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 Cownership Change (Provide current license number if making changes: PHO) 198 Check box below for type of ownership and complete all required forms. ☐ Publicly Traded Corporation — Pages 1,2,3,7 ☐ 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: Coram Alternate Site Services, Inc. dba: Coram CVS/specialty Infusion Services							
Physical Address: 4601 E. Hilton Ave	Physical Address: 4601 E. Hilton Ave., Ste. 105, Phoenix, AZ 85034						
	censing Dept/MC 1160						
City: Woonsocket	State:	Zip Code: 02895					
Telephone: 480-240-3209	Fax: 480-5	05-0455					
		uired per NAC 639.708)					
E-mail: kimberly.mitchell@cvshealth.com	Webs	site: 800-697-1667					
Managing Pharmacist: Richard Mo		License Number: 508661					
TYPE OF PHARMAC	Y AND	SERVICES PROVIDED					
Yes/No		Yes/No					
□ 🖫 Retail		☐ ☐ Off-site Cognitive Services					
☐ ☐ Hospital (# bed	s)	☐ Parenteral **					
□ □ Internet		☐ Parenteral (outpatient)					
□ □ Nuclear		□					
☐ ☐ Ambulatory Su	rgery Center	☐ ☑ Mail Service					
☑ ☐ Community		□ ☑ Long Term Care					
□ Other: Na.	- Resident	☐ Sterile Compounding **					
		□ ☑ Non Sterile Compounding					
All boxes must be ched	ked	☐ Mail-Service Sterile Compounding **					
For the application to b	e complete	☐ Other Services:					
		inco you will be required to make an					

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

VVithin	the last five	(5) years:					
1)	any interest	poration, any owner(s), shareh , ever been charged, or convic or (including by way of a guilty	cted of a felo	ny or gross		Yes □	No ⊡ ^x
2)		poration, any owner(s), shareh , ever been denied a license, p				Yes □	No □x
3)	interest, eve	poration, any owner(s), shareher been the subject of an admi proceeding relating to the phar	nistrative ac	tion, board ci	tation,	Yes □	No □
4)	interest, eve	poration, any owner(s), shareher been found guilty, pled guilty to any offense federal or state?	y or entered	a plea of not	0	Yes □	No 🔯
5)	interest, eve	poration, any owner(s), shareh er surrendered a license, perm r otherwise (other than upon v	it or certifica	te of registra	tion	Yes□	No □
Copies	answer to quest of any docustion may be	estion 1 through 5 is "yes", a suments that identify the circum required.	signed stater estance or co	nent of expla ontain an orde	nation meer, agree	ust be a ment, or	ttached. other
correc	t. I understa	t the answers given in this app nd that any infraction of the la horized pharmacy may be gro	ws of the Sta	ate of Nevada	a regulati	ng the	rue and
under correc emplo backgr	penalty of pert. I hereby a yees, to concround, qualification	stions, answers and statement erjury, that the information furnation turnation that the Nevada State Boaduct any investigation(s) of the cation and reputation, as it may	nished on this ard of Pharm business, p ay deem nec	s application nacy, its ager professional, s essary, prop	are true, nts, serva social and er or desi	accurate nts and d moral irable.	y certify, e and
Origina	al Signature	of Person Authorized to Subm	it Application	n, no copies	or stamps	3	
Thoma	s S. Moffatt			1/3/1	3018		
Print N	lame of Auth	orized Person	·	Date			
						Pa	ge 2
Board	Use Only	Daté Processed:		Amount:	500.00	<u> </u>	

