

**13**

**13A**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA 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     Name Change     Location Change  
 (Please provide current license number if making changes: WH\_\_\_\_\_)

Publicly Traded Corporation – Page 1,2,3,4     Partnership - Page 1,2,3,6a,6b  
 Non Publicly Traded Corporation – Page 1,2,3,5a,5b     Sole Owner – Page 1,2,3,7  
 Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: FENWAL, INC.

Physical Address: 5245 N. Sloan, Suite 300B, North Las Vegas, NV 89115

Mailing Address: Attn: Legal Dept., Three Corporate Drive

City: Lake Zurich State: IL Zip Code: 60047

Telephone: 847-550-5595 Fax: 847-550-7126

Toll Free Number: 888-391-6300

E-mail: FK-USALegalDept@fresenius-kabi.com Website: www.fenwalinc.com

Facility Manager: Gladys Hawkins

Professional qualifications and experience of facility manager: Four years experience as warehouse operations manager with MBA from Benedictine University.

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies     Practitioners     Hospitals     Wholesalers  
 Other: clinics, community & hospital blood centers, plasma collection centers, distributors, veterinarians

**Type of Products to be handled or wholesaled by firm:**

Legend Pharmaceuticals, Supplies or Devices     Hypodermic Devices  
 Poisons or Chemicals     Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

## APPLICATION FOR NEVADA 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

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) Fenwal International, Inc., Road 122 Km 0.5 Industrial Camino Real, San German, Puerto Rico, 00683  
 Name Address  
 Manufacturer of medical devices and pharmaceutical products  
 Business
- 2) Baxter Healthcare, Inc. Highway 221 North, Marion, NC 28752  
 Name Address  
 Manufacturer of pharmaceutical products  
 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 NEVADA 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.

*Jack C. Silhavy*

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

JACK C. SILHAVY

Print Name of Authorized Person

*2/22/19*

Date

Board Use Only	Received: _____	Amount: <u><i>500.00</i></u>
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## APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Fresenius Kabi Pharmaceuticals Holding, LLC

Corporation Name: Fenwal, Inc.

Mailing Address: Three Corporate Drive

City: Lake Zurich State: IL Zip: 60047

Telephone: 847-550-2300 Fax: 847-550-7126

Contact Person: Cynthia Engdahl

For any corporation non publicly traded, disclose the following:

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

- a) N/A. Corporation is wholly-owned by Fresenius Kabi Pharmaceuticals Holding, LLC.
- | Name | Address |
|------|---------|
| b)   |         |
| c)   |         |
| d)   |         |

**NOTE:** All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 1,000
- 3) What was the price paid per share? \$0.01
- 4) What date did the corporation actually receive the cash assets? 12-13-2012
- 5) Provide a copy of the corporation's stock register evidencing the above information

See attached share transfer record and Amended Articles of Incorporation.

### FENWAL, INC. SHARE TRANSFER RECORD

Date	Shareholder	Shares Issued	Shares Surrendered	Total Shares Issued
12/13/2012	Fenwal Holdings, Inc.	1,000		1,000
12/31/2014	Fenwal Holdings, Inc.* Fresenius Kabi Pharmaceuticals		1,000	0
1/1/2015	Holding, Inc. Fresenius Kabi Pharmaceuticals	1,000		1,000
1/1/2018	Holding, Inc.** Fresenius Kabi Pharmaceuticals		1,000	0
1/1/2018	Holding, LLC	1,000		1,000

\*Fenwal Holdings, Inc. merged into Fenwal, Inc. and the grandparent, Fresenius Kabi Pharmaceuticals Holding, Inc., became the parent and sole shareholder.

\*\*Fresenius Kabi Pharmaceuticals Holding, Inc. converted to a Limited Liability Company.

NOTE: By-Laws provide that all shares of capital stock shall be uncertificated.

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "FENWAL, INC.", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2012, AT 7:03 O'CLOCK P.M.

