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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.

☒ 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: Aurolife Pharma LLC

Physical Address: 2400 Route 130 North

City: Dayton State: NJ Zip Code: 08810

Telephone Number: (732) 839-9400 Fax Number: (732) 917-2421

Toll Free Number: (866) 850-2876

E-mail: AUL@SLSNY.com Website: www.aurobindousa.com

Facility Manager: Sanjay Singh

Professional qualifications and experience of facility manager: Handeling operations and planning functions of multiple manufacturing sites engaged in the manufacture of oral solid dosage forms and sterile dosage forms.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Distribution sites with organization, distributors, 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?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

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: Acetris Health LLC, Masters Drug Company DBA RXTPL

Address: 4200 Binion Way, Mason, OH 45036-9469

Name: Aurobindo Pharma USA, Inc.

Address: 6 Wheeling Road, Dayton, NJ 08810

Name: McKesson Corporation

Address: 8313 Polk Lane, Olive Branch, MS 38654

Name:

Address:

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

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☒ No ☐

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 ☐

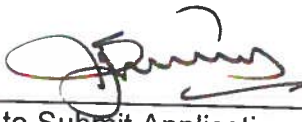
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Sanjay Singh

Print Name of Authorized Person

11/14/18
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Aurobindo Pharma USA, Inc.Mailing Address: Aurolife Pharma, LCC c/o State License Servicing 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

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>Aurobindo Pharma USA, Inc.</u>	<u>279 Princeton Hightstown Road, East Windsor, NJ 08520</u>	(100% Sole Owner)
Name	Business Address	

b) _____	_____
Name	Business Address

c) _____	_____
Name	Business Address

d) _____	_____
Name	Business Address

2) Provide the number of shares issued by the corporation. Aurobindo Pharma USA, Inc.3) What was the price paid per share? No Shares IssuedA 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.



Aurolife Pharma LLC



Corporate Address: 279 Princeton Hightstown Road, East Windsor, NJ 08520 USA
 FEIN: 26-2273768
www.aurolifeusa.com

Drug Labeler Code: 13107
 Incorporation State: DE
 Incorporation Date: 03/26/2008

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
DNJ	2400 Route 130 North Dayton, NJ 08810 County: Middlesex	3005796917	RA0372110 RA0435188	829084461	No	(732) 839-9400	(732) 917-2421

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Sanjay Singh	10 Columbia Place West Windsor, NJ 08550	Sr. Vice President, Operations	No
Venkata Kota	2 Farmhouse Drive Plainsboro, NJ 08536	Chief Operating Officer	No

For all except ID, ME
& SD & NJ-CS
ID, ME, SD & NJ-CS
only

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Aurobindo Pharma USA, Inc.	279 Princeton Hightstown Road East Windsor, NJ 08520		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Venkata Kota	Farmhouse Drive Plainsboro, NJ 08536	Chief Operating Officer	No
Sanjay Singh	Columbia Place West Windsor, NJ 08550	Sr. Vice President, Operations	No
Jeffrey J. Jackowski	Einstein Way East Windsor, NJ 08512	VP, Quality Assurance & Compliance	No

ID, ME, SD & NJ-CS
only
For all except ID, ME
& SD & NJ-CS

REGISTERED AGENT IN ALL APPLICABLE STATES

Corporation Service
Company

3PLS Name	Address	Title	Prescribing Authority
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Aurobindo Pharma USA, Inc.
6 Wheeling Road
Dayton, NJ 08810

Aurologistics LLC
203 Windsor Center Drive
East Windsor, NJ 08520

Company
Particular



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0737613

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

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:

2400 ROUTE 130 NORTH DAYTON, NJ 08810-

6 WHEELING RD, STE B DAYTON, NJ 08810-

203 WINDSOR CENTER DR, UNIT 3 EAST WINDSOR, NJ 08520-

Reg. No.
5003810

AUROLIFE PHARMA LLC
C/O STATE LICENSE SERVICING
1751 STATE ROUTE 17A, STE 3
FLORIDA, NY 10921-

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

EXPIRES: January 31, 2021

Establishment Copy

State of New Jersey
NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
CONTROLLED DANGEROUS SUBSTANCES

CDS REGISTRATION NUMBER
CM00029600

AUROLIFE PHARMA LLC
C/O Venkata Kota
2400 Route 130 North
Dayton NJ 08810

PLEASE DETACH HERE
STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS

THIS IS TO CERTIFY THAT

AUROLIFE PHARMA LLC

CDS REGISTRATION NUMBER

DEA NUMBER RA0372110

FOR SCHEDULES 1 2 3 4 5

02/11/2019 TO 03/31/2020

VALID

SIGNATURE

10CM00029600

LICENSE NO.

ACTING DIRECTOR

IS REGISTERED AS **Manufacturer**

FOR SCHEDULES **1 2 3 4 5**

PLEASE DETACH HERE

**IF YOUR LICENSE/ID CARD
IS LOST PLEASE NOTIFY:**

Drug Control Unit
P.O. Box 45045
Newark, NJ 07101

02/11/2019 TO 03/31/2020
VALID

RA0372110
DEA NO.

10CM00029600
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

ACTING DIRECTOR

PLEASE DETACH HERE

AUROLIFE PHARMA LLC

EXPIRATION DATE **2020**

YOUR LICENSE NUMBER IS **10CM00029600** AND YOUR CDS REGISTRATION NUMBER IS **CM00029600** PLEASE
USE BOTH NUMBERS IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO
REPORT ADDRESS CHANGES YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE
ADDRESS NOTED BELOW

Drug Control Unit
P.O. Box 45045
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT
ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE
MADE AVAILABLE TO THE PUBLIC

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certification to be displayed, it should be
within reasonable proximity of your original license/certificate/registration at your principal office or place of business.

Drug Establishments Current Registration Site

f SHARE ([HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm))

🐦 TWEET ([HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM](https://twitter.com/intent/tweet?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm))



✉ EMAIL ([MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm))

New Search (default.cfm)

Search Results for **Aurolife Pharma**

CSVExcel

Filter: 2400

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Aurolife Pharma LLC	3005796917	829084461	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	2400 Route 130 North, Dayton, New Jersey (NJ) 08810, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries (filtered from 4 total entries)

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Data Current through: Monday, Jan 6, 2020

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

*Verified
DZ*

Drug Establishments Current Registration Site

f [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

t [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet/?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION&site&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)



e [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION&site&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for **Aurolife**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Aurolife Pharma LLC	3014026025	080970298	ANALYSIS; MANUFACTURE;	Unit-III, 203 Windsor center Dr, East Windsor, New Jersey (NJ) 08520, United States (USA)	12/31/2019
Aurolife Pharma LLC	3014028588	080970299	ANALYSIS; MANUFACTURE;	Unit-II, 2929 Weck Drive, Durham, North Carolina (NC) 27709, United States (USA)	12/31/2019
Aurolife Pharma LLC	3005796917	829084461	ANALYSIS; MANUFACTURE;	2400 Route 130 North, Dayton, New Jersey (NJ) 08810, United States (USA)	12/31/2019
Aurolife Pharma LLC	3005796917	078296263	LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	6 Wheeling Road, Dayton, New Jersey (NJ) 08810, United States (USA)	12/31/2019

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Data Current through: Thursday, Apr 11, 2019

1485

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

**AUROLIFE PHARMA LLC
0600322732**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on April 01, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019

I further certify that the registered agent and office are:

VENKATA KOTA
2400 ROUTE 130N
DAYTON, NJ 08810



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of December, 2019*

Elizabeth Maher Muoio

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6103386289

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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. 0766307

Application/License No. _____

Aurolife Pharma LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
2400 Route 130 North, Dayton, NJ 08810, as
Address of Applicant/Principal
PRINCIPAL, and Harco National 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
702 Oberlin Road, Raleigh, NC 27605 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 (\$25,000), 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 March 18, 2020.
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 \$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 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 18th day of March, 2020.

APPLICANT/PRINCIPAL
Aurolife Pharma LLC
COMPANY

SURETY

Hanco National Insurance Company

Authorized Representative

Surety Company's Representative

Robyn Rost

print name, Attorney-in-fact

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Witness
Karla Luongo

Witness

Witness
Pamela Wylie

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

DUPLICATE # 0766307 1488

KNOW ALL MEN BY THESE PRESENTS: That HARCO NATIONAL INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and attested these presents on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

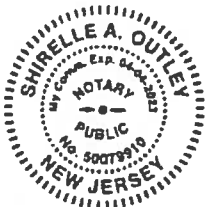
Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn, said he is the therein described and authorized officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies, that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 04, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, March 18, 2020

B31765 USI Insurance Services, LLC.

Irene Martins, Assistant Secretary

Harco National Insurance Company and Affiliates Pool

702 Oberlin Road, Raleigh, North Carolina 27605
Statement of Assets, Liabilities, Surplus and Other Funds
As of December 31, 2018

ASSETS

Bonds	\$ 470,138,260
Preferred Stocks	76,049,555
Common Stocks	891,402,162
Cash and Short Term Investments	52,273,294
Other Invested Assets	21,476,183
Uncollected Premiums and Agents' Balances in the Course of Collection	159,906,521
Deferred Premiums, Agents Balances & Installments booked	108,679,441
Reinsurance Balances Recoverable	70,581,520
Current Federal & Foreign Income Tax Recoverable & Interest	5,587,079
Investment Income Due and Accrued	7,001,147
Other Assets	610,865
Total Assets	\$ 1,863,706,027

LIABILITIES, SURPLUS & OTHER FUNDS

Reserves for Losses and Loss Adjustment Expenses	\$ 583,031,214
Reinsurance payable on paid losses & loss adjustment expense	5,941,983
Commissions Payable, Contingent Commissions & Other Similar Charges	28,909,805
Other Expenses (Excluding Taxes, Licenses and Fees)	10,446,018
Taxes, Licenses & Fees (Excluding Federal Income Tax)	7,741,957
Net Deferred Tax Liability	18,657,956
Unearned and Advanced Premiums	361,900,470
Ceded Reinsurance Premiums Payable	125,800,010
Funds Held for Account of Others	28,301,613
Other Liabilities	24,355,888
Total Liabilities	1,195,086,914
Common Capital Stock	16,100,004
Gross Paid-in & Contributed Surplus	334,193,860
Unassigned Funds (Surplus)	318,325,249
Surplus as Regards Policyholders	668,619,113
Total Liabilities, Surplus & Other Funds	\$ 1,863,706,027

I David G. Pirrung, attest that I am the duly appointed President of: Harco National Insurance Company ("Harco"); Commercial Alliance Insurance Company; Transguard Insurance Company of America, Inc.; Occidental Fire & Casualty Company of North Carolina; Wilshire Insurance Company; Acceptance Indemnity Insurance Company and Acceptance Casualty Insurance Company, which are all members of a Reinsurance Pooling Agreement, whereby Harco is the "Pool Leader" and all other companies previously listed are "Pool Members" (the Pool Leader and Pool Members are collectively referred to as the "Pool").

I further attest that the attached statutory-basis statement of assets, liabilities, surplus and other funds was compiled from the annual statements, with appropriate eliminations, of each company within the Pool as they were filed with the respective state departments of insurance and National Association of Insurance Commissioners.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of Harco, this 18th day of March, 2019.

Harco National Insurance Company


David G. Pirrung, President

LIMITED POWER OF ATTORNEY

BE IT KNOWN, that Venkata Kota of Aurolife Pharma LLC with principal offices at 279 Princeton Hightstown Road, East Windsor, NJ 08520 in the capacity of Chief Operating Officer, has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorney-in-fact for her and in her name, place and stead, for the following specific and limited purposes only:

Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for Aurolife Pharma LLC to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against Aurolife Pharma LLC by any state or federal authority, but giving and granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney ☒ does ☐ does not name State License Servicing Inc as Representative Agent in Puerto Rico on behalf of Aurolife Pharma LLC to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 11 day of December, 20 17.

K.V. Barragán
State of NY
County of Mercer

The foregoing instrument subscribed and sworn to before me this 11th day of December 17 by:

Venkata Kota who is personally known by me or who has produced _____ as identification.

Faith A. Phillips
Notary Public
State of _____
My Commission Expires: _____

(SEAL)

Faith A. Phillips
Notary Public of New Jersey
ID# 50063676

My Commission Expires on July 7, 2022

Christine Cannon
Accepted: Christine Cannon, Attorney-in-Fact

Date: 12/13/17

Career Enrichment in Pharmaceutical Industry

Operation Management ~ Process Improvements / Enhancements (Product Development) ~ Quality Assurance

Professional Synopsis

Over 27 years of cross cultural & leadership experience in Operation Management, Process Improvement, Quality Assurance and Resource Management in reputed Pharmaceutical Organisations in India, such as Cadila Laboratories, Nicholas Piramal India Ltd., Glenmark Pharmaceuticals and Cipla Ltd. Gained wide exposure of cGMP and International Standards of Manufacturing, HVAC, Water, Quality and Formulation. Successfully handled many regulatory and non-regulatory audit like USFDA, MHRA, MCC, WHO, IDA, MSF etc. Stellar in managing **many Green Field Projects and Up-gradation projects**. Excellent analytical, relationship management, organisational and problem solving skills.

Key Result Areas

- ☐ Formulating & executing production and manpower schedules / plans for smooth execution within time & cost parameters.
- ☐ Coordinating with various departments for ensuring the accomplishment of daily & monthly production targets.
- ☐ Ensuring complete in-process quality control and continuous improvement in process capabilities.
- ☐ Investigating the unusual / unacceptable results, process validation & cleaning validation etc.
- ☐ Ensuring quality across raw materials, work in progress, finished goods in various functional Departments as per **cGMP certifications**.
- ☐ Mentoring & directing quality - routine and non-routine issues by interacting with concerned departments of projects till final completion.
- ☐ Delegating work schedules; preparing & implementing the SOP guidelines; leading & monitoring performance of team to ensure efficiency in operations.
- ☐ Ensuring optimum quality in Operational and Technical functions.
- ☐ Leading and monitoring the performance of team members to ensure efficiency in operations.
- ☐ Creating & sustaining dynamic environment that fosters development opportunities and motivates high performance amongst team.

Significant Highlights

- ☐ Actively involved in succession planning of some key people, handling improper portfolio.
- ☐ Clearances of regulatory and non-regulatory audit.
- ☐ Successfully trained team to achieve Material Planning, Productivity, Cost Saving, High Compliance and Low Defect.
- ☐ Improved the process development, technology transfer and CGMP compliances.
- ☐ Managed various green fields Pharma Project to complete in time.

Work Highlight**March 2011- Present. Senior Vice President Operations****Aurobindo Pharma Ltd /Aurobindo USA Inc / Aurologistics LLC****Role:**

- Handling Operations and planning functions of multiple manufacturing sites engaged in manufacture of Oral Solid dosage forms and Sterile dosage forms.
- Provide overall leadership, direction and co-ordination to the plant, maintaining awareness for the need for on-going change and continuous improvement, monitoring performance versus Plan and Update and taking corrective action as necessary to meet targets for output, payroll and operating expenses.
- Leading by example, maintain the highest standards of safety, quality, environmental control and customer service.
- Ensuring all production schedules and targets are complied with at all times.
- Help prepare local sites to successfully face audits from various customers and regulatory agencies.
- Ensure the plant produces the highest quality products in the safest, most efficient and hygienic manner, in compliance with all company policies and procedures.
- Leading and motivating the team at each site. To ensure that all employees are trained to adhere to product and process standards for product operations, providing best operating practices for production and distribution.
- Recognize crisis situations and make decisions to implement corrective actions at the earliest indication.
- Ensure continued implementation of the Performance Excellence initiative throughout the plants, completing all goals, performance reviews and growth plans as scheduled
- Carry out benchmarking exercises for plant operations against industry best practices, with the objective of improving and optimizing plant performance
- Budget management and Cost Control.
- Introduction of new technologies

Cipla Ltd, Indore (SEZ)**Plant Head****Mar'2008- Mar'2011****Role:**

- Handling project conceptualisation & setting up project for Sterile and Non-sterile preparation for European and U.S. Market.
- Conceptualisation basic engineering and detail engineering with team.
- Designing of operating cost including manpower, utility, engineering & miscellaneous items.
- Interaction with various external agencies like Local FDA, Municipal corporation, PCB etc.
- Evaluating different technologies and process.
- Start-up and Managing of Production activities.
- To participate in design, implementation, monitoring and continual improvement of Quality System.
- Perform root cause analyses
- Facilitate CAPA activities and other quality functions as needed

Sanjay Singh

- ❑ Guide the technical team to analyse problems and creating associated solutions in order to achieve production targets.
- ❑ Plans and recommends the future development of assigned activity, controls results in relation to established objectives, evaluates performance against the established standards and initiates corrective action where necessary.
- ❑ Evaluation /recommendation / implementation of new technologies
- ❑ To ensure that qualities of pharmaceutical products are fit for intended use, comply with requirements of marketing and do not place patients at risk due to inadequate safety, quality or efficacy.
- ❑ Updation of facilities and conceptualization of new projects.
- ❑ Compliance with national/overseas statutory requirements, License works with government departments and other statutory bodies.
- ❑ Process / Productivity improvement.

Glenmark Pharmaceuticals	Vice President (Technical)	Oct.2007 – Mar.2008
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Role:

- ❑ Managing multi-location manufacturing sites.
- ❑ Handling project conceptualisation & setting up project for Aerosols, Nasal spray and Tablets for European and U.S. market at Sao Paulo, Brazil
- ❑ Understanding and influencing key stakeholder's needs, manage relationships and be part of a global team that delivers products worldwide to tight budgetary and regulatory guidelines Designing of operating cost including manpower, utility, engineering & miscellaneous items.
- ❑ Support the creation of a global supply chain organization and create centres of excellence within the manufacturing and allied areas of the same.
- ❑ Ensuring all production schedules and targets are complied with, at all times.
- ❑ Control over overall quality aspects of all products and processes in each of the plants and introduction of best in class systems.
- ❑ Help prepare local sites to successfully face audits from various.
- ❑ Budget management and control.
- ❑ Efficiency improvement.
- ❑ Leading and motivating the team at Indian and International sites. To ensure that all employees are trained to adhere to product and process standards for product operations, usage of approved raw materials, providing best operating practices for production and distribution.
- ❑ Evaluating different technologies and process.

Cipla Ltd, Goa	Plant head (Sterile Formulations)	Mar.2000- Oct.2007
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Role:

- ❑ Managing manufacturing facilities for Sterile and non-sterile Formulation including Oncology products.
- ❑ Attaining approval for facilities by the International Auditors for the audits.
- ❑ Preparing products for USFDA and MHRA.

