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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA 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.

See Attachment A			
<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: WH_01791)			

<input type="checkbox"/> Publicly Traded Corporation – Page 1,2,3,4	<input type="checkbox"/> Partnership - Page 1,2,3,6,6a
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b (LLC)	<input type="checkbox"/> Sole Owner – Page 1,2,3,7,7a
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATIONFacility Name: MD Logistics LLCPhysical Address: 12125 Moya Blvd., Reno, NV 89506Mailing Address: 12125 Moya Blvd.City: Reno State: NV Zip Code: 89506Telephone: 317-839-8900 Fax: N/AToll Free Number: N/AE-mail: info@mdlogistics.com Website: www.mdlogistics.comFacility Manager: Dirk R. ClarkProfessional qualifications and experience of facility manager: See Attachment BTypes of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Nursing Home Pharmacies and Clinics.

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? Yes No
 (If yes, provide a copy of the certificate.) See Attachment C

Licensed as a Manufacturer by the FDA? Yes No
 (If yes, provide a copy of the FDA registration) N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

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

1) Novo Nordisk Inc.	800 Scudders Mill Road, Plainsboro, NJ 08536
Name	Address
Pharmaceutical Manufacturer	
Business	
2) CSL Behring LLC	1020 First Avenue, King of Prussia, PA 19406
Name	Address
Pharmaceutical Manufacturer	
Business	
3) Terrain Pharmaceuticals	50 W Liberty Street, Suite 1080, Reno, NV 89501
Name	Address
Pharmaceutical Manufacturer	
Business	
4) Merck Pharmaceuticals	2000 Galloping Hill Road, Kenilworth, NJ 07033
Name	Address
Pharmaceutical Manufacturer	
Business	

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


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

Dirk R. Clark
Print Name of Authorized Person

04JUN2020
Date

Board Use Only	Received: _____	Amount: <u>300.00</u>
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APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

Formation
State of Incorporation: Indiana
Parent Company if any: Nippon Express U.S.A., Inc.
Corporation Name: MD Logistics LLC
Mailing Address: 12125 Moya Blvd.
City: Reno State: NV Zip: 89506
Telephone: 317-839-8900 Fax: N/A
Contact Person: Dirk R. Clark

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
- a) Nippon Express U.S.A., Inc. - 24-01 44th Rd., 14th Floor, Long Island City, NY 11101
Name Address
 - b) N/A - No additional parent companies at this level.
Name Address
 - c) _____
Name Address
 - d) _____
Name Address

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

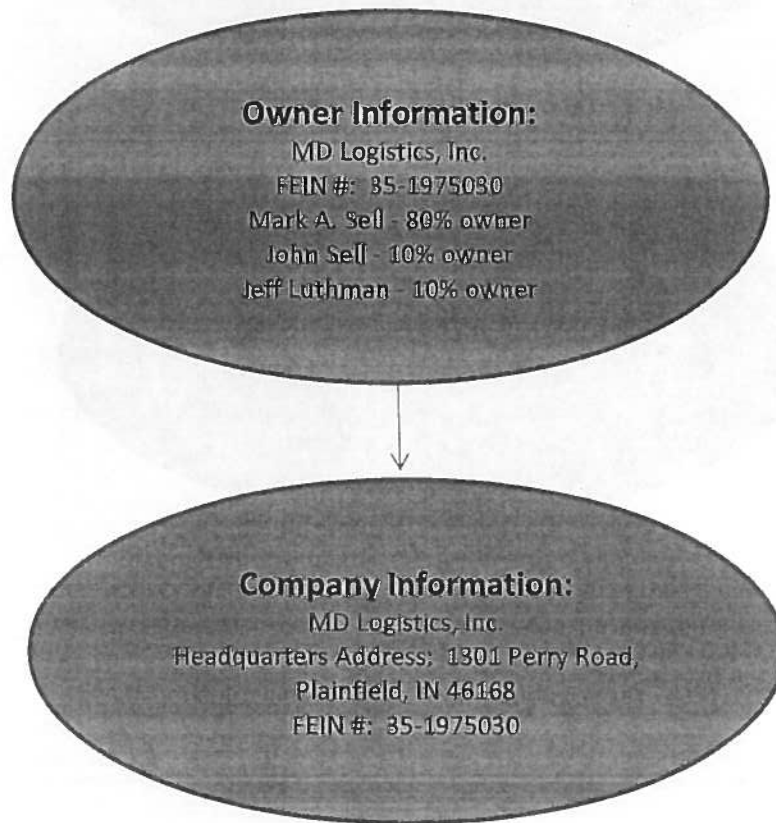
- 2) Provide the number of shares issued by the corporation. N/A - The new company is an LLC.
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporation's stock register evidencing the above information N/A

