639.708)

E-mail: AKCONTINENTALDRUGS@GMAIL.COM Website: n/a

Managing Pharmacist: JOHANNES KEE GUNAWAN License Number: 28RI03864700

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
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Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

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98074

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Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: COMMUNITY, A WALGREENS PHARMACY

Physical Address: 1399 ROXBURY DRIVE, LOS ANGELES, CA 90035

Mailing Address: PO BOX 901

City: DEERFIELD State: IL Zip Code: 60015

Telephone: (310) 203-1007 Fax: (310) 552-5330

Toll Free Number: 866-924-8619 (Required per NAC 639.708)

E-mail: TAXLICENSERENEWALS@WALGREENS.COM Website: WWW.WALGREENS.COM

Managing Pharmacist: Sharona Attarchi License Number: 54734 (CA)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

Yes/No

- Off-site Cognitive Services**
- Parenteral ****
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding ****
- Non Sterile Compounding
- Mail Service Sterile Compounding ****
- Other Services: _____

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E

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Costco Pharmacy #583, Central Fill

Physical Address: 802 134th ST SW, Ste 140, Everett, WA 98204-7814

Mailing Address: Attn: Licensing P.O. Box 35005

City: Seattle State: WA Zip Code: 98124-3405

Telephone: 425-835-5833 Fax: 425-835-5805

Toll Free Number: 800-607-6861 (Required per NAC 639.708)

E-mail: d583phm@costco.com Website: www.costco.com

Managing Pharmacist: Christopher Kennedy License Number: PH00019439

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> Other: <u>Central Fill</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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F

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 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Injoy Rx LLC

Physical Address: 14676 Pipeline Ave Ste M Chino Hills CA 91709

Mailing Address: 14676 Pipeline Ave Ste M. Chino Hills CA 91709

City: Chino Hills State: CA Zip Code: 91709

Telephone: 909 597 9500 Fax: 909 597 0189

Toll Free Number: 844 465 6979 (Required per NAC 639.708)

E-mail: injoyrx@gmail.com Website: www.injoyrx.com

Managing Pharmacist: Mukesh Patel License Number: 66530 (CA)

TYPE OF PHARMACY AND

SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: _____

- Yes/No
- Off-site Cognitive Services
 - Parenteral **
 - Parenteral (outpatient)
 - Outpatient/Discharge
 - Mail Service
 - Long Term Care
 - Sterile Compounding **
 - Non Sterile Compounding
 - Mail Service Sterile Compounding **
 - Other Services: _____

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