Sanjay Singh

- ❑ Successfully handling Many Regulatory and Non-regulatory audits
- ❑ Successfully managed up-gradation projects.
- ❑ Instrumental in achieving the production targets and introducing & implementing micro-planning.
- ❑ Effectively brought the concept of Zero Defect; developed designed & implemented documentation as per International standard.
- ❑ Successfully imparted an in-house training to the employees on Production Planning, cGMP Troubleshooting, Safety and Induction.
- ❑ Materialized cost control concept by Yield Improvement, Controlling Rejection, Manpower Reduction and Improvement in Process & Power.

Nicholas Piramal India Ltd. Sr. Production Manager Jan.1992 – Feb.2000

Role:

- ❑ Managing complete charge of the Ophthalmic Department (FFS) at Pithampur (M.P.)
- ❑ Successfully handled complete validation of plant.
- ❑ Effectively improved productivity by optimum utilisation of resources.
- ❑ To investigate production bottlenecks of unusual delays, analyse difficulties & expedite solution so that normal production may be resumed.
- ❑ To prepare and present monthly M.I.S. report.
- ❑ Waste reduction & yield improvement.
- ❑ Training and Implementation of cGMP on the Shop floor.

Cadila Laboratories, Ahmedabad Sr.Tech. Supervisor Jun.1990 – Dec.1991

Role:

Manufacturing, filling and documentation of Small Volume Parenteral.

Research & Publications

Research work entitled " Synthesis of some (1,2,4) Triazolo (4,3-a) Thieno (3,2-e)-Pyrimidinones and Thieno (2,3-d) Pyrimidinones for Pharmacological Screening"as a part of M.Pharm. research work.

LIST OF PUBLICATIONS :

- 1] Paper on "Synthesis & Biological activity of some 2-(N,N-Substituted)amino- 3-Phenylthieno (2,3-d)Pyrimidine -4(3H)-Ones.
Indian J. Chem. , 1991, 30-B 618-619 .
- 2] Paper on " Synthesis & Biological activity of some 2-{ (Substituted Amino-Acetyl) Amino}-3-Carbethoxy-4-(4-Methyl Phenyl) Thiophenes.
Indian J. Pharm.Sci. , 1991, 53(3), PP 85-87
- 3] Paper on "Synthesis of some (1,2,4)Triazolo (4,3-a)Thieno(3,2-e) Pyrimidin 5 (4H)-Ones "

Indian J. Chem. , 1992 , 31B , PP 223-229

- 4] Paper on "Crystallographic studies of 4-Phenyl - 6,7,8,9 -tetrahydro - [1] benzothieno - [3,2 - e][1,2,4] triazolo [4,3 - a] pyrimidin - 5 (4H) - one.
Acta. Crystallographica , (1995) , C 51 , pp - 2092 - 2094.

Education

- M.B.A. (PT) in Finance Management from I.M.S, Indore in 1996.
- M. Pharma from L.M. College of Pharmacy, Ahmedabad in 1990.
- B.Pharm. from D.A.V.V., Indore in 1988.

Personal

Date of Birth

Address

Osprey Way, West Windsor
(USA)

Mobile: +1(732)809 5055

Email: ssingh@aurobindousa.com

Mark I. Sedar

From: Pharmacy Board
Sent: Tuesday, April 14, 2020 10:47 AM
To: Mark I. Sedar
Subject: FW: Aurolife Pharma LLC - Notice of Change of Officer
Attachments: Banner.gif; Flash Logo Smallish.jpg; Disclaimer.jpg

From: compliance@slnysupport.com [compliance@slnysupport.com]
Sent: Tuesday, April 14, 2020 10:17 AM
To: Pharmacy Board
Subject: Aurolife Pharma LLC - Notice of Change of Officer

[cid:Banner]

[cid:Header]

Date: April 14, 2020
To: Nevada State Board of Pharmacy
Re: Aurolife Pharma LLC, 2400 Route 130 North, Dayton, NJ 08810, Permit #: Pending - Initial

Dear Licensing Authority:

State License Servicing, Inc. represents Aurolife Pharma LLC in the servicing of their state licenses. This letter shall serve as notice of a change of officer for Aurolife Pharma LLC. Effective March 1, 2020 Jeffrey J. Jackowski has been removed as officer and Krishnare Chada has been added as Vice President, Operations. The officer list for Aurolife Pharma LLC is as follows:

Sanjay Singh – Associate President, Operations Krishnare Chada – Vice President, Operations

As well, please let your files reflect that there has not been any change of ownership, interest or tax identification numbers with this recent change. Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below

Kind Regards,

Jennifer Schneider
V.P. Client Services
(845) 544-2482 ext 207
jennifers@slny.com

[cid:Signature]

22B

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7,8
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Clinical Solutions Wholesale, LLC

Physical Address: 416 Mary Lindsay Polk Drive, Suite 519

City: Franklin State: TN Zip Code: 37067

Telephone Number: 615-333-9852 Fax Number: 866-920-1597

Toll Free Number: 877-826-5488

E-mail: csptech@clinicalsolutionspharmacy.com Website: http://clinicalsolutionspharmacy.com

Facility Manager: Christi Throneberry

Professional qualifications and experience of facility manager: Licensed PharmD and Facility Owner for 16 years.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Correction Facilities

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 checked="" type="checkbox"/> Other: <u>OTCs</u>	

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 ☒

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: Smith Drug Company

Address: 1104 Jones Rd, Paragould AR 72450

Name: ParMed Pharmaceuticals/Cardinal Health

Address: 7000 Cardinal Place, Dublin OH 43017

Name: TopRx

Address: 2950 Brother Blvd., Bartlett TN 38133

Name: Quest Pharmaceuticals

Address: 300 East Chestnut Street, Murray KY 42071

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

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

Christi Throneberry, Owner/Manager

Print Name of Authorized Person

3.16.2012
Date

Board Use Only

Date Processed: _____

Amount: 500.00

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Tennessee

Parent Company if any: Clinical Solutions, LLC

Mailing Address: 416 Mary Lindsay Polk Drive, Suite 515

City: Franklin State: TN Zip: 37067

Telephone: 877-826-5488 Fax: 866-920-1597

Contact Person: Christi Throneberry

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

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

a) Christi Throneberry, 2	Vaulx Lane, Nashville TN 37204, 95.01% Owner
Name	Business Address

b) <u>Paula Throneberry, 4.</u>	<u>Church Street, Unit 2100, Nashville TN 37219, 4.99% Owner</u>
Name	Business Address

c) _____
Name Business Address

d) _____
Name Business Address

- 2) Provide the number of shares issued by the corporation. 0

- 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.

Drug Establishments Current Registration Site

f [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

t [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

+

e [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for **Clinical Solutions**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
CLINICAL SOLUTIONS WHOLESALE, LLC	3010191394	078710347	REPACK;	416 Mary Lindsay Polk Dr Ste 519, Franklin, Tennessee (TN) 37067, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

[Previous](#)[Next](#)

Data Current through: Friday, Dec 13, 2019

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

Verified
3/26/2020
NK

CLINICAL SOLUTIONS, LLC CORPORATE OFFICER(S)**March 6, 2020**

Christi Throneberry, CEO
Diana Crawford, CFO

CLINICAL SOLUTIONS, LLC CORPORATE DIRECTORS

Marcus Brown, Director of Clinical Services
Chase Breland, Director of Strategic Initiatives
Mark Stewman, Director of Operations
Kathy Derby, Director Marketing
JD Garrison, Director IT



Tre Hargett
Secretary of State

1504

COBS

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

OKLAHOMA SECRETARY OF STATE
ROOM 122
2300 N LINCOLN BLVD.
OKLAHOMA CITY, OK 73105

March 5, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0353383

Issuance Date: 03/05/2020
Copies Requested: 1

Document Receipt

Receipt #: 005342504

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3777017821

\$20.00

Regarding: Clinical Solutions Wholesale, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 06/27/2011
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 661662
Date Formed: 06/27/2011
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above



Clinical Solutions Wholesale, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State



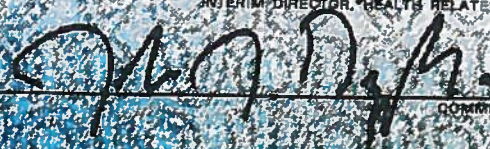
Processed By: Cert Web User

Verification #: 038268738

 TENNESSEE DEPARTMENT OF HEALTH 505
DIVISION OF HEALTH RELATED BOARDS
ID NUMBER: 0000003566
EXPIRATION DATE: 08/31/2020
This is to certify that all requirements of the State of Tennessee have been met.
PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
CLINICAL SOLUTIONS WHOLESALE, LLC

COMMISSIONER OF HEALTH

CLINICAL SOLUTIONS WHOLESALE, LLC
416 MARY LINDSAY POLK DR. STE. 519
FRANKLIN TN 37067-2681



 State of Tennessee
Department of Health
11152923
25045
TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
CLINICAL SOLUTIONS WHOLESALE, LLC
416 MARY LINDSAY POLK DR.
SUITE 519
FRANKLIN TN 37067
*This is to certify that all requirements of the State of Tennessee
have been met.*
ID NUMBER: 0000003566
EXPIRATION DATE: 08/31/2020

INTERIM DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

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. NV5206036

Application/License No. _____

Clinical Solutions Wholesale LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
416 Mary Lindsay Polk Drive, Suite 519 Franklin, TN 37067, as
Address of Applicant/Principal
PRINCIPAL, and Merchants Bonding Company (Mutual), a
Surety Company
 corporation organized under the laws of the state of Iowa
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
6700 Westown Parkway, West Des Moines, IA 50266 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 March 13, 2020
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 13th day of March, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

(X) *[Signature]* Clinical Solutions Wholesale LLC
Authorized Representative

Merchants Bonding Company (Mutual)

Jean Kuper
Surety Company's Representative

Jean Kuper, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

(X) *[Signature]*
Witness

SIGNED and SEALED in the presence of:

Marcia Wisey
Witness

(X) *Amanda Ramsey*
Witness

Janice M. M...
Witness

Countersigned by:

Kathleen A. Struecker
Nevada Resident Agent

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Jean Kuper

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) 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.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

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 Companies have caused this instrument to be signed and sealed this 13th day of March, 2020.



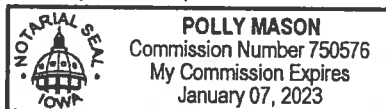
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 13th day of March, 2020, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



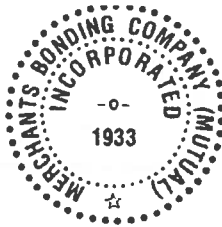
Polly Mason

Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., 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 and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 13th day of March, 2020.



William Warner Jr.
Secretary

CHRISTI THRONEBERRY, PHARM.D, CCHP - CEO AND OWNER**CURRENT POSITION**

- Certified Tennessee and National WBE (Woman Business Enterprise)
- Formed Clinical Solutions, LLC from scratch starting with mail order medications to one small county jail to now shipping to 200+ correctional facilities in 13 states
- Public Health and Correctional Pharmacy Specific Consulting Services
- Expanded company from three (3) to over 50 employees
- Celebrated ten (10) years of being in business in 2014 with double digit growth annually
- In 2013, Clinical Solutions began a new wholesale line of business which also involved being an FDA-Repackager
- Clinical Solutions, LLC was awarded the 2012 Best in Business Award from the Nashville Business Journal
- Negotiated and Contracted with Wholesalers and GPOs through a formal bid process

EDUCATION

- Saint Thomas Health System (5/2002 to 5/2003); ASHP-Accredited Pharmacy Practice Residency
- Doctorate of Pharmacy (PharmD) - Samford University McWhorter School of Pharmacy, Birmingham, AL
- Pre-Pharmacy Completion and early acceptance in PharmD Program - Samford University, Birmingham, AL

EMPLOYMENT HISTORY

- Clinical Solutions, LLC (2/2004 to Present); CEO and Owner/Founder
- Secure Pharmacy Plus (5/2003 to 1/2004); Clinical Pharmacy Coordinator



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
<http://tn.gov/health>

Tennessee Board of Pharmacy
Manufacturer/Wholesaler/Distributor
1-800-778-4123 or 6152531299

March 9, 2020

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. The Tennessee Board of Pharmacy is pleased to furnish the following information from our files:

PROFESSION: Manufacturer/Wholesaler/Distributor
NAME: Clinical Solutions Wholesale LLC
RANK: Wholesale/Distributor
LICENSE NUMBER: 3566
ISSUE DATE: August 04, 2011
EXPIRATION DATE: August 31, 2020
CURRENT STATUS: Licensed
STATUS DATE: August 04, 2011
SPECIAL ENDORSEMENTS: Controlled Substance Registration



COMMENTS: There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Regina B. Cummings

Tennessee Board of Pharmacy
VERIFICATION

RE: Clinical Solutions, LLC, Non-Resident Pharmacy License #112560, License Renewal Disclosure Details

The purpose of this letter is to provide an explanation to disclosure of, "Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant, officer, member or partner involving the operation of a pharmacy, manufacturer, wholesaler or distributor?". Because the question now asks for discipline at any point in time in the licensee's history.

We answer "Yes" based on the Louisiana Board of Pharmacy's issuance of an allegation February 3, 2014, as stated in La. R.S. 37: 1221(B). That allegation was based solely on a brief lapse in the out-of-state pharmacy permit, which resulted from a clerical error on our licensing tracking sheet following the relocation of the business. In Louisiana, there is no grace period between the time a license expires to when you may still renew it and continue business without interruption. It was only a few days from the time the license lapsed until our company determined the error and self-reported the few prescriptions that were shipped during the lapse. This conduct occurred over six years ago for nine days, from January 1 to 17th, 2014.

Following the self-report and submission of the renewal application, Clinical Solutions ceased operations in the State of Louisiana until written authorization to continue was received from the board. Both prior to and following submission of the renewal application, Clinical Solutions met all requirements of La. R.S. 37:1232, and its' out-of-state permit #5543 in Louisiana was issued without incident. Based on the incident, the Louisiana Board of Pharmacy issued a letter of warning; and further assess a fine of \$5,000.00 plus administrative costs.

Based on the Louisiana allegation, Kentucky did investigate the issuance of sister discipline in March 2016 following self-report on a license renewal, but ultimately dismissed the matter with no action taken. Texas Board of Pharmacy issued Preliminary Notice Letter received dated March 15, 2017 after Clinical Solutions self-reported the Louisiana matter on our Texas non-resident pharmacy license renewal. Texas ultimately took no action on the notice and dismissed the matter in June of 2017.

Clinical Solutions has remained in good standing with the Louisiana, Kentucky, and Texas Boards of Pharmacy without interruption and has always acted in good faith in keeping compliant with the laws in Louisiana, Kentucky, and Texas.

We would like to point out that there was no premeditation to conduct business within the state of Louisiana following the expiration of the out-of-state pharmacy permit; the matter was self-reported with voluntary admissions of the conduct which served as a basis for the Louisiana disciplinary action. Clinical Solutions had no prior history of similar conduct in Louisiana or any other state. Since the Louisiana matter, Clinical Solutions has instituted a triple check process for licensing to ensure that lapses like the one in Louisiana do not occur. The pharmacy takes its compliance responsibilities very seriously, and aside from the Louisiana issue, has had no violations of law in Louisiana, Kentucky, Texas, Alabama or any other state. In addition, Clinical Solutions continues its' self-reporting

March 6, 2020

RE: Clinical Solutions Pharmacy / Nevada Wholesale License Application

To whom it may concern,

I hope this letter finds you well. The purpose of this letter is to explain the "Yes" answer to the Application Questions regarding "any" prior discipline. Because we responded yes, we are providing the following statement to clarify.

We answered "Yes" based on the Louisiana Board of Pharmacy's issuance of an allegation February 3, 2014, as stated in La. R.S. 37: 1221(B). That allegation was based solely on a brief lapse in the out-of-state pharmacy permit, which resulted from a clerical error on our licensing tracking sheet following the relocation of the business. In Louisiana, there is no grace period between the time a license expires to when you may still renew it and continue business without interruption. It was only a few days from the time the license lapsed until our company determined the error and self-reported the few prescriptions that were shipped during the lapse. This conduct occurred over four years ago for nine days, from January 1 to 17th, 2014.

Following the self-report and submission of the renewal application, Clinical Solutions ceased operations in the State of Louisiana until written authorization to continue was received from the board. Both prior to and following submission of the renewal application, Clinical Solutions met all requirements of La. R.S. 37:1232, and its' out-of-state permit #5543 in Louisiana was issued without incident. Based on the incident, the Louisiana Board of Pharmacy issued a letter of warning; and further assess a fine of \$5,000.00 plus administrative costs.

Based on the Louisiana allegation, the Texas Board of Pharmacy issued Preliminary Notice Letter received dated March 15, 2017 after Clinical Solutions self-reported the Louisiana matter on our Texas non-resident pharmacy license renewal. Texas ultimately took no action on the notice and dismissed the matter in June of 2017. Similar reviews were conducted by Alabama and Kentucky Boards of Pharmacy who found no cause for sister state discipline was founded.

Clinical Solutions has remained in good standing with the Louisiana Board of Pharmacy without interruption and has always acted in good faith in keeping compliant with the laws in Louisiana, Texas, Alabama, and Kentucky.

We would like to point out that there was no premeditation to conduct business within the state of Louisiana following the expiration of the out-of-state pharmacy permit; the matter was self-reported with voluntary admissions of the conduct which served as a basis for the Louisiana disciplinary action. Clinical Solutions had no prior history of similar conduct in Louisiana or any other state. Since the Louisiana matter, Clinical Solutions has instituted a triple check process for licensing to ensure that lapses like the one in Louisiana do not occur. The pharmacy takes its compliance responsibilities very seriously, and aside from the Louisiana issue, has had no violations of law in

CLINICAL SOLUTIONS, LLC
416 MARY LINDSAY POLK DRIVE
SUITE 515
FRANKLIN, TN 37067
PHONE: 615-369-2494
FAX: 866-920-1597

Louisiana, Texas, Alabama, Kentucky, or any other state. In addition, Clinical Solutions continues its' self-reporting by disclosing the Louisiana discipline. Clinical Solutions has no prior conduct or disciplinary actions other than the minor license lapse in Louisiana.

I hope you find this information helpful. Please feel free to contact me if you have any other questions or if I can be of any additional assistance.

Sincerely,
Clinical Solutions, LLC

By


Christi Throneberry, Owner/PIC

Phone: (615) 403-4422

Email: christi@clinicalsolutionspharmacy.com

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF:

CONSENT ORDER

CLINICAL SOLUTIONS

LOUISIANA PHARMACY PERMIT NO. 5543

Case No. 14-0042

CONSENT AGREEMENT

WHEREAS, CLINICAL SOLUTIONS (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 5543, P.O. Box 110725, Nashville, Tennessee 37222-0725, dispensed prescriptions to Louisiana residents without a current and valid Louisiana pharmacy permit.