State	of Incorporation:	Delaware						
Parent	t Company if any	. Coram Specialty	Infusion Ser	vices, L.L.C	•			
Mailing	a Address: One	CVS Drive						·
City:	Woonsocket		_State: _	RI	Zip:	02895		
Teleph	none: 401-770-643	1	Fa	ax:401	-216-0381			
		mberley DeSousa						
For an	v corporation no	n publicly traded,	disclose t	the follow	vina:			
						ovetion?		
1)		ns to whom the sh						
	a) N/A (Coram Sp	pecialty Infusion Service		wns 100% c	or membership	interest)		
	IVal	me	Au	iui c ss				
	b)Nai	me	Ad	Idress				
	c)Nai	me	Ad	ldress				
	d)							
	Na	me	Ac	ldress				
2)	Provide the num	ber of shares iss	ued by th	e corpora	ition.			
3)	What was the pr	rice paid per shar	e?					
,		ne corporation act						
4)								
5)	Provide a copy of	of the corporation	S STOCK I	egister ev	naencing th	ie above iii	iomation	
		eholders and per						
Name	: <u>N/A</u>					%: _		
Hours	s of Operation fo	or the pharmacy:						
Mond	ay thru Friday	8 am 5	_pm		Saturda	y <u>No</u>	_am _	pm
	Sunday	^{No} _am	_pm		24 Hour	s <u>No</u>		
A Nev	vada business lice e please provide	ense is not requirent the number:	ed, howe	ver if the	pharmacy I —	has a Neva		ess age 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I,Thomas S. Moffatt
Responsible Person ofCoram Alternate Site Services, Inc. dba: Coram CVS/specialty infusion services
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
Thomas s. Moffatt, Vice President/Secretary
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF AVIZONA)
STATE OF AVIZONA) SS. Maricopa County)
I, Richard Monty , hereby certify that the assertions in this Affidavit
are true and correct to the best of my knowledge and belief, and state as follows: Coram Alternate Site Services, in
1. I am the Pharmacist-in-Charge for othe Covern CVS Specialty (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.
Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile
products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-
of-State Pharmacy License.
3. I understand and acknowledge that the Pharmacy and any of its Nevada-
registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells
or ships any compounded sterile product into Nevada without first obtaining written authorization
from the Board to do so.
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile
product into Nevada, the Pharmacy, through an authorized representative, will first notify the
Board and obtain written approval to sell and ship such products into Nevada.
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile
product into Nevada, an authorized representative of the Pharmacy may be required to appear
before the Board to answer questions before such approval is granted.
FURTHER AFFIANT SAYETH NOT.
I, Picharal wordy do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
SUBSCRIBED AND SWORN TO before me, a notary public this
29 day of January, 2018.
NOTARY PUBLIC KIRSTIN A THONER Notary Public - Arizona Maricopa County My Comm. Expires Dec 21, 2019

431 W Plumb Lane - Reno, NV 89509

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				cense 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 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7							
Non Publicly Trac	led 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: Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090							
Physical Address:	12450 East Arapahoe I	Road, St	uite A1, Ce	ntennial, CO 80112			
Mailing Address:	One CVS Drive, MC #1	1160					
			RI	Zip Code: 02895			
Telephone: 303-	799-0093	Fax:	303-790-00	533			
Toll Free Number:	800-934-0093		(Required	per NAC 639.708)			
E-mail: statereply@	evscaremark.com	•	Website:				
Managing Pharma	cist: Sherry Heinrichs			License Number: 16902			
ТҮРІ	E OF PHARMACY	AND	SE	RVICES PROVIDED			
Yes/N	No		Yes	/No			
	☐ Retail			☑ Off-site Cognitive Services			
	Hospital (# beds	ر	X	☐ Parenteral **			
	☑ Internet			☐ Parenteral (outpatient)			
	Nuclear		X	☐ Outpatient/Discharge			
	Ambulatory Surgery (Center	. 🗆	☑ Mail Service			
	☑ Community			☑ Long Term Care			
	☑ Other:		X	☐ Sterile Compounding **			
				☑ Non Sterile Compounding			
All bo	exes must be checked			☐ Mail Service Sterile Compounding **			
	he application to be com	plete		☑ Other Services:			

