

# 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: PH01778)  
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: Coram Alternate Site Services, Inc. dba: Coram CVS/specialty Infusion Services  
Physical Address: 4601 E. Hilton Ave., Ste. 105, Phoenix, AZ 85034  
Mailing Address: One CVS Drive, Licensing Dept/MC 1160  
City: Woonsocket State: RI Zip Code: 02895  
Telephone: 480-240-3209 Fax: 480-505-0455  
Toll Free Number: \_\_\_\_\_ (Required per NAC 639.708)  
E-mail: kimberly.mitchell@cvshealth.com Website: 800-697-1667  
Managing Pharmacist: Richard Monty License Number: 508661

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☒ ☐ Other: Non-Resident

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: \_\_\_\_\_

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

99966

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This 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, site 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.

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 pharmacy 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

Thomas S. Moffatt

Print Name of Authorized Person

Date

1/31/2018

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$500.00

# APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

## OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware  
Parent Company if any: Coram Specialty Infusion Services, L.L.C.  
Mailing Address: One CVS Drive  
City: Woonsocket State: RI Zip: 02895  
Telephone: 401-770-6431 Fax: 401-216-0381  
Contact Person: Kimberley DeSousa

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

- a) N/A (Coram Specialty Infusion Services, L.L.C. owns 100% of membership interest)  
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? \_\_\_\_\_

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: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

### Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday No am \_\_\_\_\_ pm  
Sunday No am \_\_\_\_\_ pm 24 Hours No

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

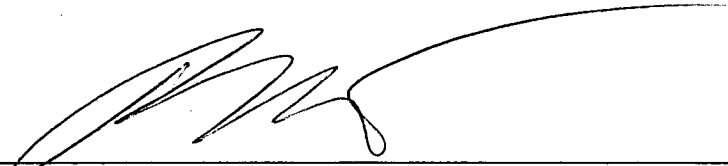
I, Thomas S. Moffatt

Responsible Person of Coram Alternate Site Services, Inc. dba: Coram CVS/specialty infusion 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

1/31/2018

Date

**AFFIDAVIT for Out-of-State Pharmacy License**

STATE OF Arizona )  
 ) 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:

1. I am the Pharmacist-in-Charge for Coram Alternate Site Services, Inc. dba Coram CVS Specialty Infusion Services (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.

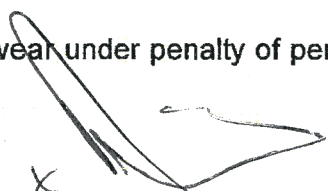
3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

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, Richard Monty do hereby swear under penalty of perjury that the assertions of this affidavit are true.

  
\_\_\_\_\_  
Name

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
29 day of January, 2018.  
Kirstin A Thoner  
NOTARY PUBLIC



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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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: Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090

Physical Address: 12450 East Arapahoe Road, Suite A1, Centennial, CO 80112

Mailing Address: One CVS Drive, MC #1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 303-799-0093 Fax: 303-790-0633

Toll Free Number: 800-934-0093 (Required per NAC 639.708)

E-mail: statereply@cvscaremark.com Website: \_\_\_\_\_

Managing Pharmacist: Sherry Heinrichs License Number: 16902

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☐ ☒ Community  
☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☒ ☐ Parenteral \*\*  
☒ ☐ Parenteral (outpatient)  
☒ ☐ Outpatient/Discharge  
☐ ☒ Mail Service  
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☒ ☐ Sterile Compounding \*\*  
☐ ☒ Non Sterile Compounding  
☒ ☐ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services: \_\_\_\_\_

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99665

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

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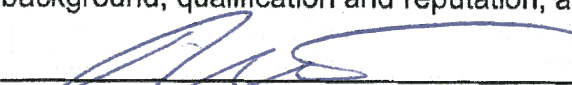
Within the last five (5) years:

- 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, site 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.

