

**20**

**20A**

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and non-transferable checks 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 or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
 Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,7,8  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6       Sole Owner – Pages 1,2,3,9

**GENERAL INFORMATION to be completed be all types of ownership**

Facility Name: KeySource Acquisition, LLC dba KeySource, Praxis, Praxis Med, Key Pharmaceuticals

Physical Address: 7800 Palace Drive, Suite 200

City: Cincinnati State: OH Zip Code: 45249

Telephone Number: 513-469-7881 Fax Number: 513-469-7886

Toll Free Number: 800-842-5991

E-mail: licensing@keysourceusa.com Website: https://www.keysourceusa.com

Facility Manager: Thomas Coleman

Enclosed is Military form DD214 for Designated Representative Thomas Edward Coleman that show he was a Medical Specialist overseas for 2 years 5 months. These military duties consisted of, but were not limited to, the storage, distributing, dispensing, and recordkeeping of prescription drugs.

Professional qualifications and experience of facility manager: \_\_\_\_\_  
He has also been employed here at KeySource Acquisition, LLC for 1 year and 3 months. He is now registered in Idaho as a Designated Representative (License# DR57434), has his California Wholesale Distributor Designated Representative license (license# EXC 25668), a California 3PL Designated Representative license application waiting to be processed at the CA BOP, and he just finished his Florida Designated Representative training and submitted application to FL DOH c 3/17/2020.

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

Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Mail-Order Pharmacies, Re-packagers

**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 OUT-OF-STATE 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 Manufacturer by the FDA? Yes  No   
(If yes, provide a copy of your 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

KeySource Acquisition, LLC dba KeySource, Praxis, Praxis Med, Key Pharmaceuticals - 7820 Palace Drive, Cincinnati, OH 45249

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Hikma Pharmaceuticals USA Inc.  
Address: 1809 Wilson Rd. Columbus OH 43228

Name: Sun Pharmaceutical Industries  
Address: 1 Commerce Drive Cranbury NJ 08512

Name: Teva Pharmaceuticals  
Address: 1090 Horsham Road North Wales PA 19454

Name: Mylan Pharmaceuticals, Inc  
Address: 2898 Manufacturers Road Greensboro NC 27406

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: None

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

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

**SEE ATTACHED**

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

**SEE ATTACHED**

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

**Robert Todd Szewc**

Print Name of Authorized Person

Date 3/30/2020

**Board Use Only**

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

Amount: \_\_\_\_\_

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

**LLC**

State of Incorporation: Delaware

Parent Company if any: KeySource Acquisition, LLC

Mailing Address: 7820 Palace Drive

City: Cincinnati State: OH Zip: 45249

Telephone: 513-469-7881 Fax: 513-469-7886

Contact Person: Robert Todd Szewc

For any corporation non-publicly traded, disclose the following:

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

a) (90%) SRP Healthcare I, LLC c/o Seal Rock Partners, Principal: William Fradin, 712 5th Avenue, 12th Floor, New York, New York 10019

Name Business Address

b) (10%) Friedman Capital Equity Partners, Principal: Randolph Friedman, 100 Haddrell Street Mount Pleasant, SC 29464

Name Business Address

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

Name Business Address

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

Name Business Address

2) Provide the number of shares issued by the corporation. See #1 - LLC

3) What was the price paid per share? See #1 - LLC

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: None

**Include with the application for a non-publicly traded corporation**

List of officers and directors **SEE ATTACHED**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

**SEE ATTACHED**



## **Description of Business**

7800 Palace Drive, Suite 200  
Cincinnati, OH 45249

KeySource Acquisition, LLC ("KeySource") is a full-service wholesale distributor of generic pharmaceuticals.

With over 120 employees, KeySource has sales, operations and two distribution facilities located in Cincinnati, Ohio, and a sales office in Niagara Falls, New York. The corporate office and one of the distribution centers is located at 7820 Palace Drive, Cincinnati, Ohio. The second facility is a new facility to KeySource and is located at 7800 Palace Drive, Suite 200, Cincinnati, OH 45249. This facility is 54,800 square feet in size. KeySource is currently in the process of constructing a new cage and vault for the distribution of Controlled Substances.

KeySource is in the process of submitting licensing applications to conduct wholesale distribution in all states. In addition, KeySource is a member of the trade association HDMA, and is VAWD accredited through the National Association Board of Pharmacy.

KeySource purchases product directly from the manufacturer and only FDA approved products are carried.

KeySource carries over 2,600 unique SKU's, supplied by over 80 manufacturers. All items are finished goods in dosage form and manufactured for human use. The vast majority of products are tablets and capsules stored at controlled room temperature. KeySource also carries injectables, solutions, liquids, inhalations, suspensions, powder and refrigerated items. KeySource does not carry API's or raw materials.

KeySource services over 5,000 customers nationwide. On average, KeySource fulfills over 800 orders per day. Roughly, 60% of these customers are retail pharmacies, 20% are chain pharmacies, 10% are LTC pharmacies and the remaining 10% divided between specialty, re-packagers, mail-order pharmacies, and distribution centers. KeySource does not distribute to physicians or end users.

The facility currently has 7 security cameras and is monitored by Tyco Integrated Security (formerly ADT Security) 24/7.

There are 5 DicksonOne temperature and humidity sensors throughout the facility. These devices are monitored through the DicksonOne software. An automatic email alert is sent when temperatures and/or humidity rise above current settings.

Mark I. Sedar

# OFFICER LIST

**From:** Janine Abdellaoui <JAbdellaoui@keysourceusa.com>  
**Sent:** Tuesday, April 7, 2020 10:51 AM  
**To:** Mark I. Sedar  
**Cc:** Licensing  
**Subject:** RE: Nevada Out-Of-State Wholesaler Application - KeySource Aquisition, LLC  
**Attachments:** KSA, CA, Surety Bond Rider, 33BSBFC7027 Exp. 2020.pdf; KSA, CA Bond.pdf; KA, DE Certificate of Good Standing (03-27-2020).pdf; KA, OH Certificate of Good Standing (04-07-2020).pdf

Hello Mark,

Please see attached documents. There is a surety bond and a rider for \$100,000. I've included both Ohio (resident state) and Delaware (where the LLC was established).

We have one officer, Robert Todd Szewc – President/COO

Please let me know if you still require additional information.

Thanks for your help.

Janine Abdellaoui  
 Regulatory Compliance Administrator



7820 Palace Dr  
 Cincinnati, OH 45249  
 844-896-4362 (direct)  
 800-526-8840 (fax)  
[Jabdellaoui@KeySourceUSA.com](mailto:Jabdellaoui@KeySourceUSA.com)

**From:** Mark I. Sedar <msedar@pharmacy.nv.gov>  
**Sent:** Tuesday, April 7, 2020 1:38 PM  
**To:** Licensing <Licensing@keysourceusa.com>  
**Subject:** Nevada Out-Of-State Wholesaler Application - KeySource Aquisition, LLC

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from KeySource Aquisition, LLC. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- List of Officers, list provided did not include names
- Each wholesaler that is Accredited by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors program is required to submit a \$25,000 surety bond per NAC 639.5937.

**NAC 639.5937 Bond or other security: Amount required from certain wholesalers; reduction of amount; substitution. (NRS 639.070, 639.515)**

1. Unless the Board otherwise requires, a wholesaler shall file with the Board a bond or other security in the amount of \$25,000 pursuant to [NRS 639.515](#) if the wholesaler is:



(a) Accredited by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors program;

(b) A manufacturer of prescription drugs; or

(c) A facility that distributes prescription drugs manufactured by a single manufacturer.

2. The Board will reduce the bond or other security to the amount of \$5,000 if any wholesaler described in subsection 1 has been licensed with the Board for 5 consecutive years or more.

3. Any bond or other security filed with the Board pursuant to subsection 1 may be substituted by a different bond or other security of equal value. The Board will release the previous bond or other security to the applicant upon receipt of the new bond or security.

(Added to NAC by Bd. of Pharmacy by R051-07, eff. 12-4-2007)

**All items must be received to move forward with processing your application.**

Please let me know if you have any questions.

Thank you,

Mark Sedar  
 Chief Operating Officer  
 Nevada State Board of  
 Pharmacy  
 (775) 850-1440  
[msedar@pharmacy.nv.gov](mailto:msedar@pharmacy.nv.gov)



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KEYSOURCE ACQUISITION, LLC, a Delaware For Profit Limited Liability Company, Registration Number 3910306, filed on June 6, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of April, A.D. 2020.*

A handwritten signature in blue ink that reads "Frank LaRose".

Ohio Secretary of State

Validation Number: 202009802122

# State Of Delaware

## Entity Details

RE: Certificate of <sup>1141</sup>  
Good Standing  
(Corp. Status)

3/27/2020 12:07:29PM

File Number: 6005735

Incorporation Date / Formation Date: 4/1/2016

Entity Name: KEYSOURCE ACQUISITION, LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 4/1/2016

### Registered Agent Information

Name: REGISTERED AGENT SOLUTIONS, INC.

Address: 9 E. LOOCKERMAN STREET SUITE 311

City: DOVER

Country:

State: DE

Postal Code: 19901

Phone: 888-716-7274

RE: Letter of Good Standing

# License Look Up

3/27/2020 11:33 AM

## KeySource Acquisition, LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Wholesaler - Category 3
License Number	0132000051
License Issue Date	11/22/2019
License Expiration Date	06/30/2021
License Effective Date	11/22/2019
Street Address	7800 Palace Dr Ste 200
City	Cincinnati
State	OH
Zipcode	45249-1631
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
Thomas Coleman		Active	Mon Jan 07 00:00:00 GMT 2019	

Current date & time: 3/27/2020 11:33 AM

**Disclaimer:** The Joint Commission and NCOA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

RE: Copy of current License <sup>1144</sup>



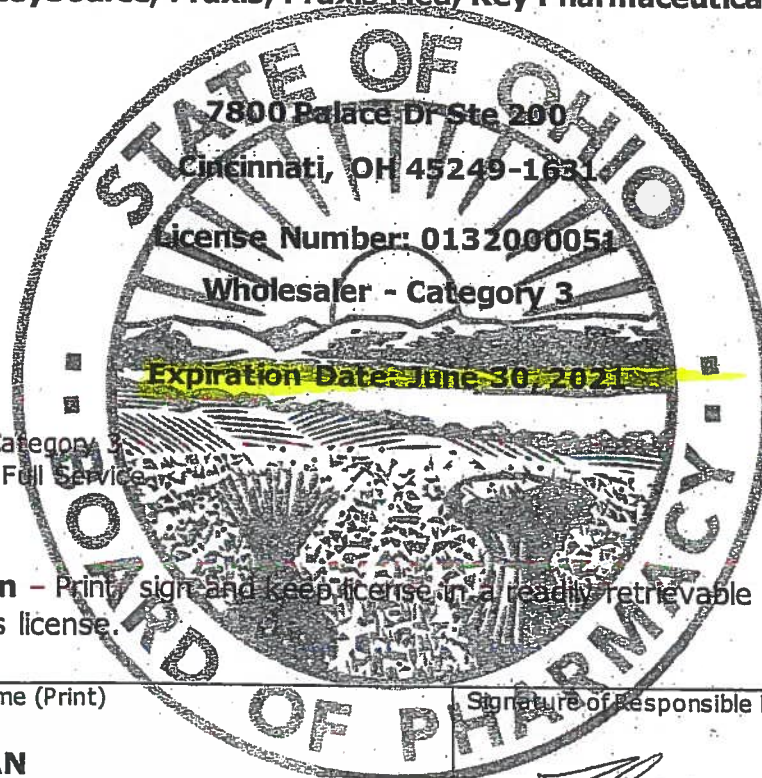
**STATE OF OHIO**  
BOARD OF PHARMACY

## LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2021.

**KeySource Acquisition, LLC**

**KeySource, Praxis, Praxis Med, Key Pharmaceuticals**



7800 Palace Dr Ste 200

Cincinnati, OH 45249-1631

License Number: 0132000051

Wholesaler - Category 3

Expiration Date: June 30, 2021

CLASS: Wholesaler - Category 3  
BUSINESS TYPE: FS - Full Service

**Responsible Person** - Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
<b>THOMAS COLEMAN</b>	

*Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - [https://elicense.ohio.gov/oh\\_homepage](https://elicense.ohio.gov/oh_homepage).*

**State of Ohio Board of Pharmacy**  
77 South High Street, 17th Floor, Columbus, Ohio 43215  
T: 614/466-4143 | F: 614/752-4836 | [licensing@pharmacy.ohio.gov](mailto:licensing@pharmacy.ohio.gov)



### BOARD OF PHARMACY

## LICENSING DETAILS FOR: EXC 25668

**NAME:** COLEMAN, THOMAS EDWARD  
**LICENSE TYPE:** DESIGNATED REPRESENTATIVE (WHOLESALE)  
**LICENSE STATUS:** CLEAR

**ADDRESS NOT DISCLOSED**

**ISSUANCE DATE**  
FEBRUARY 25, 2020  
**EXPIRATION DATE**  
FEBRUARY 1, 2021  
**CURRENT DATE / TIME**  
MARCH 24, 2020  
12:24:08 PM



The National Association of Boards of Pharmacy®  
hereby awards

Verified-Accredited Wholesale Distributors®  
Accreditation

to

*Key Source Acquisition, LLC, dba Key Source,  
Parrish, Parrish Med, Key Pharmaceuticals*

located at

*7800 Palace Drive, Suite 200, Cincinnati, OH 45249*

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at [www.nabp.pharmacy](http://www.nabp.pharmacy).

\_\_\_\_\_  
Carmen A. Carizone, Executive Director/Secretary

\_\_\_\_\_  
Period of Accreditation

January 30, 2020 - January 29, 2023

National Association of Boards of Pharmacy | 1600 Feeharville Drive, Mount Prospect, IL 60056 | [www.nabp.pharmacy](http://www.nabp.pharmacy)



Facility Name

State

**Search**

**Reset**

## Current list of 2 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
KeySource Acquisition, LLC dba KeySource, Praxis, Praxis Med, Key Pharmaceuticals	7800 Palace Drive, Ste 200 Cincinnati, OH 45249	01/30/20
KeySource Acquisition, LLC dba Keysource; Praxis; Praxis Med; Key Pharmaceuticals	7820 Palace Drive Cincinnati, OH 45249	04/26/19

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<https://www.linkedin.com/company/national-association-of-boards-of-pharmacy/>



# NABBP

## National Association of Boards of Pharmacy

<https://nabp.pharmacy>

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## Accredited Drug Distributors

### Find an Accredited Drug Distributor

Your Trusted Source for Generic Pharmaceuticals



**RE: Affirmative Answer to Legal Question # 3 and 5**

In June 2011, our former predecessor, KeySource Medical, Inc., received an Order of Immediate Suspension from the DEA for failing to report suspicious orders. KeySource Medical, Inc. voluntarily surrendered their DEA registration. KeySource Acquisition, LLC has employees and officer(s) that were formerly part of KeySource Medical, Inc.

NEVADA STATE BOARD OF PHARMACY  
985 Damonte Ranch Pkwy Suite 206  
Reno, NV 89521  
(775) 850-1440  
Fax: (775) 850-1444

**PHARMACEUTICAL WHOLESALER SURETY BOND**

Bond No. 33BSBII1326

Application/License No. WH01590 and New Application

KeySource Acquisition, LLC, doing or intending to do business as a  
Applicant/Principal  
pharmaceutical wholesaler, whose address for purposes of service is  
7800 Palace Drive, Suite 200 and 7800 Palace Drive, Suite 200, Cincinnati, Oh 45249, as  
Address of Applicant/Principal

PRINCIPAL, and see attached, a  
Surety Company  
corporation organized under the laws of the state of see attached  
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is 7820 Palace Drive, Cincinnati, OH 45249  
and 7800 Palace Drive, Suite 200, Cincinnati, Oh 45249 as  
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada  
State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND  
DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors,  
administrators, successors and assigns jointly and severally, by these presents. This  
bond term shall become effective on April 13, 2020  
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada  
Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have  
on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of  
\$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is  
executed and tendered in accordance therewith. This bond secures payment of any  
administrative fines imposed by the Board pursuant to NRS 639.255 and any costs  
incurred by the Board regarding the license of Applicant/Principal that are impose  
pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

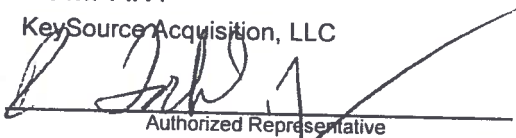
In witness whereof, each party to this bond has caused it to be executed on this 13th day of April, 20 20.

APPLICANT/PRINCIPAL

SURETY

COMPANY

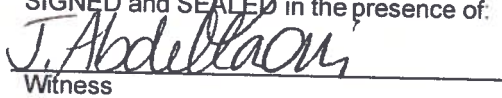
KeySource Acquisition, LLC

  
Authorized Representative

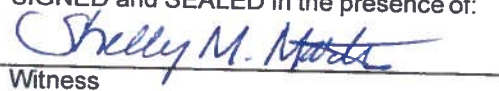
  
Surety Company's Representative

Phyllis T. Neal, Attorney-in-fact  
print name

SIGNED and SEALED in the presence of:

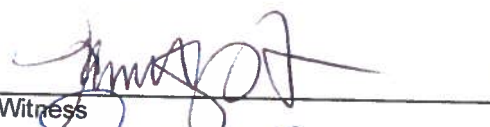
  
Witness

SIGNED and SEALED in the presence of:

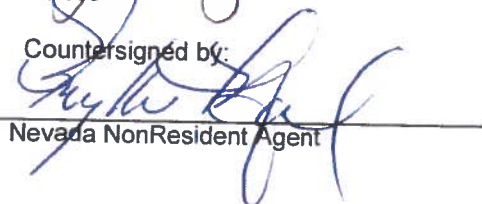
  
Witness

Witness

Witness

  
Witness

Countersigned by:

  
Nevada NonResident Agent

# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**  
BOND, T-12  
One Hartford Plaza  
Hartford, Connecticut 06155  
[Bond.Claims@thehartford.com](mailto:Bond.Claims@thehartford.com)  
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: A J GALLAGHER RISK MGMNT SVCS INC  
Agency Code: 33-707542

- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :  
Robert E. Gigax, Jr., Patricia L. Hehman, Shelly M. Martin, Phyllis T. Neal of CINCINNATI, Ohio

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }  
  } ss. Hartford  
COUNTY OF HARTFORD }

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard  
Notary Public

My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 13, 2020  
Signed and sealed at the City of Hartford.