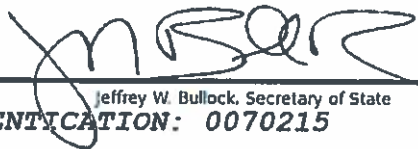
A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



4231925 8100

121339379

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0070215

DATE: 12-14-12



State of Delaware  
 Secretary of State  
 Division of Corporations  
 Delivered 07:36 PM 12/13/2012  
 FILED 07:03 PM 12/13/2012  
 SRV 121339379 - 4231925 FILE

**AMENDED AND RESTATED  
 CERTIFICATE OF INCORPORATION  
 OF  
 FENWAL, INC.**

Fenwal, Inc., a corporation organized and existing under the laws of the State of Delaware (the "Corporation"), does hereby certify as follows as to this Amended and Restated Certificate of Incorporation, dated as of December 13, 2012:

- (1) The name of the Corporation is Fenwal, Inc.
- (2) The original Certificate of Incorporation of the Corporation was filed with the Secretary of State of the State of Delaware on October 26, 2006.
- (3) This Amended and Restated Certificate of Incorporation was duly adopted by the Board of Directors of the Corporation (the "Board of Directors") and by the sole stockholder of the Corporation in accordance with the provisions of Sections 228, 242 and 245 of the General Corporation Law of the State of Delaware.
- (4) This Amended and Restated Certificate of Incorporation restates and integrates and further amends the Certificate of Incorporation of the Corporation by amending its registered agent and registered office address.
- (5) The text of the Certificate of Incorporation of the Corporation as amended hereby is restated to read in its entirety, as follows:

**FIRST:** The name of the Corporation is Fenwal, Inc. (hereinafter the "Corporation").

**SECOND:** The address of the registered office of the Corporation in the State of Delaware is 2711 Centerville Road, Suite 400, in the City of Wilmington, County of New Castle, 19808. The name of its registered agent at that address is Corporation Service Company.

**THIRD:** The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Delaware as set forth in Title 8 of the Delaware Code (the "GCL").

**FOURTH:** The total number of shares of stock which the Corporation shall have authority to issue is one thousand (1,000) shares of common stock, each having a par value of one cent (\$.01).

**FIFTH:** The following provisions are inserted for the management of the business and the conduct of the affairs of the Corporation, and for further definition, limitation and regulation of the powers of the Corporation and of its directors and stockholders:

(1) The business and affairs of the Corporation shall be managed by or under the direction of the Board of Directors.

(2) The number of directors of the Corporation shall be as from time to time fixed by, or in the manner provided in, the By-Laws of the Corporation. Election of directors need not be by written ballot unless the By-Laws so provide.

(3) No director shall be personally liable to the Corporation or any of its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) pursuant to Section 174 of the GCL or (iv) for any transaction from which the director derived an improper personal benefit. Any repeal or modification of this Article FIFTH by the stockholders of the Corporation shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification with respect to acts or omissions occurring prior to such repeal or modification.

(4) In addition to the powers and authority hereinbefore or by statute expressly conferred upon them, the directors are hereby empowered to exercise all such powers and do all such acts and things as may be exercised or done by the Corporation, subject, nevertheless, to the provisions of the GCL, this Certificate of Incorporation, and the By-Laws; provided, however, that no By-Laws hereafter adopted by the stockholders shall invalidate any prior act of the directors which would have been valid if such By-Laws had not been adopted.

**SIXTH:** Meetings of stockholders may be held within or without the State of Delaware, as the By-Laws may provide. The books of the Corporation may be kept (subject to any provision contained in the GCL) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the By-Laws of the Corporation.

**SEVENTH:** The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, the Corporation has caused this Amended and Restated Certificate of Incorporation to be executed on its behalf as of the date first-above written.

FENWAL, INC.