Attachment A

Regarding the Ownership and Name Changes

Effective on or around August 31, 2020, MD Logistics, Inc. will undergo changes in name and ownership. The company will first undergo a name change/conversion to MD Logistics LLC. The LLC will then go from being a company that is majority-owned by an individual, Mark A. Sell, to a company that is a wholly-owned subsidiary of Nippon Express U.S.A., Inc. This will result in changes to the licensee's name, FEIN #, and ownership. Note that there have been no changes to the company officers, site Designated Representatives or facility addresses. Documentation of the changes will be provided once available. Provided below is the pre and post-ownership change information.

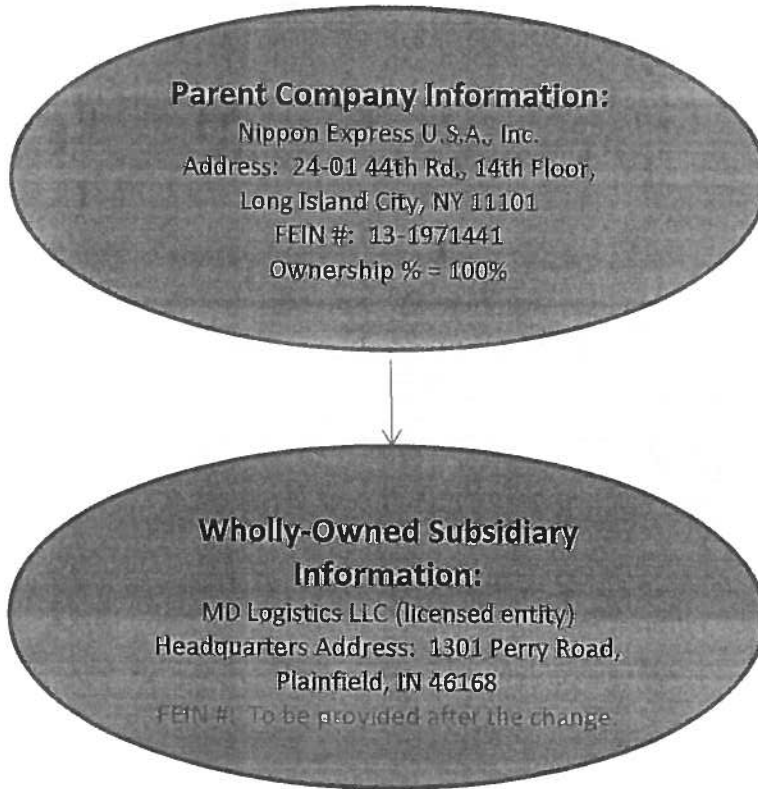
Pre-Ownership/Name Change Information (prior to 8/31/2020):



Attachment A

Regarding the Ownership and Name Changes (cont.)

Post-Ownership/Name Change Information (after 8/31/2020):



Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT


Date: 09/18/2018

Amount: \$ 515.00

License #: WH01791

MD LOGISTICS, INC.
12125 MOYA BLVD
RENO NV 89506

(ID Card)

 NEVADA STATE BOARD OF PHARMACY	Wholesaler
	Expires: 10/31/2020
License # WH01791 Active	MD LOGISTICS, INC. 12125 MOYA BLVD RENO NV 89506
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Trim ID Card to fit your wallet

Cut Here

License Type: Wholesaler

License #: WH01791

Managing Pharmacist :