Kevin Heckman, Assistant Vice President

# HARTFORD FIRE INSURANCE COMPANY

Hartford, Connecticut  
 Financial Statement, December 31, 2018  
 Statutory Basis

## ASSETS

U.S. Government Bonds .....	\$	442,265,403
Bonds of Other Governments .....		129,979,076
State, County Municipal Miscellaneous Bonds .....		5,862,114,698
Stocks .....		5,548,592,711
Short Term Investments .....		116,077,507
	\$	<u>12,099,029,395</u>
Real Estate .....	\$	331,574,149
Cash .....		58,641,379
Agents' Balances (Under 90 Day) .....		3,017,198,060
Other Invested Assets .....		3,341,398,040
Miscellaneous .....		2,884,202,864
Total Admitted Assets .....	\$	<u>21,732,043,887</u>

## LIABILITIES

Reserve for Claims and Claim Expense .....	\$	8,845,153,352
Reserve for Unearned Premiums .....		2,094,533,642
Reserve for Taxes, License and Fees .....		52,262,120
Miscellaneous Liabilities .....		2,084,882,679
Total Liabilities .....	\$	<u>13,076,831,793</u>
Capital Paid In \$		55,320,000
Surplus .....		<u>8,599,892,094</u>
Surplus as regards Policyholders .....	\$	<u>8,655,212,094</u>
Total Liabilities, Capital and Surplus .....	\$	<u>21,732,043,887</u>

STATE OF CONNECTICUT  
 COUNTY OF HARTFORD  
 CITY OF HARTFORD

} ss.

Allison G. Niderno, Vice President and Controller, and Allen R. Craig, Assistant Secretary of the Hartford Fire Insurance Company, being duly sworn, each deposes and say that the foregoing is a true and correct statement of the said company's financial condition as of December 31, 2018.

Subscribed and sworn to before me this  
 18th day of March, 2019.

Laurie Hansen

Notary Public



Allison G. Niderno  
 Vice President and Controller

Allen R. Craig  
 Assistant Secretary



March 27, 2020

**RE: Copy of DEA Registration**

KeySource Acquisition, LLC located at 7800 Palace Drive, Suite 200, Cincinnati, OH 45249 currently has a new cage and vault being constructed. No Controlled Substances are currently being stored at this facility, however our Ohio license type will allow us to start storing and distributing immediately upon the issuance of the new DEA registration.



Your Trusted Source for Generic Pharmaceuticals

**KeySource™**

*RE: Ownership is  
Non-Publicly Traded  
and  
officer list*

**KeySource Acquisition, LLC  
dba**

**KeySource, Praxis, Praxis Med, Key Pharmaceuticals**

7820 Palace Drive, Cincinnati, OH 45249

Phone: 513-469-7881

Fax: 513-469-7886

State Incorporated: Delaware

Registration Number: 6005735

Federal Tax ID: 81-2071364

**KeySource Acquisition, LLC Manager Information**

R. Todd Szewc, President/COO

**KeySource Acquisition, LLC Member Information**

SRP Healthcare I, LLC (90%)

c/o Seal Rock Partners

FEIN: 81-2155444

Principal: William Fradin

712 5<sup>th</sup> Avenue, 12<sup>th</sup> Floor

New York, New York 10019

Friedman Capital Equity Partners (10%)

FEIN: 80-0688890

Principal: Randolph Friedman (Chairman of the Board)

100 Haddrell Street

Mount Pleasant, SC 29464

Your Trusted Source for Generic Pharmaceuticals



RE: Professional qualifications  
and experience of facility mgr.

**RE: Designated Representative  
Thomas Edward Coleman  
Additional Information**

Enclosed with the resume is Military form DD214 for Designated Representative Thomas Edward Coleman that shows he was a Medical Specialist overseas for 2 years 5 months. These military duties consisted of, but were not limited to, the storage, distributing, dispensing, and recordkeeping of prescription drugs. He has also been employed here at KeySource Acquisition, LLC for approximately 1 year and 4 months. He is now registered in Idaho as a Designated Representative (License# DR57434), has his California Wholesale Distributor Designated Representative license (license# EXC 25668), a California 3PL Designated Representative license application waiting to be processed at the CA BOP, and he just finished his Florida Designated Representative training and application has been submitted.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1 NAME (Last, first, middle)  
**CGLENAH, THOMAS EDWARD**

2 DEPARTMENT, COMPONENT AND BRANCH  
**ARMY/RA**

3 SOCIAL SECURITY NO

4a. GRADE, RATE OR RANK  
**SP4**

4b. PAY GRADE  
**E-4**

5 DATE OF ENTRY  
[REDACTED]

6 PLACE OF ENTRY INTO ACTIVE DUTY  
**Cincinnati, OH**

7 LAST DUTY ASSIGNMENT AND MAJOR COMMAND  
**4th Bn 16th Inf, APO NY 09137 USAREUR E1**

8 STATION WHERE SEPARATED  
**Ft Lewis, WA**

9 COMMAND TO WHICH TRANSFERRED  
**USAR CONTROL GROUP (REINFORCEMENT) RCFAC ST LOUIS, MO 63132**

10 SGLI COVERAGE  
AMOUNT \$ **50** 000  NONE

11 PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles including periods of one or more years)  
**91A1C Medical Specialist, 2 yrs & 5 mos// NOTHING FOLLOWS.**

12 RECORD OF SERVICE	YEAR(S)	MON (S)	DAY(S)
a. Date Entered AD This Period	<b>83</b>	<b>02</b>	<b>25</b>
b. Separation Date This Period	<b>85</b>	<b>01</b>	<b>09</b>
c. Net Active Service This Period	<b>02</b>	<b>14</b>	<b>24</b>
d. Total Prior Active Service	<b>00</b>	<b>00</b>	<b>00</b>
e. Total Prior Inactive Service	<b>00</b>	<b>02</b>	<b>16</b>
f. Foreign Service	<b>02</b>	<b>03</b>	<b>25</b>
g. Sea Service	<b>00</b>	<b>00</b>	<b>00</b>
h. Effective Date of Pay Grade	<b>84</b>	<b>10</b>	<b>01</b>
i. Reserve Oblig Term Date	<b>89</b>	<b>02</b>	<b>15</b>

13 DECORATIONS, MEDALS, BADGES, GRATINGS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  
**Army Service Ribbon//Overseas Service Ribbon//Noncommissioned Officer Professional Development Ribbon (1)//NOTHING FOLLOWS.**

14 MILITARY EDUCATION (Course Title, number weeks, and month and year completed)  
**Medical Specialist, 10 weeks (83)//Primary Leadership Course, 5 weeks (85)//Emergency Medical Technician, 2 weeks (85)//Language Training (German), 1 week (83)//NOTHING FOLLOWS.**

15 MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM  YES  NO

16 HIGH SCHOOL GRADUATE OR EQUIVALENT  YES  NO

17 DAYS ACCRUED LEAVE PAID **19.5**

18 REMARKS  
**Dental care was not provided within 90 days prior to separation// Separated from service on temporary records and soldier's affidavit//NOTHING FOLLOWS.**

19 MAILING ADDRESS AFTER SEPARATION  
**12617 Lincoln S.W. Apt #1 (Pierce)  
Tacoma, WA 98404**

20. MEMBER REQUESTS COPY 6 BE SENT TO **MA** DIR OF VEI AFFAIRS  YES  NO

21 SIGNATURE OF MEMBER BEING SEPARATED  
*[Signature]*

22 WITTED NAME, GRADE, TITLE AND SIGNATURE OF OFFICER AUTHORIZED TO SIGN  
**JOSEPH T. GILL III, 2LT, Ab, Asst AG**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23 TYPE OF SEPARATION <b>Relief from active duty</b>	24 CHARACTER OF SERVICE (Includes upgrades) <b>Honorable</b>
25 SEPARATION AUTHORITY <b>AR 635-800, chap 4, para 16-6</b>	26 SEPARATION CODE <b>LBM</b>
27 NARRATIVE REASON FOR SEPARATION <b>Short length of time remaining on active duty precludes reassignment (overseas returnee)</b>	27 REENLISTMENT CODE <b>RE-1</b>
28 DATES OF TIME LOST DURING THIS PERIOD	30 MEMBER REQUESTS COPY <input checked="" type="checkbox"/> INITIALS

Thomas Coleman  
 3 Lorelei Drive  
 Fayetteville, Ohio 45118  
 Phone

[.m](#)

### **Objective:**

To obtain a position where I can use my background, skills and experience in Supply Chain Management, Financial/Data Analyses and problem solving to increase profits and achieve organizational goals and objectives.

### **Experience:**

#### **Vice President of Logistics at KeySource Acquisitions LLC.**

January of 2019 to present.

- Develop long-range objectives and strategies for the distribution center, monitor performance against these objectives and provide feedback to direct reports and team members.
- Create and maintain standard operating procedures and best practices in terms of performance monitoring in order to optimize quality and delivery time.
- Strategic planning and execution to enhance profitability, productivity and efficiency throughout the company's operations.
- Define information systems requirements to support process improvement initiatives.
- Integrate the technology, quality, purchasing, and logistics functions to support product and process excellence.
- Ensures distribution center policies and procedures (human resources, administrative, safety, regulatory compliance, etc.) are implemented in a consistent manner and to company expectations
- Participates in annual Budget preparation
- Has full P&L responsibilities for facility

**Senior Manager at ITOCHU Automobile America Inc. (Promax Automotive Inc.)** from July of 2000-2009, 2010 to December 2018. ITOCHU Automobile America Inc. is a 465,000 Square Foot Auto Parts Distribution Center for Isuzu with 65,000 sku's and 60 million dollars' worth of inventory. Other positions held at ITOCHU include Distribution Center Manager, Operations Manager of the Packaging Department, Import/Export Manager and Assistant Manager of Corporate Planning and Development.

- Streamlined Warehouse Operation resulting in a reduction of 13 headcount in an already lean operation.
- Increased PBT by \$414,743 in Packaging Department.
- Designed the warehouse layout for a cross-dock operation for Nissan in Canton MS.
- Played a key role in the re-design of the layout of a sequencing operation into the General Motors plant in Janesville WI.
- Played a key role in the setup of a new 615,000 square foot Auto Parts Distribution Center. This resulted in the consolidation of 3 distribution centers in a 6-month period of time, representing 83 million dollars in inventory.

Duties include but are not limited to

- Manage day to day operations at the Distribution Center.
- Analysis of KPI's to ensure organization is on track to meet its goals and objectives.
- P & L analysis
- Budget and Forecasting
- Receiving and Shipping both Domestic and International
- Inventory Control
- Label and barcode design
- Customer Service
- Safety
- Kaizen and Lean
- ISO Certified
- CTPAT (Customs-Trade Partnership Against Terrorism)
- Sales
- Contract Negotiations with customers, carriers and suppliers
- Project Management and quoting of new business
- Financial planning for major capital expenditures

**Warehouse Operations Manager at H & O Distribution from November 2009 to July 2010**

- Streamlined Warehouse Operation at H & O Distribution resulting in a 41% reduction of headcount.
- Increased fill rate at H & O Distribution from 79% to 98%.

Duties included

- Managed day to day operations of the service parts distribution center to the military for BAE.
- Receiving and Shipping both Domestic and International
- Inventory Control
- Safety

**Education:**

- Master's Degree in Engineering Management
- Bachelor of Science in Human Resource Management
- OSHA 10 Certified

**Military:**

- United States Army

**Skills:**

- Accomplished background in Distribution Center Management
- Excel in operational planning, analysis and management.
- Notary
- Operations Setup
- Process Mapping
- Customer Service

- Computer Skills include Microsoft Excel, Access, Visio, Project, I-Grafx, Manhattan ILS WMS, SAP, SAGE, Microsoft Dynamics and AS400.

**20B**

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and non-transferable checks 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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Cardinal Health 108, LLC

Physical Address: 233 Mason Road

City: LaVergne State: TN Zip Code: 37086

Telephone Number: 615-793-4400 Fax Number: 614-553-9535

Toll Free Number: \_\_\_\_\_

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

Facility Manager: Marcus Oliver

Professional qualifications and experience of facility manager: Please see attached resume

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

<input type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Clinics, infusion centers</u>			

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

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	



### APPLICATION FOR OUT-OF-STATE 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

VAWD app is in process

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

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: CENTOCOR INC SPD  
Address: 200 GREAT VALLEY PKWY, MALVERN, PA 51307

Name: BRISTOL LABS SPD  
Address: PO BOX 4500, PRINCETON, NJ 34500

Name: MERCK CO INC  
Address: PO BOX 4, WEST POINT, PA 60004

Name: JOM PHARMA SVCS SPD  
Address: 1 COTTONTAIL LN, SOMERSET, NJ 31135

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: \_\_\_\_\_

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

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

William Crates

Print Name of Authorized Person

3-5-2020

Date

Board Use Only	Date Processed: _____	Amount: <u>500.00</u>
----------------	-----------------------	-----------------------

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A PUBLICLY TRADED CORPORATION**

State of Incorporation: DE  
 Parent Company if any: Cardinal Health, Inc.  
 Corporation Name: Cardinal Health, Inc.  
 Mailing Address: 7000 Cardinal Place  
 City: Dublin State: OH Zip: 43017  
 Telephone: 614-553-3076 Fax: N/A  
 Contact Person: Cynthia Rhodes

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 10/29/1996  
 Registration number issued: 535613  
 Stock Exchange: New York Stock Exchange

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: \_\_\_\_\_

**Include with the application for a publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.



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[Home](#) > [Programs](#) > [Drug Distributor Accreditation](#) > Accredited Drug Distributors

# Accredited Drug Distributors

## DRUG DISTRIBUTOR ACCREDITATION

[Apply](#)

[Criteria](#)

[Accredited Drug Distributors](#)

## Find an Accredited Drug Distributor

Facility Name

State

(All)



[Search](#) [Reset](#)

### Current list of 3 Verified-Accredited Wholesale Distributors®

VAND accreditation is valid for 3 years  
Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Cardinal Health 108, LLC dba Cardinal Health	15 Ingram Blvd, Ste 140 Lawvergne, TN 37086	02/16/19
Cardinal Health 108, LLC dba Cardinal Health; Metro Medical Supply	233 Mason Rd Lawvergne, TN 37086	03/17/20
Cardinal Health 108, LLC dba Metro Medical Supply	200 Cumberland Bend Nashville, TN 37228	03/09/19

233 Mason Road  
LaVergne, Tennessee 37086

**LIST OF OFFICERS**

Officer Name	Title
William Stanton Crates	Vice President, QRA Management
Ulrich Conrad Mayeski	Vice President, QRA Management
Joseph I. DePinto	President, Specialty Solutions
David Linden Barber	Senior Vice President, Regulatory Affairs Counsel
Brian James Bejarano	VP, Operations Mgmt

Cardinal Heath 108, LLC is 100% owned by Cardinal Health, Inc.

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Home State License

27394

1168



TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005699

EXPIRATION DATE: 12/31/2021

*This is to certify that all requirements of the State of Tennessee have been met.*

PHARMACY BOARD  
WHOLESALE/DISTRIBUTOR  
CARDINAL HEALTH 108, LLC

*Risa Grecco*  
COMMISSIONER OF HEALTH

CARDINAL HEALTH 108, LLC  
7200 CARDINAL PLACE  
DUBLIN OH 43017-1094



State of Tennessee  
Department of Health

11931080  
27394

TENNESSEE BOARD OF PHARMACY  
WHOLESALE/DISTRIBUTOR  
CARDINAL HEALTH 108, LLC  
233 MASON ROAD  
LA VERGNE TN 37086

*This is to certify that all requirements of the State of Tennessee  
have been met.*

ID NUMBER: 0000005699  
EXPIRATION DATE: 12/31/2021

CONTROLLED SUBSTANCE REGISTRATION

*John W Sidwell*  
DIRECTOR, HEALTH RELATED BOARDS

*Risa Grecco*  
COMMISSIONER



Tennessee Secretary of State  
Tre Hargett

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Business Services Online > Request a Certificate of Existence > Data Entry

# Certificate of Existence

000742714: Cardinal Health 108, LLC

Verification	Requested By	Print Form
--------------	--------------	------------

Secretary of State Control Number: 000742714

Name: Cardinal Health 108, LLC  
 Type: Limited Liability Company  
 Formed in: DELAWARE

Principal Office Address: 305 TECH PARK DR STE 113  
 LA VERGNE, TN 37086-3633 USA

Status - SOS: **Active**  
 Standing - Annual Report: **Good**  
 Standing - Registered Agent: Good  
 Standing - Other: Good  
 Standing - Revenue: Other

Your request for a Certificate of Existence cannot be completed for this business entity.

★ Please contact the TN Department of Revenue at 615-253-0700. Inform them that you are attempting to obtain an Online Certificate of Existence and need to address any outstanding tax issues. If you still have questions, please contact us at the number below.

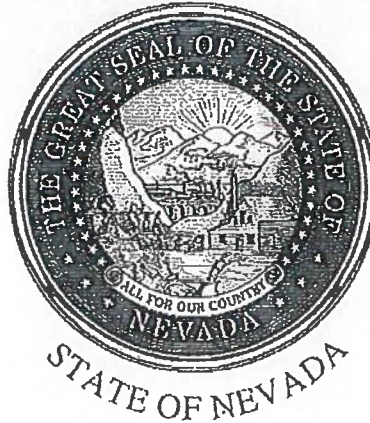
Please contact us at (615) 741-6488 or via email at [TNSOS.CERT@tn.gov](mailto:TNSOS.CERT@tn.gov) if you have questions or need further assistance.