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

Board	Use Only	Date Processed:			Amount:	\$ 500,00			
101618	aine oi Adi	TOTIZEU FEISON			Date		Р	age 2	
بنفسفهر حد		, Vice President/Sec	cretary			-3018			
		of Person Authoriz		Application			S		
Orienn	A Signatura	of Porcon Authoric	and to Cultural	t Application					
correct employ	t. I hereby a yees, to con	erjury, that the info authorize the Neva duct any investiga ication and reputa	da State Boa tion(s) of the	rd of Pharr business,	macy, its ag professiona	ents, serva I, social an	ants and	t	đ
l have	read all que	estions, answers ar	nd statement	s and know	v the conter	its thereof.	I herel	by cer	tify,
correc	t. Lunderst	at the answers give and that any infrac thorized pharmacy	tion of the lav	vs of the S	tate of Neva	ada regulat	ing the	true a	and
Copies	answer to que s of any doc lition may be	uestion 1 through 5 uments that identife required.	is "yes", a si fy the circums	gned state stance or c	ment of exp ontain an o	olanation m rder, agree	nust be, ement, c	attach or othe	ned. er
5)	interest, ev	rporation, any own er surrendered a li or otherwise (other	cense, permi	t or certific	ate of regist	ration	Yes [l No	X
4)	interest, ev	rporation, any own er been found guil to any offense fec s?	ty, pled guilty	or entered	l a plea of n		Yes □	l No	X
3)	interest, ev	rporation, any own er been the subject proceeding relating	t of an admir	nistrative a	ction, board	vith any citation,	Yes [] No	X
2)	Has the co any interes registration	rporation, any own t, ever been denie ?	er(s), shareh d a license, p	older(s) or ermit or ce	partner(s) vertificate of	with	Yes [] No	X
1)	any interes	rporation, any owr it, ever been charg nor (including by w	ed, or convic	ted of a fel	ony or gros	s	Yes □	No	X
Withir	the last fiv	e (5) years:							

State of Inco	orporation:I	Delaware				
Parent Com	pany if any: _				AND THE RESIDENCE OF THE PARTY	
Mailing Addr	ess; One C	6 DIIVC				
City: Woor	isocket		State: RI	Zip:	02895	
Telephone:	401-770-6431		Fax:	401-216-0381	The state of the s	
Contact Pers	son: Kimberl	ey DeSousa				
For any corp	oration non pu	blicly traded,	disclose the			
				sued by the corp	oration?	
				100% of members		
7	Name		Addres			And the second s
b)						
	Name	and the second s	Addres	3		
c)			_			
	Name		Address	3		
d)						
	Name		Address			
2) Provide	the number of	of shares issue	ed by the co	poration.		
				he cash assets?		
				er evidencing the		
List any physic	cian sharehold	ers and perce	ntage of ow	nership.		
Name: N/A				·	%:	
Name:						
Monday thru F				Saturday	am	pm
Sunday	aı	mpr	n	24 Hours	oncall	
A Nevada busi license please	ness license is provide the nu	not required, Imber: N/A	however if t	he pharmacy ha	s a Nevada bu	siness
•	,	MAPPA CONTRACTOR OF THE PARTY O		and the second second		Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Thomas S. Moffatt

Responsible Person of Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090
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.
Alexander of the second of the
Original Signature of Person Authorized to Submit Application, no copies or stamps
Thomas S. Moffatt, Vice President/Secretary /-18-20/8
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Colorado
Arapahoe COUNTY)
I, Sherry Heinrichs , hereby certify that the assertions in this Affidavit
are true and correct to the best of my knowledge and belief, and state as follows: 1. I am the Pharmacist-In-Charge for (the
Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile
products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-
of-State Pharmacy License.
3. I understand and acknowledge that the Pharmacy and any of its Nevada-
registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells
or ships any compounded sterile product into Nevada without first obtaining written authorization
from the Board to do so.
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile
product into Nevada, the Pharmacy, through an authorized representative, will first notify the
Board and obtain written approval to sell and ship such products into Nevada.
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile
product into Nevada, an authorized representative of the Pharmacy may be required to appear
pefore the Board to answer questions before such approval is granted.
FURTHER AFFIANT SAYETH NOT.
I, Sherry Heinrichs, do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
Name SUBSCRIBED AND SWORN TO Defore me, a notary public this day of, 20
IOTARY PUBLIC