NEVADA STATE BOARD OF PHARMACY



Expires: 10/31/2020

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

MD LOGISTICS, INC.
12125 MOYA BLVD
RENO NV 89506

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Attachment B

Facility Manager's Resume

Dirk Clark

dclark@MDLogistics.com

775-

12125 Moya Blvd. Reno, NV 89506

EMPLOYMENT

Assoc. Director of Shared Pharmaceutical Services – MD Logistics – Reno, NV
July 2015 - Current

- Manages Operations Managers
- Ensures standards for product quality are maintained
- Manages budget and controls expenses
- Develops, monitors, and reports on operating costs
- Ensures quality standards

Site Leader – Honeywell Safety Products– Reno, NV
January 2011 – July 2015

- Daily activities coordination
- Safety Program adherence
- Reports on daily production, personnel, and quality statistics
- Reviews and approves reports, plans, schedules
- Wage evaluation projects
- Ability to confront and resolve conflict

Operations Manager – Schering Plough Corporation – Reno, NV
February 1999– December 2011

- Oversaw Pharma Shipping operations
- Participated in National Transportation network
- Project Management facilitation and organization
- Ensured compliance to safety and regulatory requirements
- Responsible for compliance and training of all personnel to operations procedures

Technical Skills

- Microsoft- word, Excel, Publisher, Visio
- RedPrairie Warehouse Management System
- DOT Hazardous Materials Training
- OSHA Training
- QCBD Training

CERTIFICATES & MEMBERSHIPS

- Certification in Advanced Business Management – University of Nevada
- Certification in Basic IATA/49CFR Dangerous Goods Shipping
- Supply Chain Leaders in Action

EDUCATION

- University of Nevada – Bachelor of Arts, Criminal Justice

Attachment C

Regarding the Drug Distributor Accreditation

This facility is currently certified with the National Association Boards of Pharmacy (NABP) and verification is available at the following website: <https://nabp.pharmacy/programs/drug-distributor/accredited-facilities/> under the previous ownership and name, MD Logistics, Inc.

Enclosed is a copy of the current DDA certificate for this facility. The name and ownership changes are pending with the NABP.

NABBP ACCREDITED DRUG DISTRIBUTOR

MD Logistics, Inc

located at

12125 Moya Blvd, Reno, NV 89506

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABBP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABBP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



9/2/2018 - 9/1/2021
Period of Accreditation

Verified
MS
6/15/20

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 1 Verified-Accredited Wholesale Distributors®

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

Name	Address	Accreditation Date
MD Logistics, Inc.	12125 Moya Blvd. Reno, NV 89506	09/02/18

Attachment D

LLC Officer Information

MD Logistics LLC

MD Logistics LLC is wholly-owned by its parent company, Nippon Express U.S.A., Inc.

Mark A. Sell
President/CEO

Attachment E

Indiana Certificate of Existence

Enclosed please find the current company's certificate of existence. Once the new LLC is formed, a copy of that documentation can be provided to your office.

1454

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

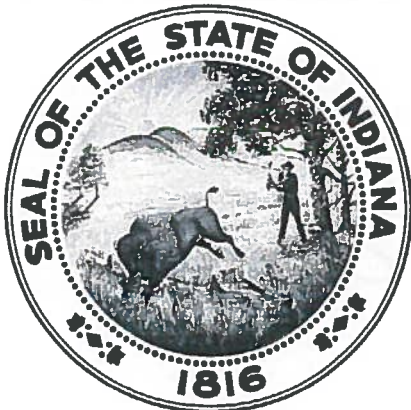
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

M D LOGISTICS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 22, 1995, and was in existence or authorized to transact business in the State of Indiana on May 20, 2020.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, **May 20, 2020**

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1995121421 / 20201439833

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on June 19, 2020.

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

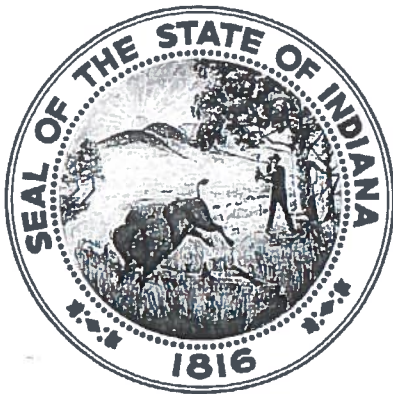
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CONNIE LAWSON
SECRETARY OF STATE

1995121421 / 20201439833

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Expires on June 19, 2020.