[Continue](#) [Cancel](#)

Division of Business Services  
 312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor  
 Nashville, TN 37243  
 615-741-2286  
 8:00 a.m. until 4:30 p.m. (Central) Monday - Friday.  
[Directions](#) | [State Holidays](#) | [Methods of Payment](#)

Business Filings and Information (615) 741-2286 | [TNSOS.CORPINFO@tn.gov](mailto:TNSOS.CORPINFO@tn.gov)  
 Certified Copies and Certificate of Existence (615) 741-6488 | [TNSOS.CERT@tn.gov](mailto:TNSOS.CERT@tn.gov)  
 Motor Vehicle Temporary Liens (615) 741-0529 | [TNSOS.MVTL@tn.gov](mailto:TNSOS.MVTL@tn.gov)  
 Notary Commissions (615) 741-3699 | [TNSOS.ATS@tn.gov](mailto:TNSOS.ATS@tn.gov)  
 Uniform Commercial Code (UCC) (615) 741-3276 | [TNSOS.UCC@tn.gov](mailto:TNSOS.UCC@tn.gov)  
 Workers' Compensation Exemption Registrations (615) 741-0526 | [TNSOS.WCER@tn.gov](mailto:TNSOS.WCER@tn.gov)

## SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CARDINAL HEALTH 108, LLC**, as a **FOREIGN LIMITED-LIABILITY COMPANY** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/06/2014, and is in good standing in this state.

I further certify that the above **FOREIGN LIMITED-LIABILITY COMPANY** has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/19/2019.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20191219451741

You may verify this certificate  
online at <http://www.nvsos.gov>



**Mark I. Sedar**

---

**From:** GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>  
**Sent:** Tuesday, March 31, 2020 12:05 PM  
**To:** Mark I. Sedar; GMB-HSCS-Facility Licensure  
**Subject:** RE: Nevada Out-of-State Wholesalers Application - Cardinal Health 108, LLC

Good afternoon Mark,

Yes, we would like to apply for the Controlled Substance license as part of our Wholesaler application.

Thank you for checking,



**CardinalHealth**

**Jenny Bowers**

*Senior Specialist, Regulatory Management*  
 7000 Cardinal Place, QRA – Facility Licensing  
 Dublin, OH 43017  
 614.757.4269 tel / 614.652.0674 fax

---

**I am** *Essential to care*

**From:** Mark I. Sedar <msedar@pharmacy.nv.gov>  
**Sent:** Tuesday, March 31, 2020 1:30 PM  
**To:** GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>  
**Subject:** Nevada Out-of-State Wholesalers Application - Cardinal Health 108, LLC

**External Email – Please use caution before opening attachments or clicking links**

Hello, Sir or Madam:

I'm reviewing your Nevada Out-of-State Wholesalers Application - Cardinal Health 108, LLC and noticed that you supplied a DEA certificate but did not check Controlled Substances on the application. Could you please confirm that you are applying for a Controlled Substance license as part of your application?

Thank you,

**Mark Sedar**  
**Chief Operating Officer**  
**Nevada State Board of**  
**Pharmacy**  
**(775) 850-1440**  
[msedar@pharmacy.nv.gov](mailto:msedar@pharmacy.nv.gov)

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 108, 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 EIGHTH DAY OF AUGUST, A.D. 2018.

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



5427160 8300

SR# 20186070369

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: 203210780

Date: 08-08-18

Layout

Department of State: Division of Corporations

Allowable Characters

HOME

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View Search Results

Entity Details

**File Number:** 5427160      **Incorporation Date / Formation Date:** 1/1/2014 (mm/dd/yyyy)

**Entity Name:** CARDINAL HEALTH 108, LLC

**Entity Kind:** Limited Liability Company      **Entity Type:** General

**Residency:** Domestic      **State:** State:

**Status:** Good Standing      **Status Date:** 11/5/2013

REGISTERED AGENT INFORMATION

**Name:** THE CORPORATION TRUST COMPANY

**Address:** CORPORATION TRUST CENTER 1209 ORANGE ST

**City:** WILMINGTON      **County:** New Castle

**State:** DE      **Postal Code:** 19801

**Phone:** 302-658-7581

Back to Entity Search

Email Status

For help on a particular field click on the Field Tag to take you to the help area.

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## Marcus J. Oliver

0 Cairns Drive West Mt. Juliet, TN 37122 (

4

### Summary of Qualifications

- 20+ years of experience in Operations
- 15+ years in Production Management
- 6+ years in Healthcare Management & Logistics
- Certified Lean Six Sigma Manager and trainer (Black Belt and Green Belt)
- Lean Manufacturing Management & Training Team
- Exceptional Project Management skills- valuation of over 3.8 million in corporate cost improvements
- Corporate Executive-level recognition for success in Quality improvement initiatives and Six Sigma process management

### Professional Experience

*March 2008- Present*

*Cardinal Health*

*LaVergne, TN*

#### Operations Manager – SPD

- Manage KPI's:
  - Reduced overtime by 55%
  - Improved Lines Per Hour (LPH) by 23%
  - Exceeded goal for order accuracy and on-time departure
- Member of Environmental Health and Safety Steering Committee
  - Exceeded SPI goal by 7%
  - Exceeded goal for EH&S plan
  - Reduced TRIR by 30%
- Continuous Improvement Initiative
  - Established goals for operations
  - Work with QRA to revise SOP's and help to facilitate audits
  - Identify and work on cost reduction initiatives
  - Lead facility tours with vendors and potential customers

#### Operations Manager- 3PL

- Managed workforce of over 50 people
- Managed KPI's:
  - Improved LPH (improved by 18%)
  - Improved Order Accuracy metric (exceeded goal)
  - Improved On-Time Departure metric (exceeded goal)
  - Maintained budgetary metrics for SG&A
  - Lead facility tours for Clients/Guests

#### Consultant- Operational Excellence/LSS BlackBelt

- Achieved full LSS Black Belt Certification through Cardinal Health
- Oversee targeted Lean and Six Sigma projects
- Trained and Mentored green belts and Kaizen Leaders
- Successfully manage LSS projects to exceed operational goals for revenue and cost
- Contributed to over 1 Million Dollars in Type I and Type II benefits

*May 2006- March 2008 TACLE Seating USA (Lear Corp. Jt. Venture) Mt. Juliet, TN*

**Production Manager/Group Leader**

- New Plant Launch Responsibilities including:
- Procuring production Equipment and staffing employees
- Develop Budget for Seat Production and Frame Welding Assembly (establishment and monitoring)
- Development and Implementation of Standard Work Instructions
- Development and Implementation of Production Processes
- Plant Facilitator/Trainer for: Continuous Improvement, Lean Manufacturing and Self Directed Workgroup Implementation
- Oversee daily production of manufactured seating
- Basic Robotics Programming Certification

*07/1995- May 2006 Lear Corporation Atlanta, GA*

**Plant Superintendent** (11/2003 – 05/2006)

- Oversee daily production tasks (scheduling and management of over 170 hourly production associates and salaried supervisory staff of 9, improve production output to exceed customer expectations, facilitate staff and quality audits)
- Generate production shift reports, manage quality issues, and Implement production engineering changes and directives

**Maintenance Supervisor** (4 month transitional assignment)

- Management of special project team designated to build, fix and design production equipment to improve production outputs
- Oversee daily tasks of managing the maintenance mechanics

**Human Resource Coordinator** (1/2003- 11/2003)

- Facilitator for: Teamwork seminars, special classroom training initiatives toward Self Directed Teams for production management and staff

**Certified Six Sigma Black Belt Manager** (4/2000- 12/2002)

- Quality improvements and Defect Reduction
- Manage Six Sigma Team for plant (Black Belts and Green Belts)
- Manufacturing process analysis and problem resolution
- Software skills include: Minitab 13.3, Visio 2000, Microsoft (Excel, PowerPoint) Sigma Trac, Pro Model, MS Project Manager

### Education

**Bachelor of Arts Degree (05/1995)      Oral Roberts University      Tulsa, OK**

- Major in Theological Studies
- Minor in Business Administration (coursework included: accounting, management, marketing, economics and mass media communications)

**Lear Corporate Education:**

- Self-Directed Workgroup Training (Certificate received 1/2003)
- Lean Manufacturing Training (Certificate received 2002)
- Management/Union Conflict Resolution Course (Certificate received 7/2002)
- Six Sigma Training (Black Belt Certificate received 07/2001)
- Minitab 13.3 Training (Certificate received 09/2001)
- Compass Facilitation Training (Certificate received 01/1998)
- Certified Auditor for ISO 14001 and QS 9000

**VERIFICATION OF BOND IN FORCE**  
**Form SB-3**

Type of Bond: License/Permit Bond  
Name of Principal: CARDINAL HEALTH, INC. AND IT'S SUBSIDIARIES  
Obligee: CALIFORNIA STATE BOARD OF PHARMACY  
Carrier: TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA  
Bond Number: 104634102  
Effective Date: 1/1/2020  
Limit: \$ 100,000.00  
Premium: \$ 325.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to 1/1/2021.

TRAVELERS CASUALTY AND SURETY COMPANY  
OF AMERICA

By: Jennifer Williams  
Jennifer Williams Attorney in Fact

Date: 10/25/2019

## LOCATION SCHEDULE - BOND #104634102 - Updated 10/2/19

Entity Name	FEIN	Address	City	State	Zip	Type	License #
Aero-Med, Ltd.	06-1132462	2721 S Harbor Blvd., Suite B	Santa Ana	CA	92704	Wholesaler	WLS 6632
Cardinal Health 105, Inc dba Specialty Pharmaceutical Services	31-1452399	15 Ingram Blvd.	LaVergne	TN	38086	Wholesaler	OSD 4497
Cardinal Health 105, Inc dba Specialty Pharmaceutical Services	31-1452399	501 Mason Rd, Suite 200	LaVergne	TN	37086	Wholesaler	OSD 6972
Cardinal Health 105, Inc dba Specialty Pharmaceutical Services	31-1452399	6640 Echo Avenue, Suite D	Reno	NV	89506	Wholesaler	OSD 5162
Cardinal Health 107, LLC	31-1214263	850 Airpark Rd.	Zanesville	OH	43701	Wholesaler	OSD 4793
Cardinal Health 107, LLC	31-1214263	3540 E. Pike, Rte 40	Zanesville	OH	43701	Wholesaler	OSD 6096
Cardinal Health 108, LLC	31-1341167	15 Ingram Blvd, Suite 140	LaVergne	TN	37086	Wholesaler	OSD 4200
Cardinal Health 108, LLC	31-1341167	6640 Echo Avenue, Suite J	Reno	NV	89506	Wholesaler	OSD 5374
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	2353 Prospect Drive	Aurora	IL	60502	Wholesaler	OSD 4860
Cardinal Health 110, LLC	68-0158739	11 Centennial Drive	Peabody	MA	01960	Wholesaler	OSD 4905
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	851 Henrietta Creek Road	Roanoke	TX	76262	Wholesaler	OSD 4907
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	4875 Florence Street	Denver	CO	80238	Wholesaler	OSD 4646
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	3238 Dwight Road	Elk Grove	CA	95758	Wholesaler	WLS 3434
Cardinal Health 110, LLC	68-0158739	#4 Cardinal Health Court	Greensboro	NC	27407	Wholesaler	OSD 5441
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	13651 Dublin Court	Stafford	TX	77477	Wholesaler	OSD 4922
Cardinal Health 110, LLC	68-0158739	2901 Enloe Street	Hudson	WI	54016	Wholesaler	OSD 4906
Cardinal Health 110, LLC	68-0158739	1240 Gluckstadt Rd.	Jackson	MS	39110	Wholesaler	OSD 5678
Cardinal Health 110, LLC	68-0158739	7601 N.E. Gardner Avenue	Kansas	MO	64120	Wholesaler	OSD 4645
Cardinal Health 110, LLC	68-0158739	2512 Wescott Blvd.	Knoxville	TN	37931	Wholesaler	OSD 5438
Cardinal Health 110, LLC	68-0158739	2045 Interstate Drive	Lakeland	FL	33085	Wholesaler	OSD 4820
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	600 N. 83rd Ave.	Tolleson	AZ	85353	Wholesaler	OSD 5496
Cardinal Health 110, LLC	68-0158739	955 West 3100 South	Salt Lake City	UT	84119	Wholesaler	OSD 4743
Cardinal Health 110, LLC	68-0158739	2840 Elm Point Industrial Drive	St. Charles	MO	63301	Wholesaler	OSD 4647
Cardinal Health 110, LLC	68-0158739	1120 Commerce Blvd.	Swedesboro	NJ	08085	Wholesaler	OSD 5597
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	6012 E. Molloy Road	Syracuse	NY	13211	Wholesaler	OSD 4944
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	27680 Avenue Mentry	Valencia	CA	91355	Wholesaler	WLS 3176
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	71 Mil-Acres Drive	Wheeling	WV	26003	Wholesaler	OSD 4879
Cardinal Health 110, LLC dba Parmed Pharmaceuticals	68-0158739	4220 Hyde Park Blvd.	Niagara Falls	NY	14305	Wholesaler	OSD 4895
Cardinal Health 112, LLC	04-3786471	801 C. Street, NW	Auburn	WA	98001	Wholesaler	OSD 4643
Cardinal Health 112, LLC	04-3786471	5995 Commerce Center Drive	Groveport	OH	43125	Wholesaler	OSD 4623
Cardinal Health 200, LLC	36-4095186	1761 Satellite Blvd.	Buford	GA	30518	Wholesaler	OSD 5246
Cardinal Health 200, LLC	36-4095186	222 S. Stearman Drive	Chandler	AZ	85286	Wholesaler	OSD 4783
Cardinal Health 200, LLC	36-4095186	6000 Rosa Parks Blvd.	Detroit	MI	48202	Wholesaler	OSD 6785
Cardinal Health 200, LLC	36-4095186	700 Vaughn Road	Dixon	CA	95620	Wholesaler	WLS 4004
Cardinal Health 200, LLC	36-4095186	13636 Lakefront Drive	Earth City	MO	63045	Wholesaler	OSD 5241
Cardinal Health 200, LLC	36-4095186	8440 Concord Center Drive	Englewood	CO	80112	Wholesaler	OSD 4754
Cardinal Health 200, LLC	36-4095186	6710 26th Street East	Fife	WA	98424	Wholesaler	OSD 4755
Cardinal Health 200, LLC	36-4095186	3080 W I-20	Grand Prairie	TX	75052	Wholesaler	OSD 6311
Cardinal Health 200, LLC	36-4095186	701 Pride Drive	Hammond	LA	70401	Wholesaler	OSD 6533
Cardinal Health 200, LLC	36-4095186	6812 Corporate Drive	Indianapolis	IN	46278	Wholesaler	OSD 6443
Cardinal Health 200, LLC	36-4095186	1009 Opule Street	Kapolei	HI	96707	Wholesaler	OSD 5984
Cardinal Health 200, LLC	36-4095186	500 Neelytown Road	Montgomery	NY	12549	Wholesaler	OSD 6312



Entity Name	FEIN	Address	City	State	Zip	Type	License #
Cardinal Health 200, LLC	36-4095186	8640 Nail Road, Suite 115	Olive Branch	MS	38645	Wholesaler	OSD 5721
Cardinal Health 200, LLC	36-4095186	4551 E. Philadelphia Street	Ontario	CA	91761	Wholesaler	WLS 3287
Cardinal Health 200, LLC	36-4095186	10725 Harrison Road, Suite 100	Romulus	MI	48174	Wholesaler	OSD 5625
Cardinal Health 200, LLC	36-4095186	3595 W. Technology Drive	Salt Lake City	UT	84119	Wholesaler	OSD 4753
Cardinal Health 200, LLC	36-4095186	2101 Waukegan Road	Waukegan	IL	60085	Wholesaler	OSD 4957
Kinray, LLC	11-1580316	152-35 10th Ave.	Kinray	NY	11357	Wholesaler	OSD 6214
Cardinal Health 108, LLC dba Metro Medical Supply	31-1341167	200 Cumberland Bend	Nashville	TN	37228	Wholesaler	OSD 6776
Cardinal Health 108, LLC dba Metro Medical Supply	31-1341167	6645 Echo Ave., Suite C	Reno	NV	89506	Wholesaler	OSD 6775
Cardinal Health 200, LLC	36-4095186	1 Butterfield Trail	El Paso	TX	79906	Wholesaler	OSD 6445
Cardinal Health 200, LLC	36-4095186	1320 Don Haskins	El Paso	TX	79936	Wholesaler	OSD 5466
Cardinal Health 200, LLC	36-4095186	785 For Mill Highway	Fort Mill	SC	29707	Wholesaler	OSD 6444
Cardinal Health 200, LLC	36-4095186	460 Greenway Industrial Drive, Unit R	Fort Mill	SC	29708	Wholesaler	OSD 6554
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	2854 NE 181st Ave., Bldg F	Gresham	OR	97230	Wholesaler	OSD 6787
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	1265 South River Road, Suite 200	Cranbury	NJ	08512	Wholesaler	OSD 6215
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	4234 Surles Ct., Suite 100	Durham	NC	27703	Wholesaler	OSD 6584
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	1360 Madeline Lane, Suite 500	Elgin	IL	60124	Wholesaler	OSD 5636
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	5400 Sandshell Drive, Suite 160	Fort Worth	TX	76137	Wholesaler	OSD 5637
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	4 Liebich Lane	Halfmoon	NY	12065	Wholesaler	OSD 5783
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	3980 Earlstone Street	Ontario	CA	91761	Wholesaler	WLS 6185
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	1810 Summit Commerce Park	Twinsburg	OH	44087	Wholesaler	OSD 5638
Sonexus Health Distribution Services, LLC	45-4202300	2730 S. Edmonds Lane, Suite 300 8401 Bearing Drive, Indianapolis, IN 46268	Lewisville	TX	75067	Wholesaler	OSD 6295
The Harvard Drug Group, LLC	38-3359612	5960 East Shelby Drive	Indianapolis	IN	46268	Wholesaler	OSD 6808
The Harvard Drug Group, LLC	38-3359612	5960 East Shelby Drive	Memphis	TN	38141	Wholesaler	OSD 6405
Cardinal Health 414, LLC	85-0229124	1007 Canal Blvd.	Richmond	CA	94804	Wholesaler	WLS 4295
Cardinal Health 414, LLC	85-0229124	16310 Raymer Street	Van Nuys	CA	91406	Wholesaler	WLS 4293
Cardinal Health 418, Inc.	95-4368597	16401 E. 33rd Street, Suite 60	Aurora	CO	80011	Wholesaler	OSD 4470
Cardinal Health 200, LLC	36-4095186	1000 Vaughn Road	Dixon	CA	95620	Wholesaler	WLS 4004
Cardinal Health 200, LLC	36-4095186	3550 Roy Orr Blvd., Suite 180	Grand Prairie	TX	75050	Wholesaler	OSD 7147
Cardinal Health 200, LLC	36-4095186	110 Kendall Park Lane	Atlanta	GA	30336	Wholesaler	OSD 7409
Cardinal Health 200, LLC	36-4095186	6275 Lance Drive	Riverside	CA	92507	Wholesaler	New Application

## ACKNOWLEDGEMENT BY SURETY

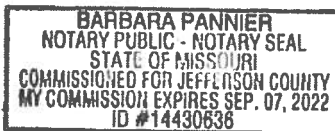
STATE OF MISSOURI  
COUNTY OF ST. LOUIS CITY

On this 25th day of October, 2019, before me, Barbara Pannier, a Notary Public, within and for said County and State, personally appeared Jennifer Williams to me personally known to be the Attorney-in-Fact of and for Travelers Casualty and Surety Company of America and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.