By: Jack Silhavy  
Name: Jack Silhavy  
Title: Secretary

**Fenwal, Inc.**  
**Officers and Directors**

**Officers:**

John Robert Ducker	President and Chief Executive Officer and Director Three Corporate Drive, Lake Zurich, IL 60047
Steven J. Adams	Executive Vice President and Chief Financial Officer Three Corporate Drive, Lake Zurich, IL 60047
Jack C. Silhavy	Executive Vice President and General Counsel Three Corporate Drive, Lake Zurich, IL 60047

**Directors:**

John Robert Ducker	Three Corporate Drive, Lake Zurich, IL 60047
Gerrit Steen	Else-Kröner-Straße 1, 61352 Bad Homburg, Germany
Mats Henriksson	Else-Kröner-Straße 1, 61352 Bad Homburg, Germany

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FENWAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FENWAL, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4231925 8300

SR# 20165573111

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202908684

Date: 08-30-16

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 3/4/19

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Fenwal, Inc. New Wholesaler Application  
Nature of Pharmacy or Wholesaler  
Fenwal, Inc. at 5245 N. Sloan, Suite 300B, North, NY 18915  
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Hawkins First Name Gladys Middle Name Gail

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Weaver (Maiden name)

Present Residence Address-Street or RFD 600 Supreme Drive City Bensenville State/Zip IL 60106

Present Business Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Present Position with the Pharmacy or Wholesaler Operations Manager Dates Jan 15, 2018 - present

Phone: Residence 630-496-7078 Business \_\_\_\_\_

Chicago, Cook County, IL

Date of Birth \_\_\_\_\_ Place of Birth (City, County, State) \_\_\_\_\_

51

Female

Age \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_

Color of Eyes Brown Color of Hair Black Complexion Brown Weight 190 Build Medium Height 5'9

Scars, tattoos or distinguishing marks and/or characteristics Black mole on left Top of head  
No tattoos

Are you a citizen of the United States? Yes  No  If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial GH

MARITAL INFORMATION-Continued

A. **Current Marriage** 7/31/1993 Chicago, Cook County, IL  
Date City, County and State  
 Spouse's full name (Maiden) Anthony B. Hawkins S.S. No.  
 Date of Birth 7 Place of Birth Chicago  
 Resident address Trillium Lane Plainfield, IL 60544  
Street City State Zip  
 Telephone: Residence 6 815-609-6969 Business  
 Spouse's employer Savis, Inc Occupation Digital Marketing Mgr  
 Address of employer 23736 W 119th Plainfield, IL 60585  
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Khaleel Hawkins	11-1-92	Chicago	Trillium Ln, Plainfield, IL 60544
Imani Hawkins	11-1-92	Chicago	Trillium Ln, Plainfield, IL 60544
Jibneel Hawkins	11-1-92	Chicago	Trillium Ln, Plainfield, IL 60544

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial GH



**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name .....  
 Address .....  
 Contact person .....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
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Father

John Weaver, Deceased, s. 17th Ave, Maywood, IL 60153, Construction

Mother

Artie Anderson - Weaver, Deceased, s. 17th Ave, Maywood, IL 60153, Home maker

Father-in-Law

Theodore Hawkins, Deceased, w. North Ave, Chicago, IL 60610, U.S. Navy

Mother-in-Law

Marilyn Hawkins (Bingham), Maiden, w. North Ave, Chicago, IL 60610, Asst Dean of Students

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
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Michael Anderson, Springleaf Dr, Bolingbrook, IL 60440, Retired Sheriff

Spouse

Divorced

John Weaver, P.O. Box, Maywood, IL 60153, Code Enforcement Officer

Spouse

Ashley Bell-weaver, P.O. Box, Maywood, IL 60153, Day care provider

Michelle Turner, Berkley Dr, Bolingbrook, IL 60440, Sr Accountant

Spouse

Eric Turner, Berkley Dr, Bolingbrook, IL 60440, Corporate Engineer

Charlene Weaver, Peering Ln, Bolingbrook, IL 60440, Day care provider

Spouse

None

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Roosevelt Elementary	Bradview, IL	78-81	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Proviso East	Maywood, IL	81-85	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	VIC Chicago, IL		89-93	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Benedictine University		2015-2018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any: MBA

College or university where obtained: Benedictine University

Applicant's initial: GH



5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  If yes, when? ..... city, county and state .....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when? ..... city, county and state .....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No  If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial GH ..... Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes  No  (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
8/2006 - Present	Trilium Ln	Plainfield,	IL
4/2004 - 8/2006	2001 S. 9th Ave	Maywood,	IL
5/2002 - 4/2004	1518 N. Harlem Ave	River Forest,	IL
1/1994 - 5/2002	1834 S. 17th Ave	Maywood,	IL