Attachment F

Designated Representative Form

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

Date 08 JUN 2020

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 NEVADA WHOLESALER LICENSE (ownership and name changes)
Nature of Pharmacy or Wholesaler
MD Logistics LLC, 12125 Moya Blvd., Reno, NV 89506
Name and Address of Business for Which Designated Representative is Requested
MD Logistics, Inc.
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Clark Dirk Robert
Last Name First Name Middle Name
N/A
Aliases (es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Windswept Loop Sparks NV / 89436
Present Residence Address-Street or RFD City State/Zip
12125 Moya Blvd. Reno NV / 89506
Present Business Address City State/Zip

Associate Director of Pharmaceutical Operations Dates 7/27/2015 - present
Present Position with the Pharmacy or Wholesaler

Phone: Residence 775
Business 775-677-1455

Date of Birth Orange, Orange County, CA
Place of Birth (City, County, State)

53 M
Age Sex
Blue GRY LIGHT 210 5'9"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes No If alien, registration No N/A

N/A If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature] Page 1

MARITAL INFORMATION-Continued

A. Current Marriage 15 AUG 1987 RENO, WASHOE, NV
Date City, County and State
 Spouse's full name (Maiden) Jennifer BAE CLARK (RIALS) SS# or ITIN _____
 Date of Birth _____ Place of Birth RENO, NV
 Resident address WINDSWEPT LOOP SPARKS NV 89436
Street City State Zip
 Telephone: Residence 775- Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
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
<u>N/A</u>				

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

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
<u>JACOB CLARK</u>		<u>RENO, NV</u>	<u>WINDSWEPT LOOP SPARKS</u>
<u>LUCAS CLARK</u>		<u>RENO, NV</u>	<u>SAME</u>
<u>HANK CLARK</u>		<u>RENO, NV</u>	<u>SAME</u>

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 RC Page 2

FAMILY INFORMATION-Continued

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

Name N/A
 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 <u>Don Clark</u>	''	<u>PLATA MESA DR RENO, NV 89506</u>	<u>RETIRED</u>
Mother <u>Patricia Clark</u>	''	<u>PLATA MESA DR RENO, NV 89506</u>	<u>RETIRED</u>
Father-in-Law <u>Bill Riels</u>	''	<u>DECEASED</u>	<u>N/A</u>
Mother-in-Law <u>JACKIE Riels (Walkingstick)</u>	''	<u>TAMRA DR RENO, NV 89506</u>	<u>RETIRED</u>

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
Spouse <u>DEBRA DIAMOND (Clark)</u>	''	<u>Whitewood DR</u>	<u>RETIRED</u>
<u>MIKE DIAMOND</u>	''	<u>SPARKS, NV 89434</u>	<u>RETIRED</u>
Spouse <u>Vicki Phillips (Clark)</u>	''	<u>ADORE WY</u>	<u>HOME CARE</u>
<u>SHAWN PHILLIPS</u>	''	<u>EIKO, NV 89801</u>	<u>PLUMBER</u>
Spouse <u>LISA ROBINSON (Clark)</u>	''	<u>LIPARELLI LN</u>	<u>RECEPTIONIST</u>
<u>MIKE ROBINSON</u>	''	<u>SPRING CREEK, NV 89815</u>	<u>MINER</u>
Spouse <u>Don Clark</u>	''	<u>BOLZANO DR</u>	<u>TERMINAL MGR.</u>
<u>KERI Clark (Brindle)</u>	''	<u>RENO, NV 89521</u>	<u>DISABLED</u>
<u>DARREN CLARK</u>	''	<u>PLATA MESA DR. RENO, NV 89506</u>	

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes <input type="radio"/> No <input type="radio"/>
High School	<u>Hug High School</u>	<u>Reno, NV</u>	<u>1981-1985</u>	Yes <input checked="" type="radio"/> No <input type="radio"/>
College				Yes <input type="radio"/> No <input type="radio"/>
University	<u>University of Nevada</u>	<u>Reno, NV</u>		Yes <input checked="" type="radio"/> No <input type="radio"/>
Other				Yes <input type="radio"/> No <input type="radio"/>