Notary Public in the State of Missouri  
County of St. Louis City





Travelers Casualty and Surety Company of America  
Travelers Casualty and Surety Company  
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Jennifer Williams of ST LOUIS Missouri their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February, 2017.



State of Connecticut

City of Hartford ss.

By: *Robert L. Raney*  
Robert L. Raney, Senior Vice President

On this the 3rd day of February, 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021



*Marie C. Tetreault*  
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 25th day of October, 2019



*Kevin E. Hughes*  
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.  
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.



June 30, 2019

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at [www.cardinalhealth.com](http://www.cardinalhealth.com). The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to [GMB-DUB-Risk Management@cardinalhealth.com](mailto:GMB-DUB-Risk Management@cardinalhealth.com).

Denise Johnston  
Director, Risk Management

JPK/as

enc.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/01/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A:	XL Insurance America Inc	24554
	INSURER B:	XL Specialty Insurance Co	37885
	INSURER C:	Greenwich Insurance Company	22322
	INSURER D:		
	INSURER E:		
	INSURER F:		

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570077280044**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.      **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			RGD943716714 AOS, PR	06/30/2019	06/30/2020	EACH OCCURRENCE      \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$1,000,000 MED EXP (Any one person)      Excluded PERSONAL & ADV INJURY      \$5,000,000 GENERAL AGGREGATE      \$5,000,000 PRODUCTS - COMP/OP AGG      Excluded Liquor Liability Lim      Included
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			RAD9437168-14	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident)      \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			US00009085LI19A SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EACH OCCURRENCE      \$5,000,000 AGGREGATE      \$5,000,000 Products/Completed O      Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> A	RWD943512514 (AOS) RWR943512614 (WI)	06/30/2019	06/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$5,000,000 E.L. DISEASE-EA EMPLOYEE      \$5,000,000 E.L. DISEASE-POLICY LIMIT      \$5,000,000
B	Excess WC			RWE943514314 (OH) SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EL Each Accident      \$4,500,000 EL Disease - Ea Emp      \$4,500,000 SIR      \$500,000

Certificate No : 570077280044

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Cardinal Health, Inc. 7000 Cardinal Place Dublin OH 43017 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Northeast, Inc.</i>



AGENCY CUSTOMER ID: 570000070825

LOC #:



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Evidence of Coverage**

As respects the Commercial General Liability Policy:  
 Additional Insured Managers or Lessors of Premises : as required by written contract  
 Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract  
 Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:  
 Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos  
 Lessor - Additional Insured: all leased autos.  
 The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".  
 Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:  
 Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insured Listing

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:

- A+ Secure Packaging, LLC
- Abilene Nuclear, LLC
- Access Closure, Inc.
- Acuity GPO, LLC
- Aero-Med, Ltd.
- Allegiance (BVI) Holding Co. Ltd.
- Allegiance Corporation
- Allegiance Healthcare (Labuan) Pte. Ltd.
- Allegiance I, LLC
- Allegiance Labuan Holdings Pte. Ltd.
- API (Suppliers) Limited
- AssuraMed Acquisition Corp.
- AssuraMed Group, Inc.
- AssuraMed Holding, Inc.
- AssuraMed Intermediate Holding, Inc.
- AssuraMed, Inc.
- C. International, Inc.
- Cardinal Distribution Holding Corporation - I
- Cardinal Distribution Holding Corporation - II
- Cardinal Health 100, Inc.
- Cardinal Health 104 LP
- Cardinal Health 105, Inc.
- Cardinal Health 107, LLC
- Cardinal Health 108, LLC
- Cardinal Health 110, LLC
- Cardinal Health 112, LLC
- Cardinal Health 113, LLC
- Cardinal Health 114, Inc.
- Cardinal Health 115, LLC
- Cardinal Health 116, LLC
- Cardinal Health 118, LLC
- Cardinal Health 119, LLC
- Cardinal Health 121, LLC
- Cardinal Health 122, LLC
- Cardinal Health 123, LLC
- Cardinal Health 124, LLC
- Cardinal Health 125, LLC
- Cardinal Health 126, LLC
- Cardinal Health 127, Inc.
- Cardinal Health 128, LLC
- Cardinal Health 130, LLC
- Cardinal Health 131, LLC
- Cardinal Health 132, LLC
- Cardinal Health 2, LLC
- Cardinal Health 200, LLC
- Cardinal Health 201 Canada L.P.
- Cardinal Health 201, Inc.
- Cardinal Health 215, LLC
- Cardinal Health 222 (Thailand) Ltd.
- Cardinal Health 242, LLC
- Cardinal Health 246, Inc.
- Cardinal Health 247, Inc.
- Cardinal Health 249, LLC
- Cardinal Health 250 Dutch C.V.
- Cardinal Health 251, LLC
- Cardinal Health 252, LLC
- Cardinal Health 253, LP



AGENCY CUSTOMER ID: 570000070825

LOC #:



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044		EFFECTIVE DATE	
CARRIER See Certificate Number: 570077280044	NAIC CODE		

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

Cardinal Health 3, LLC  
 Cardinal Health 414, LLC  
 Cardinal Health 418, Inc.  
 Cardinal Health 5, LLC  
 Cardinal Health 500, LLC  
 Cardinal Health 524, LLC  
 Cardinal Health 529, LLC  
 Cardinal Health 6, Inc.  
 Cardinal Health 7, LLC  
 Cardinal Health 8, LLC  
 Cardinal Health Australia 503 Pty Ltd.  
 Cardinal Health Austria 504 GmbH  
 Cardinal Health Belgium 505 BVBA  
 Cardinal Health Canada Holdings Cooperatie U.A.  
 Cardinal Health Canada Inc.  
 Cardinal Health Capital Corporation  
 Cardinal Health Cardiology Solutions, LLC  
 Cardinal Health Chile Limitada  
 Cardinal Health Colombia S.A.S.  
 Cardinal Health Commercial Technologies, LLC  
 Cardinal Health Corporate Solutions, LLC  
 Cardinal Health D.R. 203 II Ltd.  
 Cardinal Health Denmark ApS  
 Cardinal Health do Brasil Ltda.  
 Cardinal Health Finance  
 Cardinal Health Finland Oy  
 Cardinal Health Foundation  
 Cardinal Health France 506 SAS  
 Cardinal Health Funding, LLC  
 Cardinal Health Germany 507 GmbH  
 Cardinal Health Germany Manufacturing GmbH  
 Cardinal Health Holding International, Inc.  
 Cardinal Health International Philippines, Inc.  
 Cardinal Health IPS, LLC  
 Cardinal Health Ireland 419 Designated Activity Company  
 Cardinal Health Ireland 508 Limited  
 Cardinal Health Ireland Manufacturing Limited  
 Cardinal Health Ireland Unlimited Company  
 Cardinal Health Italy 509 S.r.l.  
 Cardinal Health Japan G.K.  
 Cardinal Health Korea Limited  
 Cardinal Health Luxembourg 420 S.a.r.l.  
 Cardinal Health Luxembourg 522 S.à.r.l.  
 Cardinal Health Malaysia 211 Sdn. Bhd.  
 Cardinal Health Malta 212 Limited  
 Cardinal Health Managed Care Services, LLC  
 Cardinal Health Medical Products India Private Limited  
 Cardinal Health Mexico 244 S. de R.L. de C.V.  
 Cardinal Health Mexico 514 S. de R.L. de C.V.  
 Cardinal Health Middle East FZ-LLC  
 Cardinal Health MPB, Inc.  
 Cardinal Health Napoleon Holding, LLC  
 Cardinal Health Netherlands 502 B.V.  
 Cardinal Health Netherlands 525 Cooperatie U.A.  
 Cardinal Health Netherlands 528 B.V.  
 Cardinal Health Norway AS



# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044		EFFECTIVE DATE	
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

Cardinal Health P.R. 120, Inc.  
 Cardinal Health P.R. 218, Inc.  
 Cardinal Health P.R. 220, LLC  
 Cardinal Health P.R. 436, Inc.  
 Cardinal Health Pharmaceutical Contracting, LLC  
 Cardinal Health Pharmacy Services, LLC  
 Cardinal Health Poland Spółka z ograniczona odpowiedzialnoscia  
 Cardinal Health Portugal 513, Unipessoal Lda.  
 Cardinal Health Singapore 225 Pte. Ltd.  
 Cardinal Health Spain 511 S.L.  
 Cardinal Health Specialty Pharmacy, LLC  
 Cardinal Health Sweden 512 A.B.  
 Cardinal Health Switzerland 515 GmbH  
 Cardinal Health Systems, Inc.  
 Cardinal Health Technologies Switzerland GmbH  
 Cardinal Health Technologies, LLC  
 Cardinal Health U.K. 418 Limited  
 Cardinal Health U.K. 432 Limited  
 Cardinal Health U.K. Holding Limited  
 Cardinal Health U.K. International Holding LLP  
 Cardinal Health, Inc.  
 Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.  
 Cirpro de Delicias S.A. de C.V.  
 Clinic Pharmacies III, LLC  
 Clinic Pharmacies, LLC  
 Community Pharmacy Enterprises, LLC  
 Convertors de Mexico S.A. de C.V.  
 Cordis (Shanghai) Medical Devices Co., Ltd.  
 Cordis Cashel Unlimited Company  
 Cordis Corporation  
 Cornerstone Partners G.P.O., L.P.  
 Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)  
 Covidien Ireland Limited (Inactive)  
 Covidien Manufacturing Solutions, S.A.  
 Dutch American Manufacturers II (D.A.M. II) B.V.  
 Ellipticare, LLC  
 EPIC Insurance Company  
 Especialidades Medicas Kenmex S.A. de C.V.  
 Flexible Stenting Solutions, Inc.  
 Frog Horned Capital, Inc.  
 Generic Drug Holdings, Inc.  
 Griffin Capital, LLC  
 HDG Acquisition, Inc.  
 imgRx Healdsburg, Inc.  
 imgRx Salud, Inc.  
 imgRx SJ Valley, Inc.  
 imgRx SLO, Inc.  
 imgRx Sonoma, Inc.  
 InnerDyne Holdings, Inc.  
 Innovative Therapies, Inc.  
 Instant Diagnostic Systems, Inc.  
 InteCardia-Tennessee East Catheterization, LLC  
 ITI Sales, LLC  
 Kendall-Gammatron Limited  
 Killilea Development Company, Ltd.  
 Kinray I, LLC  
 KPR Australia Pty. Ltd.  
 KPR Switzerland Sales GmbH  
 KPR U.S., LLC  
 Leader Drugstores, Inc.



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Cardinal Health, Inc.	
POLICY NUMBER See Certificate Number: 570077280044			
CARRIER See Certificate Number: 570077280044	NAIC CODE	EFFECTIVE DATE	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"  
 Ludlow Technical Products Canada, Ltd.  
 Marin Apothecaries  
 Medicap Pharmacies Incorporated  
 Medicine Shoppe Capital Corporation  
 Medicine Shoppe International, Inc.  
 Medicine Shoppe Internet, Inc.  
 Mediquip Sdn. Bhd.  
 Mirixa Corporation  
 MSCRIPTS HOLDING, LLC  
 MSCRIPTS, LLC  
 NeuroLogic GPO, LLC  
 Nippon Covidien Ltd.  
 One Cloverleaf, LLC  
 Outcomes Incorporated  
 Owen Shared Services, Inc.  
 Pharmacy Operations Of New York, Inc.  
 Pharmacy Operations, Inc.  
 Physicians Purchasing, Inc.  
 Pinnacle Intellectual Property Services, Inc.  
 Pinnacle Intellectual Property Services-International, Inc.  
 Quiroproductos de Cuauhtemoc S. de R.L. de C.V.  
 RainTree Administrative Services, LLC  
 RainTree Care Management, LLC  
 RainTree GPO, LLC  
 Ransdell Surgical, Inc.  
 Red Oak Sourcing, LLC  
 Renal Purchasing Group, LLC  
 RGH Enterprises, Inc.  
 RT Oncology Services Corporation  
 Rx realtime, Inc.  
 Sierra Radiopharmacy, L.L.C.  
 Sonexus Health Access & Patient Support, LLC  
 Sonexus Health Distribution Services, LLC  
 Sonexus Health Financial Solutions, LLC  
 Sonexus Health Pharmacy Services, LLC  
 Sonexus Health, LLC  
 TelePharm, LLC  
 The Harvard Drug Group, L.L.C.  
 Tianjin ITI Trading Company  
 Tradex International, Inc.  
 UroMed, Inc.  
 Wavemark Lebanon Offshore s.a.l.  
 wavemark, Inc.



March 5, 2020

Dave Wuest, Executive Secretary  
Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy, Ste. 206  
Reno, NV 89521

RE: Explanation of Disciplinary History  
Cardinal Health 108, LLC, LaVergne, TN

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for an Out-of-State Wholesaler License. We have one matter to disclose. **Please note that this facility located in LaVergne, TN, to which this application pertains, has not had any administrative actions or disciplinary issues to date.**

Cardinal Health operates approximately seventy-five distribution facilities across the United States. As a health care provider, a number of Cardinal Health's operating subsidiaries are subject to regulation by various governmental agencies, including the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA) and other regulatory bodies such as state pharmacy boards. From time to time, these entities are inspected by these government agencies and certain subsidiaries have, in the past, paid fines to resolve various alleged violations. To date, none of these violations have resulted in actions against Cardinal Health's license(s) or ability to operate; to the best of our knowledge, the only exceptions to this are listed below or have been disclosed in prior submissions.

On May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and

the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay \$44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia \$20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility \$500 in administrative fees, and the California Board fined the facility \$1,505 in investigative fees. Both fees were paid to the respective Boards.

We want to work collaboratively with all participants in the drug supply chain – including regulators, pharmaceutical manufacturers, distributors, pharmacists, doctors and boards of pharmacy – to combat controlled substance diversion. We want to work with all parties to find a more effective approach to stop prescription drug abuse without disrupting legitimate use.

If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

William Crates  
VP, QRA Management

**20C**

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
**(non-refundable and non-transferable checks 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 or  Ownership Change (Provide current license number if making changes: WH \_\_\_\_\_)  
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership  
 Publicly Traded Corporation – Pages 1,2,3,4       Partnership - Pages 1,2,3,7  
 Non Publicly Traded Corporation – Pages 1,2,3,5,6       Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Clean Harbors Aragonite, LLC

Physical Address: 11600 NORTH APTUS ROAD

City: Dugway State: Utah Zip Code: 84022

Telephone Number: 435-884-8100 Fax Number: 435-884-8877

Toll Free Number: \_\_\_\_\_

E-mail: sullivan.bridget@cleanharbors.com Website: www.cleanharbors.com

Facility Manager: William Simmons

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Please see Facility Manager Resume attached

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

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: Reverse Distribution Only

**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: Copy of DEA Registrant License Attached

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

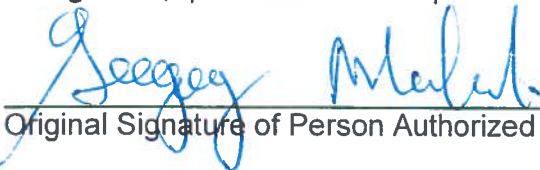
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No

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

Gregory Malerbi  
Print Name of Authorized Person

12/5/19  
Date

Board Use Only	Date Processed: <u>2-5-2020</u>	Amount: <u>500/201.25</u>
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## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Clean Harbors, Inc

Mailing Address: 42 Longwater Drive

City: Norwell State: MA Zip: 02061

Telephone: 781-792-5000 Fax: 781-792-5901

Contact Person: Bridget Sullivan

For any corporation non-publicly traded, disclose the following:

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

a) <u>Eric Gerstenberg</u>	<u>Longwater Drive, Norwell, MA 02061</u>
Name	Business Address
b) <u>Michael Battles</u>	<u>Longwater Drive, Norwell, MA 02061</u>
Name	Business Address
c) <u>Gregory Malerbi</u>	<u>Longwater Drive, Norwell, MA 02061</u>
Name	Business Address
d) <u>C. Michael Malm</u>	<u>Boston Place, Boston, MA 02108</u>
Name	Business Address

2) Provide the number of shares issued by the corporation. N/A - Please see attached

3) What was the price paid per share? N/A - Please see attached

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20191984508

**Include with the application for a non-publicly traded corporation**List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

N/A

**OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.**

Type of Partnership: General \_\_\_\_\_ Limited \_\_\_\_\_

List names of 4 largest partners and percentage of ownership:

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

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

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

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

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

Mailing Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: \_\_\_\_\_

**Include with the application for a partnership**

\*\*\*If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

\*\*\*If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvqov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

## List of Officers

Name	Title	Work Address
Eric W. Gerstenberg	Chief Operating Officer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Michael Battles	Chief Financial Officer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Greg Malerbi	SVP and Treasurer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Michael R. McDonald	Assistant Secretary	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
C. Michael Malm	Secretary	Davis, Malm & D'Agostine One Boston Place Boston, MA 02108

Employee who will handle controlled substances:

Jack Cui

## SECRETARY OF STATE



**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **CLEAN HARBORS ARAGONITE, LLC**, as a **FOREIGN LIMITED-LIABILITY COMPANY** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/20/2019, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/24/2019.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20190924239999

You may verify this certificate  
online at <http://www.nvsos.gov>

- Clarification for
  - Page 5, question 2
    - Clean Harbors, Inc. is a publicly traded corporation listed on the New York Stock Exchange. There are no natural person owners of the parent company that own 10% or more of the business.
  - Page 5, question 3
    - “Clean Harbors Aragonite, LLC is a single member LLC, with Clean Harbors, Inc. being the sole member.”