Applicant's initial GH

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Dec 2015	Cardinal Health 2353 Prospect Dr Aurora, IL 60502	6,240
Warehouse Operations Mgr	Manage outboard operations	Dan Hamiger

Jan 2018	Prescrius Keli Good Supreme Dr, Bensenville, IL 60106	2,400
Warehouse Operations Mgr	Responsible for site	Brian Kurz

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name: <u>Jamal Buho</u>	Home:	<u>iCamden, Aurora, IL</u>	<u>60502</u>	<u>6</u>	<u>630-449-0613</u>	<u>5 1/2 years</u>
Employer: <u>Cardinal Health</u>	Business:	<u>2353 Prospect Dr, Aurora, IL</u>	<u>60502</u>		<u>630-449-0613</u>	
Name: <u>Sela Brown</u>	Home:	<u>2 Pearson Street, Matteson, IL</u>	<u>60648</u>			<u>11 yrs</u>
Employer: <u>Seyfarth Shaw LLP</u>	Business:	<u>233 S. Wacker Dr, St 8000, Chicago, IL</u>	<u>60606</u>		<u>312-460-6719</u>	
Name: <u>Karyn Pitner</u>	Home:	<u>Cliffondale Dr, Atlanta, GA</u>	<u>30349</u>			<u>11 yrs</u>
Employer:	Business:	<u>Recently moved, seeking employment</u>				
Name: <u>Taylor Thompson</u>	Home:	<u>Springbrook Trail S, Oswego, IL</u>	<u>60543</u>			<u>7 yrs</u>
Employer: <u>Daven Muehle</u>	Business:	<u>101 Overland Dr, North Aurora, IL</u>	<u>60542</u>		<u>630-264-0253</u>	<u>6 yrs</u>
Name: <u>Joy Thomas</u>	Home:	<u>1 S Michigan Ave, Unit 307, Chicago, IL</u>	<u>60680</u>			<u>30 yrs</u>
Employer: <u>Grainger</u>	Business:	<u>8600 W Bryn Mawr, Chicago, IL</u>			<u>773-308-1030</u>	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

.....

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

.....

.....

If yes to the above, state where, when and for what reason:

Applicant's initial GH



14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes  No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes  No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes  No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes  No



Date of photograph 3/4/19

Applicant's initial GH

STATE OF ILLINOIS

ss.

COUNTY OF DUPAGE

I, GLADYS HAWKINS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Gladys Hawkins

Original Signature of Applicant

Subscribed and Sworn to before me this 4<sup>TH</sup> day of

MARCH

2019

Cynthia L Engdahl  
Notary Public



(seal)

Applicant's initial GH

ADDITIONAL INFORMATION

Additional Siblings

Latasha Weaver - Springleaf Dr, Bolingbrook, IL 60440  
Mental Health Specialist

NO spouse

Latrina Weaver - Deceased, 517th Ave  
Maywood, IL 60533

Divorced

Applicant's initial GH

**Fenwal, Inc.**  
**Employees Who Handle Drugs on a Daily Basis**

Gladys Hawkins

This is a new facility with plans to be operational approximately October 1, 2019.  
Additional names to be provided prior to receipt and storage of drugs products.

2-22-2019



**13B**

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA 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     Name Change     Location Change  
 (Please provide current license number if making changes: WH\_\_\_\_\_)

Publicly Traded Corporation – Page 1,2,3,4     Partnership - Page 1,2,3,6a,6b  
 Non Publicly Traded Corporation – Page 1,2,3,5a,5b     Sole Owner – Page 1,2,3,7  
 Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: FRESENIUS KABI, LLC

Physical Address: 5245 N. Sloan, Suite 300A, North Las Vegas, NV 89115

Mailing Address: Attn: Legal Dept., Three Corporate Drive

City: Lake Zurich State: IL Zip Code: 60047

Telephone: 847-550-5595 Fax: 847-550-7126

Toll Free Number: 888-391-6300

E-mail: FK-USALegalDept@fresenius-kabi.com Website: www.fresenius-kabi.com/us

Facility Manager: Stephen Shaw

Professional qualifications and experience of facility manager: Over 12 years  
experience as manager of distribution logistics of pharmaceutical products at Teva Pharmaceuticals.

