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NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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 OUTSOURCING FACILITY

☒ Ownership Change (Provide current license number if making changes:) OUT WH02253

☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4

☒ Partnership - Pages 1-3 & 6 **LLC**

☐ Non Publicly Traded Corporation – Pages 1-3 & 5

☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: SterRx, LLC

Physical Address: 141 Idaho Avenue

City: Plattsburgh State: New York Zip Code: 12903

Telephone: 1-518-324-7879 Fax: n/a

Toll Free Number: 1-844-319-7799 (Required per NAC 639.708)

E-mail: terry.wiley@sterrx.com Website: www.sterrx.com

Supervising Pharmacist: Sue E. Martin Nevada License #: pending

SERVICES PROVIDED

Yes/No

☐ ☐ Parenteral

☐ ☒ Sterile Compounding

☐ ☐ Non Sterile Compounding

☐ ☐ Mail Service Sterile Compounding

☐ ☐ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): Federal Tax ID: 61-1718460Please provide the name of the facility as registered with the FDA and the registration number:
SterRx, LLC FDA Establishment: 301-084-0309Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Sue E. Martin Nevada License Number: pendingA Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/AThis 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, board citation, cite fine 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 OUTSOURCING FACILITY 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Jerry C. Webb

Print Name of Authorized Person

6/24/2015

Date

OWNERSHIP IS A PARTNERSHIP

General _____

Limited LLCPartnership Name: SterRx, LLC

Mailing Address: 141 Idaho Avenue

City: Plattsburgh State: New York Zip Code: 12903

Telephone Number: 1-518-324-7879 Fax Number: n/a

Contact Person: Jerry Webb, Executive Vice President

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
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ATTACHED

List names of 4 largest partners and percentage of ownership:

Name: Sagent Pharmaceuticals, Inc. %: 63.6

Name: Next Generation Trust Services fbo Terry Wiley %: 8.5

Name: Carl Martin %: 5.6

Name: Kent Smeltz %: 5.6

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

SterRx, LLC - Capitalization Table

Giving effect to purchase of common units of Gary and Tana Hanley by Sagent Pharmaceuticals

Unitholder	Pre-Closing				% FD
	Common Units	Series A Preferred Units	Total		
Carl Martin	0	882,353	882,353	5.6%	
Kent Smeltz	0	882,353	882,353	5.6%	
Sagent Pharmaceuticals, Inc.	0	3,921,569	3,921,569	25.0%	
Gary Hanley & Tana Hanley	6,058,250	0	6,058,250	38.6%	
Timothy J. Miller	100,000	0	100,000	0.6%	
Justin L. Miller	7,500	0	7,500	0.0%	
Charles M. Kaulfuss ift Sandra Hawkins	25,000	0	25,000	0.1%	
Sandra Hawkins ift Charles M. Kaulfuss	694,375	0	694,375	4.4%	
Next Generation Trust Services fbo Terry Wiley	1,339,763	0	1,339,763	8.5%	
Denis G. LaVigne & Dawn LaVigne	170,700	0	170,700	1.1%	
James McKee III	475,000	0	475,000	3.0%	
Next Generation Trust Services fbo Mary M. McKee	475,000	0	475,000	3.0%	
Jeff LaBombard	500,000	0	500,000	3.2%	
Winslow Moore and Vera Delorme	154,412	0	154,412	1.0%	
TOTAL	10,000,000	5,686,275	15,686,275		

Common Units	Post-Closing			% FD
	Series A Preferred Units	Total		
0	882,353	882,353	5.6%	
0	882,353	882,353	5.6%	
6,058,250	3,921,569	9,979,819	63.6%	
0	0	0	0.0%	
100,000	0	100,000	0.6%	
7,500	0	7,500	0.0%	
25,000	0	25,000	0.1%	
694,375	0	694,375	4.4%	
1,339,763	0	1,339,763	8.5%	
170,700	0	170,700	1.1%	
475,000	0	475,000	3.0%	
475,000	0	475,000	3.0%	
500,000	0	500,000	3.2%	
154,411	0	154,412	1.0%	
10,000,000	5,686,275	15,686,275		

*Note: percentages do not add to precisely 100.0% due to rounding



THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY, Kimberly Leonard, Executive Secretary
 89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000
 Tel. (518) 474-3817, ext. 130; Fax (518) 473-6995
 E-mail: pharmbd@nysed.gov ; Web: www.op.nysed.gov

August 22, 2017

**Verification of an In State or Nonresident Pharmacy,
 Manufacturer/Repacker/Wholesaler or Individuals Licensed in New York:**

Online verification of the registration status of an in State or Nonresident pharmacy, and/or manufacturer/repacker/wholesaler, as well as the license and registration status of licensed professionals, can be performed free of charge at <http://www.op.nysed.gov/opsearches.htm>. An additional search can be performed on each verification screen to determine if an establishment or licensee has been disciplined by this Department.

Note: No other form of verification is available for pharmacy establishments. Please do not use "request for Written Confirmation of New York State Licensure" for verification of a registered establishment; that form is used only for certification or verification of licensed individuals.

Verification of Licensed Professionals (not establishments):

The Board Office cannot provide letters of good standing or license verification; however, the Certification/Verification Unit can provide documentation that will likely meet your needs.

A form must be submitted with the appropriate fee for either a certification or verification of a license. The difference between certification and verification is explained on the form which is available at <http://www.op.nysed.gov/documents/confirmoflic.pdf>.

I hope this information is helpful.

Thank you.



Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

06/20/2019

Type : OUTSOURCE FACILITY

Legal Name : STERRX, LLC

Trade Name :

Street Address :

141 IDAHO AVENUE

PLATTSBURGH, NY 12903-0000

Registration No : 034102

Date First Registered : 03/14/16

Registration Begins : 03/01/19

Registered through : 02/28/22

Supervisor : [035182](#) MARTIN SUE

Establishment Status : ACTIVE

Successor : NONE

* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may [search](#) to see if there has been recent disciplinary action against this registered establishment.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0547591	02-29-2020	\$3047

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2, 3,3N,4,L1	MANUFACTURER	12-31-2018

STERRX LLC
141 IDAHO AVENUE
PLATTSBURGH, NY 12903-3987

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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WASHINGTON D.C. 20537

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RS0547591	02-29-2020	\$3047

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STERRX LLC
141 IDAHO AVENUE
PLATTSBURGH, NY 12903-3987

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Form DEA-223 (9/2016)

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
SUE MARTIN



2019-22

THIS IS TO CERTIFY

STERRX, LLC
141 IDAHO AVENUE
PLATTSBURGH, NY 12903

is duly recorded as a

REGISTERED OUTSOURCING FACILITY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF MARCH, 2019.
THIS CERTIFICATE EXPIRES ON THE TWENTY-EIGHTH DAY OF FEBRUARY, 2022.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

034102



Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

State of New York
Department of State } ss:

I hereby certify, that STERRX, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/15/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 10th day of June two
thousand and nineteen.*

Whitney Clark
Deputy Secretary of State