**STATE OF UTAH  
DEPARTMENT OF COMMERCE  
ACTIVE LICENSE**

**Clean Harbors Aragonite, LLC**

**EFFECTIVE**  
09/30/2015

**EXPIRATION**  
09/30/2021

**REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)**

7657561-1710 Pharmacy - Class C  
7657561-8915 Limited Controlled Substance-  
Business

Reverse Distributor

*Budget L. Hill*  
SIGNATURE OF HOLDER

**IMPORTANT LICENSURE REMINDERS:**

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.


CLEAN HARBORS ARAGONITE, LLC  
11600 N APTUS RD  
PO BOX 1339  
GRANTSVILLE UT 84029

Please visit our web site at  
[www.dopl.utah.gov](http://www.dopl.utah.gov) should you have any  
questions in the future.

**STATE OF UTAH  
DEPARTMENT OF COMMERCE  
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING  
ACTIVE LICENSE**

**EFFECTIVE DATE: 09/30/2015**  
**EXPIRATION DATE: 09/30/2021**

**ISSUED TO: Clean Harbors Aragonite, LLC  
11600 N APTUS RD  
PO BOX 1339  
GRANTSVILLE UT 84029**



**REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)**

7657561-1710 Pharmacy - Class C  
7657561-8915 Limited Controlled Substance-Business

Reverse Distributor

*Budget L. Hill*  
SIGNATURE OF HOLDER



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**  
 160 East 300 South, 2nd Floor, PO Box 146705  
 Salt Lake City, UT 84114-6705  
 Service Center: (801) 530-4849  
 Toll Free: (877) 526-3994 Utah Residents  
 Fax: (801) 530-6438  
 Web Site: <http://www.commerce.utah.gov>

11/26/2019  
 5665129-016111262019-1847217

## CERTIFICATE OF EXISTENCE

<b>Registration Number:</b>	5665129-0161
<b>Business Name:</b>	CLEAN HARBORS ARAGONITE, LLC
<b>Registered Date:</b>	June 09, 2004
<b>Entity Type:</b>	LLC - Foreign
<b>Status:</b>	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer  
 Director  
 Division of Corporations and Commercial Code



NEVADA STATE BOARD OF PHARMACY  
985 Damonte Ranch Pkwy Suite 206  
Reno, NV 89521  
(775) 850-1440  
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15360914

Application/License No. NV20191984508

Clean Harbors Aragonite, LLC, doing or intending to do business as a  
Applicant/Principal  
pharmaceutical wholesaler, whose address for purposes of service is  
11600 North Aptus Road, Dugway, UT 84022, as  
Address of Applicant/Principal

PRINCIPAL, and Westchester Fire Insurance Company, a  
Surety Company  
corporation organized under the laws of the state of Pennsylvania  
State of Incorporation  
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is  
436 Walnut Street, Philadelphia, PA 19106 as  
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 26, 2019.  
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

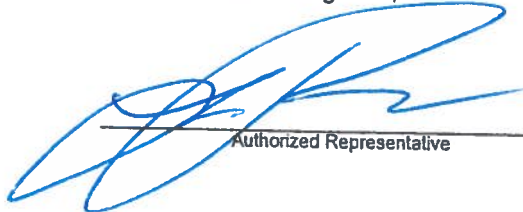
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of September, 2019.

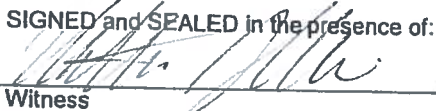
APPLICANT/PRINCIPAL  
Clean Harbors Aragonite, LLC

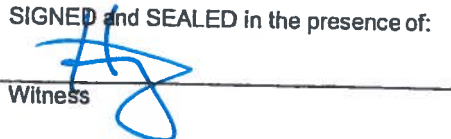
SURETY  
Westchester Fire Insurance Company

  
\_\_\_\_\_  
Authorized Representative

  
\_\_\_\_\_  
Surety Company's Representative

Joline L. Binette, Attorney-in-fact  
print name

SIGNED and SEALED in the presence of:  
  
\_\_\_\_\_  
Witness

SIGNED and SEALED in the presence of:  
  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Witness

Countersigned by:

N/A  
\_\_\_\_\_  
Nevada Resident Agent



# Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint **Joline L. Binette, Melanie A. Bonnevie, Nancy Castonguay, Heidi Rodzen and Robert Shaw, Jr. of Lewiston, Maine** –

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 15<sup>th</sup> day of August, 2019.

*Dawn M. Chloros*

Dawn M. Chloros, Assistant Secretary

*Stephen M. Haney*

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

ss.

On this 15<sup>th</sup> day of August, 2019, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority, and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies, and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal



KATHERINE J. ADELAAR  
NOTARY PUBLIC OF NEW JERSEY  
No. 2316885  
Commission Expires July 16, 2024

*Katherine J. Adelaar*

Notary Public

### CERTIFICATION

Resolutions adopted by the Boards of Directors of WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006 ; ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 26th day of September, 2019



*Dawn M. Chloros*

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:  
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

# WILLIAM SIMMONS

E Carly Drive Grantsville , Utah 84029 - cell

## OBJECTIVE

---

To be better than the best at whatever I do in life. My experience has told me that our employees are our #1 asset and must be respected and appreciated while being held accountable for their actions.

## EXPERIENCE

---

**1988–1991 Pilgrim's Pride Hatchery #2 Pittsburg, TX**

*Maintenance Mechanic*

- Performed electrical and mechanical maintenance on all machinery and equipment from incubators, hatchers, and ventilation including a/c's. Chick Master102's
- Maintained maximum hatchability & quality from equipment.
- Performed all company breeder a/c repairs for 18 months.

**1991–1992 Pilgrim's Pride Hatchery #2 Pittsburg, TX**

*Floor Lead (8 months)*

- Supervised 52-56 partners during vaccination, debeaking & sexing.
- Supervised all vaccine mixing procedures to assure proper dosages as well as viability and stability of vaccine mixture.
- Performed all QC checks including vaccination accuracy, sexing accuracy, debeaking accuracy & speed requirements.
- Performed all maintenance on vaccinators, spray cabinet, debeakers & process equipment.

**1992–1993 Pilgrim's Pride Hatchery #2 Pittsburg, TX**

*Assistant Manager (6 months)*

- First 6 weeks was spent with Joe Walker in general hatchery training. There was no Hatchery Manager during my 6 months as assistant.
- Managed all hatchery partners from hiring to corrective action (excluding egg p/u & chick delivery).
- Managed all aspects of the hatchery from maintenance, sanitation, QC control. Inventories/supplies ordering. Egg inventory and egg set scheduling etc.

**July 11<sup>th</sup> 2008 – april 1<sup>st</sup> 2009****Facility Operations Supervisor (clean harbors enviro service)****El Dorado AR**

Supervising of 37 partners (chemist, lab techs and fork lift drivers)

From unloading trucks through chemical receiving and proper storage.

42,000 pieces a month.

**April 1<sup>st</sup> 2009 till March 2015 (clean harbors enviro service)****El Dorado AR**

Maintenance Manager II

1 direct report manager

7 direct report supervisors

34 mechanics and E & I techs plus 4 to 9 yards and grounds crew

On a 46,000 piece per month haz waste incineration facility.

Manage daily PM functions & corrections, Future planning, SOP's, all safety aspects for maintenance, Capital, E and I, Rolling stock repairs and Yards / grounds maintenance

\$12,000,000 to \$15,000,000 per year in expenses

Sheriffs deputy (reserve) to part time in future.

**March 2015 until October 2018**

Newark CA and Fallon Nevada

Re Refinery Manager

42-48 direct/indirect reports including Managers

Rebuilt and stabilized both plants

Fallon – staffed entire plant from 6 to 43 employees including managers

Opened, inspected and repaired 2 distillation units and 1 Hydro treater (8 million \$)

Instituted a complete safety program, mechanical program, production program. PSM covered facility.

Each facility consumed average of 22 million usg of used motor oil and produced in excess of 15 million usg of finished lube.

**October 29<sup>th</sup> till present**

Facility GM III of HazardouseWaste Incinerations Aragonite and TTT hub Clive - UTAH

165 employees – 8 direct report managers and a safety & compliace manager.

Process >118 million pounds of HW on an annual basis

>3400 trucks in and out of facilities emptied or loaded

Safety and all compliance / regulatory involved in process

REFERENCES

---

**Dan Roblec**

**General Manager III**

870-814-3644

**Scot Shoemaker**

**VP Maintenance engineer director**

870-310-9583

**Scott Miller**

**SVP Refineries**

219-381-7744

**Andy Hudson**

**SVP Incinerations US and Canada**

781-792-5162



**Service of Process  
Transmittal**

01/30/2019

CT Log Number 534826342

**TO:** Michael McDonald  
Clean Harbors, Inc.  
42 Longwater Dr  
Norwell, MA 02061-1612

**RE: Process Served in Utah**

**FOR:** Clean Harbors Aragonite, LLC (Domestic State: DE)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** RE: U.S. Department of Justice // To: Clean Harbors Aragonite  
*Name discrepancy noted.*

**DOCUMENT(S) SERVED:** Letter

**COURT/AGENCY:** None Specified  
Case # None Specified

**NATURE OF ACTION:** Letter of Intent - Letter Requested resolving this investigation outside of formal litigation

**ON WHOM PROCESS WAS SERVED:** C T Corporation System, Midvale, UT

**DATE AND HOUR OF SERVICE:** By Certified Mail on 01/30/2019 postmarked on 01/28/2019

**JURISDICTION SERVED :** Utah

**APPEARANCE OR ANSWER DUE:** Within 30 days of the date of this letter

**ATTORNEY(S) / SENDER(S):** JOHN W. HUBER  
U.S. Department of Justice  
111 South Main Street, Suite 1800  
Salt Lake City, UT 84111  
(801) 524-5682

**ACTION ITEMS:** CT has retained the current log, Retain Date: 01/30/2019, Expected Purge Date: 02/04/2019

Image SOP

Email Notification, Michael McDonald mcdonaldm@cleanharbors.com

Email Notification, Brad Carl carl.brad@cleanharbors.com

Email Notification, Monica Murphy-Rodgers MURPHYMO@CLEANHARBORS.COM

Email Notification, Ilinca Butnariu butnariu.ilinca@cleanharbors.com

Email Notification, KATRINA SCARSCIOTTI scarsciotti.katrina@cleanharbors.com

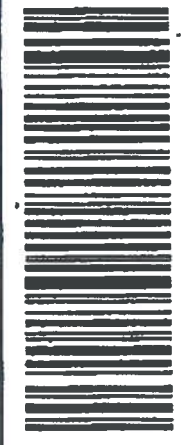
**SIGNED:** C T Corporation System

**ADDRESS:** 1108 East South Union Avenue  
Midvale, UT 84047

**CERTIFIED MAIL**

**SALT LAKE CITY**

UT 840  
28 JAN '19  
PM 2 L

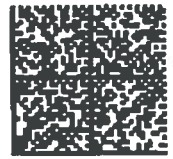


7018 0660 0002 0440 0109

U.S. Department of Justice  
United States Attorneys Office  
District of Utah  
111 South Main Street, Suite 1800  
Salt Lake City, Utah 84111-2176

OFFICIAL BUSINESS

**CPU**



U.S. POSTAGE  
\$6.85  
FCML 0000  
Orig: 84111  
01/28/19  
11082330  
R2305P150389  
06 29

Clean Harbors Aragonite  
C/O CT-Corporation System  
Registered Agent  
1108 E. South Union Ave.  
Midvale, Utah 84047

84047-290408





Clean Harbors Aragonite  
Page Two  
January 28, 2019

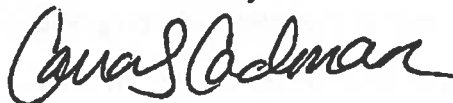
- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.11(a), a violation of 21 U.S.C. § 842(a)(5). (1 Count)

This matter has been referred to the United States Attorney's Office for potential civil prosecution. If you are interested in resolving this investigation outside of formal litigation, please contact me within 30 days of the date of this letter. If I do not receive a response within that time, I will file a complaint and proceed with litigation.

Thank you for your consideration of these issues. I look forward to hearing from you.

Sincerely,

JOHN W. HUBER  
United States Attorney



Carra S. Cadman  
Assistant United States Attorney

cc: Sandra L. Steinvoort, AUSA  
Eric Welch, Diversion Investigator, DEA

## SETTLEMENT AGREEMENT

This Settlement Agreement (Agreement) is entered into among the United States of America, acting through the United States Department of Justice and on behalf of the Drug Enforcement Administration (collectively the "United States") and Clean Harbors Aragonite, LLC ("Clean Harbors") (hereafter collectively referred to as "the Parties"), through their authorized representatives.

### RECITALS

A. Clean Harbors operates a pharmaceutical waste management facility with a reverse distributor DEA registration doing business in the State of Utah.

B. The United States contends that it has certain civil claims against Clean Harbors arising from an audit conducted by the Drug Enforcement Administration for the accountability period of beginning of business May 11, 2017 through close of business September 4, 2018. The audit revealed the following violations:

- Failure to file the ARCOS Year End Inventory for 2017 as required by 21 U.S.C. § 827(d) and 21 C.F.R. § 1304.33(b), a violation of 21 U.S.C. § 842(a)(5);
- Failure to file on time the quarterly ARCOS reports for the 1st, 2nd, 3rd, and 4th quarters for 2017, and for the 2nd quarter for 2018, as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.33(b), a violation of 21 U.S.C. § 842(a)(5);
- Failure to maintain separately a biennial inventory of controlled substances listed in Schedules I and II as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.04 (f)(1), a violation of 21 U.S.C. § 842(a)(5); and
- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.11(a), a violation of 21 U.S.C. § 842(a)(5).

That conduct is referred to below as the Covered Conduct.

C. This Settlement Agreement is neither an admission of liability by Clean Harbors nor a concession by the United States that its claims are not well founded.

e. Any liability based upon obligations created by this Agreement.

4. Clean Harbors waives and shall not assert any defenses Clean Harbors may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action.

5. Clean Harbors fully and finally releases the United States, its agencies, officers, agents, employees, and servants, from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that Clean Harbors has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, agents, employees, and servants, related to the Covered Conduct and the United States' investigation and prosecution thereof.

6. This Agreement is intended to be for the benefit of the Parties only.

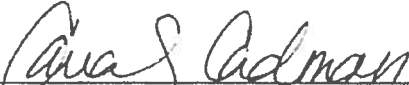
7. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

8. Each party and signatory to this Agreement represents that it freely and voluntarily enters in to this Agreement without any degree of duress or compulsion.


9. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the District of Utah. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

THE UNITED STATES OF AMERICA

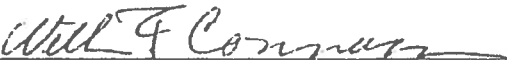
JOHN W. HUBER  
United States Attorney  
District of Utah

DATED: 4/23/2019 BY:   
Carra S. Cadman  
Assistant United States Attorney

DRUG ENFORCEMENT ADMINISTRATION

DATED: 04/23/2019 BY:   
Brian S. Besser  
Assistant Special Agent in Charge  
Denver Field Division

CLEAN HARBORS ARAGONITE, LLC

DATED: 4/22/2019 BY:   
William F. Connors  
Senior Vice President of Compliance  
Clean Harbors



Clean Harbors Aragonite, LLC  
11600 North Aptus Road  
Aragonite, UT 84029

435.884.8100  
[www.cleanharbors.com](http://www.cleanharbors.com)

November 26, 2019

**RE: Clean Harbors Aragonite Corrective Actions taken in Response to DEA Inspection**

To Whom It May Concern:

On September 4, 2018 the United States Drug Enforcement Administration (DEA) conducted an inspection of Clean Harbors Aragonite. During the inspection several violations were discovered. Clean Harbors Aragonite was notified of these violations on January 28, 2019. The violations were reported as the following:

- Failure to file the ARCOS Year End Inventory for 2017 as required by 21 United States Code (USC) 827(d) and 21 Code of Federal Regulations (CFR) 1304.33(b), a violation of 21 U.S.C 842(a)(5). (1 Count)
- Delinquent filing of quarterly ARCOS reports for the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters for 2017 and for the 2<sup>nd</sup> quarter for 2018, as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.33(b), a violation of 21 USC 842(a)(5). (5 Counts)
- Failure to maintain separately a biennial inventory of controlled substances listed in Schedules I and II as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.04 (f)(1), a violation of 21 USC 842(a)(5). (1 Count)
- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.11 (a), a violation of 21 USC 842(a)(5). (1 Count)

In response to these violations, Clean Harbors Aragonite settled with the U.S. Department of Justice and paid a \$96,000 fine. Clean Harbors Aragonite also took the following corrective actions to correct violations:

- Filed Year End Inventory for 2017 with the DEA and put internal procedures in place to ensure yearend inventory reporting is submitted on time.



Clean Harbors Aragonite, LLC  
11600 North Aptus Road  
Aragonite, UT 84029

435.884.8100  
www.cleanharbors.com

October 10, 2019

Sent Via FedEx #7766 7435 6139

ATTN: Citation Coordinator  
Division of Occupational and Professional Licensing  
Department of Commerce  
160 East 300 South  
P.O. Box 146741  
Salt Lake City, UT 84114-46741

**RE: Notice of Response for Citation #100550  
Clean Harbors Aragonite, LLC**

To Whom it Concerns:

Clean Harbors Aragonite, LLC received Citation #100550 on October 1, 2019 from the State of Utah Department of Commerce, Division of Occupational and Professional Licensing (DOPL). This citation indicated that CHA was in offense of Utah Code 58-1-501(2)(a) and 58-17b-502(1)(l).