**Types of licensed outlets or authorized persons firm will serve:**

Pharmacies     Practitioners     Hospitals     Wholesalers  
 Other: veterinarians, U.S. government

**Type of Products to be handled or wholesaled by firm:**

Legend Pharmaceuticals, Supplies or Devices     Hypodermic Devices  
 Poisons or Chemicals     Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

## APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?  
(If yes, provide a copy of the certificate.)

Yes  No

Note: The company's facility in Bensenville, IL is VAWD certified. Copy of certificate attached.

Licensed as a Manufacturer by the FDA?  
(If yes, provide a copy of the FDA registration)

Yes  No

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  N/A - LLC, no shareholders

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)	Sole supplier: Fresenius Kabi USA, LLC	One Corporate Drive, Floor 2A, Lake Zurich, IL 60047
	Name	Address
	Manufacturing facilities located in New York, North Carolina and Illinois	
	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 NEVADA 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

JACK C. SILHAVY

Print Name of Authorized Person

2/22/19

Date

Board Use Only	Received: _____	Amount: <u>500.00</u>
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## APPLICATION FOR NEVADA WHOLESALER LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION - LLC**

State of Incorporation: Formed in Delaware

Parent Company if any: Fresenius Kabi Pharmaceuticals Holding, LLC

Corporation Name: Fresenius Kabi, LLC

Mailing Address: Three Corporate Drive

City: Lake Zurich State: IL Zip: 60047

Telephone: 847-550-2300 Fax: 847-550-7126

Contact Person: Cynthia Engdahl

For any corporation non publicly traded, disclose the following:

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

a) N/A. Limited Liability Company does not issue any shares.

Name Address

b) \_\_\_\_\_

Name Address

c) \_\_\_\_\_

Name Address

d) \_\_\_\_\_

Name Address

**NOTE:** All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. Limited Liability Company has no shares

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

N/A

## **Fresenius Kabi, LLC**

### **Description of Administrative Actions Taken Within the Last Five (5) Years**

Fresenius Kabi, LLC provides this summary of a disciplinary action taken by Michigan against a license held in the name of Fresenius Kabi USA, LLC formerly known as APP Pharmaceuticals, LLC ("APP")\*. The action described below was made against the **Bensenville, Illinois distribution facility only** resulting from delayed issuance of the home state license and subsequent late filing of our Colorado and Montana non-resident state license documents, not due to misconduct by APP. The delay in filing resulted from the 2007 reorganization and name change of APP, a complex corporate transaction of which each state was notified. None of the actions involved controlled substances or resulted in harm to any patient.

**Please note that the Bensenville, Illinois facility that was the subject of this action has only been owned and operated by Fresenius Kabi, LLC since 2018. Fresenius Kabi, LLC currently maintains a valid license and is good standing in each state, as required. No disciplinary actions are pending.**

#### **Michigan Administrative Action**

**Action:** An Administrative Complaint was issued by the State of Michigan Dept. of Licensing and Regulatory Affairs on April 10, 2014, which alleged that Fresenius Kabi USA violated Michigan's Public Health Code based solely on disciplinary actions taken against Fresenius Kabi USA by the Colorado and Montana Boards of Pharmacy in 2008 and 2009, respectively. (The Colorado and Montana actions were as a result of delayed issuance of the home state license and subsequent license filings in these states.) Importantly, under the Board's Complaint, Fresenius Kabi USA did not commit any violations of Michigan law that impacted the safety or healthcare needs of Michigan's citizens.

**Outcome:** On September 8, 2014 the Michigan Dept. of Licensing and Regulatory Affairs executed a Consent citing the Stipulation of Fresenius Kabi USA and imposing an administrative fine of \$1,000.00 to resolve the matter.