WHEREAS, Respondent violated the following laws and regulations by dispensing drug prescriptions to Louisiana residents without a Louisiana out-of-state pharmacy permit:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

LAC Title 46: LIII §2305. Out-of-State Pharmacy Permit Requirements

- A. The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board. The board may require such information as reasonably necessary to carry out the provisions of R.S. 37:1232, including, without limitation, the name, address, and position of each officer and director of a corporation or of the owners, if the pharmacy is not a corporation.
- B. The out-of-state pharmacy shall pay an annual permit fee as defined in R.S. 37:1184.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

CLINICAL SOLUTIONS, Permit No. 5543
CONSENT AGREEMENT
Page 2 of 3

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. A Letter of Warning is issued to Louisiana Pharmacy Permit No. 5543; and
2. Respondent is ordered to pay a fine of \$5,000.00 and to reimburse the Board \$250.00 for administrative costs, with total payment due the Board of \$ 5,250.00, to be paid simultaneously with the execution of this Consent Agreement by Respondent.

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting.

However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1760601074

Medicare Provider Number (if in the possession of one): N/A

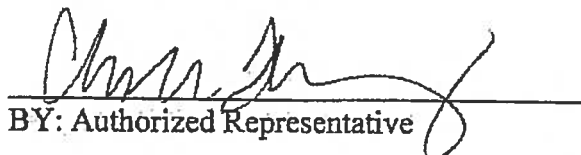
I, Christi Throneberry, authorized to act on behalf of and acting on behalf of CLINICAL SOLUTIONS, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

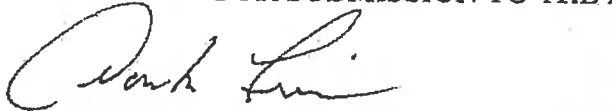
CLINICAL SOLUTIONS, Permit No. 5543
CONSENT AGREEMENT
Page 3 of 3

SIGNED, AGREED TO AND ENTERED ON THIS 11 DAY OF February, 2014.

CLINICAL SOLUTIONS
Louisiana Pharmacy Permit No. 5543


BY: Authorized Representative


APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:


CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 7, 2014, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:


Carl W. Aron
President and Hearing Officer for the Board

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. NV5206036

Application/License No. _____

Clinical Solutions Wholesale LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
416 Mary Lindsay Polk Drive, Suite 519 Franklin, TN 37067, as
Address of Applicant/Principal
 PRINCIPAL, and Merchants Bonding Company (Mutual), a
Surety Company
 corporation organized under the laws of the state of Iowa
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
6700 Westown Parkway, West Des Moines, IA 50266 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 March 13, 2020
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 13th day of March, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

(X) [Signature] Clinical Solutions Wholesale LLC
Authorized Representative

Merchants Bonding Company (Mutual)

Jean Kuper
Surety Company's Representative

Jean Kuper, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

(X) [Signature]
Witness

SIGNED and SEALED in the presence of:

Marcia Wiley
Witness

(X) Amanda Ramo
Witness

[Signature]
Witness

Countersigned by:

Kathleen A. Struecker
Nevada Resident Agent

MERCHANTS BONDING COMPANYTM

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Jean Kuper

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) 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.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

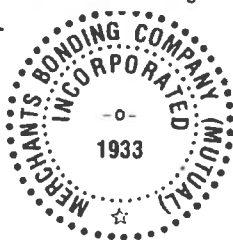
"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

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.

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MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

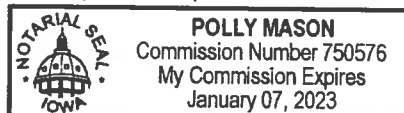
By

Larry Taylor

President

STATE OF IOWA
COUNTY OF DALLAS ss

On this 13th day of March, 2020, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



Polly Mason

Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., 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 and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 13th day of March, 2020.



William Warner Jr.

Secretary

22C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler 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 ownershipFacility Name: Exelan Pharmaceuticals, Inc.Physical Address: 370 West Camino Gardens Boulevard, Suite 204City: Boca Raton State: FL Zip Code: 33432Telephone Number: (561) 287-6631 Fax Number: (561) 287-6631Toll Free Number: N/AE-mail: EPI@SLSNY.com Website: www.exelanpharma.comFacility Manager: Teresa Lee Arndt

Professional qualifications and experience of facility manager: Project manager capable of leading cross-functional teams in producing successful results. Twenty plus years experience in all aspects of pharmaceutical contract negotiation, administration and management.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: US Government and Distributors

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: Gabapentin

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 ☒

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

Yes ☒ No ☐

Labeler Code: 76282

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: N/A

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: N/A

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

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

Brian Walter Christensen
Print Name of Authorized Person

12/3/19
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Invagen Pharmaceuticals, Inc.Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

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>Invagen Pharmaceuticals, Inc.</u>	<u>7 Oser Avenue Hauppauge, NY 11788</u>	<u>100% Sole Owner</u>
Name	Business Address	

b) _____	_____	_____
Name	Business Address	

c) _____	_____	_____
Name	Business Address	

d) _____	_____	_____
Name	Business Address	

2) Provide the number of shares issued by the corporation. Invagen Pharmaceuticals, Inc. is the sole shareholder3) What was the price paid per share? N/AA 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.



Exelan Pharmaceuticals, Inc.



Drug Labeler Code: 76282
Incorporation State: DE
Incorporation Date: 09/21/2010

Corporate Address: 370 West Camino Gardens Blvd., Suite 204, Boca Raton, FL 33432 USA
FEIN: 27-4312556
www.exelanpharma.com

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CGB	370 West Camino Gardens Boulevard Suite 204 Boca Raton, FL 33432 County: Palm Beach	N/A	N/A - Uses 3PL DEA	967795266	No	(561) 287-6631	(561) 287-6631

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Teresa Lee Arndt	4799 Brighton Lakes Blvd Boynton Beach, FL 33436	Manager, Contracts	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Invagen Pharmaceuticals, Inc.	1000 Osler Avenue Hauppauge, NY		100%	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Brian Walter Christensen	Shannon Way Boca Raton, FL	CEO	No
Biplab Mazumdar	Pennington Drive Plainsboro, NJ 08536-3016	Secretary, treasurer	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	Address	Title	Prescribing Authority
Corporation Service Company (CSC)			

3PLS

Name	Address	Title	Prescribing Authority
UPS Supply Chain Solutions, Inc.	Outer Loop Road Louisville, KY 40219		

Home Stat



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047**

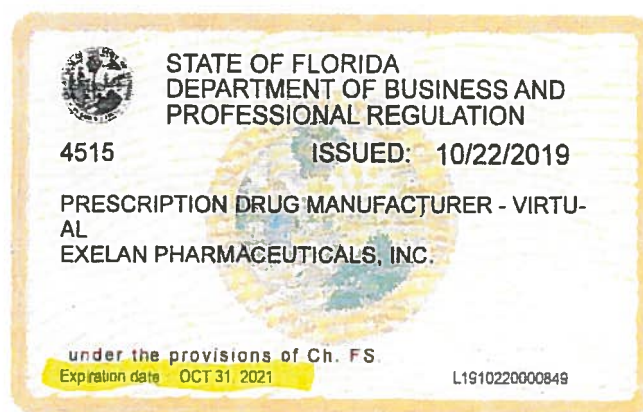
(850) 487-1395

**EXELAN PHARMACEUTICALS, INC.
1751 STATE ROUTE 17A SUITE 3
FLORIDA NY 10921**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS**

LICENSE NUMBER	
4515	

The RX DRUG MANU V
Named below
Under the provisions of Chapter FS.
Expiration date: OCT 31, 2021

**EXELAN PHARMACEUTICALS, INC.
370 WEST CAMINO GARDENS BLVD
SUITE 204
BOCA RATON FL 33432**



ISSUED: 10/22/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1910220000849

State of Florida

Department of State

I certify from the records of this office that EXELAN PHARMACEUTICALS INC. is a Delaware corporation authorized to transact business in the State of Florida, qualified on July 1, 2011.

The document number of this corporation is F11000002698.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on February 16, 2019, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourth day of December, 2019*



Randy R.
Secretary of State

Tracking Number: 3869313046CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

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. E386402

Application/License No. _____

Exelan Pharmaceuticals Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
370 W. Camino Gardens Blvd., Suite 204, Boca Raton, FL 33432, as
Address of Applicant/Principal
 PRINCIPAL, and Great American Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Ohio
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
301 E 4th Street, Cincinnati, Ohio 45202 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 (\$25,000), 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 January 22, 2020.
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 \$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 imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than **FOUR**

No. 0 20979

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
STEPHEN SCHLUSSEL	ALL OF	ALL
ROBYN ROST	NEW YORK	\$10,000,000.00
WILLIAM F. MARONEY		
MAUREEN GRANDE		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 5TH day of DECEMBER, 2017.

GREAT AMERICAN INSURANCE COMPANY



Stephen C. Beraha
Assistant Secretary

David C. Kitchen
Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

DAVID C. KITCHIN (877-377-2405)

On this 5TH day of DECEMBER, 2017, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Susan A. Kohorst
Notary Public, State of Ohio
My Commission Expires 05-18-2020

Susan A. Kohorst

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERHAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this

22nd day of January

2020



Stephen C. Beraha
Assistant Secretary



STATE LICENSE SERVICING
1751 Route 17A, Suite 3
Florida, NY 10921
Tel, 845/544-2482
Fax, 845/544-2481
statelicensesservicing.com

Date: 12/10/19
To: Nevada State Board of Pharmacy
Re: Exelan Pharmaceuticals, Inc.
Wholesaler Application

Facility Address: 370 West Camino Gardens Boulevard, Suite 204, Boca Raton, FL 33432

Dear Sir/Madam:

Please be advised that I represent **Exelan Pharmaceuticals, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order # 25916267861 for your fee in the amount of **\$500.00**. As required, the following documents are also being submitted:

- ☒ Company Particulars with Personal Info
- ☒ DEA Registration of Applicant
- ☒ Good Standing
- ☒ Home State License/Exemption Letter, Copy
- ☒ Proof of Labeler Code

If you have any questions or need any additional documentation, please contact our Deficiency Department at deficiencies@slny.com.

Kind regards,

Jennifer Schneider
VP, Client Services

National Drug Code Directory

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[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL%20DRUG%20CODE%20DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)
[in LINKEDIN \(HTTPS://WWW.LINKEDIN.COM/SHARE/ARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL%20DRUG%20CODE%20DIRECTORY&SOURCE=FDA\)](https://www.linkedin.com/share/article?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm&title=NATIONAL%20DRUG%20CODE%20DIRECTORY&source=fda)
[p PIN IT \(HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL%20DRUG%20CODE%20DIRECTORY\)](https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm&description=NATIONAL%20DRUG%20CODE%20DIRECTORY)
[EMAIL \(MAILTO:75?SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:75?SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
Alfuzosin hydrochloride	76282-302-05	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Alfuzosin hydrochloride	76282-302-01	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Alfuzosin hydrochloride	76282-302-90	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-237-05	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-239-90	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-239-10	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-238-90	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-237-90	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-237-10	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-238-10	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-239-05	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Amlodipine besylate	76282-238-05	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals Inc.	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG
Aniprazole	76282-044-30	2 mg/1	TABLET	ORAL	ANDA205084	Exelan Pharmaceuticals Inc.	76282-044	Aniprazole	ARIPIRAZOLE	HUMAN PRESCRIPTION DRUG
Aniprazole	76282-046-01	10 mg/1	TABLET	ORAL	ANDA205084	Exelan Pharmaceuticals Inc.	76282-046	Aniprazole	ARIPIRAZOLE	HUMAN PRESCRIPTION DRUG

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National Drug Code Directory

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[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(MAILTO:7SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 Alfuzosin hydrochloride	76282-302-05	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTIVE DRUG
 Alfuzosin hydrochloride	76282-302-90	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTIVE DRUG
 Alfuzosin hydrochloride	76282-302-01	10 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA090284	Exelan Pharmaceuticals Inc.	76282-302	Alfuzosin hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTIVE DRUG
 Amlodipine besylate	76282-237-10	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG
 Amlodipine besylate	76282-239-05	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG
 Amlodipine besylate	76282-237-05	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG
 Amlodipine besylate	76282-238-90	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG












11/6/2019

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 Amlodipine besylate	76282-238-10	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG
 Amlodipine besylate	76282-237-90	2.5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-237	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG
 Amlodipine besylate	76282-239-90	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG
 Amlodipine besylate	76282-239-10	10 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-239	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG
 Amlodipine besylate	76282-238-05	5 mg/1	TABLET	ORAL	ANDA077955	Exelan Pharmaceuticals, Inc.	76282-238	Amlodipine besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-044-01	2 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-044	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-048-01	20 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-048	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-044-30	2 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-044	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-045-30	5 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-045	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-046-30	10 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-046	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-048-30	20 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-048	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-049-01	30 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-049	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-046-01	10 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-046	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-047-30	15 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-047	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-049-30	30 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-049	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG














11/6/2019

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 Aripiprazole	76282-045-01	5 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-045	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Aripiprazole	76282-047-01	15 mg/1	TABLET	ORAL	ANDA205064	Exelan Pharmaceuticals, Inc.	76282-047	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTIVE DRUG
 Budesonide	76282-640-38	.25 mg/2mL	INHALANT	ORAL	ANDA205710	Exelan Pharmaceuticals, Inc.	76282-640	Budesonide	BUDESONIDE	HUMAN PRESCRIPTIVE DRUG
 Budesonide	76282-641-38	.5 mg/2mL	INHALANT	ORAL	ANDA205710	Exelan Pharmaceuticals, Inc.	76282-641	Budesonide	BUDESONIDE	HUMAN PRESCRIPTIVE DRUG
 Budesonide	76282-642-38	1 mg/2mL	INHALANT	ORAL	ANDA205710	Exelan Pharmaceuticals, Inc.	76282-642	Budesonide	BUDESONIDE	HUMAN PRESCRIPTIVE DRUG
 Bupropion Hydrochloride	76282-480-05	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA206556	Exelan Pharmaceuticals, Inc.	76282-480	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTIVE DRUG
 Bupropion Hydrochloride	76282-481-30	300 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA206556	Exelan Pharmaceuticals, Inc.	76282-481	bupropion hydrochloride	BUPROPION HYDROCHLORIDE	HUMAN PRESCRIPTIVE DRUG
 Calcium Acetate	76282-377-60	667 mg/1	CAPSULE	ORAL	ANDA203135	Exelan Pharmaceuticals, Inc.	76282-377	Calcium Acetate	CALCIUM ACETATE	HUMAN PRESCRIPTIVE DRUG
 Calcium Acetate	76282-377-02	667 mg/1	CAPSULE	ORAL	ANDA203135	Exelan Pharmaceuticals, Inc.	76282-377	Calcium Acetate	CALCIUM ACETATE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-207-05	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals, Inc.	76282-207	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-628-10	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals, Inc.	76282-628	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG



11/6/2019

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 CITALOPRAM HYDROBROMIDE	76282-628-90	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-628	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-206-10	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-206	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-206-30	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-206	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-207-30	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-207	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-629-30	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-629	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-206-90	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-206	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-207-10	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-207	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-208-30	40 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-208	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-628-05	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-628	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-207-90	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-207	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-208-05	40 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-208	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-208-90	40 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-208	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
 CITALOPRAM HYDROBROMIDE	76282-206-05	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-206	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG
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 CITALOPRAM HYDROBROMIDE	76282-629-10	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-629	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTIVE DRUG

11/6/2019

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 CITALOPRAM HYDROBROMIDE	76282-628-30	10 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-628	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG
 CITALOPRAM HYDROBROMIDE	76282-629-05	20 mg/1	TABLET	ORAL	ANDA077534	Exelan Pharmaceuticals Inc.	76282-629	CITALOPRAM	CITALOPRAM HYDROBROMIDE	HUMAN PRESCRIPTION DRUG

Showing 1 to 50 of 278 entries

Previous

1

2

3

4

5

6

Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

 Drug questions email: [DRUGINFO@FDA.HHS.GOV \(mailto:DRUGINFO@FDA.HHS.Gov\)](mailto:DRUGINFO@FDA.HHS.GOV)

 See also: [Drug Registration and Listing Instructions](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
[\(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm\)](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
 Public Health Service
 Food and Drug Administration
 Center for Drug Evaluation and Research
 Division of Data Management and Services



STATE LICENSE SERVICING, INC.
 1751 State Route 17A, Suite 3
 Florida, New York 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
statelicensesservicing.com

July 13, 2020

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

Re: **Notice of Administrative Fine**
Exelan Pharmaceuticals, Inc.
License/Permit No.: Pending – Initial

Dear Licensing Authority:

I write, on behalf of Exelan Pharmaceuticals, Inc. ("Exelan"), 370 West Camino Boulevard, Suite 204, Boca Raton, Florida 33432, to notify your agency that Exelan has entered a settlement agreement with the Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics ("DDC"). While the Florida DDC agrees that the agreement does not constitute discipline against Exelan within the meaning of applicable statutes and regulations, we wanted to apprise you of this development.

Exelan entered into a settlement agreement with the DDC and agreed to pay fifteen thousand dollars (\$15,000). The final order, filed July 8, 2020, resolved allegations that Exelan operated a virtual prescription drug manufacturer without a permit, failed to maintain required records and failed to notify the DDC and related deficiencies before closing a licensed establishment. The final order is attached.

The aforementioned actions took place while Exelan was moving its corporate address from Georgia to the State of Florida. During the transition, the authentication documents produced by the third-party logistics provider listed the Florida address without a proper Florida license number. Exelan is now passing title as a virtual manufacturer from its licensed address in Florida and has closed its Georgia offices.

If you have questions or need any additional information, feel free to call me at (845) 544-2482 Ext. 207 (office) or (845) 545-1009 (cell) or e-mail me at jennifers@slsny.com.

Kind Regards,

A handwritten signature in blue ink, appearing to read 'Jennifer Schneider'.

Jennifer Schneider
 VP, Client Services
 State Licensing Servicing, Inc.

{00678879}

FILED

Department of Business and Professional Regulation

Senior Deputy Agency Clerk

CLERK Brandon Nichols

Date 7/8/2020

File # 2020-03857

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

v.

**Case Nos.: 2019-055867
2019-055872
2019-052558**

EXELAN PHARMACEUTICALS, INC.,

Respondent.