The citation was issued because on August 14, 2019 DOPL received an application for pharmacy licensure renewal from CHA and upon reviewing the renewal application it was found that CHA didn't inform DOPL within ten days of disciplinary action taken against CHA's pharmacy license by the Drug Enforcement Agency (DEA) on April 23, 2019. This notice is required by Utah Code of Pharmacy 58-17b-614(1).

At the time disciplinary action was taken against CHA by the DEA, the CHA's compliance manager position, who would have been responsible for reporting to DOPL, was in transition. No other individual at CHA was aware of the ten day reporting requirement until CHA received notice of the citation from DOPL. CHA has chosen to pay the citation and enclosed is the signed notice of response.

Should you have any questions regarding this matter, please contact me at the number listed below.



State of Utah  
 Department of Commerce  
 Division of Occupational and Professional Licensing  
 ATTN: Citation Coordinator  
 160 East 300 South  
 P.O. Box 146741  
 Salt Lake City, Utah 84114-6741

Telephone: (801) 530-6628  
 Fax: (801) 530-6511  
 Website: www.dopl.utah.gov

100550

# CITATION

ISSUED TO: Clean Harbors Aragonite, LLC		CASE #: 112781	
PROFESSION: Pharmacy	LICENSE #: 7657561-1710		
DOB: / / n/a	DL #: n/a	SSN/EIN #: 02-0646449	
BUSINESS ADDRESS: 11600 N Aptus Rd		CITY: Grantsville	STATE: UT ZIP: 84029
BUSINESS PHONE: 435-884-8100		BUSINESS EMAIL: sullivan.bridget@cleanharbors.com	
HOME ADDRESS: n/a		CITY: n/a	STATE: n/a ZIP: n/a
HOME PHONE: n/a		HOME EMAIL: n/a	
LOCATION OF OFFENSE: Clean Harbors Aragonite, LLC			
OFFENSE CODE	DATE OF OFFENSE: 08 / 14 / 2019	DATE ISSUED: 9 / 26 / 2019	
	DESCRIPTION		
58-1-501(2)(a)	violating, or aiding or abetting any other person to violate, any statute, rule, or order regulating an occupation or profession under this title;		
58-17b-502(1)(I)	failing to report to the division any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court for conduct that in substance would be considered unprofessional conduct under this section;		
REMARKS: On 08/14/2019, the Division received an application for licensure renewal from Clean Harbors Aragonite, LLC. Upon reviewing the renewal application, it was found that the pharmacy had disciplinary action taken against their license by the DEA on 04/23/2019. Respondent failed to report the disciplinary action to the Division within 10 days of the action. Pursuant to U.C.A. 58-17b-614, a pharmacy shall report in writing to the Division any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency or court.			
*Fine pursuant to R156-17b-402(25)			
PERSON SERVED: <i>Sent by mail</i>		SERVED BY: <i>T. Drebing</i>	
<input checked="" type="checkbox"/> FINE \$ 300.00	<input checked="" type="checkbox"/> CEASE AND DESIST ORDER		
I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE. <i>William Simon</i> RECIPIENT'S SIGNATURE		I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. <i>T. Drebing</i> INVESTIGATOR'S SIGNATURE	
		DATE: <i>10/10/19</i>	

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

RECIPIENT COPY

Date: 10/10/2019

Utah Department of Commerce Licensing and Enforcement System

Request for Debit / Credit Card Payment

Payer: Clean Harbors Aragonite, LLC  
Drawer ID: TERMINALID  
User: vtrujillo

Customer's Name: WILLIAM L SIMMONS

Daytime Telephone Number: 435-884-8122 TYSM100

Profession (if applicable):

License Number: 1165724710 MUMMUMFEM

Purpose of Payment: 100579 Clean Harbors Aragonite US

Amount to Charge: \$ 300.00

DCOPL Employee Requesting the Charge: (M) vtrujillo 10-10-19

Mark One:  Payment Requested by Telephone, Mail, or Fax

Payment Requested in Person (Obtain signature below.)

I authorize my debit / credit card to be charged by the Utah Division of Occupational and Professional Licensing in the amount of \$ 300.00 for the purpose(s) described above.

Signature: \_\_\_\_\_

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

Date: 10/10/2019  
Fine Pharmacy 1 300.00  
Credit Card  
Amount Due 300.00  
Amount Paid 300.00  
Receipt #: 8061000

RECEIVED  
OCT 10 2019  
10:00 AM



**20D**

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

**APPLICATION FOR OUT-OF-STATE 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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____ Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: Fresenius Kabi, LLC

Physical Address: 402 Apple Valley Road, Suite A

City: Duncan State: SC Zip Code: 29334 Telephone \_\_\_\_\_

Number: (864) 485-8002 Fax Number: 614-652-0674

Toll Free Number: (864) 485-8050

E-mail: licensure@cardinalhealth.com Website: www.fresenius-kabi.com/us

Facility Manager: John Randle Pass

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies     
  Practitioners     
  Hospitals     
  Wholesalers  
 Other: US 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 OUT-OF-STATE 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)

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

Licensed as Manufacturer by the FDA?

Yes  No

(If yes, provide a copy of your 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

Fresenius Kabi, LLC NVBOP #WH02616 and Fenwal, Inc. NVBOP #WH02617

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A - facility's expected opening date is 11/1/2019

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: E0023532018-4

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

### APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

See attached description of actions against predecessor, Fresenius Kabi USA, LLC.

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

Jack C. Silhavy

Print Name of Authorized Person

10/7/19  
Date

Board Use Only

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

Amount: \_\_\_\_\_

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: Parent Company: Fresenius Kabi Pharmaceuticals Holding, LLC

Mailing Address: 7000 Cardinal Place, Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3076 Fax: 614-652-0674

Contact Person: Cynthia Rhodes

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 - no shares issued by limited liability company
  - b) \_\_\_\_\_  
Name Business Address
  - c) \_\_\_\_\_  
Name Business Address
  - d) \_\_\_\_\_  
Name Business Address
- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A

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

**Include with the application for a non publicly traded corporation**

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

## **Fresenius Kabi, LLC**

### **Description of Past Disciplinary Actions of Predecessor, Fresenius Kabi USA, LLC** **(formerly known as APP Pharmaceuticals, LLC)**

Fresenius Kabi, LLC provides this summary of actions taken by other states against licenses held in the name of its predecessor APP Pharmaceuticals, LLC ("APP"). The actions described below were made against the **Bensenville, Illinois distribution facility only** and resulted from late filing of various documents in the state licensing process and were 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 these actions is no longer operated by Fresenius Kabi USA, LLC effective January 1, 2018. The facility is operated by Fresenius Kabi, LLC and currently maintains a valid license and is good standing in each state, as required. No disciplinary actions are pending.**

#### **Colorado License Denial and Subsequent Issuance\***

Action: Although a license renewal and change of name were timely filed by APP in Colorado, the State of Illinois failed to provide a verification document in the required format. During the period between APP's filing and discovery of the inadequacy of the Illinois document, APP made a single shipment of prescription drugs to a Colorado pharmacy on or around December 17, 2007. As a result of that shipment, Colorado issued a Cease and Desist Order, effective September 7, 2008, at which time APP immediately ceased shipping prescription drugs into Colorado. At its next regular meeting on November 20, 2008, the Colorado Board of Pharmacy denied APP's Wholesaler application.

Outcome: On December 19, 2008, APP and the Colorado Board of Pharmacy entered into a Stipulation and Agreed Agency Order whereby APP was granted an Out-of-State Wholesaler License (#7467). The license is currently in the name of Fresenius Kabi, LLC.

#### **Montana Disciplinary Action\***

Action: After accepting APP's renewal application and issuing a Wholesale Drug Distributor License (#1187) effective as of March 8, 2008, the Montana Board of Pharmacy issued a board-generated complaint against APP dated May 19, 2008 alleging (a) the late renewal of a Wholesale Drug Distributor license and (b) unlicensed practice by APP in Montana that occurred between January 16 and March 7, 2008. The delay in filing the renewal application resulted from delays by the State of Illinois in processing the name change so that APP could file the required verification documents showing the APP name. It is important to note that during the period of alleged unlicensed practice, APP became the sole U.S. supplier of heparin products causing APP to ship heparin products into Montana on an emergency basis.

Outcome: On January 9, 2009, APP entered a Stipulation and a Final Order was executed by the Montana Board of Pharmacy under which APP's Wholesale Drug Distributor License (#1187) was affirmed. The license remained in effect until it was closed on May 7, 2018.

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

Page Two

**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. 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 a monetary fine of \$1,000.00 in resolution of the matter.

*The foregoing is a true and accurate description of  
Actions taken against Fresenius Kabi USA, LLC.*



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

Dated: 10/7/19

October 7, 2019



402 Apple Valley Rd  
Suite A  
Duncan, South Carolina 29334

Officer Name	Title	Company	Business Address
Steven J. Adams	Exec. VP and CFO	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047
John Robert Ducker	President and CEO	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047
Jack C. Silhavy	Exec. VP, General Counsel and Secretary	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047

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

John Randle Pass  
Kevin Pugh

10-7-2019



The National Association of Boards of Pharmacy®  
hereby awards

Verified-Accredited Wholesale Distributors®  
Accreditation

to

*Fresenius Kabi, LLC*

located at

*600 Supreme Dr, Bensenville, IL 60106*

*This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at [www.nabp.pharmacy](http://www.nabp.pharmacy).*

Carmen A. Catizone, Executive Director/Secretary

August 6, 2018 - August 5, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | [www.nabp.pharmacy](http://www.nabp.pharmacy)



PRC 1037460

PERMIT NO. 19143  
DATE ISSUED: 10/15/2019

South Carolina Department of Labor, Licensing and Regulation

**Board of Pharmacy**  
**Non-Dispensing Drug Outlet Permit**

**2019-2020**  
Expires 06/30/2020

**FRESENIUS KABI, LLC**  
Permit Holder: JACK SILHAVY  
402 APPLE VALLEY RD, SUITE A  
DUNCAN SC 29334

*Eric Strauss*  
Eric Strauss, Chairman

*J. Addison Livingston*  
J. Addison Livingston, Vice Chairman

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

South Carolina Department of Labor, Licensing and Regulation  
BOARD OF PHARMACY  
Post Office Box 11927  
Columbia, SC 29211-1927

PERMIT ENCLOSED

**RECEIVED**  
OCT 21 2019  
**Board of Pharmacy**

60  
FRESENIUS KABI, LLC  
THREE CORPORATE DRIVE  
LAKE ZURICH IL 60047

# Controlled Substances Registration Verification

Welcome to the SC DHEC Bureau of Drug Control Verification page. All fields are not required.

Enter search criteria.

Registration Number

4019143

City

Enter city...

Name (last, first)

Enter name...

County

Select county...

Company Name

Fresenius

State

Select state...

Search

Clear Form

Print Listing

Registration Number

4019143

Name/Address

FRESENIUS KABI LLC  
402 APPLE VALLEY RD  
STE A  
DUNCAN, SC 29334

County

SPARTANBURG

Issuance Date

10/16/2019

Showing 1 to 1 of 1 entries

The maximum number of results is limited to 25. If you are unable to view the data you are looking for, please refine your search.  
Verification Disclaimer: This is to attest to the accuracy of the information contained on the website and to verify that the information is updated at least daily.

The information on this site is primary source verification, and is non-modifiable by outside entities.

For additional information, contact: (803) 896-0636 Fax (803) 896-0627

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[www.scdhec.gov](https://www.scdhec.gov) (<https://www.scdhec.gov>)

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI USA, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI USA, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2007.

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



4373141 8300

SR# 20198019800

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: 203978440

Date: 11-11-19

# Delaware

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)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202294141

Date: 02-20-19

# JOHN RANDLE PASS

Ludwell Court • Johns Creek GA 30022-6083 • ( ) •

at

Operations Management Professional with experience working with an \$80 Billion Fortune 25 pharmaceutical wholesale company. Skilled in audit compliance with DEA, FDA, state BOP, PDMA, cGMP, HazMat, cold chain, and other regulatory areas. Established track record of building teams and significantly improving the work climate of business units. Adept at managing assets, controlling expenses, and improving metrics performance.

## EMPLOYMENT

### **April 2019 – Present: Fresenius Kabi Senior Manager, Warehouse Operations, Greenville, SC**

Manage the build out, start up, and continuing operations of a 235,000 SF fully validated pharmaceutical distribution center. Responsible for organization, leadership, compliance, and direction of personnel for the inbound, outbound, and inventory control functions for the facility.

- Oversees the inbound functions of all finished products from production plants and contract manufacturers.
- Oversees the inventory control activities for all finished products. This includes oversight of the cycle count program, accuracy levels, internal and external replenishment, and discrepancy reconciliation and reporting.
- Coordinates the activities of the warehouse personnel involved in all operations. This includes overseeing workflows and levels of activity to ensure product is delivered (parcel, LTL, and TL) in a timely, cost effective manner.
- Responsible for the creation of annual financial budgets, various financial re-forecasts, and variance reporting to plan.
- Recruiting and retaining talent.
- Promotes, plans, initiates, and implements continuous improvement projects.
- Ensure all employees are properly trained for the functions they are performing and ensures compliance with all regulatory agency requirements are met.
- Supports the initiation and maintenance of Standard Operating Procedures to ensure cGMP compliance associated with all warehouse activities.
- Collaborates with a variety of functions including, but not limited to, quality assurance, finance, customer service, procurement, suppliers, and organizations providing finished products to the facility.
- Coordinates the warehouse safety program in conjunction with all OSHA, local, and state regulations.
- Oversees employee relations including the handling of inquiries, issue resolution, performance appraisals, and employee counseling.
- Analyzes performance metrics to ensure desired results are achieved, the facility is operating efficiently, and corrective and preventative actions are created and implemented when necessary.
- Represent the Company as the Designated Representative for the distribution facility.
- Ensure supervisors effectively mentor, train, coach, and monitor the development of their subordinates to ensure they are acquiring the skills and abilities necessary to achieve success and career advancement if desired.



**April 2013 – March 2019: XPO Logistics  
Operations Manager, Atlanta, GA**

Managed the build out, start up and continuing operations of an aerospace client's Supply Chain production operation. Responsible for Order Fulfillment, Shipping/Receiving, Inventory and Returns functions. Ensured compliance with contract metrics related to order fulfillment, inventory accuracy, and quality as required by the client's SOW.

- Managed all warehouse operations functions.
- Ensured inventory accuracy is maintained at 99.95% or higher.
- Managed the Cycle Count program.
- Maintained Quality Assurance Program, including NCI resolution.
- Prepared and maintained financial budgets.
- Managed the Returns process.
- Produced and maintained all Operational reports.
- Maintained production and quality levels to ensure 100% compliance of all performance metrics as required by the client's Statement of Work.
- Ensured 100% compliance with ITAR and EAR regulations.
- Oversaw all Human Resource activities.
- Ensured that all Associate training was completed and documented.

**August 2011 – March 2013: LifeScience Logistics  
Facility Manager, Atlanta, GA**

Managed the build out and operation of a 255,000 SF Greenfield distribution/warehouse facility for a cutting-edge Third-Party Logistics services provider operating in the healthcare industry. LifeScience Logistics provides a full range of standard and specialized logistics services scalable to the changing needs of the customer in a fully validated cGMP storage environment.

- Responsible for 38,000 pallet spaces and \$750 million pharmaceutical inventory.
- Managed/maintained Key Performance Indicators: 100% on-time shipping, 100% on-time receiving, and 99.99% inventory accuracy.
- Maintained excellence in Customer Relations and Communication with clients, vendors, and regulatory agencies.
- Maintained full regulatory compliance with all federal, state and local agencies.
- Developed staff by building a strong, positive team environment. Hold staff accountable for all productivity measures.
- Maintained departmental budget in full compliance with financial plan.
- Maintained all Operational Reports at 100% accuracy.
- Administered physical plant and campus maintenance.
- Designated Representative for state of California.

**September 1983 - October 2010: AmerisourceBergen Drug Company  
Vice President, Distribution Center Manager II, Atlanta, GA**

- Managed the distribution services and operational functions within the Atlanta distribution center, a fully functional PkMS WMS RF-enabled environment with annual volume of \$1.3 Billion.
- Led all associate-related functions, including hiring, performance discussions, development, and training.
- Prepared and managed the distribution center's financial plan to meet goals and objectives. Reviewed reports to monitor performance in all functional areas within the distribution center (P & L, Operations, A/R, Inventory, Data Processing).
- Implemented and supported Customer CARE. Monitored all Customer CARE KPI's to ensure that all Metrics aligned with company targets. Reviewed quarterly customer survey results with the Lead Team and continuously refined customer satisfaction improvement strategies.
- Interacted with customers to solve problems and handled all other operational issues to increase overall customer satisfaction.
- Implemented and supported Diversity and Inclusion Program.
- Ensured compliance with all Federal, state and local government regulations. Acted as key contact for all regulatory agencies - DEA, FDA, OSHA, DOT, state BOP, and others.
- Negotiated contracts for local vendors and approved expenditures within budgetary guidelines.
- Developed, implemented, and monitored Operational KPI's to promote efficiency, accuracy, faster service, and lower costs. Ensured that all functional departments were 100% SOP compliant.
- Administered physical plant and campus maintenance.
- Performed special projects as assigned.