*The foregoing is a true and accurate description of administrative actions taken within the past five (5) years.*



*Jack C. Silhavy*  
*Executive Vice President & General Counsel*

**\* This administrative action occurred while operating under the name of APP Pharmaceuticals, LLC. On August 1, 2012, the company changed its name to Fresenius Kabi USA, LLC.**

*March 6, 2019*

**Fresenius Kabi, LLC**  
**Officers and Directors**

**Officers:**

John Robert Ducker	President and Chief Executive Officer and Director Three Corporate Drive, Lake Zurich, IL 60047
Steven J. Adams	Executive Vice President and Chief Financial Officer Three Corporate Drive, Lake Zurich, IL 60047
Jack C. Silhavy	Executive Vice President and General Counsel Three Corporate Drive, Lake Zurich, IL 60047

**Directors:**

N/A LLC does not have directors

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6556485 8300

SR# 20191198104

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202294141

Date: 02-20-19



# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 2-28-2019

## GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Fresenius Kabi, LLC New Wholesaler Application  
Nature of Pharmacy or Wholesaler  
Fresenius Kabi, LLC at 5245 N. Sloan, Suite 300A, North Las Vegas, NV 89115  
Name and Address of Business for Which Designated Representative Is Requested  
N/A  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name <b>Shaw</b>	First Name <b>Steven</b>	Middle Name <b>Michael</b>
--------------------------	-----------------------------	-------------------------------

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

**Steve**

Present Residence Address-Street or RFD <b>West 28th Street</b>	<small>Dates</small>	City <b>Beach Park</b>	State/Zip <b>IL 60099</b>
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Present Business Address <b>600 Supreme Drive</b>	<small>Dates</small>	City <b>Bensenville</b>	State/Zip <b>IL 60106</b>
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Present Position with the Pharmacy or Wholesaler <b>Operations Manager</b>	Phone: Residence <u>                    </u> Business <b>847-550-2300</b>
---	---

Date of Birth	Place of Birth (City, County, State) <b>Oneida, Madison, New York</b>
---------------	--

Age <b>55</b>	Social Security Number <b>                    </b>	Sex <b>Male</b>
------------------	---	--------------------

Color of Eyes <b>Blue</b>	Color of Hair <b>Gray</b>	Complexion <b>White</b>	Weight <b>220 lbs</b>	Build <b>Medium/Large</b>	Height <b>5' - 11"</b>
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Scars, tattoos or distinguishing marks and/or characteristics..Surgery.scars:..Left.shoulder,..stomach,..hernia

Are you a citizen of the United States? Yes  No  If alien, registration No.....

If naturalized, certificate No..... Date.....

Place.....(If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial 

MARITAL INFORMATION-Continued

A. **Current Marriage** 4-14-1984 Zion, Lake, Illinois  
Date City, County  
 Spouse's full name (Maiden) Lisa Renee Shaw (Armstrong) S.S. No.:  
 Date of Birth \_\_\_\_\_ Place of Birth Waukegan, Illinois  
 Resident address J West 28th Street Beach Park IL 60099  
Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business 847-872-3846  
 Spouse's employer Village of Winthrop Harbor Occupation Finance/HR Director  
 Address of employer 830 Sheridan Road Winthrop Harbor IL 60096  
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Melissa J. Poisl (Shaw)		Vaukegan IL	/almon Lane Volo IL 60073
Steven J. Shaw		Waukegan IL	Stockberry West Chicago IL 60185
Kristi L. Shaw		Waukegan IL	West 28th Street Beach Park IL 60099

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial SS

**FAMILY INFORMATION-Continued**

District attorney or public agency responsible for enforcing the child support order:

Name .....

Address .....

Contact person .....

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

James M. Shaw (deceased) 2 Ocean Circle, Davenport FL 33897 Associate Pastor

Mother

Phyllis M. Shaw (Friend) t h Ave Apt. 203B, Pleasant Prairie WI 53152 Secretary

Father-in-Law

James W. Armstrong Thompson, Winthrop Harbor IL 60096 Superintendent

Mother-in-Law

Caroline Armstrong (Sanchez) t Thompson, Winthrop Harbor IL 60096 Factory

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Annette M Anderson (Shaw) t 108th Ave, Kenosha WI 53142 Administration

Spouse

Don Anderson J 108th Ave, Kenosha WI 53142 Engineer

James M Shaw Jr. 3 N. Montecito Ave, Sun City West AZ 85375 HR Mgr.