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Exelan Pharmaceuticals, Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.005(22), Florida Statutes (2018-2019), operating without a permit; Section 499.005(18), Florida Statutes (2018-2019), failure to maintain records as required; and Section 499.012(6), Florida Statutes (2018), failure to notify the Department before closing one establishment, failure to return the permit to the Department; failure to indicate the disposition of prescription drugs, if any, and failure to provide the name of a person to contact regarding access to records required to be maintained.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 2nd day of ~~June~~^{July}, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By: *[Signature]*
for Walter Copeland
Division Director
Drugs, Devices, and Cosmetics
by delegation dated
6/26/2020

Prepared by:

[Signature]
Kathryn E. Price
DDA Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Larry K. Houck, Hyman, Phelps and McNamara, P.C. 700 13th Street, N.W. Suite 1200, Washington, DC 20005 this 8th day of ~~June~~^{July}, 2020.

By: *Brandon M. Nichols*
Agency Clerk's Office

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

**Case No(s): 2019-055867
2019-055872
2019-052558**

v.

EXELAN PHARMACEUTICALS, INC.,

Respondent.

_____ /

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, “this agreement”) as disposition of the alleged violations described in the Notice of Violation in case numbers 2019-055867, 2019-055872 and 2019-052558 (hereinafter, “the allegations”). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, “the Department”) is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Exelan Pharmaceuticals, Inc. (hereinafter, “Respondent”) is permitted as a prescription drug manufacturer—virtual by the Department, having been issued permit number 45:15.
2. Respondent’s address of record is 370 West Camino Blvd., Ste. 204, Boca Raton, Florida 33432.
3. Respondent was issued a Notice of Violation on May 6, 2020, alleging that it

committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case numbers 2019-055867, 2019-055872 and 2019-052558, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of fifteen thousand dollars (\$15,000). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case numbers 2019-055867, 2019-055872 and 2019-052558 have been corrected.

9. The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and

Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department. The Department will not deny or seek to deny any application for a permit of Respondent based on the allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

10. As of the date the final order adopting this settlement agreement is filed, the Department releases Respondent from any civil or administrative claim by the Department arising from the facts and conclusions alleged in the Notice of Violation.

STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case numbers 2019-055867, 2019-055872 and 2019-052558. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

13. Respondent expressly waives all further procedural steps and expressly waives all

rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

14. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

EXELAN PHARMACEUTICALS, INC.,**FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

DocuSigned by:
By: Brian Christensen
SE0472203AB0470
Name: Brian Christensen
Title: President
Date: 6/3/2020

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

By: E. Renee Alsobrook
Name: E. Renee Alsobrook
Title: Chief Compliance
Date: 7/2/2020

for Walter Copeland, Director
by delegation dated
6/26/2020



STATE LICENSE SERVICING, INC.
1751 State Route 17A, Suite 3
Florida, New York 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

July 14, 2020

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



Re: **Notice of Discipline**
Licenses in the name of: Exelan Pharmaceuticals Inc.

License/Permit No.: Pending Initial

Dear Licensing Authority:

State License Servicing, Inc. represents Exelan Pharmaceuticals Inc., in the servicing of their state license portfolio. This letter shall serve as notice and disclosure of an administrative fine for the above-referenced licensee.

Exelan Pharmaceuticals has received a complaint letter from the New Hampshire Board of Pharmacy and has agreed to pay an administrative fine of five hundred dollars (\$500). This complaint letter is the result of late notification of a change in address through the New Hampshire Board of Pharmacy's online system.

Exelan Pharmaceuticals has remitted the payment to the New Hampshire Board of Pharmacy.

Attached, please find a copy of the complaint letter and receipt of payment.

If you need any additional information, please feel free to call or e-mail me at the address below.

Kind Regards,

A handwritten signature in blue ink, appearing to read 'Jennifer Schneider'.

Jennifer Schneider

VP, Client Services
State Licensing Servicing, Inc.
EPI@slsny.com

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
BOARD OF PHARMACY
121 South Fruit Street, Suite 401
Concord, NH 03301-2412
Phone 603-271-2350 • Fax 603-271-2856
www.oplc.nh.gov/pharmacy



April 28, 2020

Exelan Pharmaceuticals, Inc.
NH License # 5395
370 West Camino Gardens Boulevard, Suite 204
Boca Raton, FL 33432

VIA EMAIL TO: bchristensen@exelanpharma.com

NOTICE OF VIOLATION

At its March 18, 2020 Meeting, the New Hampshire Board of Pharmacy ("Board") reviewed the Facility Change of Address Notice sent by your company on January 3, 2020 which showed your licensed facility's address (NH license # 5395) changed as of October 22, 2019. NH RSA 318:51-a, V and Ph 1002.12 (a) require notice of changes to any information noted on the original application, be submitted to the Board no later than 30 days following the change

These regulations state:

318:51-a Licensing of Manufacturers and Wholesalers Required. –

V. (a) The manufacturer, wholesaler, distributor, reverse distributor, or broker to which a license has been issued shall, within 30 days of any change of information supplied in the original application, notify the board.

Ph 1002.12 Reporting Changes.

(a) It shall be the responsibility of the manufacturer/wholesaler to immediately notify the board of any changes of information submitted in the application for licensure.

The Board further noted that Exelan was issued a Notice of Violation and fine of \$150.00 on July 31, 2019 for violating the above regulations when it failed to submit a Change of Facility Contact Person within 30 days.

Accordingly, as this is the second offence violating these same sections of the Board's laws/rules, per the provisions of NH RSA 318:29, the Board sees fit to assess an administrative fine of \$500.00.

You have the following two options upon receipt of this Notice. First, you can waive the right to a hearing, sign/date this document below, and submit along with your payment of the \$500.00 proposed fine via check or money order payable to *Treasurer, State of New Hampshire* within thirty (30) days of receipt of this Notice. Second, you may request a hearing on the matter by submitting a request for hearing in writing within 30 days of receipt of this Notice. The Board will thereafter schedule a hearing on the matter.

Per Order of the Board,



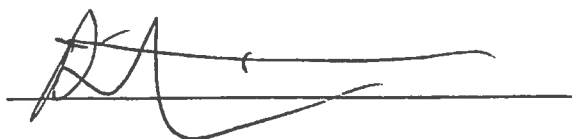
Jason Richard
Acting Board Administrator

April 28, 2020

Authorized Representative for Licensed Facility:

Dated: 7/9/2020

Signature of Authorized Representative:



Printed Name: Brian Christensen

Title: President

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

Citibank

Citibank, N.A.

OFFICIAL CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WAT

11564063

10000456 Fmt 004 90.00 DNL
020-02 Ck. Ser. # 115640631

DATE

PAY

FIFTY HUNDRED DOLLARS

TO
THE
ORDER
OF

INVESTMENT, STATE OF NEW HAMPSHIRE

NAME OF REMITTER
ADDRESS

INVESTOR PHARMACEUTICALS INC

Citibank, N.A. One Penn's Way
New Castle, DE 19720

Drawer: Citibank, N.A.

BY
AUTHORIZED SIGNATURE

⑈11564063⑈

⑆03⑆100209⑆

38762924⑈

22D

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

<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: Mizner BioScience, LLC

Physical Address: 225 NE Mizner Boulevard, Suite 760

City: Boca Raton State: FL Zip Code: 33432

Telephone Number: (561) 570-1875 Fax Number: (561) 566-6066

Toll Free Number: N/A

E-mail: MIZ@slny.com Website: www.miznerbioscience.com

Facility Manager: Marc Carpio Lanza

Professional qualifications and experience of facility manager: Regulatory Affairs professional with great depth and breadth of experience in generics. Superb multitasker able to handle multiple projects efficiently and accurately.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors

Type of Products to be handled or wholesaled by firm:

<input type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input checked="" type="checkbox"/> Veterinary Legend Drugs
<input 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?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Labeler Code:86039

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: *As of 02/10/2020, Mizner Bioscience, LLC has not distributed any products.

Address: Product launch is planned for Q1 2020.*

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: N/A

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 ☐

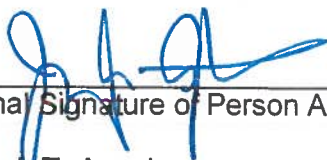
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Joseph T. Anzalone

Print Name of Authorized Person


Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Mizner BioScience, LLCParent Company if any: N/AMailing Address: 225 NE Mizner Boulevard, Suite 760City: Boca Raton State: FL Zip: 33432Telephone: (561) 570-1875 Fax: (561) 566-6066Contact Person: Marc Carpio Lanza

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

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

a) Robert J. Edwards Jr. 336 E Key Palm Road, Boca Raton, FL 33432

Name

Business Address

b) Joseph T. Anzalone 731 Marble Way, Boca Raton, FL 33432

Name

Business Address

c) _____

Name

Business Address

d) _____

Name

Business Address

2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$1.00A 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.



Mizner BioScience, LLC



Corporate Address: 225 NE Mizner Boulevard, Suite 760, Boca Raton, FL 33432 USA
FEIN: 83-2505262
www.miznerbioscience.com

Drug Labeler Code: 86039
Incorporation State: FL
Incorporation Date: 11/7/2018

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
2MB	225 NE Mizner Boulevard Suite 760 Boca Raton, FL 33432 County: Palm Beach	N/A	N/A - No CS	104644394	No	(561) 570-1875	(561) 566-6066

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	DOB	Driver's License
Fun Larissa Chu	11 J SW 166th Ave Pembroke Pines, FL 33027		No		DR only for FL VM
Marc Carpio Lanzar	1 NW 51st Place Coral Springs, FL 33076	Regulatory Affairs Manager	No		DR for all states, except FL VM

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	DOB	Driver's License
Joseph T. Anzalone	Marble Way Boca Raton, FL 33432	Vice President and Secretary	30	No		
Robert J. Edwards Jr.	Key Palm Road Boca Raton, FL 33432	President and Treasurer	70	No		

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	DOB	Driver's License
Joseph T. Anzalone	Marble Way Boca Raton, FL 33432	Vice President and Secretary	No		
Robert J. Edwards Jr.	Key Palm Road Boca Raton, FL 33432	President and Treasurer	No		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	Address	Title	Prescribing Authority	DOB	Driver's License
InCorp Services, Inc.					

3PLS

Name	Address	Title	Prescribing Authority	DOB	Driver's License
Woodfield Distribution, L	3111ingham Lane, Suite A Sugar Land, TX 77478				
Woodfield Distribution, L	Clint Moore Road, Suite A Boca Raton, FL 33487				



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

1555

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

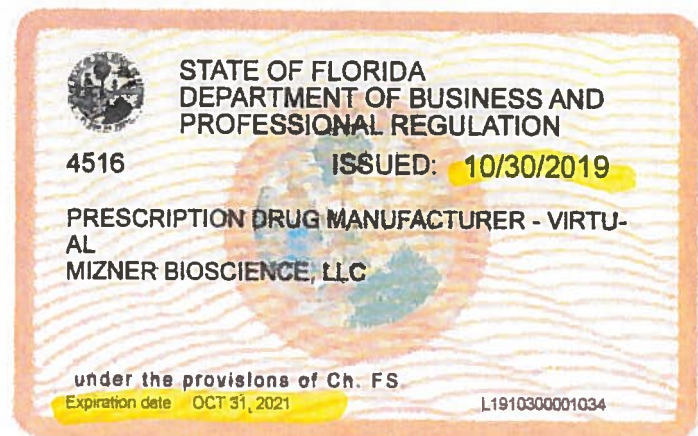
Home State
License

MIZNER BIOSCIENCE, LLC
1751 STATE ROUTE 17A SUITE 3
FLORIDA NY 10921

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
4516	

The RX DRUG MANU V
Named below
Under the provisions of Chapter FS.
Expiration date: OCT 31, 2021

MIZNER BIOSCIENCE, LLC
225 NE MIZNER BLVD
SUITE 760
BOCA RATON FL 33432



ISSUED: 10/30/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1910300001034

Halsey Beshears, Secretary

Ron DeSantis, Governor

FEBRUARY 17, 2020

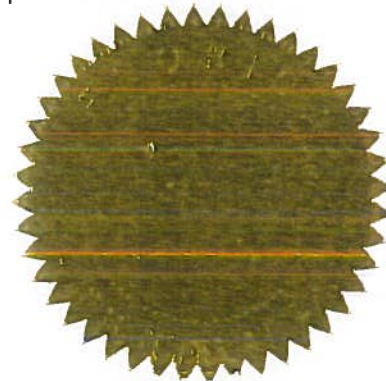
NAME: MIZNER BIOSCIENCE, LLC
ADDRESS: 225 NE MIZNER BLVD, SUITE 760, BOCA RATON FL 33432
PROFESSION: PRESCRIPTION DRUG MANUFACTURER - VIRTUAL
LICENSE NUMBER: 45:16
STATUS: CURRENT
ISSUE DATE: OCTOBER 30, 2019
EXPIRATION DATE: OCTOBER 31, 2021

To Whom It May Concern:

The license is in a CURRENT status and EXPIRES OCTOBER 31, 2021
Verification by:



Ian Howard
Regulatory Specialist I
Florida Department of Business and Professional Regulation



You may also access online verification at <https://www.myfloridalicense.com/wl11.asp?mode=0&SID=>

Mimer Bioscience, LLC
NDC LABELER CODE REQUEST - ANNUAL DRUG

Labeler - Mimer Bioscience, LLC (0644196) NDC Labeler Code: 8039

Country

Address: 22452 Mimer Blvd STE 600
City, State, Zip, Postal Route, FL 33432
Country USA

Anthony LaVela

Revised: 3/2019

Address

Telephone Number

Fax/Alt Address

+01-561-570-1873

Terry@mimerbioscience.com

Mimer Bioscience, LLC

1557
labeler
code

ndc_nhrhc_labeler_codes_03_03_2020

Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT Tell me what you want

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A	B
1	Firm Name
1671 86028	Universal Compounds LLC
1672 86029	TECK AMERICAN METAL SALES INCORPORATED
1673 86030	VetriMax Veterinary Products, LLC
1674 86031	Laboratorios Cosmetics Lamani, S. A. V.
1675 86033	St. Gabriel Organics
1676 86034	Hangzhou Yumei Biotechnology Co., Ltd.
1677 86035	Pet360, Inc. dba Only Natural Pet
1678 86036	Nanjing Chemlin Biomedical Science & Technology Co. Ltd.
1679 86037	Shandong Luxi Animal Medicine Share Company Ltd.
1680 86038	Amino Cell, Inc.
1681 86039	Mizner Bioscience, LLC
1682 86043	Sypharma Pty Ltd
1683 86044	Mara Healthcare, Ltd.
1684 86045	Addison Biological Laboratory, Inc.
1685 86046	Baxter Healthcare Pty Ltd
1686 86047	LFB USA, Inc.
1687 86048	Prodibio SAS
1688 86049	Azienda Agricola Officialis di Nicola Dalla Grana
1689 86050	ORKEO
1690 86051	Lusomedicamenta Sociedade Tecnica Farmaceutica S.A
1691 86052	Aquanum Muenster Pahlsmeyer GmbH
1692 86053	AquaBounty Technologies, Inc.
1693 86054	HONEST BIO VET PRIVATE LIMITED
1694 86055	Alvira Animal Health Limited
1695 86056	VetBiotech, Inc.
1696 86057	Green Pet Organics a HealthyPets Inc Company
1697 86058	Dairyland Equipment Service, Inc.
1698 86059	Vet Plus Limited
1699 86060	Zhuohai Hainuide Bioscience and Technology Co., Ltd.
1700 86061	Karcher North America, Inc.
1701 86062	PROMIKA LLC
1702 86063	VetBridge Animal Health, LLC
1703 86064	haves, LLC
1704 86065	Abbvil Chemical LLC
1705 86066	Surefreight Global LLC, DBA PRANAPETS
1706 86067	Surpass Chemical Company Inc.
1707 86068	Hi Nature Co., Ltd.
1708 86069	Stratford Pharmaceuticals
	NDCLabelerCode

Verified
DJ 3/3/2020



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Subsidiary
FL 2008
Discipline

CERTIFIED MAIL/RETURN RECEIPT REQUESTED
NOTICE OF VIOLATION

Case No.: 2008-01080
Permit No.: 22:1018

November 21, 2008

Boca Pharmacal
Fred Elefant
3550 NW 126th Ave
Coral Springs, FL 33065

Dear Mr. Elefant:

Agents of the Department of Health (Department) detected the following violation of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes (F.S.). These violations were detected during an inspection on December 13, 2007:

1. Boca Pharmacal received prescription drugs from an unlicensed entity. Boca Pharmacal received prescription drugs from Legacy Packing.

This is a violation of Section 499.005(14), F.S.

Monetary penalty ranges: \$250.00 to \$5,000.00 per day, per violation.

Total fine assessed by Department: \$500.00.

2. Boca Pharmacal failed to obtain a pedigree paper from its repackager.

This is a violation of Section 499.005(28), F.S.

Monetary penalty ranges: \$250.00 to \$5,000.00 per day, per violation.

Total fine assessed by Department: \$500.00.

The above referenced violation should not be regarded as an all-inclusive list of deficiencies that may be or may have been in existence at your company, and violation may not be limited to that cited above. It is your responsibility to ensure that your facility is in compliance with all requirements of the Florida Drug and Cosmetic Act and the Florida Administrative Code Regulations for Drugs, Devices, and Cosmetics. In order to resolve this matter, the Department proposes the following alternatives, either of which must be accomplished by your company within thirty (30) days of receipt of this letter:

1. If your company does not contest the findings in this letter, and further agrees to waive its right to an administrative hearing pursuant to Florida Statutes 120.569 and 120.57, the Department and Boca Pharmacal, Inc. may resolve this matter. If you agree to a resolution, please sign and date the enclosed Agreement. Return to me at the address on this letterhead:

- (a) The original signed Agreement, and
- (b) A cashier's check, certified check, or money order for **ONE THOUSAND DOLLARS (\$1,000.00)** made payable to the **Florida Drug, Device and Cosmetic Trust Fund**.

Once the above listed two items are received, your case will be closed.

2. However, if you believe circumstances exist that the Department should consider before concluding this investigation, you may provide the Department your rationale and evidence to support your position within fifteen (15) days of receipt of this letter. If the Department does not agree with you, or we can not reach a satisfactory resolution of this matter, the Department may initiate appropriate legal action after expiration of the above referenced thirty (30) day time period. Appropriate legal action may include:

- (a) Filing and serving an administrative complaint for a hearing pursuant to Florida Statutes Chapter 120. This may result in the imposition of an administrative fine up to five thousand dollars (\$5,000.00) per violation per day. Each day the violation continues constitutes a separate violation, and each such separate violation is subject to a separate fine. An Administrative Complaint also becomes a matter of public record and is published on the Department of Health website.
- (b) Revocation or suspension of the company permit.
- (c) Seizure for destruction of adulterated or misbranded products.
- (d) Seeking an injunction in Circuit Court to obtain compliance.
- (e) Initiating any other remedy authorized by law.

If you have any questions regarding this matter, or need further assistance in this matter, please contact me at the address on this letterhead or by telephone at 850.245.4444, Ext. 2022.