**1998–2006: Vice President/Distribution Center Manager I, Meridian, MS**

- Managed the distribution services and operational functions within the Meridian distribution center.
- Led all associate-related functions, including hiring, performance discussions, development, and training.
- Prepared and managed the distribution center's financial plan to meet goals and objectives. Reviewed reports to monitor performance in all functional areas within the distribution center (P & L, Operations, A/R, Inventory, Data Processing).
- Implemented and supported the Customer CARE program.
- Interacted with customers to solve problems and handled all other operational issues to increase overall customer satisfaction.
- Ensured compliance with all Federal, state and local government regulations. Acted as key contact for all regulatory agencies - DEA, FDA, OSHA, DOT, state BOP, and others.
- Negotiated contracts for local vendors and approved expenditures within budgetary guidelines.
- Developed, implemented, and monitored Operational KPI's to promote efficiency, accuracy, faster service, and lower costs. Ensured that all functional departments were 100% SOP compliant.
- Administered physical plant and campus maintenance.
- Performed special projects as assigned.

**1989-1998: Operations Manager, Raleigh, NC**

Managed the overall operation of the dual-shift distribution function, including receiving, shipping, order filling, stocking, inventory, and data processing.

- Directed the annual Operating Expense budget of \$6.1MM.
- Functioned as contact with local and regional DEA offices and ensured that each department followed proper DEA procedures.
- Administered physical plant and campus maintenance.
- Implemented and maintained Critical Success Measurements for judging customer satisfaction and associate performance.
- Supervised the Customer Service department.

**1983-1989: Dr. T. C. Smith Company, Asheville, NC**  
**Sales Professional**

- Responsible for sales and territory management and specified accounts.
- Called on Health Systems, Retail, and Alternate Care accounts.
- Responsible for sales of company programs and ancillary products.
- Increased territory volume by 257% during this period.

**1980-1983: McKesson Drug Company, Columbia, SC**  
**Retail Account Manager**

- Responsible for sales and territory management and specified accounts.
- Called on Retail, Health Systems, and Alternate Care accounts.
- Responsible for sales of the McKesson portfolio of ancillary programs and services.
- Increased territory volume by 107% during this period.
- Named one of the Top 5 Retail Account Managers in the Mid-Atlantic Region in 1982.

## EDUCATION

**Bachelor of Business Administration, Management - University of Mississippi**



THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of November, 2019.

APPLICANT/PRINCIPAL

[Signature]  
Fresenius Kabi, LLC  
Authorized Representative

SURETY COMPANY

[Signature]  
RLI Insurance Company  
Surety Company's Representative

Rebecca J Hobbs, Attorney-in-fact  
print name

SIGNED and SEALED in the presence of:

[Signature]  
Witness

[Signature]  
Witness

SIGNED and SEALED in the presence of:

[Signature]  
Witness Bonnie Rice

[Signature]  
Witness Andrea Allman

Countersigned by:

[Signature]  
Nevada Resident Agent Rebecca Hobbs  
Non-Resident License #3159519

# POWER OF ATTORNEY

## RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615  
Phone: 800-645-2402

Bond No. CMS0336703

### Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes, but may be detached by the approving officer if desired.

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company and Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint:

Rebecca J Hobbs in the City of Knoxville, State of Tennessee, it's true and lawful Agent and Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000) for any single obligation, and specifically for the following described bond.

Principal: Fresenius Kabi, LLC

Obligee: Nevada State Board of Pharmacy

**RLI Insurance Company and Contractors Bonding and Insurance Company**, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation shall be executed in the corporate name of the Corporation by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Corporation. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the Corporation. The signature of any such officer and the corporate seal may be printed by facsimile or other electronic image."

IN WITNESS WHEREOF, **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 14th day of

November, 2019



**RLI Insurance Company  
Contractors Bonding and Insurance Company**

B. W. Davis

Barton W. Davis Vice President

State of Illinois

County of Peoria

} SS

### CERTIFICATE

On this 14th day of November, 2019, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, and acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** this 14th day of November, 2019.

By: Gretchen L. Johnigk  
Gretchen L. Johnigk Notary Public

**RLI Insurance Company  
Contractors Bonding and Insurance Company**

By: Jean M. Stephenson  
Jean M. Stephenson Corporate Secretary



**20E**

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521  
**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy  
(non-refundable and non-transferable checks 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.

<input checked="" type="checkbox"/> New Wholesaler or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: WH _____)	
Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,8

**GENERAL INFORMATION to be completed by all types of ownership**

Facility Name: JANUS TRADE GROUP LLC

Physical Address: 556 Industrial Way West

City: Eatontown State: NEW JERSEY Zip Code: 07724

Telephone Number: 732-730-6815 Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: steve@janustrade.com Website: \_\_\_\_\_

Facility Manager: STEVE TAWL

Professional qualifications and experience of facility manager: 30 YEARS EXPERIENCE AS WHOLESALER WAREHOUSE AND OPERATION MANAGER

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

- Pharmacies       Practitioners       Hospitals       Wholesalers
- Other: \_\_\_\_\_

**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 OUT-OF-STATE 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 Manufacturer by the FDA? Yes  No   
(If yes, provide a copy of your 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 regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: United Ostomy & Surgical Supplies.

Address: 7 Boumar Pl. , Elmwood Park, NJ 07407

Name: POWER LINES WHOLESale

Address: 601 N. CONGRESS AVENUEE, SUITE 502, DELRAY BEACH FL 33445

Name: JJ SudAmericana

Address: 151 South Country Club Blvd, Boca Raton, FL 33487

Name: Genisis Diagnostics

Address: 88 Cresthill Ave., Clifton, NJ 07012

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: \_\_\_\_\_

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

**APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE**

This page must be submitted for all types of ownership.

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

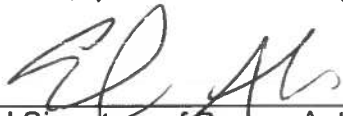
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No

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

ELI ABISOROR

Print Name of Authorized Person

Oct 30 19

Date

<b>Board Use Only</b>	Date Processed: _____	Amount: _____
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.**

Type of Partnership: General \_\_\_\_\_ Limited X \_\_\_\_\_

List names of 4 largest partners and percentage of ownership:

Name: ELI ABISROR %: 33.33%

Name: STUART HUSNEY %: 33.33%

Name: MICHAEL ANTAR %: 33.33%

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

Partnership Name: JANUS TRADE GROUP LLC

Mailing Address: 556 Industrial Way West

City, State Zip Code: Eatontown, New Jersey 07724

Telephone Number: 732-730-6815 Fax Number: \_\_\_\_\_

Contact Person: STEVE TAWIL

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: \_\_\_\_\_

**Include with the application for a partnership**

\*\*\*If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

\*\*\*If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**JANUS TRADE GROUP, LLC**  
0600398623

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 24, 2013.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*ELI ABISROR  
556 INDUSTRIAL WAY WEST  
EATONTOWN, NJ 07724*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
8th day of October, 2019*

*Elizabeth Maher Muoio  
State Treasurer*

Certificate Number : 6101354125

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

LIST OF EMPLOYEES:

WHO HANDELS THE DRUGS ON DAILY  
BASIS

None- Our company does not deal/handle drugs, we are wholesaler of supplies/devices only.



**NEW JERSEY DEPARTMENT OF HEALTH  
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE  
P.O. Box 369, Trenton, New Jersey 08625-0369  
DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION**

0733557

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as:  manufacturer  wholesaler which conducts business at the following locations in this State:

556 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724-

Reg. No.  
5004388

JANUS TRADE GROUP  
ATTN: NATHAN HEINEY  
556 INDUSTRIAL WAY WEST  
EATONTOWN, NJ 07724-

**ISSUED PURSUANT TO  
N.J.S.A. 24:6B**

**EXPIRES: January 31, 2020**

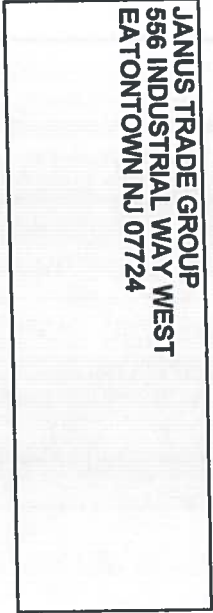
*Establishment Copy*



MERCANTILE  
Eatontown Borough  
2019 License  
Business Class

ML-19-0207  
EXPIRATION  
DECEMBER 31, 2019

ISSUED TO  
JANUS TRADE GROUP  
556 INDUSTRIAL WAY WEST  
EATONTOWN NJ 07724



OWNER  
ELI ABISOR  
1139 LINCOLN SQ  
LONG BRANCH NJ 07740



BY AUTHORITY OF ORDINANCE 22-2010 OF THE BOROUGH OF EATONTOWN, THIS LICENSE IS HEREBY GRANTED TO THE ABOVE OWNER WITHIN THE LIMITS OF THE BOROUGH OF EATONTOWN, HAVING PAID THE LICENSE FEE.

THIS LICENSE MUST BE POSTED IN PUBLIC VIEW  
AND IS NON TRANSFERABLE

Date: DECEMBER 24, 2018  
Fee: \$75.00

Linda Montagna  
Mercantile Licensing



State of Tennessee  
Department of Health

11631831

26407

TENNESSEE BOARD OF PHARMACY  
WHOLESALE/DISTRIBUTOR  
JANUS TRADE GROUP, LLC  
556 INDUSTRIAL WAY WEST  
EATONTOWN NJ 07724

*This is to certify that all requirements of the State of Tennessee  
have been met.*

ID NUMBER: 0000003062

EXPIRATION DATE: 06/30/2021

*John W Sidwell*

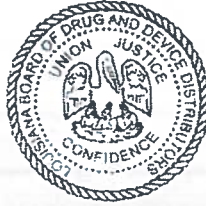
DIRECTOR, HEALTH RELATED BOARDS

*Risa J. Ferguson*

COMMISSIONER



# LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS



## DISTRIBUTOR OF LEGEND DRUGS OR LEGEND DEVICES

SUB-TYPE: Standard Distributor

**JANUS TRADE GROUP LLC** dba Mission Medical Supplies LLC

License No. 7678 effective 01/01/2019 (Original issue date: 05/30/2013), Expiring 12/31/2019  
distributing from 556 Industrial Way West, Eatontown, NJ, 07724

BUSINESS ADDRESS: 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ, 08701

is duly licensed in the State of Louisiana with this Board under the provisions of Act 852 of 1988 (as amended).

This license is subject to regulation in the state of Louisiana

in accordance with La. R.S. 37:3461 through 3482 and LAC 46:XXXIV.101 through 1503.

Additional Third-Party Logistics Providers:

NA

Board Secretary

ORIGINAL LICENSE — DISTRIBUTOR

This License is NOT TRANSFERABLE and must be Conspicuously Displayed. This license must be renewed annually

Louisiana Board of Drug and Device Distributors 12091 Bricksome Avenue, Suite B Baton Rouge, LA 70816	Phone: 225-295-8567 Fax: 225-295-8568	www.lsbwdd.org Email: admin@lsbwdd.org
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### SUB-TYPES:

**Standard Distributor:** Any entity that sales or facilitates the delivery of legend drugs or legend devices to persons other than the consumer or patient; including, but not limited to, manufacturers, repackagers, own-label distributors, jobbers, retail pharmacy warehouses, pharmacies, brokers, agents, freight forwarders, ship chandlers, reverse distributors, compounders/503b, and nuclear pharmacies.

**Wholesale Distributor:** Any entity that sales or facilitates the delivery of drug product (as defined by FDA) to persons other than the consumer or patient; not to include (not limited to) manufacturers, repackagers, third-party logistic providers, distributors of devices, medical gases, intravenous drugs for replenishment or irrigation, blood or blood components; radioactive drugs or biologicals, imaging drugs, homeopathic drugs, and compounded drugs.

**Third-party Logistics Provider:** Any entity that provides or coordinates warehousing, facilitates the delivery of, or other logistic services for a legend drug or legend device interstate and intrastate commerce on behalf of a manufacturer, distributor, or dispenser of a legend drug or legend device but does not take ownership of the legend drug or legend device nor have responsibility to direct the sale or disposition of the legend drug or legend device.

**NEVADA STATE BOARD OF PHARMACY**

**431 W Plumb Lane  
Reno, NV 89509  
(775) 850-1440  
Fax: (775) 850-1444**

**PHARMACEUTICAL WHOLESALER SURETY BOND**

Bond No. 41420408

Application/License No. \_\_\_\_\_

Janus Trade Group LLC, doing or intending to do business as a  
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

P. O. Box 290109, Brooklyn, NY 11228, as

Address of Applicant/Principal

**PRINCIPAL**, and Platte River Insurance Company, a  
Surety Company

corporation organized under the laws of the state of Nebraska  
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

2121 N. California Blvd., #300, Walnut Creek, CA 94596 as

Address of Surety

**SURETY**, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of **ONE HUNDRED THOUSAND DOLLARS (\$100,000.00)**, for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 30, 2019

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of October, 2019.

APPLICANT/PRINCIPAL  
Janus Trade Group LLC

[Signature]  
Authorized Representative

SURETY COMPANY  
Plate River Insurance Company

[Signature]  
Surety Company's Representative

Erin Brown, Attorney-in-fact  
print name



SIGNED and SEALED in the presence of:

[Signature]  
Witness

SIGNED and SEALED in the presence of:

[Signature]  
Witness

[Signature]  
Witness

[Signature]  
Witness

Countersigned by  
[Signature]  
Nevada Resident Agent Erin Brown, Licens #1005693

PLATTE RIVER INSURANCE COMPANY  
POWER OF ATTORNEY

41420406

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

\_\_\_\_\_  
MICHAEL D LAPRE; DEBORAH M MCGUCKIN; RYAN ROGERS; KEVIN P SHINE; JAREN MARX  
\_\_\_\_\_  
YVONNE WEATHERFORD; PHILLIP SIMONS; ERIN BROWN; COLLEEN E. WATSON; ARTYCE JOHNSON

its true and lawful Attorney(s)-in fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

\_\_\_\_\_  
ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$2,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest: *John E. Rzepinski*  
John E. Rzepinski  
Vice President, Treasurer & CFO

*Suzanne M. Broadbent*  
Suzanne M. Broadbent  
Assistant Secretary

STATE OF WISCONSIN } s.s.  
COUNTY OF DANE



PLATTE RIVER INSURANCE COMPANY  
*Stephen J. Sills*  
Stephen J. Sills  
CEO & President

On the 3<sup>rd</sup> day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of PLATTE RIVER INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN } s.s.  
COUNTY OF DANE



*David J. Regele*  
David J. Regele  
Notary Public, Dane Co., WI  
My Commission Is Permanent

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 3<sup>rd</sup> day of October, 2019



*Antonio Celii*  
Antonio Celii  
General Counsel, Vice President & Secretary

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/11/2019

## 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 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 WHOLESALE LICENSE  
 Nature of License  
JANUS TRADE GROUP LLC, 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ 07724  
 Name and Address of Establishment for Which License Is Requested  
 If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name	Abisor	First Name	Eli	Middle Name	Bernard
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
Present Residence Address-Street or RFD	Lincoln Square	City	LongBranch	State/Zip	NJ 07740
Dates					
Present Business Address	556 Industrial Way West	City	Eatontown	State/Zip	NJ 07724
Dates					
Occupation				Phone: Residence	
Member				Business	732-730-6815
Date of Birth	Place of Birth (City, County, State)				
	Neptune, Monmouth, NJ				
Age	Social Security Number			Sex	
37				M	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	MEDIUM	185 lbs	MEDIUM	5" 9

Scars, tattoos or distinguishing marks and/or characteristics


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** ..... 04/11/2005 ..... Brooklyn, NY  
 Date City, County and State  
 Spouse's full name (Maiden) Sherly Mandil ..... S.S. No. ....  
 Date of Birth ..... Place of Birth Brooklyn, NY  
 Resident address Lincoln Square Long Branch NJ 07740  
 Street City State Zip  
 Telephone: Residence ..... Business Homemaker  
 Spouse's employer N/A ..... Occupation .....  
 Address of employer .....  
 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
N/A					

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
Marcus Abisoror		Brooklyn, NY	lincoln square, Long Branch, NJ 07740
Joshua Abisoror		Brooklyn NY	lincoln square, Long Branch, NJ 07740
Suri Joelle Abisoror		Long Branch NJ	lincoln square, Long Branch, NJ 07740

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 

**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
<b>Father</b>			
Hanania Abisror		Turnberry Way, Aventura Florida	Rabbi
<b>Mother</b>			
Ella Weiner		Same	Homemaker
<b>Father-in-Law</b>			
Joshua Mandil		Hutchinson Ct, Brooklyn NY	Customs Broker
<b>Mother-in-Law</b>			
Mireille Mandil		Same	Homemaker

**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
Joseph Abisror		2 Turnberry Way, Aventura Florida	Unemployed
<b>Spouse</b> N/A			
Michelle Ouzer		Bowyer Ave, Long Branch NJ 07740	Homemaker
<b>Spouse</b> Yishay Ouzer			
Baruch Abisror		Vasser Dr, Anchorage AK 99508	Telecom
<b>Spouse</b> Beth Savit			
Yeshua Abisror		Ocean Pkwy, Brooklyn NY 11235	Medical Supplies
<b>Spouse</b> Jouli Malakh			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Deal Yeshiva	Deal, NJ	Sept 1986 - June 1995	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Yeshiva Gedolah Zichron Moshe	South Fallsburg, NY	Sept 1995 - Jan 1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Brookdale Community College	Middletown, NJ	Jan 1998 - June 1998	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any ..... N/A

College or university where obtained .....

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 ..... 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  .....