Type of degree obtained, if any Bachelor of Arts, Criminal Justice

College or university where obtained University of Nevada

5 MILITARY INFORMATION:

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

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

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 WASHOE State NV Date registered 4/26/85

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
<u>NONE</u>					

- 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? N/A city, county and state N/A
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? N/A city, county and state N/A
- 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
<u>NONE</u>				

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
N/A				

- 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
N/A		

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
7/17 - PRESENT	Windswept Loop	Sparks	NV
12/16 - 7/17	9040 VISTA VERDE RD	RENO	NV
12/02 - 12/16	11305 CARLSBAD RD	RENO	NV
10/01 - 12/02	5208 PALO ALTO CIE	SPARKS	NV
7/99 - 10/01	365 BRINE PATH TER	SPARKS	NV
1/99 - 7/99	6480 STONE VALLEY DR.	RENO	NV
8/87 - 1/99	11685 DEODAR WY	RENO	NV

Applicant's initial 

8. EMPLOYMENT:

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

7//2015	MD Logistics LLC (f/k/a MD Logistics, Inc.) 12125 Moya Blvd., Reno, NV 89506	~ 8,500 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Associate Director of Pharmaceutical Operations	See enclosed resume.	Chad P. Hodges
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

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>Luis Pacheco</u>	Home	*			775-	20
Employer _____	Business					
Name <u>MIKE CARVER</u>	Home				775-	30
Employer <u>UNIV OF NEVADA</u>	Business					
Name <u>GAYLE DOZET</u>	Home				775-	8
Employer <u>ARROW ELEC.</u>	Business					
Name <u>ROB Siegel</u>	Home				775-	5
Employer <u>ATLANTIC PKG.</u>	Business					
Name _____	Home					
Employer _____	Business					

*Addresses available upon request.
CS 10 JUN 2020

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
- If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

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

.....

.....

.....

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

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

.....

.....

Applicant's initial

20

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

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

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

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

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

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

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

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



Date of photograph 06-01-2020

Applicant's initial [Signature]

STATE OF Indiana

ss.

COUNTY OF Hendricks

I, Dirk Robert Clark, being duly sworn, depose and say I have read the

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

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


Original Signature of Applicant

Subscribed and Sworn to before me this 10th day of

JUNE 2020


Notary Public

(seal)

CHEYANNE C. STINSON
Notary Public
SEAL
State of Indiana
My Commission Expires April 21, 2023

Applicant's initial  Page 9

ADDITIONAL INFORMATION

[Lined area for additional information]

Applicant's initial 

Attachment G

Surety Bond

BOND RIDER

To be attached to and form a part of Pharmaceutical Wholesaler Surety Bond, Bond # 5022790
Dated September 27, 2006, with MD Logistics, Inc., as Principal and The Bond Safeguard
Insurance Company, as Surety, and in favor of Nevada State Board of Pharmacy, as Obligee.

It is understood and agreed that the Bond is changed or revised in the particulars as indicated below.

Add Additional Location:

12125 Moya Blvd.
Reno, NV 89506

Said Bond shall be subject to all its terms, conditions, and limitations, except as herein expressly
modified.

This Bond Rider shall become effective: February 24, 2011

Signed, Sealed and Dated this 25th Day of February 2011.

Bond Safeguard Insurance Company SURETY

By: Deborah M. Roth
Deborah M. Roth, Attorney-In-Fact

AGENT

American Contracting Services, Inc.
340 E. Thompson Road
Indianapolis, IN 46227
(317) 780-1919

COPY

NEVADA STATE BOARD OF PHARMACY

556 Double Eagle Court #1100
 Reno, Nevada 89521
 (775) 850-1440
 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No: 5022790

Application/License No _____

HD Logistics, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1301 Perry Road, Plainfield, IN 46168, as
Address of Applicant/Principal
 PRINCIPAL and Boyd Safeguard Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Illinois,
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1919 S. Highland Ave., Bldg. A., 1300, Lombard, IL 60148 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 27, 2006
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 27th day of September, 2006.