Sincerely,



Jennifer L. Condon
Assistant General Counsel

Enclosure: As Listed

Cc: Fred Elephant, 1650 Prudential Dr, Suite 105, Jacksonville, Fl 32207

Subsidiary
IL 2002
Discipline

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION)	
of the State of Illinois,)	
)	
)	
v.	)	No. 2001-02638-1
)	
BOCA PHARMACAL, INC.)	
License No. 004/Unlicensed,)	
Respondent)	

CONSENT ORDER

The Department of Professional Regulation by Michael C. Yount, one of its attorneys, and Boca Pharmacal, Inc., (hereinafter "Boca Pharmacal"), Respondent, hereby agree to the following:

STIPULATIONS

Boca Pharmacal, is a non-resident wholesale drug distributor located in the State of Florida. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the parties and subject matter herein.

The Department alleges that Respondent, prior to licensure with the Department, engaged in the unlicensed practice of wholesale drug distribution.

The allegations as set forth herein, if proven to be true, would constitute grounds for disciplinary action against Respondent's license as a wholesale drug distributor on the authority of 225 ILCS (2001), Act 120, sections 25(a), 26, and 55 (a)(1).

As a result of the foregoing allegations, Respondent, by and through its attorney, Fred Elefant, expressed its desire to enter into a Consent Order with the Department. Michael C. Yount, staff attorney, represented the Department. Gary Reynolds, R.Ph., Chairperson of the Board of Pharmacy of the State of Illinois, was consulted regarding this matter.

Respondent admits the Department's allegation, however, Respondent presented the following information in mitigation: Respondent, at the time of the alleged violation, was unaware of the wholesale drug distributor licensing requirements in the State of Illinois; Respondent possesses a Florida Prescription Drug Wholesale license; and, Respondent regrets the incident, which was an oversight. Respondent has fully cooperated with the Department in this matter.

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Michael C. Yount, its attorney, and Boca Pharmacal, Inc., Respondent, agree:

- A. Respondent's Illinois wholesale drug distributor license shall be issued provided Respondent completes and submits to the Department all necessary forms and pays all necessary fees.
- B. Immediately upon issuance of Respondent's license, said license shall be issued a reprimand.
- C. Upon issuance of Respondent's license, said license shall be fined in the amount of \$2,930.00. Within thirty (30) days of the effective date of this Consent Order, Respondent Boca Pharmacal, shall pay said fine by certified check or money order, made payable to the Illinois Department of Professional Regulation (IDPR). Respondent shall send the fine payment to the IDPR, Attn: Fiscal, 320 W. Washington, 3rd Floor, Springfield, Illinois 62786.
- D. If Respondent Boca Pharmacal, fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, Respondent Boca Pharmacal, shall be responsible for all costs and fees incurred by the Department in said collection effort.
- E. Any violation of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a

Complaint to revoke or otherwise discipline Respondent's license
to operate in the State of Illinois as a wholesale drug distributor.

F. This Consent Order shall become effective immediately after it is
approved by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

12-03-01
DATE

Michael C. Yount
Michael C. Yount
Attorney for the Department

11-25-01
DATE

Team Union
Boca Pharmacal, Inc., by its designated
representative, Respondent

11-21-01
DATE

Fred Elefant
Fred Elefant
Attorney for Respondent

11-30-2001
DATE

Gary Reynolds
Gary Reynolds, R.Ph.
Member, Board of Pharmacy

The foregoing Consent Order is approved in full.

DATED THIS 11th day of January, 20 02

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

Leonard A. Sherman
LEONARD A. SHERMAN
DIRECTOR

License No. 004 / Unlicensed
Case No. 2001-02638-1



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Bruce Rauner
 Governor

Bryan A. Schneider
 Secretary

Jay Stewart
 Director
 Division of Professional Regulation

CERTIFICATION OF LICENSURE

E5 Pharma LLC
 Jennifer Moura
 225 NE Mizner Blvd Ste 770
 Boca Raton FL 33432

Licensee: BOCA PHARMACAL INC

License Number: 004.001507

Profession: LICENSED WHOLESALE DRUG DISTRIBUTOR

SPECIALTY: WHOLESALE

Date of Issuance: 01/28/2002

Expiration Date: 12/31/2014

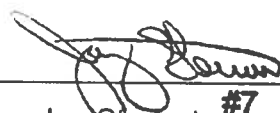
License Status: NOT RENEWED

License Method: NON-EXAM

Disciplinary History: **Has been disciplined-see enclosed documents**

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.




 Jay Stewart #7
 Director

May 5, 2016
 Date

Division of Professional Regulation



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Bruce Rauner
 Governor

Bryan A. Schneider
 Secretary


Jay Stewart
 Director
 Division of Professional Regulation

CERTIFICATION

I, Jay Stewart, Director of the Division of Professional Regulation, do hereby certify that I have been designated by the Secretary of the Department of Financial and Professional Regulation of the State of Illinois, as the keeper of its records and Seal. Such document(s) attached hereto are certified copies of the records maintained and kept by this Department in the regular course of business as of today's date.

IN WITNESS WHEREOF, I have set my hand and Seal of the Department of Financial and Professional Regulation at Springfield, Sangamon County, Illinois, this 5th day of April 2016.




 #7
 Jay Stewart
 Director
 Division of Professional Regulation

Please contact the *Division of Professional Regulation, Licensure Maintenance Unit*, at 1-800-560-6420 if you have any questions.

Documentation Certification Itr

State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation
320 W. Washington St., 3rd Floor, Springfield, IL 62786

ATTENTION

The attached document is an official
State of Illinois
Licensure certification/verification, prepared by the
Illinois Department of Financial and Professional Regulation.

This certifies that the named individual has met all of the
education/examination requirements by law in order to
receive the credential that is being verified.

The Department has eliminated specific
examination status from certifications/verifications
of licensure, as passage of an examination is a
requirement for licensure.

This information is the **ONLY** certification
information provided by this Department. If other information is
needed, it **MUST** be obtained from the applicant.

THANK YOU

Sister Company
AL 2018
Discipline

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
E5 PHARMA, LLC	)	BOARD OF PHARMACY
Private Label Distributor	)	CASE NO: 17-L-0092
Virtual Permit No. 195367)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against E5 Pharma, LLC (hereinafter referred to as "E5") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as Exhibit "A."

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that E5 violated the applicable provisions based upon the conduct set out in each and every Count of the Statement.
2. E5 shall pay to the Board an administrative fine in the amount of Five Thousand dollars (\$5,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and E5 shall not attempt to discharge the same in any bankruptcy proceeding.
3. That E5 expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform



Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. E5 further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, E5 hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That E5 agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That E5 acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. E5 acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.



DONE this the 5th day of April, 2018.

E5 Pharma, LLC

By: Robert J. Edwards Jr.
Its: CEO

Colleen M. Helsey
Colleen M. Helsey, Attorney for E5 Pharma, LLC

DONE this the 18 day of April, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: David Darby
David Darby, R.Ph., President

By: James S. Ward
Its Attorney

OF COUNSEL:
WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404



EXHIBIT "A"

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
)	
E5 PHARMA, LLC	)	BOARD OF PHARMACY
)	
Private Label Distributor	)	CASE NO: 17-L-0092
Virtual Permit No. 195367)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: E5 Pharma, LLC
 225 NE Mizner Boulevard
 Boca Raton, Florida 33432

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1, § 34-23-34, § 34-23-92(11) and (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on April 17th, 2018 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate E5 Pharma, LLC as a Private Label Distributor-Virtual should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that E5 Pharma, LLC has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.
2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors



include:

- (a) Compliance with licensing requirements under previously granted license, if any.
- (b) Compliance with the requirements to maintain records required to be maintained.
- (c) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.
- (d) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars (\$1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

COUNT ONE

Violating Code of Alabama (1975), §34-23-32 in that during 2014, 2015, 2016 and/or 2017 you distributed drug products or were involved in the distribution of drug



products in the State of Alabama without a current or valid permit to do so.

The Board alleges that each distribution is a separate and distinct violation.

COUNT TWO

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state by failing to disclose on your 2007-2008 initial application for a permit as a Manufacturer, Wholesaler/Distributor dated September 24, 2007, when required to do so, a Consent Order entered by the State of Illinois Department of Professional Regulation on January 11, 2007 attached hereto as Exhibit "A" and/or you engaging in the unlicensed practice of wholesale drug distribution.

COUNT THREE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state by failing to disclose on your renewal application for 2013-2014 dated when required to do so a Settlement Agreement with the Florida State Board of Pharmacy on December 1, 2008 attached hereto as Exhibit "B".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.



Dated this the 8th day of January, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary



EXHIBIT A

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION)	
of the State of Illinois	Complainant)
)
v		No 2001-02538-1
)
BOCA PHARMACAL, INC)	
License No. 004/Unlicensed	Respondent)

CONSENT ORDER

The Department of Professional Regulation by Michael C. Yount one of its attorneys, and Boca Pharmacal, Inc. (hereinafter "Boca Pharmacal") Respondent, hereby agree to the following

STIPULATIONS

Boca Pharmacal is a non-resident wholesale drug distributor located in the State of Florida. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the parties and subject matter herein.

The Department alleges that Respondent prior to licensure with the Department, engaged in the unlicensed practice of wholesale drug distribution.

The allegations as set forth herein if proven to be true, would constitute grounds for disciplinary action against Respondent's license as a wholesale drug distributor on the authority of 225 ILCS (2001), Act 120, sections 25(a), 26 and 55 (a)(1).



As a result of the foregoing allegations, Respondent by and through its attorney, Fred Elefant, expressed its desire to enter into a Consent Order with the Department. Michael C. Young, staff attorney represented the Department. Gary Reynolds, R.Ph., Chairperson of the Board of Pharmacy of the State of Illinois was consulted regarding this matter.

Respondent admits the Department's allegation, however, Respondent presented the following information in mitigation: Respondent, at the time of the alleged violation, was unaware of the wholesale drug distributor licensing requirements in the State of Illinois; Respondent possesses a Florida Prescription Drug Wholesale license, and, Respondent regrets the incident, which was an oversight. Respondent has fully cooperated with the Department in this matter.

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

MAY 11 2017



CONDITIONS

WHEREFORE, the Department, through Michael C. Younl, its attorney, and Boca Pharmacal, Inc., Respondent, agree

- A Respondent's Illinois wholesale drug distributor license shall be issued provided Respondent completes and submits to the Department all necessary forms and pays all necessary fees
- B Immediately upon issuance of Respondent's license, said license shall be issued a reprimand
- C Upon issuance of Respondent's license, said license shall be lined in the amount of \$2,930.00. Within thirty (30) days of the effective date of this Consent Order, Respondent Boca Pharmacal, shall pay said fine by certified check or money order made payable to the Illinois Department of Professional Regulation (IDPR). Respondent shall send the fine payment to the IDPR, Attn: Fiscal, 320 W. Washington, 3rd Floor, Springfield, Illinois 62786.
- D If Respondent Boca Pharmacal fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, Respondent Boca Pharmacal shall be responsible for all costs and fees incurred by the Department in said collection effort.
- E Any violation of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a



Complaint to revoke or otherwise discipline Respondent's license
to operate in the State of Illinois as a wholesale drug distributor

F. This Consent Order shall become effective immediately after it is
approved by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

12-03-01
DATE

Michael C. Youn
Michael C. Youn
Attorney for the Department

11-25-01
DATE

Tom Leinen
Boca Pharmacal, Inc., by its designated
representative, Respondent

11-21-01
DATE

Fred Elefant
Fred Elefant
Attorney for Respondent

11-30-2001
DATE

Gary Reynolds
Gary Reynolds, R.Ph.
Member, Board of Pharmacy

The foregoing Consent Order is approved in full

DATED THIS 11th day of January, 20 02

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

Leonard A. Sherman
LEONARD A. SHERMAN
DIRECTOR

License No.
Case No.

004 Unlicensed
2001-02638-1



EXHIBIT B

FL Discipline

STATE OF FLORIDA
DEPARTMENT OF HEALTH

RECEIVED BY FAX 12-15-08
12:34 PM
Department of Health
By Rachelle B
Deputy Agency Clerk

DEPARTMENT OF HEALTH.

Petitioner,

Case No.: 2008-01080

vs.

BOCA PHARMACAL, INC.,

Respondent.

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on November 21, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about December 1, 2008, and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and ORDERED this 23 day of December 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

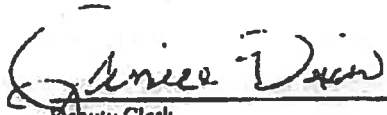
By:

Rebecca R. Puston
Rebecca R. Puston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics



CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: Boca Pharmaceutical, Inc., 3550 NW 126th Ave, Coral Springs, FL 33065, this 24 day of December, 2008.


Deputy Clerk

cc: Jennifer Condon, DOH 4052 Bald Cypress Way, Bin #A-02 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70



SETTLEMENT AGREEMENT**Boca Pharmacal, Inc****Case No: 2008-01080**

Pursuant to S. 120.57(4), Florida Statutes, the above named party hereby enters into this stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

- 1) Boca Pharmacal, Inc. neither admits nor denies the alleged violations in the Notice of Violation.
- 2) During the time the alleged violations occurred, Boca Pharmacal, Inc was permitted as a Prescription Drug Wholesaler within the state of Florida.
- 3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

CONCLUSIONS OF LAW

- 4) Boca Pharmacal, Inc, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.
- 5) Boca Pharmacal, Inc. admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.

SETTLEMENT

- 6) Boca Pharmacal, Inc. agrees to pay a fine of ONE THOUSAND DOLLARS (\$1,000.00), and acknowledges that the total payment is enclosed with this agreement.
- 7) Boca Pharmacal, Inc. affirms the violations cited in the Notice of Violation letter issued under this case number have been corrected.



MAY 11 2017

A handwritten signature in black ink, appearing to be "J. Smith", written over a circular stamp.

- 8) Boca Pharmacal, Inc. affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.
- 9) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.
- 10) Boca Pharmacal, Inc. expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.
- 11) Boca Pharmacal, Inc. waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

Corporate Seal:

By:

President (or authorized agent)

Date

Attested by:

Corporate Secretary

Date

[Note this line only applies if the respondent is a corporation.]



1588
Stapling

State of Florida

Department of State

I certify from the records of this office that MIZNER BIOSCIENCE, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 7, 2018.

The document number of this limited liability company is L18000261472.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on February 12, 2020, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-fifth day of February,
2020*



Ramona R.
Secretary of State

Tracking Number: 3141789815CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

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. _____ Duplicate #0779909

Application/License No. _____

Mizner Bioscience, LLC
Applicant/Principal, doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is

225 NE Mizner Blvd Ste 760 Boca Raton, FL 33432
Address of Applicant/Principal, as
PRINCIPAL, and _____
HARCO NATIONAL 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

702 Oberlin Road, Raleigh, North Carolina 27605
Address of Surety as

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 _____
2/21/2020
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
21th day of February, 2020.

APPLICANT/PRINCIPAL

Mizner Bioscience, LLC



 Authorized Representative

SURETY COMPANY

HARCO NATIONAL INSURANCE COMPANY



 Surety Company's Representative

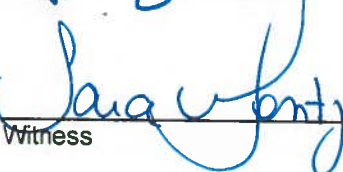
Sharif Ismail, Attorney-in-fact

 print name

SIGNED and SEALED in the presence of:



 Witness



 Witness

SIGNED and SEALED in the presence of:



 Witness



 Witness

Countersigned by:



 Nevada Resident Agent

POWER OF ATTORNEY

Bond # Duplicate #0779909

**HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY**

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RALF RIGO, SHARIF ISMAIL

Syracuse, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

STATE OF NEW JERSEY
County of Essex

Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance CompanySTATE OF ILLINOIS
County of Cook

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023**CERTIFICATION**

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 02/24/2020

A00816

Irene Martins, Assistant Secretary

Marc C. Lanza
NW PL
Coral Springs, FL 33076

iol.com

PROFESSIONAL SUMMARY

- Strongly reliable and focused Regulatory Affairs professional with great depth and breadth of experience in generics. Superb multitasker able to handle multiple projects efficiently and accurately. Effective independent worker as well as excellent coordinator with other members of a regulatory affairs team.