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
defendent	approx- 1998	n/a	Monmouth county , NJ	car accident

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
see attached sheet		

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
Dec 1981- Sept 1995	1139 Lincoln Square	Long Branch	NJ
Sept 1995 - Jan 1998	84 Laurel Park Rd	South Fallburg	NY
Jan 1998 - Sept 2002	1139 Lincoln Square	Long Branch	NJ
Sept 2002 - March 2005	23 Clovelly St	Pikesville	MD
April 2005 - May 2007	2214 East 5th St	Brooklyn	NY
May 2007 - April 2008	869 Norwood Ave	Long Branch	NJ
May 2008 - Present	1139 Lincoln Square	Long Branch	NJ

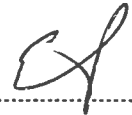
Applicant's initial

**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/ 2007 - Present	Janus Trade Group 556 Industrial Way West, Eatontown NJ	N/A
Title	Description of Duties	Name of Supervisor
Owner	Magaing Director	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - 8/2007	Aeromax Dental Supplies 2212 McDonald Ave Brooklyn NY	Closed Business
Title	Description of Duties	Name of Supervisor
Owner	Executive Buyer	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2002 - 9/2004	DC Dental Supplies 1133 Greenwood Rd, Baltimore MD	Pursue Self Employment
Title	Description of Duties	Name of Supervisor
Sales Manger	Overseeing Sales team	David Chamowitz
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial  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
<b>Name</b> Morris Sarway	Home	3333 Henry Hudson PKWY	Bronx, NY	10463		30 years
<b>Employer</b> Westechester Partners LLC	Business	3333 Henry Hudson PKWY	Bronx, NY	10463	347-443-8090	
<b>Name</b> Ike Levy	Home	Park Terrace	Long Branch, NJ	07740		12 years
<b>Employer</b> Monmouth Custom Builders	Business	259 Mounmouth Rd, Deal NJ	07723		732-517-0400	
<b>Name</b> Alex Paskie	Home	East 7th St Brokklyn NY	11230			8 years
<b>Employer</b> blueswitch.com	Business	29 Broadway, NY, NY	10006		212-742-2770	
<b>Name</b> Mordechai Dabbah	Home	Jersey Ave Long Branch, NJ	07740			25 years
<b>Employer</b> Keter Torah	Business	5 Meridian Rd, Eatontown NJ,	07724		732-935-1111	
<b>Name</b> Eli Kopciel	Home	711a Ln, Wesley Hills, NY	10952			20 years
<b>Employer</b> Extell Inc	Business	805 3rd Ave			212-712-6000	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. 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

.....

.....

.....

12. 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.

.....

.....

.....

Applicant's initial CL Page 7

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

14. 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:

15. 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

16. 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

17. 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

18. 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 manufacturer) Yes  No

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



Date of photograph 10/28/2019

Applicant's initial [Signature]

STATE OF New Jersey

ss.

COUNTY OF Monmouth

I, Eli Abisror, 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 manufacturer 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 Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer 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 their 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 their agents, as a result of my applying for a manufacturer license in the State of Nevada.

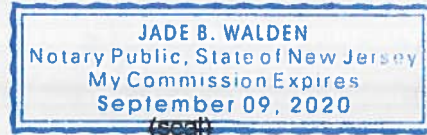
Eli Abisror

Original Signature of Applicant

Subscribed and Sworn to before me this 29<sup>th</sup> day of October, 2019

Jade B. Walden

Jade B. Walden  
Notary Public



Applicant's initial

EA

ADDITIONAL INFORMATION

Additional Siblings:

Orli Shukran North Country Club Drive APT 105, Aventura FL 33180

Spouse of Orli : Alberto Shukran North Country Club Drive APT 105, Aventura FL 33180

Yisrael Abisor Gainesborough Ct, Orlando FL 32826

Spouse of Yisrael : Tamar Devorah Kemerman Gainesborough Ct, Orlando FL 32826

Children and Dependents :

Miireille Abisor born on 1 Long Branch, NJ resides in lincoln square, Long Branch, NJ 07740

Joel Murray Abisor born on 2 Long Branch NJ resides in lincoln square, Long Branch, NJ 07740

Maximus Leo Abisor born on , Long Branch NJ resides in 1 lincoln square, Long Branch, NJ 07740

Isaac Asher Abisor born on F 7 , long branch NJ resides in 9 lincoln square, Long Branch, NJ 07740.

List of Companies Associated with Me:

JANUS TARDE GROUP LLC

MISSION MEDICAL SUPPLIES LLC

BLAZE TRADE GROUP LLC

EMS IMPORTS LLC

VALSTAR DENTAL LLC

ARROW MERCHANTS

INTELLIGENT DESIGNS

TECH GIANT LLC

MJS IMPORTS LLC

Abisor Properties LLC

STONEWATER EQUITIES LLC

CHASING SPARKS, INC

Applicant's initial

Sheet attached

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, <i>et al.</i> Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, <i>et al.</i> , Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/23/19

## 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 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 WHOLESALE LICENSE

Nature of License

JANUS TRADE GROUP LLC, 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ 07724

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Antar First Name Michael Middle Name

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

Present Residence Address-Street or RFD North Lincoln Ave City Long Branch State/Zip NJ 07740  
Dates 06/2015 - Present

Present Business Address 556 Industrial Way West City Eatontown State/Zip NJ 07724  
Dates 02/2013 - Present

Occupation Medical Supplies Wholesaler Phone: Residence \_\_\_\_\_ Business 732-662-3150 ext 239

Date of Birth C Place of Birth (City, County, State) Brooklyn, Kings, New York

Age 49 Social Security Number \_\_\_\_\_ Sex M

Color of Eyes Brown Color of Hair Brown Complexion Dark Weight 205lbs Build Muscular Height 5'11"

Scars, tattoos or distinguishing marks and/or characteristics \_\_\_\_\_

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 MA



MARITAL INFORMATION-Continued

A. **Current Marriage** 6/11/1991 Brooklyn, Kings, NY  
Date  
 Spouse's full name (Maiden) Emily Lankry City, County and State  
S.S. No.  
 Date of Birth ε Place of Birth Brooklyn, NY  
 Resident address North Lincoln Ave Long Branch NJ 07740  
Street City State Zip  
 Telephone: Residence .....{ ..... Business .....  
 Spouse's employer ..... Occupation Homemaker  
 Address of employer .....  
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

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
Frieda Antar	05/17/1988	Long Branch NJ	5 E.65th St. Apt 3B NY NY 10065
Max Antar		Brooklyn, NY	5 North Lincoln Ave Long Branch NJ 07740
Zahava Antar		Manhattan, NY	North Lincoln Ave Long Branch NJ 07740

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 EMA

**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
<b>Father</b>			
Nessim E. Antar		1 E.23rd Street Brooklyn, NY 11229	Retired
<b>Mother</b>			
Gloria Haber		1070 E.23rd Street Brooklyn, NY 11229	Retired
<b>Father-in-Law</b>			
Solomon Lankry		3 E.7th Street Brooklyn, NY 11223	Retired
<b>Mother-in-Law</b>			
Zahava Abisoror 1		3 E.7th Street Brooklyn, NY 11223	Retired

**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
Ezra Antar	1/7	E.12th Street Brooklyn, NY 11229	Office Manager
<b>Spouse</b>			
Aliza Soffer	3	2 E.12th Street Brooklyn, NY 11229	Homemaker
Morris Antar	4	1 Ave T Brooklyn, NY 11229	Shoe Importer
<b>Spouse</b>			
Giselle Cohen		1 Ave T Brooklyn, NY 11229	Homemaker
David Antar		E.17th Street Brooklyn, NY 11229	General Contractor
<b>Spouse</b>			
Ramona Ozeri	1/4	9 E.17th Street Brooklyn, NY 11229	Office manager
Sara Antar	7	E.19th Street Brooklyn, NY 11229	Homemaker
<b>Spouse</b>			
Marty Chera		0 E.19th Street Brooklyn, NY 11229	Loan Officer

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Magen David Yeshiva	Brooklyn NY	1979 - 1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Shaare Torah High School	Brooklyn NY	1984 - 1988	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.....

College or university where obtained.....

Applicant's initial MA

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 Kings State NY Date registered 5/5/1988

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 ama Page 4



**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 - Present	Janus Trade Group, LLC 556 Industrial Way West Eatontown NJ 07724	
Title	Description of Duties	Name of Supervisor
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - 9/2007	Aeromax Dental Supplies Inc 2212 McDonald Ave Brooklyn NY 11230	Closed Business
Title	Description of Duties	Name of Supervisor
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 - 9/2001	MASH Apparel Enterprise 10 West 33rd ST NY NY 10001	Closed Business
Title	Description of Duties	Name of Supervisor
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994	Intimate Resources 180 Madison Ave NY NY 10016	Pursue Self Employment
Title	Description of Duties	Name of Supervisor
Salesman	Selling Close Out Apparel	Mike Sutton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

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

Applicant's initial OMA 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
Name <u>David Balassiano</u>	Home	<u>E.7th Street Brooklyn, NY 11223</u>				<u>1980 - Present</u>
Employer <u>Kosher Media</u>	Business	<u>1724 E.12th Street Brooklyn, NY 11229</u>				
Name <u>David Hadeh</u>	Home	<u>1 E.7th Street Brooklyn, NY 11223</u>				<u>1980-Present</u>
Employer <u>Samsonic</u>	Business	<u>160 W.28th Street #1 New York, NY 10001</u>				
Name <u>Lawrence Dayan</u>	Home	<u>1 E.9th Street Brooklyn, NY 11223</u>				<u>1980-Present</u>
Employer <u>Gina Group</u>	Business	<u>10 West 33rd Street New York, NY 10001</u>				
Name <u>Ralph Dweck</u>	Home	<u>E.5th Street Brooklyn, NY 11223</u>				<u>1984-Present</u>
Employer <u>N/A</u>	Business	<u>N/A</u>				
Name <u>Danny Marcus</u>	Home	<u>1 Ave S Brooklyn, NY 11229</u>				<u>1998 - Present</u>
Employer <u>JM Legend</u>	Business	<u>2785 Coney Island Ave Brooklyn, NY 11235</u>				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. 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, when and where and years held

.....  
.....  
.....

12. 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.

.....  
.....  
.....

Applicant's initial ma  
Page 7

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

14. 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:

15. 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

16. 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

17. 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

18. 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 manufacturer) Yes  No

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

ATTACH PHOTOGRAPH



Date of photograph 10/23/2019

Applicant's initial *AMA*

STATE OF New Jersey ss.

COUNTY OF Monmouth

I, Michael Antar

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 manufacturer 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 Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer 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 their 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 their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Michael Antar  
Original Signature of Applicant

Subscribed and Sworn to before me this 23<sup>rd</sup> day of October, 2019

**EMAN M. RYAN**  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Sept. 05, 2024

Eman M. Ryan

(seal)

Applicant's initial MA





## 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 party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes  No

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Stuart Husney, and Michael Antar	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, <i>et al.</i> 503011/2018	Brooklyn, NY (Kings County)	Still pending

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, <i>et al.</i> Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, <i>et al.</i> , Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Aerogroup Enterprise	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, <i>et al.</i> , Dkt # 503011/2018	Brooklyn, NY (Kings County)	Still pending
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

# PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/24/2019

## 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 WHOLESALE LICENSE

Nature of License

JANUS TRADE GROUP LLC. 556 INDUSTRIAL WAY WEST. EATONTOWN NJ 07724  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

### 1. PERSONAL INFORMATION:

Last Name Husney	First Name Stuart	Middle Name Eliot
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Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	45 East 21st Street	City	Brooklyn	State/Zip	NY 11229
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Dates Jan 1997 to Present

Present Business Address	556 Industrial Way West	City	Eatontown	State/Zip	NJ 07724
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Dates Nov 2012 till present

Occupation	Phone: Residence	Business
		718-705-3908

Date of Birth	Place of Birth (City, County, State)
	Brooklyn NY, Kings County

Age	Social Security Number	Sex
52		M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	Fair	193	Medium	5 Ft 8 Inch

Scars, tattoos or distinguishing marks and/or characteristics

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  Page 1

MARITAL INFORMATION-Continued

**A. Current Marriage** ..... May 18 1993 ..... Kings County NY  
 Date City, County and State  
 Spouse's full name (Maiden) ..... Amy Husney ..... S.S. No. ....  
 Date of Birth ..... Place of Birth ..... Brooklyn NY  
 Resident address ..... East 21st Street ..... Brooklyn NY 11229  
 Street City State Zip  
 Telephone: Residence ..... Business ..... NA  
 Spouse's employer ..... NA ..... Occupation ..... NA  
 Address of employer ..... NA ..... NA ..... NA ..... NA  
 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

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
Ezra Husney		New York NY	Church St. New Haven CT Apt 6G 06510
Abraham Husney		New York NY	1 Johnston Street Oakhurst NJ 07755
Joseph Husney		New York NY	Ave S Brooklyn NY 11229

See Page 10 Additional Children

**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 ..... 

**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 Ezra Husney		East 9th Street Brooklyn NY 11223	Self Employed
Mother Rosa Husney		East 3rd Street Apt 4F, Brooklyn NY 11223	NA
Father-in-Law Abraham Dancour		BOWYER AVE Long Branch NJ 07740	NA
Mother-in-Law Sophia Dancour		BOWYER AVE Long Branch NJ 07740	NA

**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
Paulette Husney		East 22nd Street Brooklyn NY 11229	Teacher
Spouse Dr Jonathan Hirsch MD		East 22nd Street Brooklyn NY 11229	Physician
Sara Husney		Elizabeth Street Oakhurst NJ 07755	Teacher
Spouse Aaron Haleva		Elizabeth Street Oakhurst NJ 07755	Attorney
Janine Husney	1	East 24th Street Brooklyn NY 11229	Teacher
Spouse Barry Mizrahi		East 24th Street Brooklyn NY 11229	Usability Engineer
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School Magen David Yeshiva	Brooklyn NY , Kings County	1972 till 1982	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Yeshiva Shhare Torah	Brooklyn NY , Kings County	1982 Till 1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University NA			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other NA			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any.....<sup>NA</sup>

College or university where obtained.....<sup>NA</sup>

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 kings State new york Date registered 5/22/1986

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  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
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SEE ATTACHED

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
----------------	----------------	---

SEE ATTACHED

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
March 1994 to March 1996	1936 East 13th Street	Brooklyn NY 11229	NY Kings County
April 1996 until Present	[redacted] East 21st Street	Brooklyn NY 11229	NY Kings County

Applicant's initial.....

**8. EMPLOYMENT:**

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 Till present	Janus Trade Group, 556 Industrial way west Eatontown NJ 07724	NA
<b>Title</b> Owner	<b>Description of Duties</b> CFO	<b>Name of Supervisor</b> NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 Till 9/2007	Aeromax Dental Supplies Inc, 2212 Mcdonald Ave, Brooklyn NY 11230	Closed Business
<b>Title</b> Owner	<b>Description of Duties</b> CFO	<b>Name of Supervisor</b> NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2001 Till 1/2005	Aeromax Inc 2212 Mcdonald Ave Brooklyn NY 11230	Closed Business
<b>Title</b> Owner	<b>Description of Duties</b> CFO	<b>Name of Supervisor</b> NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 Till 9/2001	Mash Apparel Enterprise 10 West 33rd Street NY NY	Closed Business
<b>Title</b> Owner	<b>Description of Duties</b> CFO	<b>Name of Supervisor</b> NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994 till 1/1996	Intimate Resources 155 Madison Ave NY NY	Persue Self Employment
<b>Title</b> Salesman	<b>Description of Duties</b> Selling Close Out Apparel	<b>Name of Supervisor</b> Mike Sutton
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1993 Till 1/1994	Skiva Intl 1407 Broadway NY NY	To Persue career in Sales
<b>Title</b> Collection Agent	<b>Description of Duties</b> Collect Receivables	<b>Name of Supervisor</b> Jack Tawil
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1991 till 1/1993	Misco Enterprises, 100 S. Washington , Dunellen NJ 08812	Persue career in collections
<b>Title</b> Customer Service	<b>Description of Duties</b> Handled Customer Service Calls	<b>Name of Supervisor</b> Rachel Haber
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 1986 till 1/1991	Unemployed	NA
<b>Title</b> NA	<b>Description of Duties</b> NA	<b>Name of Supervisor</b> NA

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

Applicant's initial  \_\_\_\_\_ 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
Name Alex Paskie	Home	East 7th street 11230				18
Employer blueswitch.com	Business	29 Broadway NY NY 10006			(212) 742-2770	
Name Haim Cohen	Home	4 Hutchinson Court Brooklyn NY 11223				25
Employer Century Capital	Business	112 West 34th St NY NY 10120			(347)-564-5090	
Name Abie Levy	Home	4 East 21st Street Brooklyn NY 11229				20
Employer Foot Steps	Business	626 Kings Highway Brooklyn NY 11223			917-662-5554	
Name Morris Sarway	Home	Henry Hudson Parkway Bronx NY 10463				15
Employer Triple 5 Corp	Business	3333 henry hudson parkway bronx ny 10463			917-319-2949	
Name Alfred Sayeg	Home	East 24th Street Brooklyn NY 11210				10
Employer Freshwater Group LLC	Business	2564 Bedford Avenue , Brooklyn, New York 11226			(718) 676-1801	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes  No   
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. 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

.....

.....

.....

12. 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.

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Applicant's initial  Page 7

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

14. 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:

.....

15. 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

.....

16. 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

.....

17. 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

.....

18. 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 manufacturer) Yes  No

.....

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

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Date of photograph.....

Applicant's initial 

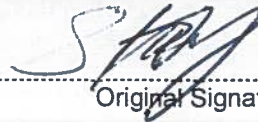
STATE OF NEW YORK

ss.

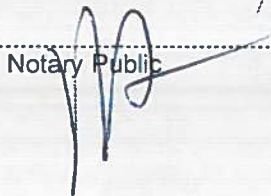
COUNTY OF KINGS

I, Stuart E Husney, 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 manufacturer 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 Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer 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 their 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 their agents, as a result of my applying for a manufacturer license in the State of Nevada.

  
Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of October, 2019

  
Notary Public

MARK KHASKELZON  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01KH5710718  
Qualified in Kings County  
Commission Expires 6/1, 2020

Applicant's initial   
Page 9

ADDITIONAL INFORMATION

Additional Children Daniel Husney Born n New York NY, Resides at 1 East 21st Street Brooklyn NY 11229

Rosa Husney Born On 8 in New York NY , Resides at 1 East 21st Street Brooklyn NY 11229

List Of Corporations associated with me Blaze Trade Group, EMS Imports, Double Down Trading, Valstar Trading, Valstar Dental, Jared Trading Lowestdeal Com LLC

Arrow Merchants, Intelligent Designs, Tech Giant LLC, Ace Toys, MJS Imports LLC.

Applicant's initial

## 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 party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes

No

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Stuart Husney, and Michael Antar	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, <i>et al.</i> 503011/2018	Brooklyn, NY (Kings County)	Still pending

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

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, <i>et al.</i> Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
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