Spouse

Laura Shaw (Heinold) t N. Montecito Ave, Sun City West AZ 85375 Homemaker

Suzette Y Riley (Shaw) ? 257th Ave, Trevor WI 53179 Homemaker

Spouse

Carl Riley 257th Ave, Trevor WI 53179 Electrical Engineer

Chris E Shaw Glen Cove Drive, Arden NC 28704 Property Management

Spouse

Catherine Wegner (Shaw) Glen Cove Drive, Arden NC 28704 Office Manager

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School West Elementary/Central Jr. High	Zion IL	1972 - 1977	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Zion-Benton Township High School	Zion IL	1977 - 1981	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University Carthage College	Kenosha WI	1991 - 1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.. Business Administration - Business .....

College or university where obtained.. Carthage College .....

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes  No

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

County Lake ..... State Illinois ..... Date registered Approx 1990 .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No  If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  If yes, when? ..... city, county and state .....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when? ..... city, county and state .....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No  If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes  No  (Other than divorces)  
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?  
 Yes  No  If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

**7. RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
3-1985 to 2-1990	2810 Elizabeth Ave	Zion	IL 60099
3-1990 to 5-1994	600 Russell Ave	Winthrop Harbor	IL 60096
6-1994 to 11-2006	6227 66th Ave	Pleasant Prairie	WI 53158
12-2006 to 2-2014	7319 147th Ave	Kenosha	WI 53142
2-2014 to Present	West 28th Street	Beach Park	IL 60099

Applicant's initial SS Page 5

**8. EMPLOYMENT:**

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

5-2005 to 12-2018 Teva Pharmaceuticals <sup>605 TRI-STATE PARKWAY</sup> <sup>GURNEE, IL 60031</sup> 28,426

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours  
 Transportation Mgr.      Manage Import/Export Compliance & Distribution/Logistics of pharmaceutical products      Raymond Flynn

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

Month and Year      Name/Mailing Address of Employer/Business      Number of Employed Hours

Title      Description of Duties      Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RF Page 6



9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Mike Marshall Name	Home	Bauer Rd	Albuquerque	NM 87123		45 Years
Sandia National Labs Employer	Business	1515 Eubank Blvd.	Albuquerque	NM 87123		
Tom Haman Name	Home	Windsor Circle,	Union Grove	WI 53182		15 Years
Culvers Employer	Business	723 S. Sylvania Ave,	Union Grove	WI 53182		
Carl Ciske Name	Home	Main St	Union Grove	WI 53182		15 Years
IC School Employer	Business	2121 Paul Jones St,	Great Lake	IL 60088		
Jeff Talbert Name	Home	204th Court,	Bristol	WI 53104		10 Years
Westosha Lakes Church Employer	Business	24823 74th St,	Salem	WI 53168		
Scott Miller Name	Home	63rd St,	Kenosha	WI 53142		5 Years
CBRE Employer	Business	321 N. Clark St,	Suite 3400	Chicago	IL 60654	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes  No

.....

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes  No

.....

.....

If yes to the above, state where, when and for what reason:

Applicant's initial SS Page 7

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes  No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes  No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes  No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes  No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes  No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes  No



Date of photograph 2-26-19

Applicant's initial SS



STATE OF Illinois

ss.

COUNTY OF Lake

I, Steven Michael Shaw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

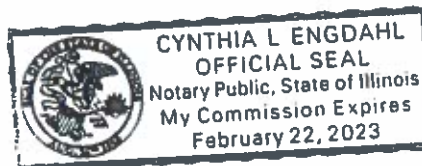
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of

February 2019

Notary Public



(seal)

Applicant's initial SS Page 9

ADDITIONAL INFORMATION

A series of horizontal dotted lines for writing, with a blue diagonal line drawn across them from the bottom-left to the top-right.

Applicant's initial SS Page 10

**Fresenius Kabi, LLC**  
**Employees Who Handle Drugs on a Daily Basis**

Steven Shaw

This is a new facility with plans to be operational approximately October 1, 2019.  
Additional names to be provided prior to receipt and storage of drugs products.

2-22-2019