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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New Pharmacy or Gownership 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 ☐ Sole Owner – Pages 1,2,6,7								
GENERAL INFORMATION	GENERAL INFORMATION to be completed by all types of ownership							
Pharmacy Name:LEI CO	LEI COMPOUNDING							
Physical Address: 6541-E	6541-B VIA DEL ORO, SAN JOSE, CA 95119							
Mailing Address: SAME								
City:	State	•	Zip Code:					
Telephone: <u>408-326-1530</u>	Fax: .	408-824-	-1368					
Toll Free Number: 833-86	32-6296	(Required	l per NAC 639.708)					
E-mail: CAlicensing@Leite	rs.com	Website:	www.Leiters.com					
Managing Pharmacist: Per	ter Thai		License Number: 68556 (CA)					
TYPE OF PHA	ARMACY AND	SE	RVICES PROVIDED					
Yes/No		Yes	s/No					
■ □ Retail			M Off-site Cognitive Services					
☐ ™ Hospital	l (# beds)		Parenteral **					
☐ M Internet			Parenteral (outpatient)					
☐ M Nuclear			Outpatient/Discharge					
☐ M Ambula	tory Surgery Center		Mail Service					
™ □ Commu	ınity		☑ Long Term Care					
☐ ☑ Other:		_ 🗹	☐ Sterile Compounding **					
			□ Non Sterile Compounding					
All boxes must	be checked		Mail Service Sterile Compounding **					
For the applicat	tion to be complete		Other Services:					

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

Withir	the last five (5) years:		
1)	Has the corporation, any owner(s), shareholder(s) any interest, ever been charged, or convicted of a f misdemeanor (including by way of a guilty plea or r	elony or gross	Yes □ No 🗹
2)	Has the corporation, any owner(s), shareholder(s) of any interest, ever been denied a license, permit or registration?	or partner(s) with certificate of	Yes □ No 🗹
3)	Has the corporation, any owner(s), shareholder(s) of interest, ever been the subject of an administrative site fine or proceeding relating to the pharmaceutic	action, board citation.	Yes □ No 🔽
4)	Has the corporation, any owner(s), shareholder(s) of interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related substances?	ed a plea of nolo	Yes □ No √
5)	Has the corporation, any owner(s), shareholder(s) of interest, ever surrendered a license, permit or certification voluntarily or otherwise (other than upon voluntary of the corporation).	icate of registration	Yes ♥ No □
Copies	answer to question 1 through 5 is "yes", a signed sta s of any documents that identify the circumstance or ition may be required.	tement of explanation n contain an order, agree	nust be attached. ement, or other
correc	by certify that the answers given in this application a t. I understand that any infraction of the laws of the ion of an authorized pharmacy may be grounds for t	State of Nevada regula	ting the
correct	read all questions, answers and statements and knot penalty of perjury, that the information furnished on i. I hereby authorize the Nevada State Board of Pha rees, to conduct any investigation(s) of the business bound, qualification and reputation, as it may deem n	this application are true armacy, its agents, serves, professional, social ar necessary, proper or de	, accurate and ants and nd moral sirable.
Origina	al Signature of Person Authorized to Submit Applicat	tion, no copies or stamp	DS .
	NNIS M. POTTER	FeB 14, 2018	
Print N	ame of Authorized Person	Date	Page 2
Board I	Jse Only Date Processed:	Amount:	

State of Incorporation: CALIFORNIA
Parent Company if any: LEITER'S ENTERPRISES, INC.
Mailing Address:17 GREAT OAKS BLVD
City: SAN JOSE State: CA Zip: 95119
Telephone: 800-292-6772 Fax: 408-288-8252
Contact Person: BRIAN ROZEMA CAlicensing@Leiters.com
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) See attachments for corporate officers and structure.
Name Address
b) Name Address
C)Name Address
d) Name Address
2) Provide the number of shares issued by the corporation
3) What was the price paid per share? Par value per share of stock: \$2000
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: %:
Hours of Operation for the pharmacy:
Monday thru Friday 8 am 5 pm Saturday - am - p
Sundayampm 24 Hoursphone only
A Nevada business license is not required, however if the pharmacy has a Nevada business
license please provide the number: N/A Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I,DENNIS M. POTTER
Responsible Person of LEITER'S ENTERPRISES, INC. dba LEI COMPOUNDING
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
DENNIS M. POTTER Print Name of Authorized Person FEB 14, 2018 Date