CORE QUALIFICATIONS

- Highly motivated, organized Regulatory Affairs professional
- Extensive work experience in generic CMC post-approval, Regulatory Operations & Labeling
- Strong organizational skills and able to handle multiple projects and set priorities
- Detail oriented
- Quickly adapt to new environments with the ability to learn new technologies and applications quickly and efficiently
- Strong communication skills and a great team player

PROFESSIONAL EXPERIENCE

Mizner Bioscience

Regulatory Affairs Manager

09/19 – Present

- Oversee and manage regulatory activities and drive project timelines to coordinate the compilation, review and submission process for new ANDA's/ANADA's, subsequent amendments including SPL/PLR (labeling), all interactions and communications with the FDA from product inception to approval, including regulatory support for assigned projects
- Provide strategic regulatory input for product issue resolution, coordinate, prioritize, and provide day-to-day regulatory support throughout product life cycle
- Support post-marketing regulatory activities for all approved ANDA and ANADA products
- Collect and coordinate information for regulatory documentation packages for eCTD compilation and submission

Endo Pharmaceuticals

Senior Regulatory Affairs Liaison Associate

05/19 – 09/19

- Assist in the development of regulatory strategies with an accurate assessment of regulatory impact and risk
- Assist in the authoring, compilation, review and submission of high quality regulatory submissions to Health Authorities in accordance with regulatory guidelines
- Support labeling development, reviews and approvals through the RA Labeling Group for NDA/ANDA products
- Support post-marketing regulatory activities for all approved NDA/BLA products
- Collaborate with cross functional teams in order to assist in the implementation of regulatory strategies aligned with business objectives

- Supports product teams, as needed, to ensure that regulatory requirements are incorporated as part of the product development process and life cycle management

Regulatory Affairs Associate – CMC

08/17 - 05/19

- Execute regulatory strategies by leading the development, authoring and review of CMC submission components and documentation to support supplements, annual reports and responses to FDA
- Provide input to products and project regulatory strategies by performing assessments of CMC changes for both internal and Contract Manufacturing Organizations, identifying regulatory requirements and evaluating supporting documentation to assess acceptability and identify potential risks
- Research and analyze regulatory information and maintain current regulatory knowledge
- Provide regulatory support and guidance to various departments, programs and teams with a strong emphasis on frequent interactions with technical teams to ensure that project timelines are met
- Collect and coordinate information for regulatory documentation packages for eCTD submission

Par Pharmaceutical formerly Qualitest Pharmaceuticals

04/14 - 08/17

Regulatory Affairs Specialist

- Prepare regulatory submissions to various health authorities in compliance with appropriate company business processes and external regulations/guidance/specifications
- Collect and coordinate information for regulatory documentation packages for eCTD submission
- Submit eCTD submissions to health authorities and track related information in department databases
- Perform QA/QC for submission documents and deliverables for submission-readiness
- Ensure that the quality, content and format of submissions comply with FDA Regulations and Guidelines
- Prepare ANDA's, Amendments, Controlled Correspondences, Annual Reports, Periodic Adverse Drug Experience Reports and Post-Approval Supplements for multiple dosage forms to the FDA in a timely matter
- Ensure timely review of submission of all assigned projects
- Review change controls internally and from Contract Manufacturing Organizations for changes supporting manufacturing/testing facilities, assessing regulatory impact and determining a reporting strategy
- Represent Regulatory Affairs on interdisciplinary project teams with some guidance and answer related questions
- Interact closely with colleagues across functional business units and sites to coordinate documentation required for submissions, ensuring that project timelines are met

Boca Pharmacal

07/13 - 04/14

Regulatory Affairs Associate

- Collect and coordinate information for regulatory documentation packages for eCTD submission
- Review labeling for compliance with regulatory requirements
- Structured product labeling (SPL) for final product text inserts

- Coordinate with CMO's and printing companies in regards to approved and unapproved labels
- Preparing ANDAs, amendments and supplements for submissions to the FDA
- Filing and reviewing Adverse Event Reports

Walgreens Pharmacy

04/06 – 04/14

Senior Certified Pharmacy Technician

- Registered Pharmacy Technician - State of Florida
- Handling & order of medication
- Management of drug inventory
- Compounding and reconstitution
- Quality customer service
- Assisting pharmacist
- In charge of scheduling

EDUCATION

- B.A., Biology, University of Miami, May 2009
- Marjory Stoneman Douglas High School, 2001-2005

CERTIFICATIONS

- Certified Pharmacy Technician (CPhT), Pharmacy Technician Certification Board (PTCB), September 2018
- Regulatory Affairs Certificate: Medical Devices and Pharmaceuticals (Dual), Regulatory Affairs Professionals Society (RAPS) Online University, April 2018

PROFESSIONAL AFFILIATIONS

- Regulatory Affairs Professional Society

REFERENCES

Fun Chu, Ph.D.	-1331
Chief Scientific Officer, e5 Pharma/Mizner Bioscience	
Cynthia Holdos	9990
Manager, Regulatory Affairs, Fougera Pharmaceuticals Inc.	
Jeffry Lynch, Ph.D.	4193
Former Senior Director, Regulatory Affairs, Endo Pharmaceuticals	
Kristi Bouras, Pharm.D.	
Pharmacy Manager, Walgreens #6772	-8558

LANGUAGES

-
- English
 - Spanish



STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicensesservicing.com

April 13, 2020

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

Re: **Notice of Non-Disciplinary Action - Administrative Fine Only**

Mizner BioScience, LLC

Pending Initial: Wholesaler Virtual Manufacturer

- 225 NE Mizner Boulevard, Suite 760, Boca Raton, FL 33432

Dear Licensing Authority:

State License Servicing, Inc. represents Mizner BioScience, LLC in the servicing of their state licenses. To extent required by your State, this letter shall serve as a disclosure of a **non-disciplinary administrative fine** for the above-referenced licensee.

Mizner BioScience, LLC has entered into a **Settlement Agreement** with the State of Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics. The State of Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics issued an administrative fine against Mizner BioScience, LLC in the amount of Six Thousand, Five Hundred Dollars (\$6,500.00). This administrative fine is the result of a alleged violation of Chapter 499, Florida Statutes.

Mizner BioScience, LLC returned the signed Settlement Agreement to the State of Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics on March 5, 2020, and submitted payment for the Six Thousand, Five Hundred Dollars (\$6,500.00) administrative fine on March 5, 2020.

Attached please find copies of the notice regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
MIZ@slny.com

FILED 1591	
Department of Business and Professional Regulation	
Senior Deputy Agency Clerk	
CLERK	Brandon Nichols
Date	3/10/2020
File #	2020-02074

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

v.

Case Nos.: 2019-055687

MIZNER BIOSCIENCE, LLC,

Respondent.

_____ /

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Mizner Bioscience, LLC and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.005(22), Florida Statutes (2019), by operating as a virtual prescription drug manufacturer without a permit; Section 499 005(14), Florida Statutes (2018), by purchasing prescription drugs from unauthorized persons; Section 499 005(2), Florida Statutes (2019), by causing the adulteration of prescription drugs and Section 499 005(4), Florida Statutes (2019), by commingling business records.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 9th day of March, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By:



Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn H. Price
DDC Chief Attorney

Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Edwin A. Bayó, Grossman, Furlow & Bayó, LLC 2022-2 Raymond Diehl Road, Tallahassee, Florida 32308, this 10th day of March, 2020.

By:



Agency Clerk's Office

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

Case No(s): 2019-055687

v.

Mizner Bioscience, LLC,

Respondent.

_____ /

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055687 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Mizner Bioscience, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as a Prescription Drug Manufacturer - Virtual.
2. Respondent's address of record is 225 Mizner Blvd., Ste. 760, Boca Raton, Florida 33432.
3. Respondent was issued a Notice of Violation on January 15, 2020 alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019-055687, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of ten thousand dollars (\$10,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department. The Department will not deny or seek to deny any application for a permit of Respondent based on the

allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-055687. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall

constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MIZNER BIOSCIENCE, LLC.,

**FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

By: 

By: 

Name: Joseph Angalone

Name: Walter Copeland

Title: Chief Operating Officer

Title: Division Director

Date: 3/2/2020

Date: 03.09.2020

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics




STATE LICENSE SERVICING, INC
 1751 State Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
statelicensesservicing.com

August 3, 2020

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

Re: **Notice of Administrative Fine**

Mizner BioScience, LLC

License/Permit No.: Pending initial
Address: 225 NE Mizner Boulevard, Suite 760, Boca Raton, FL 33432

Dear Licensing Authority:

State License Servicing, Inc. represents Mizner BioScience, LLC in the servicing of their state licenses. This letter shall serve as disclosure of Consent Agreement and non-disciplinary administrative fine for the above-referenced licensee.

Mizner BioScience, LLC has entered into a consent agreement with the Alabama State Board of Pharmacy. The Alabama State Board of Pharmacy has issued a non-disciplinary administrative fine against Mizner BioScience, LLC in the amount of One Thousand Dollars (\$1,000.00). This administrative fine is the result of a violation of the Alabama Pharmacy Practice Act.

Mizner BioScience, LLC returned the signed Consent Agreement to the Alabama State Board of Pharmacy on July 20, 2020 and submitted payment for the One Thousand Dollars (\$1,000.00) administrative fine on July 27, 2020.

Attached please find copies of the notice regarding this matter.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,

A handwritten signature in blue ink, appearing to read 'Jennifer Schneider'.

Jennifer Schneider
 VP, Client Services
 State License Servicing, Inc.
MIZ@slny.com

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
)	
MIZNER BIOSCIENCE, LLC	)	BOARD OF PHARMACY
)	
Private Label Distributor Applicant	)	CASE NO: 20-L-0048

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a New Private Label Distributor application dated February 2, 2020 submitted by Mizner Bioscience, LLC (hereinafter referred to as the "Mizner") and a Statement of Charges and Notice of Hearing ("Statement") alleging whether the application was satisfactory to the Board allowing its issuance. A copy of the Statement is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Mizner through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The permit to operate Mizner as a Private Label Distributor in the State of Alabama shall be granted upon the payment of non-disciplinary administrative fine in the amount of One Thousand Dollars (\$1,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall the pharmacy attempt to discharge the same.

2. Mizner expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and

Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with the Statement and any judicial review. Mizner further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

3. By execution of this Consent Order, Mizner hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

4. Mizner acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Mizner's permit, including, but not limited to revocation.

5. Mizner acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Mizner acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 20th of JULY, 2020.

MIZNER BIOSCIENCE, LLC

BY: 

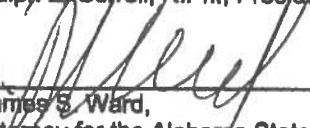
ITS: Joseph Anzalone, COO


Colleen M. Halsey, attorney for Mizner
Bioscience, LLC

DONE this the 20 of JULY, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: 
Ralph E. Sorrell, R.Ph., President

By: 
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
)	
MIZNER BIOSCIENCE, LLC	)	BOARD OF PHARMACY
)	
Private Label Distributor Applicant	)	CASE NO: 20-L-0048

STATEMENT OF CHARGES AND NOTICE OF HEARING

**TO: Mizner Bioscience, LLC
225 NE Mizner Boulevard
Suite 760
Boca Raton, Florida 33432**

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32(d), § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on July 23, 2020 at 8:00 a.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the Application for New Permit as a Private Label Distributor dated February 2, 2020 is satisfactory to the Board and/or should be granted based upon any or all of the following:

1. The Final Order entered by the Florida Department of Business, Professional Regulation, Division of Drugs, Devices and Cosmetics dated March 9, 2020 and/or the Settlement Agreement dated March 9, 2020 attached hereto together as Exhibit "A" and/or the allegations of violations of various statutory provisions as more fully set forth in the referenced Order.

At the aforesaid time and place and from time to time thereafter as may be

directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 15th day of May, 2020.

ALABAMA STATE BOARD OF PHARMACY


By: Donna C. Yeatman
Executive Secretary

EXHIBIT **A**

FILED	
Department of Business and Professional Regulation	
Senior Deputy Agency Clerk	
CLERK	Brandon Nichols
Date	3/10/2020
File #	2020-02074

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

v.

Case Nos.: 2019-055687

MIZNER BIOSCIENCE, LLC,

Respondent.

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Mizner Bioscience, LLC, and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.005(22), Florida Statutes (2019), by operating as a virtual prescription drug manufacturer without a permit; Section 499.005(14), Florida Statutes (2018), by purchasing prescription drugs from unauthorized persons; Section 499.005(2), Florida Statutes (2019), by causing the adulteration of prescription drugs and Section 499.005(4), Florida Statutes (2019), by commingling business records.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

APR 16 2020

DONE and ORDERED this 11 day of March, 2020 in Tallahassee, Florida

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By:

Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn E. Phipps
DDC Chief Counsel
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Edwin A. Bayó, Grossman, Furlow & Bayó, LLC 2022-2 Raymond Diehl Road, Tallahassee, Florida 32308, this 11 day of March, 2020.

By: _____
Agency Clerk's Office

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner.

Case No(s): 2019-055687

v

Mizner Bioscience, LLC,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055687 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Mizner Bioscience, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as a Prescription Drug Manufacturer - Virtual.
 2. Respondent's address of record is 225 Mizner Blvd., Ste. 760, Boca Raton, Florida 33432.
 3. Respondent was issued a Notice of Violation on January 15, 2020 alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules
-

adopted pursuant thereto

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5 Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019-055687, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7 Respondent agrees to pay a settlement amount of ten thousand dollars (\$10,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8 The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department. The Department will not deny or seek to deny any application for a permit of Respondent based on the

allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

9 It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The final order shall operate to close case number 2019-035687. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.

11 Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall

constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject herof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MIZNER BIOSCIENCE, LLC.,

**FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

By: _____

By _____

Name: _____

Name: Walter Copeland _____

Title: _____

or Title: Division Director _____

Date: _____

Date: 05/08/2007 _____

Prepared by:

Kathryn L. Price
DDC Chief of Agency
Division of Drugs, Devices, and Cosmetics

Mark I. Sedar

From: Compliance Department <compliance@slnysupport.com>
Sent: Friday, August 7, 2020 10:12 AM
To: Mark I. Sedar
Subject: Re: [#73609] RE: Mizner BioScience, LLC - Addition of Controlled Substance
Attachments: Woodfield-Distribution-LLC-DEA-Distributor-License-Exp.-5-31-21.pdf; Woodfield-Distribution-LLC-TX-DEA-Distributor-License-Exp.-5-31-2021.pdf

From: State License Servicing, Inc.

Subject: RE: Mizner BioScience, LLC - Addition of Controlled Substance

Ticket Number 73609

Good afternoon Mark

I hope this email finds you well,

I hereby advise that this facility is a Virtual Manufacturer which relies upon a Third Party Logistics Provider for all drug distribution. Attached you'll find the 3PL's DEA registration, please confirm receipt and advise if this will suffice in order to proceed accordingly.

Mizner BioScience, LLC
225 NE Mizner Boulevard
Suite 760
Boca Raton, FL 33432

Thank you as always.

Sincerely,

Ismael Ortiz
 Customer Service Manager
 Pharmaregs, Inc.
 State License Servicing, Inc
 CIM 90, Carr. 165, Suite C-102
 Guaynabo, PR 00968
 Phone: (787) 723-3474

On Tue, 4 Aug at 10:50 AM , Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:
 Good morning Jennifer,

Thank you for the email notification regarding controls for Mizner BioSciene, LLC. Please forward me a copy of the registration as soon as available.

Best regards,

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

22E

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.

☒ 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 be all types of ownership

Facility Name: Owens & Minor Distribution, Inc.
Physical Address: 1605 Worldwide Blvd.
City: Hebron State: KY Zip Code: 41048 Telephone _____
Number: (859) 282-7910 Fax Number: (859) 282-7912
Toll Free Number: N/A
E-mail: OWM@slny.com Website: www.owens-minor.com
Facility Manager: John Phillip Hicks

Professional qualifications and experience of facility manager: Coordinate and/or check in product returns and amend inventory balances on hand. Supervise the discharge of inbound shipments, orderly stacking of product, and the picking and staging of outbound shipments

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors

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: over the counter drugs

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: B. Braun Medical

Address: 824 Twelfth Avenue PO Box 19791 Bethlehem, PA 18018-352

Name: ICU Medical

Address: 8401 West 102nd Street, Suite 300 Dept. 099D, Bldg. HW2 Pleasant Prairie, PA 53158-582

Name: Arrow International (AKA Teleflex)

Address: 9200 Bernville Road Reading, PA 19605-960

Name: Busse Hospital Disposables

Address: 75 Arkay Drive Hauppauge, NY 11788-370

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

Within the last five (5) years:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☒ No ☐

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

Nicholas Joseph Pace II
Print Name of Authorized Person

10/11/2019
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: VAParent Company if any: Owens & Minor, Inc.Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

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

100% Sole Owner	a) <u>Owens & Minor, Inc.</u>	<u>9120 Lockwood Blvd., Mechanicsville, VA 23116</u>
	Name	Business Address

b)	<u></u>	<u></u>
	Name	Business Address

c)	<u></u>	<u></u>
	Name	Business Address

d)	<u></u>	<u></u>
	Name	Business Address

- 2) Provide the number of shares issued by the corporation.
- N/A Owens & Minor, Inc. is the sole shareholder

- 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.

Include with the application for a non publicly traded corporation continued

***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 Page 9 for Fingerprint Submission Instructions.

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".



Owens & Minor Distribution, Inc.



Corporate Address: 9120 Lockwood Blvd., Mechanicsville, VA 23116 USA
FEIN: 54-2049200
www.owens-minor.com

Drug Labeler Code: N/A
Incorporation State: VA
Incorporation Date: 8/22/2001

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CNCT	1605 Worldwide Blvd. Hebron, KY 41048 County: Boone	1818749335 4	N/A	00-794-1230	Yes	(859) 282-7910	(859) 282-7912

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
John Phillip Hicks	Ashford Drive Florence, KY 41042	Warehouse Manager	No			
Daniel Gene Botkin	Shirepeak Way Independence, KY 41051	Operations Supervisor	No			CA 3PL DR & Back Up DR

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Owens & Minor, Inc.	Lockwood Blvd. Mechanicsville, VA 23116	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Nicholas Joseph Pace	Kanawha Road Richmond, VA 23226	President, CEO & Corporate Secretary	No			
Michael W. Lowry	Quail Run Lane Mechanicsville, VA 23116	SVP, Chief Financial Officer	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation			

Disciplinary History: LA 2002, CA 2006, FL 2007, MO 2008, CO 2009, FL 2010, LA 2011, VT 2011, CO 2012, HI 2013, CA 2013, KY 2014, VT 2015, AL 2016, HI 2016, WI 2016, CO 2017, HI 2017, CO 2018, FL 2019

Company particulars

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authorization

Authentication number: 224674

Visit <https://app.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

OWENS & MINOR DISTRIBUTION, INC.

, a corporation organized under the laws of the state of Virginia, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on September 5, 2001.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23rd day of December, 2019, in the 228th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
224674/0521989

good standing

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That OWENS & MINOR DISTRIBUTION, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is August 22, 2001;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
August 14, 2019*

Joel H. Peck

Joel H. Peck, Clerk of the Commission

homestate license



COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 06/12/2002

NUMBER: W01270

EXPIRATION DATE: 09/30/2020

Issued to:
OWENS & MINOR DISTRIBUTION INC

1605 WORLDWIDE BLVD
HEBRON, KY 41048

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.



The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

Owens & Minor Distribution, Inc., C/O State License Servicing
1751 STATE ROUTE 17A, SUITE 3
FLORIDA, NY 10921

owm@sisny.com

homestate 3PLLicense



COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Third Party Logistic

EFFECTIVE DATE: 12/19/2018

NUMBER: TPL00282

EXPIRATION DATE: 06/30/2020

Issued to:
OWENS & MINOR DISTRIBUTION INC

1605 WORLDWIDE BLVD
HEBRON, KY 41048

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.