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 pharmacy 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

Thomas S. Moffatt, Vice President/Secretary

Print Name of Authorized Person

1-18-2018  
Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: \_\_\_\_\_

Mailing Address: One CVS Drive

City: Woonsocket

State: RI

Zip: 02895

Telephone: 401-770-6431

Fax: 401-216-0381

Contact Person: Kimberley DeSousa

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A (Coram Alternate Site Services, Inc., owns 100% of membership interest)

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? \_\_\_\_\_

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: N/A

%:

Name: \_\_\_\_\_

%:

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 5 pm

Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm

24 Hours ONCALL

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

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)  
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\_\_\_\_\_  
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Thomas S. Moffatt, Vice President/Secretary  
Print Name of Authorized Person

1-18-2018  
Date

**AFFIDAVIT for Out-of-State Pharmacy License**

N/A

STATE OF Colorado )  
 ) ss.  
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 Coram CVS/specialty infusion service #48090 (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.

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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, Sherry Heinrichs, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

\_\_\_\_\_  
Name

**SUBSCRIBED AND SWORN TO**  
before me, a notary public this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: LEI COMPOUNDING

Physical Address: 6541-B VIA DEL ORO, SAN JOSE, CA 95119

Mailing Address: SAME

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: 408-326-1530 Fax: 408-824-1368

Toll Free Number: 833-862-6296 (Required per NAC 639.708)

E-mail: CAlicensing@Leiters.com Website: www.Leiters.com

Managing Pharmacist: Peter Thai License Number: 68556 (CA)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail  
☐ ☒ Hospital (# beds \_\_\_\_\_)  
☐ ☒ Internet  
☐ ☒ Nuclear  
☐ ☒ Ambulatory Surgery Center  
☒ ☐ Community  
☐ ☒ Other: \_\_\_\_\_

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: \_\_\_\_\_

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

100172

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This 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, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
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Original Signature of Person Authorized to Submit Application, no copies or stamps

DENNIS M. POTTER

Print Name of Authorized Person

FEB 14, 2018

Date

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

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. 100,000

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? 12/2012

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

List any physician shareholders and percentage of ownership.

Name: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 8 am 5 pm

Saturday - am - pm

Sunday - am - pm

24 Hours phone only

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

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.

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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.

# NEVADA STATE BOARD OF PHARMACY

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☐ 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: 85085

Telephone: 877-518-4589 Fax: 623-434-1181

Toll Free Number: 877-518-4589 (Required per NAC 639.708)

E-mail: licensing@roadrunnerpharmacy.net Website: www.roadrunnerpharmacy.net

Managing Pharmacist: Lee Martin License Number: AZ: S009628

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds     )

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☒ ☐ Other: Vet Compounding Only

All boxes must be checked

For the application to be complete

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☒ ☐ Parenteral \*\*

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☒ ☐ Mail Service

☐ ☒ Long Term Care

☒ ☐ Sterile Compounding \*\*

☒ ☐ Non Sterile Compounding

☒ ☐ Mail Service Sterile Compounding \*\*

☐ ☒ 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,**

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This 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, site 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.

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 pharmacy 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.

Lee Martin R.R. P.I.C.

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

Lee Martin

Print Name of Authorized Person

Date

1/24/2018

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: EVP Pharmaceuticals, Inc.

Mailing Address: 711 East Carefree Hwy., Ste. 140

City: Phoenix State: AZ Zip: 85085

Telephone: 877-518-4589 Fax: 623-434-1181

Contact Person: Lee Martin

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Please see attached.  
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? \_\_\_\_\_

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: N/A %: \_\_\_\_\_

Name: \_\_\_\_\_ %: \_\_\_\_\_

**Hours of Operation for the pharmacy:**

Monday thru Friday 6:00 am 6:00 pm Saturday 8:00 am 12:00 pm  
Sunday Closed am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_ Phones Only

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

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.

Lee Martin RPA, P.I.C.

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

Lee Martin

Print Name of Authorized Person

1/26/2018

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona )  
 ) ss.  
Maricopa 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 Pharmacist 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.

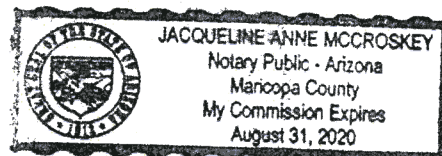
I, Lee Martin, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Lee Martin  
Name

SUBSCRIBED AND SWORN TO  
before me, a notary public this

26 day of January, 2018.

Jacqueline Anne McCroskey  
NOTARY PUBLIC



Jacqueline Anne McCroskey