Leiter's Enterprises, Inc. d/b/a LEI Compounding

6541-B Via Del Oro, San Jose, CA 95119

Ph. 408.326.1530 or 833.862.6296 FAX 408.824.1368

Corporate Officers

Robin S. Hoke

President & CEO

DOB 7/16/1962

Home: `

Yorkshire Rd, Columbus, OH 43221; Ph. /

Business: 13796 Compark Blvd, Englewood, OH 80112; Ph. (800) 292-6772

Robin.Hoke@Leiters.com

Dennis M. Potter

CFO, Secretary & Treasurer

DOB 11/12/1957

Home: 3 Arrowood Ct, Middletown, DE 19709; Ph#

Business: 13796 Compark Blvd, Englewood, OH 80112; Ph. (800) 292-6772

Dennis.Potter@Leiters.com

Business Description

LEI Compounding is a California based retail and sterile compounding pharmacy. It does not outsource and only dispenses patient-specific drug orders pursuant to a valid prescription. It specializes in sterile ophthalmic and other non-sterile topical and oral preparations.

Other Businesses

Leiter's Enterprises, Inc. also owns and operates Leiter's, a FDA registered 503B Outsourcing Facility located at 17 Great Oaks Blvd, San Jose, CA 95119. CA Board of Pharmacy permit number OSF107.

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☐ Publicly Traded Corporation — Pages 1,2,3,7	☐ Partnership - Pages 1,2,5,7			
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7				
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name: Roadrunner Pharmacy				
Physical Address: 711 East Carefree Hwy., Ste. 140,	Phoenix, AZ 85085			
Mailing Address: 711 East Carefree Hwy., Ste. 140				
City: Phoenix State:	AZ Zip Code: <u>85085</u>			
Telephone: 877-518-4589 Fax: 623-434-1181				
Toll Free Number: 877-518-4589 (Required per NAC 639.708)				
E-mail: licensing@roadrunnerpharmacy.net W	ebsite: _www.roadrunnerpharmacy.net			
Managing Pharmacist: Lee Martin	License Number: AZ: S009628			
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
☑ Retail	☐ M Off-site Cognitive Services			
□				
□ 🛛 Internet □ 🗹 Parenteral (outpatient)				
□ 🖾 Nuclear	☐ ☑ Outpatient/Discharge			
☐ Ambulatory Surgery Center	☑ □ Mail Service			
☑ □ Community	□ 🗹 Long Term Care			
□ Other: Vet Compounding Only	□ Sterile Compounding **			
	☑ □ Non Sterile Compounding			
All boxes must be checked				
1				
For the application to be complete	□			

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,

Within	the last five (5) years:		
1)	Has the corporation, any owner(s), shareholder(s) o any interest, ever been charged, or convicted of a fe misdemeanor (including by way of a guilty plea or no	lony or gross	Yes □ No 🗵
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or c registration?		Yes □ No 🗵
3)	Has the corporation, any owner(s), shareholder(s) of interest, ever been the subject of an administrative a site fine or proceeding relating to the pharmaceutical	action, board citation,	Yes □ No 🔯
4)	Has the corporation, any owner(s), shareholder(s) of interest, ever been found guilty, pled guilty or entere contendere to any offense federal or state, related to substances?	d a plea of nolo	Yes □ No ⊠
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary c	cate of registration	· Yes □ No ☒
Copies	answer to question 1 through 5 is "yes", a signed stat s of any documents that identify the circumstance or ition may be required.	ement of explanation n contain an order, agree	nust be attached. ement, or other
correc	by certify that the answers given in this application ar t. I understand that any infraction of the laws of the s ion of an authorized pharmacy may be grounds for the	State of Nevada regula	ting the
under correc emplo	read all questions, answers and statements and kno penalty of perjury, that the information furnished on t t. I hereby authorize the Nevada State Board of Pha yees, to conduct any investigation(s) of the business round, qualification and reputation, as it may deem n	his application are true rmacy, its agents, serv , professional, social ar	, accurate and ants and nd moral
L	a mass RRQ P.I.C.		
	al Signature of Person Authorized to Submit Applicat	•	DS .
Lee M		//2に/20(3 Date	
Print N	lame of Authorized Person	Date	Page 2
Board	Use Only Date Processed:	Amount: \$500.0	