APPLICANT/PRINCIPAL
MD Logistics, Inc.

SURETY COMPANY
Bond Safeguard Insurance Company

Authorized Representative

Deborah M. Roth
Surety Company's Representative

Deborah M. Roth, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

[Signature]
Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

AD 45405

Bond Safeguard INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS, that BOND SAFEGUARD INSURANCE COMPANY, an Illinois Corporation with its principal office in Lombard, Illinois, does hereby constitute and appoint: Anthony George Balzano, Deborah Mary Rolli, Jacqueline Demeter

its true and lawful Attorney(s)-in-Fact to make, execute, seal and deliver for, and on its behalf as surely, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of BOND SAFEGUARD INSURANCE COMPANY on the 7th day of November, 2001 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-in-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$1,000,000.00, One Million Dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-in-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-in-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond or undertaking in which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, BOND SAFEGUARD INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate seal to be affixed this 7th day of November, 2001.



BOND SAFEGUARD INSURANCE COMPANY

BY David E. Campbell
David E. Campbell
President

ACKNOWLEDGEMENT

On this 7th day of November, 2001, before me, personally came David E. Campbell (to me known, who being duly sworn, did depose and say that he is the President of BOND SAFEGUARD INSURANCE COMPANY, the corporation described in and which executed the above instrument, that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 09/21/09

Maureen K. Aye
Maureen K. Aye
Notary Public

CERTIFICATE

I, the undersigned, Secretary of BOND SAFEGUARD INSURANCE COMPANY, An Illinois Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 27th Day of November, 2001



Donald D. Buchanan
Donald D. Buchanan
Secretary

POWER OF ATTORNEY

AD 69181

Bond Safeguard INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS, that **BOND SAFEGUARD INSURANCE COMPANY**, an Illinois Corporation with its principal office in Lombard, Illinois, does hereby constitute and appoint: Anthony G. Balzano, Deborah M. Roth, Inoqueline Demeter, Cheryl L. Roiter its true and lawful Attorney(s)-in-Fact to make, execute, seal and deliver for, and on its behalf as surely, any and all bonds, undertakings or other writings obligatory in nature of a bond;

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **BOND SAFEGUARD INSURANCE COMPANY** on the 7th day of November, 2001 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-in-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$1,000,000.00, One Million Dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-in-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-in-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **BOND SAFEGUARD INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate seal to be affixed this 7th day of November, 2001.



BOND SAFEGUARD INSURANCE COMPANY

BY David E. Campbell
David E. Campbell
President

ACKNOWLEDGEMENT

On this 7th day of November, 2001, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of **BOND SAFEGUARD INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

"OFFICIAL SEAL"
MAUREEN K. AYE
Notary Public, State of Illinois
My Commission Expires 02/21/13

Maureen K. Aye
Maureen K. Aye
Notary Public

CERTIFICATE

I, the undersigned, Secretary of **BOND SAFEGUARD INSURANCE COMPANY**, An Illinois Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 25th Day of February, 2011



Donald D. Buchanan
Donald D. Buchanan
Secretary

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact



June 10, 2020

VIA USPS PRIORITY MAIL

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Dear Sir or Madam:

Enclosed please find a completed Application for Nevada Wholesaler License providing notification of changes in name and ownership for MD Logistics LLC's Reno, NV facility (f/k/a MD Logistics, Inc., current license #: WH01791). Kindly process the application along with the following enclosed:

- A check for \$500.00 made payable to: "Nevada State Board of Pharmacy."
- Attachment A: Regarding the Ownership and Name Changes.
- Attachment B: Facility Manager's Resume.
- Attachment C: Regarding the Drug Distributor Accreditation.
- Attachment D: LLC Officer Information.
- Attachment E: Indiana Certificate of Existence.
- Attachment F: Designated Representative Form.
- Attachment G: Surety Bond.

Should you need further information, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Cheyanne Stinson', written over a circular stamp or seal.

Cheyenne Stinson
Manager of Quality
MD Logistics LLC

Enclosures