The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

STATE LICENSE SERVICING
1751 STATE ROUTE 17A STE 3
FLORIDA, NY 10921

owm@slsny.com



1600 Feehanville Drive
Mount Prospect, IL 60056
847/391-4406
Fax: 847/375-1114
www.nabp.pharmacy

Receipt

Bill to: 10460
Owens & Minor
1605 Worldwide Blvd
Hebron, KY 41048

Ship to: 10460
Owens & Minor
1605 Worldwide Blvd
Hebron, KY 41048

Invoice Number: 32014323
Invoice Date: 7/1/2019
Paid by: MC
Reference Number:*****9572
Payment Date: 11/11/2019

Quantity	Description	Amount
1	VAWD Annual Participation Fee	1,000.00
1	VAWD Reaccreditation Application Fee	1,500.00
1	VAWD Survey Fee	3,000.00

Amount Paid: 5,500.00
Balance due: .00

Note:

Facility Name

State

(All)



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
Owens & Minor Distribution, Inc dba Owens & Minor	1605 Worldwide Blvd Hebron, KY 41048	Reaccreditation in process
Owens & Minor Distribution, Inc dba Owens & Minor Healthcare Logistics	6201 Global Distribution Way Ste 101 Louisville, KY 40228	Reaccreditation in process

Verified
D3



LICENSE & PERMIT BOND

Bond Number: **016225468**

KNOW ALL MEN BY THESE PRESENTS, that we Owens & Minor Distribution, Inc.

located at 1605 Worldwide Blvd., Hebron, KY 41048

, as principal (the "Principal"), and Liberty Mutual Insurance Company, a Massachusetts stock insurance company, as surety (the "Surety"), are held and firmly bound unto State of Nevada

, as obligee (the "Obligee"), in the penal sum of Twenty-five Thousand Dollars And Zero Cents

Dollars (\$25,000.00),

for the payment of which sum well and truly to be made, the Principal and the Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied for a license or permit for Wholesale Pharmacy

for the term beginning the 10th day of January, 2020, and ending the 10th day of January, 2021, and this Bond is intended to cover the term of said License or Permit.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the license or permit is issued to the Principal, and if Principal shall indemnify and save harmless the Obligatee from and against all loss, to which the Obligatee may be subject by reason of the Principal's breach of any ordinance, rule, or regulation, relating to the above described license or permit, then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED AND SUBJECT TO THE CONDITIONS PRECEDENT:

1. The liability of the Surety hereunder shall in no event exceed the penal sum of this bond as stated above, regardless of the number of years the bond shall continue in force.
2. This bond shall continue in force until (surety shall elect either option a or b)
 - ☐ a. the 10th day of January, 2021 or until the expiration date of any Continuation Certificate executed by the Surety.
 - ☒ b. the Surety notifies the Obligatee in writing of its cancellation of the bond. The Surety shall be relieved of any further liability under this bond thirty (30) days after receipt of said notice by the Obligatee, except for defaults occurring prior thereto.
3. Any claim under this bond must be presented in writing to the Surety to the attention of The Surety Law Department at the following address: 2200 Renaissance Blvd. Suite 400, King of Prussia PA 19406-2755. Should the address of the Surety change, then notice shall be delivered by the Obligatee to the Surety as directed in writing by the Surety.

DATED as of this 10th day of January, 2020.

WITNESS / ATTEST

Megan Douaire
Megan Douaire

Owens & Minor Distribution, Inc.

(Principal)

By: [Signature] (Seal)
Title:

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Elizabeth K. Sterling
Elizabeth K. Sterling Attorney-in-Fact





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8195687- 016072

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maria Signorile; Benjamin A. Stahl; Elizabeth K. Sterling; Wesley P. Williams

all of the city of Atlanta state of GA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 7th day of September, 2018.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 7th day of September, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute 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 have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 10 day of January, 2020.



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



LICENSE & PERMIT BOND

Bond Number: **016225468**

KNOW ALL MEN BY THESE PRESENTS, that we Owens & Minor Distribution, Inc.

located at 1605 Worldwide Blvd., Hebron, KY 41048

, as principal (the "Principal"),
and Liberty Mutual Insurance Company, a Massachusetts stock insurance company, as surety (the "Surety"), are held
and firmly bound unto State of Nevada

, as obligee (the "Obligee"), in the penal sum of Twenty-five Thousand Dollars And Zero Cents

Dollars (\$25,000.00)

for the payment of which sum well and truly to be made, the Principal and the Surety, bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied for a license or permit for Wholesale Pharmacy

for the term beginning the 10th day of January, 2020, and ending the 10th day of January,
2021, and this Bond is intended to cover the term of said License or Permit.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the license or permit is issued to the
Principal, and if Principal shall indemnify and save harmless the Obligee from and against all loss, to which the Obligee
may be subject by reason of the Principal's breach of any ordinance, rule, or regulation, relating to the above described
license or permit, then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED AND SUBJECT TO THE CONDITIONS PRECEDENT:

1. The liability of the Surety hereunder shall in no event exceed the penal sum of this bond as stated above,
regardless of the number of years the bond shall continue in force.
2. This bond shall continue in force until (surety shall elect either option a or b)
 - ☐ a. the 10th day of January, 2021 or until the expiration date of any Continuation Certificate
executed by the Surety.
 - ☒ b. the Surety notifies the Obligee in writing of its cancellation of the bond. The Surety shall be relieved of any
further liability under this bond thirty (30) days after receipt of said notice by the Obligee, except for defaults
occurring prior thereto.
3. Any claim under this bond must be presented in writing to the Surety to the attention of The Surety Law
Department at the following address: 2200 Renaissance Blvd. Suite 400, King of Prussia PA 19406-2755.
Should the address of the Surety change, then notice shall be delivered by the Obligee to the Surety as directed
in writing by the Surety.

DATED as of this 10th day of January, 2020.

WITNESS / ATTEST

Megan Douaire
Megan Douaire

Owens & Minor Distribution, Inc.

(Principal)

By: [Signature] (Seal)
Title:

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: Elizabeth K. Sterling
Elizabeth K. Sterling Attorney-in-Fact





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8195687- 016072**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maria Signorile; Benjamin A. Stahl; Elizabeth K. Sterling; Wesley P. Williams

all of the city of Atlanta state of GA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 7th day of September, 2018.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 7th day of September, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute 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 have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 10 day of January, 2020.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

22F

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

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,7,8
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6	<input type="checkbox"/> Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Butler Animal Health Supply, LLC dba Covetrus North America

Physical Address: 13250 East Smith Rd, Unit E

City: Aurora State: CO Zip Code: 80011

Telephone Number: 303-344-9200

Fax Number: n/a

Toll Free Number: n/a

E-mail: hilary.wilson@covetrus.com

Website: www.covetrus.com

Facility Manager: Rhine Lenhart

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: Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching, research institutions where the veterinary drug is used in a research environment & humane/zoo organizations. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input checked="" type="checkbox"/> Poisons or Chemicals <small>(*cleaning supplies only used in veterinary clinics)</small>	<input checked="" type="checkbox"/> Veterinary Legend Drugs
<input 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?

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: Cardinal Health

Address: 7000 Cardinal Place, Dublin, OH 43017

Name: ICU Medical Inc.

Address: 951 Calle Amanecer, San Clemente, CA 92673

Name: Par Pharmaceuticals

Address: 1 Ram Ridge Rd. Chestnut Ridge, NY 10977

Name: Pfizer

Address: 235 East 42nd Street, NY, NY 10017

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20051127174

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

Sean Henderson, Chief Financial Officer

Print Name of Authorized Person

2/11/2020

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Butler Animal Health Holding Company, LLCCorporation Name: Butler Animal Health Supply, LLCMailing Address: 400 Metro Place North, Suite 100City: Dublin State: OH Zip: 43017Telephone: 614-659-1897 Fax: n/aContact Person: Hilary Wilson, Regulatory & Quality Affairs Analyst II

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: March 31, 2005Registration number issued: 0001752836 * SEE ATTACHED REPORTStock Exchange: Covetrus Inc, NSADAQ: CVET

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20051127174

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.

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549
FORM 10-Q

(Mark One)

☒ Quarterly Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the quarterly period ended September 30, 2019

or

☐ Transition Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the transition period from _____ to _____

Commission File Number: 001-38794

COVETRUS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware
(State or other jurisdiction of
incorporation)

83-1448706
(I.R.S. Employer
Identification No.)

7 Custom House Street
Portland, ME 04101
Tel: (888) 280-2221

(Address, including Zip Code, and Telephone Number, including Area Code, of Registrant's Principal Executive Offices)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, par value \$0.01 per share	CVET	NASDAQ Global Select Market

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	<input type="checkbox"/>	Accelerated filer	<input type="checkbox"/>
Non-accelerated filer	<input checked="" type="checkbox"/>	Smaller reporting company	<input type="checkbox"/>
		Emerging growth company	<input type="checkbox"/>

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The registrant had 112,122,608 shares of common stock outstanding as of November 8, 2019.

Verified
2/19/2020
DJ

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 14, 2020

COVETRUS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware
(State or other jurisdiction of
incorporation)

001-38794
(Primary Standard Industrial
Classification Code Number)

83-1448706
(I.R.S. Employer
Identification No.)

7 Custom House Street
Portland, ME 04101
(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: **(888) 280-2221**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, par value \$0.01 per share	CVET	The Nasdaq Stock Market (Nasdaq Global Select Market)

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter). Emerging growth company ☐

*Verified
DZ*

2/19/2020, 2:58 PM

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 29, 2018

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____
 Commission file number 001-38794

COVETRUS, INC.

(Exact name of registrant as specified in its charter)

Delaware
 (State or other jurisdiction of
 incorporation or organization)

83-1448706
 (I.R.S. Employer
 Identification No.)

7 Custom House Street
 Portland, ME 04101
 (Address of principal executive offices)
 (Zip Code)

(888) 280-2221
 (Registrant's telephone number, including area code)

N/A
 (Former name, former address and former fiscal year, if changed since last report)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class
 Common Stock, par value \$0.01 per share

Name of Exchange on Which Registered
 The Nasdaq Stock Market LLC
 (Nasdaq Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15 (d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐
 Non-accelerated filer ☒

Accelerated filer ☐
 Smaller reporting company ☐
 Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of June 30, 2018, the last business day of the registrant's most recently completed second fiscal quarter, there was no established public market for the registrant's common stock, par value \$0.01 per share. The registrant's common stock began trading on the Nasdaq Global Select Market on February 8, 2019.

(/)

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List of Subsidiaries

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Exhibit 21.1

List of Subsidiaries

Subsidiary	Jurisdiction of incorporation or organization
Butler Animal Health Supply, LLC (d.b.a. Butler Schein Animal Health Supply)	Delaware
Butler Animal Health Holding Company, LLC ¹	Delaware
W.A. Butler Company ²	Delaware
Henry Schein Animal Health Holdings Limited ³	United Kingdom
Henry Schein Veterinary Solutions Pty Ltd	Australia

Entity Name	Country or State of Incorporation
Vet Intermediate Holdco I, LLC	Delaware
Vet Intermediate Holdco II, LLC	Delaware
Direct Vet Marketing, Inc.	Delaware
CapsuleNet, LLC	Delaware
DVM Direct, LLC	Delaware
EVP, Pharmaceuticals, Inc.	Delaware
VFC 503B, LLC	Delaware
VFC West, LLC	Delaware
Vets First Choice, LLC	Delaware
VFC Central, LLC	Delaware
Trillium VPA, LLC	Delaware
VFC Chemistry, LLC	Delaware
Veterinary Data Service, Inc.	Kentucky
VFC East, LLC	Delaware
Roadrunner Pharmacy, Inc.	Arizona
Atlas Pharmaceuticals, LLC	Arizona
VFC Pharmaceuticals #901, LLC	Delaware
VFC Pharmacy #501, LLC	Delaware
Veterinary Pharmacies of America, LLC	Delaware
VFC Pharmacy #101, LLC	Delaware

¹ Butler Animal Health Holding Company, LLC is the parent, holding company of Butler Animal Health Supply, LLC.

² W.A. Butler Company owns a majority interest in Butler Animal Health Holding Company, LLC.

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 (/company/1752836/covetrus-inc)

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See Related Content and Templates

Facility Name

State

(All)

Search

Reset

Current list of 14 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

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

1 2

Next >>

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	3820 Twin Creeks Dr Columbus, OH 43204	01/16/19
Butler Animal Health Supply, LLC dba Covetrus North America	7940 W Doe Ave Ste 400 Visalia, CA 93291	10/17/19
Butler Animal Health Supply, LLC dba Covetrus North America	14800 FAA Blvd Ste 100 Fort Worth, TX 76155	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	4296 Albany St Albany, NY 12205	02/20/18
Butler Animal Health Supply, LLC dba Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/18
Butler Animal Health Supply, LLC dba Covetrus North America	2150 Boggs Rd Bldg 500 Duluth, GA 30096	12/21/19
Butler Animal Health Supply, LLC dba Covetrus North America	1499 Zeager Rd Ste 5 Elizabethtown, PA 17022	12/06/17

Verified
DZ



(<https://twitter.com/nabp>)



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



*The National Association of Boards of Pharmacy®
hereby awards*

*Verified-Accredited Wholesale Distributors®
Accreditation*

to

*Butler Animal Health Supply, LLC
dba Henry Schein Animal Health*

located at

13250 E Smith Rd, Aurora, CO 80011

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.

Carmen A. Catizone, Executive Director/Secretary

March 25, 2018 - March 24, 2021

Period of Accreditation

Find a VAWD-Accredited Facility

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

1 2

Next >>

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	3520 Twin Creeks Dr Columbus, OH 43204	01/16/19
Butler Animal Health Supply, LLC dba Covetrus North America	7940 W Doe Ave Ste 400 Visalia, CA 93291	Reaccreditation in process
Butler Animal Health Supply, LLC dba Covetrus North America	14800 FAA Blvd Ste 100 Fort Worth, TX 76155	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	4295 Albany St Albany, NY 12205	02/20/18
Butler Animal Health Supply, LLC dba Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/18
Butler Animal Health Supply, LLC dba Covetrus North America	2150 Boggs Rd Bldg 500 Duluth, GA 30096	12/21/16
Butler Animal Health Supply, LLC dba Covetrus North America	1499 Zeager Rd Ste 5 Elizabethtown, PA 17022	12/06/17
Butler Animal Health Supply, LLC dba Covetrus North America	445 SW 52nd Ave Ste 100 Ocala, FL 34474	02/06/19
Butler Animal Health Supply, LLC dba Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	07/15/18

1 2

Next >>

VAWD accreditation is valid for 3 years

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

<<Previous

1 2

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/18
Butler Animal Health Supply, LLC dba Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43119	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous

1 2

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 07/09/2019 17:08:20

Created Date
2010-01-09 08:25:21.0

Created by
but78033

Registration Expiration Date
2020-12-31

Registration Renewed Date
2018-11-05

Last Updated
2019-07-09

Registration Status Reason
Biennial Registration Renewal - 2018

Registration Status
VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?
☒ Yes ☐ No

Section 1: Type of Registration

Facility Location: Domestic Registration

UPDATE OF REGISTRATION INFORMATION: Registration Number: 17154358564 Pin No cc98FEx9

Are you the new owner of a previously registered facility?

☒ Yes ☐ No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name

Butler Animal Health Supply, LLC dba Covetrus North America

Telephone Number

001 303 3449200

Facility Name Suffix

Limited Liability Corporation

Fax Number

001 303 3449203

Facility Street Address, Line 1

13250 Smith Rd Ste E

E-Mail Address

rhine.lenhart@covetrus.com

Facility Street Address, Line 2

City

Aurora

State/Province/Territory

Colorado

Zip/Postal Code

80011-2056

Country/Area

UNITED STATES

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? No

Name

Butler Animal Health Supply, LLC dba Covetrus North America

Telephone Number

001 614 7177119

Address, Line 1
400 Metro Pl N

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017-3378

Country/Area
UNITED STATES

Fax Number
001 614 6591969

E-Mail Address
heldi.rudolph@covetrus.com

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- ☐ Same as Facility Address (Section 2)
☐ Same as Preferred Mailing Address (Section 3)
☒ None of the above

Company Name
Butler Animal Health Holding Company, LLC

Telephone Number
001 614 7177119

Company Name Suffix
Limited Liability Corporation

Fax Number
001 614 6591969

Address, Line 1
400 Metro Place North

E-Mail Address
heldi.rudolph@covetrus.com

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- ☐ Same as Facility Address (Section 2)
☒ None of the above

Individual's Title (Optional)
Mr

Emergency Contact Phone
001 303 3449200

Individual's Name (Optional)
Rhine

E-mail Address
rhine.lenhart@covetrus.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)
Lenhart

Distribution Center Manager

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in Section 2: Facility Name/Address Information?

☒ Yes ☐ No

Alternate Trade Name #1: Covetrus North America

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

-N/A-

Emergency Contact Phone

-N/A-

Middle Name (Optional)

-N/A-

Fax Number

-N/A-

Last Name (Optional)

-N/A-

E-Mail Address

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

☐ Food for Human Consumption

☒ Food for Animal Consumption

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33.	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
30. PET FOOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. PET TREATS OR PET CHEWS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Activity Conducted										
Wholesale distributor to licensed veterinarians, animal research institutions.										

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- ☐ Section 2 - Facility Address Information
☐ Section 3 - Preferred Mailing Address Information
☐ Section 4 - Parent Company Address Information
☐ Section 7 - US Agent Address Information
☒ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Butler Animal Health Supply, LLC

Address, Line 1
400 Metro Place North

Telephone Number
001 614 7177119

Address, Line 2

Fax Number
001 614 6591969

City
Dublin

E-Mail Address
heldi.rudolph@covetrus.com

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Section 11: Inspection Statement

- ☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Heldi Rudolph

CHECK ONE BOX

- ☐ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
☒ B. ANOTHER AUTHORIZED INDIVIDUAL

Address information for the Authorizing Individual:

- ☒ Same as Section 10

Individual's Name
Elizabeth Ernst

Telephone Number
001 614 7177113

Address, Line 1
400 Metro Place N

Fax Number
001 614 6591690

Address, Line 2

E-Mail Address
liz.ernst@covetrus.com

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Rhine Lenhart

Email: gmail.com
 asper Street,

Commerce, City
 CO 80022

SUMMARY

Passionate and experienced manager, seeking to increase profitability for Covetrus using a lean approach, with over 19 years' experience in operation logistics, inventory control, transportation, distribution, freight, flawless safety record and over 12 years of personnel management.

WORK HISTORY

Distribution Center Manager/Covetrus North America

13250 E. Smith Rd. Unit E. Aurora, CO 80011

May 2019-present

Created concept and implemented efficiencies to regular tasks and as a result, regularly exceeded management goals for the distribution center.

Managed distribution activities including, but not limited to: record keeping, storage, and shipment (receiving and routing) of prescription drugs. Trained and reviewed up to 15 direct reports on job assignments and daily schedules.

Managed a Controlled Substance enclosure per DEA requirements.

Managed all external delivery services to ensure timely delivery and compliance.

Ensured safe work practices for all employees as the distribution center Safety Officer starting in 1996.

Motivated employees to use productive work to earn extra pay-for-performance opportunities.

Collaborated with all Sales, Purchasing, Accounting and Regulatory Affairs staff to enhance the customer experience.

Became a licensed designated representative in 2011 as required by law to be able to distribute/sell pharmaceutical into the state of California.

Managed an inventory of more than 3000 SKU's worth over \$2 million and shipped a daily average of \$130,000 in sales.

Secured a 99.9% monthly inventory accuracy and a .05 % yearly average error adjustment rate through daily cycle counts.

Secured a 100.00% monthly morgue inventory accuracy and returned all product within the vendors' expiration guidelines.

Served as an interim DC Manager traveling nationwide to facilitate company expansions and consolidations.

Retained 7 years of company records for the government and inspections.