State c	of Incorpor	ration: <u>Delaware</u>								
Parent	Company	if any: EVP Ph	armaceuticals,	Inc.	Avair Const.		- William			
Mailing	Address	711 East Carefr	ee Hwy., Ste. 1	40					At A Company of the C	
City: _	Phoenix		Stat	te:	AZ	_ Zip: _	85085	5	gigggyan gai wi Ana Sili Alika Silik Silikananan	enteren ana un san sin del se estad di Delle esta fede
Teleph	one: <u>877</u>	-518-4589	construidanden is conspirate parameteria	Fax:	623-434	4-1181		-		
Contac	ct Person:	Lee Martin								
For an	y corporat	tion non publicly	traded, disclo	se the	following	ng:				
1)	List top 4	persons to whor	m the shares	were is	ssued b	v the co	rporatio	on?		
•	-	e see attached.			•		•			
	a) 1 1003	Name		Addre	ss			····		
	b)									
	/	Name		Addre	ess					
	c)	Name		Addre	\CC					
		Name		Addre	:55					
	d)	Name		Addre	ess					
2)	Provide tl	he number of sh	ares issued b	y the c	orporati	ion				
3)	What was	s the price paid p	oer share? _							
4)	What dat	e did the corpora	ation actually	receive	e the ca	sh asse	ts?			
5)	Provide a	copy of the corp	ooration's sto	ck regi	ster evi	dencing	the ab	ove inf	ormati	on
List an	ny physicia	an shareholders	and percenta	ge of c	wnersh	ip.				
Name	: N/A							_%: _		
Name	•							_%: _		
Hours	of Opera	ation for the pha	armacy:							
Monda	ay thru Fri	day <u>6:00</u> am	6:00 pm			Saturo	day	8:00	_am	12:00 pm
	Sunday	Closed am	pm			24 Ho	urs		_ Ph	ones Only
A Nev	ada busin	ess license is no	ot required, he	owever	if the p	harmac	y has a	Neva	da bus	iness
		provide the numb								Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lee Martin
Responsible Person of Roadrunner Pharmacy
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.
Inc. Man P.I.C.
Original Signature of Person Authorized to Submit Application, no copies or stamps
Lee Martin Print Name of Authorized Person Date
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
STATE OF Arizona) ss. Modicopic County)
I,Lee Martin, hereby certify that the assertions in this Affidavit
are true and correct to the best of my knowledge and belief, and state as follows:
1. I am the Phramcist in Charge for Roadrunner Pharmacy (the
Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile
products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-
of-State Pharmacy License.
3. I understand and acknowledge that the Pharmacy and any of its Nevada-
registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells
or ships any compounded sterile product into Nevada without first obtaining written authorization
from the Board to do so.
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile
product into Nevada, the Pharmacy, through an authorized representative, will first notify the
Board and obtain written approval to sell and ship such products into Nevada.
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile
product into Nevada, an authorized representative of the Pharmacy may be required to appear
before the Board to answer questions before such approval is granted.
FURTHER AFFIANT SAYETH NOT.
I, Lee Martin , do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
La me
SUBSCRIBED AND SWORN TO before me, a notary public this Aday of Annuary , 20 18 Notary Public - Arizona Maricopa County My Commission Expires August 31, 2020