Worked directly with customers to establish a trust to ensure expectations and delivered orders personally for emergencies and often visited customers to ensure our dedication to service.

Processed customer returns daily and vendor returns monthly.

Used profit and loss reports to budget supplies, expenses and personnel.

Adapted and adjusted through three mergers/acquisitions.

Network Operations/System Administrator, SilencerCo

5511 South 6055 West, West Valley City Utah 84118

January 2014 – May 2019

Administrator of Honeywell security system, Administrator/Installer Win-Pak SE by Honeywell door access.

Maintain a current inventory of all company computer equipment for over 170 employees consisting of MacBooks, iMacs, MacMini's, Raspberry PI's and Windows Laptops to monitors, mice, trackpads, and keyboards.

Successfully migrated Apple Server Mail client to Google for email and documents accounts for over 170 employees.

Migrated Apple's Server Open Directory to Active Directory running on Windows Server R2 2012 over VMware virtualization.

Responsible for 80% of onboarding of new employees by setting up their Emails and Signatures, Door Access, Time Clock setup, Computers, VPN access, cell phones or landlines and WIFI or Ethernet lines.

Network Operations using Management by Cisco Meraki.

Created U.P.C's for all serialized product and marketing SKU's.

Ran Ethernet throughout a 90,000-square foot warehouse to two separate server rack locations.

Ensure company-wide software and systems are regularly updated for security. Monitor for network issues including viruses, malware and email phishing.

Part of the implementation team for Odoo, an ERP management system using Docker Visualizer, and user permissions administrator.

Installed and managed QuickBooks on a Windows system and configured Remote Desktop for the Accounting team.

Designed and installed a large network consisting of 2 cloud managed Security Appliance, 7, 48-port POE switches and 20 WIFI access points.

Administrator of Google Suite, Office365 and Adobe Creative Cloud accounts.

Administer License servers for CAD/CAM Software.

Keymaster for all the locks in the building.

Administrator of Brinks facility alarm system.

Assistant Distribution Center Manager, Henry Schein Animal Health

13250 E. Smith Rd. Unit E. Aurora, CO 80011

April 1994 - November 2013

Created concept and implemented efficiencies to regular tasks and as a result, regularly exceeded management goals for the distribution center.

Managed distribution activities including, but not limited to: record keeping, storage, and shipment (receiving and routing) of prescription drugs.

Trained and reviewed up to 15 direct reports on job assignments and daily schedules.

Managed a Controlled Substance enclosure per DEA requirements.

Managed all external delivery services to ensure timely delivery and compliance.

Ensured safe work practices for all employees as the distribution center Safety Officer starting in 1996.

Motivated employees to use productive work to earn extra pay-for-performance opportunities.

Collaborated with all Sales, Purchasing, Accounting and Regulatory Affairs staff to enhance the customer experience.

Became a licensed designated representative in 2011 as required by law to be able to distribute/sell pharmaceutical into the state of California.

Managed an inventory of more than 3000 SKU's worth over \$2 million and shipped a daily average of \$130,000 in sales.

Secured a 99.9% monthly inventory accuracy and a .05 % yearly average error adjustment rate through daily cycle counts.

Secured a 100.00% monthly morgue inventory accuracy and returned all product within the vendors' expiration guidelines.

Served as an interim DC Manager traveling nationwide to facilitate company expansions and consolidations.
 Retained 7 years of company records for the government and inspections.
 Worked directly with customers to establish a trust to ensure expectations and delivered orders personally for emergencies and often visited customers to ensure our dedication to service.
 Processed customer returns daily and vendor returns monthly.
 Used profit and loss reports to budget supplies, expenses and personnel.
 Adapted and adjusted through three mergers/acquisitions.

COMPUTER SKILLS

Operating Systems:

Apple OS X 10.7 Lion - 10.14 Mojave, Apple OS X Server 5, Windows 7 - 10, Windows Server 2012 R2, Parallels 7 - 13, VMware, Ubuntu 16.04 LTS, UNIX, Raspbian Jessie, Fedora and redhat

Software / Applications:

JBA-System 21, Active Directory, FreeNAS, Google Admin, VNC, VPN, ESXi, Total connect, Win-Pac SE, Cisco Meraki, Numbers, Pages, Keynote, Apple Mail Client, Adobe DC, Apple Remote Desktop, Migration Assistant, SuperDuper, Office365 for Mac, GS1 US Data Driver, Word, Excel, Powerpoint, Publisher, Outlook, OpenEye, QuickBooks, Esprit, Solidworks, FeatureCam, MasterCam, Phantom Camera Control

Education & Certificates

Hillcrest/Valley High School, UT: Diploma

2019 Udey Six Sigma Green Belt, Yellow Belt, White Belt Certificate

2017 Honeywell Security Door Access Installation Certificate

2017 Honeywell Security TCP-IP Certificate

2017 Honeywell Security Network Fundamentals Certificate

Honeywell Security Network Troubleshooting Certificate

Miscellaneous training seminars

2017 RedSky IT Security Conference

2018 Data Connectors Cybersecurity Conference

2011-2014 Board of Pharmacy Designated Representative License # EXC 21417

Awards

2018 SilencerCo Featured Manager/Employee of the Month

2006-2012 W.A. Butler Road Warrior award for interim Branch Management

1994-2012 Safety award for an accident free workplace

2006 W.A. Butler Branch Logistics Excellence award

2006 W.A. Butler Total Outstanding Performance award

1999 W.A. Butler Total Outstanding Performance award

References

Tom Gardiner
 (801) 910-6411
 Taylorsville, UT

Chris Miller
 (801) 819-4312
 Bountiful, UT



COLORADO

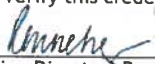
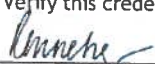
Department of
Regulatory Agencies

Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations		Colorado Department of Regulatory Agencies Division of Professions and Occupations	
State Board of Pharmacy		State Board of Pharmacy	
Butler Animal Health Supply, LLC dba Covetrus North America		Butler Animal Health Supply, LLC dba Covetrus North America	
Wholesaler In-State		Wholesaler In-State	
WHI.0006065	11/01/2018	WHI.0006065	11/01/2018
Number	Issue Date	Number	Issue Date
Active	10/31/2020	Active	10/31/2020
Credential Status	Expire Date	Credential Status	Expire Date
Verify this credential at: www.colorado.gov/dora/dpo		Verify this credential at: www.colorado.gov/dora/dpo	
 Division Director Ronne Hines		 Division Director Ronne Hines	
Credential Holder Signature		Credential Holder Signature	



Company Officer List

Officers

Name	Title	Home Address	Home Phone	Business Address	Business Phone
Matt Malenfant	President, Customer Operations of North America	Upland Way, Wayne, PA 19087	TBA	400 Metro Place North Dublin OH 43017	Business Phone TBA
Sean Henderson	Chief Financial Officer	Jld Field Ct., Westerville, OH 43082		400 Metro Place North Dublin OH 43017	614-761-9091
Eric Bosserman	Vice President of Global Tax	Troutbrook Dr., Dublin, OH 43017		400 Metro Place North Dublin OH 43017	614-659-1641
Philip Mario Lombardi	Vice President of Operations and Logistics Services	Schooner Ct., Columbus, OH 43221		400 Metro Place North Dublin OH 43017	614-659-1721

Officers			
Name	Title	Home Address	Business Address
Christopher Berk	Chief Information Officer	Honey Ct., Westerville, OH 43081	400 Metro Place North Dublin OH 43017
Sean Henderson	Chief Financial Officer	Old Field Ct., Westerville, OH 43082	400 Metro Place North Dublin OH 43017
Eric Bosserman	Vice President of Global Tax	Troutbrook Dr., Dublin, OH 43017	400 Metro Place North Dublin OH 43017
Philip Mario Lombardi	Vice President of Operations and Logistics Services	Schooner Ct., Columbus, OH 43221	0 Metro Place North Dublin OH 43017
			614-761-9095
			614-761-9095
			614-659-1644
			614-659-1728

Covetrus, Inc.

SEC CIK #0001752836

SEC.report (<https://sec.report>) › / CIK (<https://sec.report/CIK>) ›

/ Covetrus, Inc. (<https://sec.report/CIK/0001752836>)

Covetrus, Inc. is registered with the U.S. Security and Exchange Commission. This page includes all SEC filing details as well as a list of any documents (S-1, Prospectus, Current Reports, 8-K, 10K, Annual Reports) registered by Covetrus, Inc..

Covetrus Inc is involved in technology-enabled animal health business with a service and technology platform and supply chain infrastructure dedicated to support the animal veterinary markets.

Company Details

IRS Number (EIN)	831448706 (EIN # 83-1448706)
Reporting File Number	001-38794
State of Incorporation	DELAWARE
Fiscal Year End	12-31
SIC	5912 [RETAIL-DRUG STORES AND PROPRIETARY STORES]
Business Address	7 CUSTOM HOUSE STREET PORTLAND ME 04101
Business Phone	888-280-2221
Mailing Address	7 CUSTOM HOUSE STREET PORTLAND ME 04101
Legal Entity Identifier	5493009S30DUFCF75V87 (https://lei.report/LEI/5493009S30DUFCF75V87) [COVETRUS, INC.]

Documents Filed



(/CIK/0001752836.rss)

Form	Title	Date
8-K	Current Report (/Document/0001752836-20-000002/)	2020-01-14 16:16:18
3	Security Ownership Statement (/Document/0001752836-19-000067/)	2019-12-26 17:01:51
8-K	Current Report (/Document/0001193125-19-315214/)	2019-12-16 16:21:32
SC 13G	Ownership Acquisition Statement (/Document/0000834237-19-000378/)	2019-12-10 13:22:52
8-K	Current Report (/Document/0001752836-19-000065/)	2019-11-13 17:24:48
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000063/)	2019-11-12 10:07:53
10-Q	Quarterly Report (/Document/0001752836-19-000061/)	2019-11-12 09:29:19
8-K	Current Report (/Document/0001752836-19-000059/)	2019-11-12 07:06:23
8-K/A	Current Report [Amended] (/Document/0001752836-19-000054/)	2019-11-04 17:17:04
4	Security Sale/Purchase Record (/Document/0001752836-19-000051/)	2019-10-23 17:14:27
8-K	Current Report (/Document/0001193125-19-271306/)	2019-10-22 08:47:09
4	Security Sale/Purchase Record (/Document/0001752836-19-000049/)	2019-09-25 16:12:49
3	Security Ownership Statement (/Document/0001752836-19-000047/)	2019-09-25 16:09:51
4	Security Sale/Purchase Record (/Document/0001752836-19-000045/)	2019-09-13 16:18:05
4	Security Sale/Purchase Record (/Document/0001752836-19-000043/)	2019-09-06 16:07:29
8-K	Current Report (/Document/0001752836-19-000041/)	2019-09-04 08:06:50
4	Security Sale/Purchase Record (/Document/0001752836-19-000039/)	2019-08-21 18:29:26
4	Security Sale/Purchase Record (/Document/0001752836-19-000038/)	2019-08-21 18:27:41
4	Security Sale/Purchase Record (/Document/0001752836-19-000037/)	2019-08-21 18:22:42
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000033/)	2019-08-13 10:56:49
10-Q	Quarterly Report (/Document/0001752836-19-000031/)	2019-08-13 10:44:06
8-K	Current Report (/Document/0001752836-19-000029/)	2019-08-13 07:17:05
3	Security Ownership Statement (/Document/0001752836-19-000022/)	2019-06-10 16:04:14
10-Q/A	Quarterly Report [Amended] (/Document/0001752836-19-000021/)	2019-06-07 11:21:05
4	Security Sale/Purchase Record (/Document/0001752836-19-000018/)	2019-05-23 16:48:03
4	Security Sale/Purchase Record (/Document/0001752836-19-000017/)	2019-05-21 17:40:14
4	Security Sale/Purchase Record (/Document/0001752836-19-000015/)	2019-05-20 16:04:45
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000013/)	2019-05-16 13:22:55
NT 10-Q	Notice of Late Quarterly Filing (/Document/0001193125-19-148301/)	2019-05-15 20:26:02
10-Q	Quarterly Report (/Document/0001752836-19-000010/)	2019-05-15 17:31:30

8-K	Current Report (/Document/0001193125-19-147292/)	2019-05-15 08:31:03
SC 13G	Ownership Acquisition Statement (/Document/0000895421-19-000461/)	2019-05-09 16:26:47
8-K	Current Report (/Document/0001752836-19-000008/)	2019-05-07 16:52:16
8-K	Current Report (/Document/0000929638-19-000521/)	2019-05-07 09:15:32
4	Security Sale/Purchase Record (/Document/0001752836-19-000005/)	2019-04-18 16:34:49
4	Security Sale/Purchase Record (/Document/0001773152-19-000004/)	2019-04-10 16:03:09
3	Security Ownership Statement (/Document/0001773152-19-000003/)	2019-04-10 16:01:25
10-K	Annual Report (/Document/0001193125-19-092756/)	2019-03-29 16:31:35
8-K	Current Report (/Document/0001193125-19-089186/)	2019-03-28 06:17:02
4	Security Sale/Purchase Record (/Document/0000899243-19-006203/)	2019-03-05 18:12:18
4	Security Sale/Purchase Record (/Document/0000899243-19-006168/)	2019-03-05 17:43:32
4	Security Sale/Purchase Record (/Document/0000899243-19-006166/)	2019-03-05 17:42:21
4	Security Sale/Purchase Record (/Document/0000899243-19-006165/)	2019-03-05 17:41:20
4	Security Sale/Purchase Record (/Document/0000899243-19-006163/)	2019-03-05 17:40:15
8-K	Current Report (/Document/0001193125-19-064101/)	2019-03-05 16:27:03
4	Security Sale/Purchase Record (/Document/0000899243-19-005769/)	2019-03-04 16:23:10
4	Security Sale/Purchase Record (/Document/0000899243-19-005764/)	2019-03-04 16:16:14
4	Security Sale/Purchase Record (/Document/0000899243-19-005756/)	2019-03-04 16:11:19
4	Security Sale/Purchase Record (/Document/0000899243-19-005754/)	2019-03-04 16:09:18
4	Security Sale/Purchase Record (/Document/0000899243-19-005753/)	2019-03-04 16:09:07

[2] Next-> (/CIK/0001752836/2#documents)

0-50 of 122 Results

Page: 1 | 2 (/CIK/0001752836/2#documents) | 3 (/CIK/0001752836/3#documents) |

Company Details

Ticker	XNAS:CVET (/Ticker/CVET)
Market Cap	1.5Bil
Net Income	-895.1Mil
Sales	3.9Bil
Sector	Healthcare
Industry	Health Information Services
Stock Style	Small Growth

Direct Investment	No
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Dividend Re-Investment	No
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Investor Relations

Telephone	+1 888 280-2221
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Fax	—
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E-Mail	—
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Website	www.covetrus.com (https://www.covetrus.com)
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Industry Codes

NAICS	621610: Home Health Care Services
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SIC	8639: Other Non-Institutional Health Services Health and Allied Services, Not Elsewhere Classified 8099
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ISIC	8690: Other Human Health Activities
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Insiders

Benjamin Wolin (/CIK/Search/Benjamin+W olin)	Director, Acting Chief Executive Officer and President	2019-12-18
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Stuart Gleichenhaus (/CIK/Search/Stuart+Gleic henhaus)	Interim Chief Financial Officer	2019-12-18
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Dustin Finer (/CIK/Search/Dustin+Finer)	Chief Administrative Officer	2019-12-18
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Erin Powers Brennan (/CIK/Search/Erin+Powers +Brennan)	Senior Vice President, General Counsel and Secretary	2019-12-18
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Russell Cooke (/CIK/Search/Russell+Coo ke)	Senior Vice President and Operational Chief Financial Officer	2019-12-18
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Michael Ellis (/CIK/Search/Michael+Ellis)	Senior Vice President and President, Europe	2019-12-18
David Hinton (/CIK/Search/David+Hinton)	Senior Vice President and President, APAC and Emerging Markets	2019-12-18
Timothy Ludlow (/CIK/Search/Timothy+Ludlow)	Senior Vice President and Chief Transformation Officer	2019-12-18
Anthony Providenti (/CIK/Search/Anthony+Providenti)	Senior Vice President, Corporate Development	2019-12-18
Georgina Wraight (/CIK/Search/Georgina+Wraight)	Senior Vice President and President, Global Prescription Management	2019-12-18
James Young (/CIK/Search/James+Young)	Senior Vice President and Chief Human Resources Officer	2019-12-18
Laura Phillips (/CIK/Search/Laura+Phillips)	Vice President and Chief Accounting Officer	2019-12-18

covetrus (/Document/0001752836-19-000029) **covetrus** (/Document/0001193125-19-147292)

covetrus (/Document/0001193125-19-271306) **covetrus** (/Document/0001193125-19-315214)

Butler Animal Health Supply, LLC (100% member) - Disciplinary History

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**

Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
<ul style="list-style-type: none"> Columbus, OH *3820 Twin Creeks Dr. location only 	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : \$1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
<ul style="list-style-type: none"> Albany, NY Middletown, PA Sandston, VA (WH) Columbus, OH *3820 Twin Creeks Dr. location only 	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty \$800.00	<p>Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported.</p> <p>Reports now submitted to all state Boards of Pharmacy as required.</p>

<ul style="list-style-type: none"> Elizabeth-town, PA 	2012- PHA- 8406	Maine	July 9, 2012	Preliminary Denial of Non- Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: \$2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Case No. 2012- 133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: \$1000	N/A - Reciprocal Action.
<ul style="list-style-type: none"> Ft. Worth TX Tualatin OR 	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administra tive Penalty: \$2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

<ul style="list-style-type: none"> Elizabeth-town, PA 	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and \$225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of \$500.00	N/A - Reciprocal Action
<ul style="list-style-type: none"> Ft. Worth, TX 	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of \$500.00	N/A - Reciprocal Action.

<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of \$5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDDD action	N/A - Reciprocal Action	Fine: \$500.00	N/A - Reciprocal Action
<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDDD action	N/A - Reciprocal Action	\$1,000.00 Fine	N/A - Reciprocal Action

QB347170886.1

<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	\$250.00 Fine	N/A - Reciprocal Action
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SEAN HENDERSON, CHIEF FINANCIAL OFFICER

2/11/2020

DATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUTLER ANIMAL HEALTH SUPPLY, 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. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUTLER ANIMAL HEALTH SUPPLY, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

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



3947992 8300

SR# 20201322094

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 202428015

Date: 02-20-20

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. 015209193

Application/License No. NEW APPLICATION

Butler Animal Health Supply, LLC dba Covetrus North America, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is
13250 East Smith Rd, Unit E, Aurora, CO 80011

Address of Applicant/Principal, as
PRINCIPAL, and Liberty Mutual Insurance Company, a

Surety Company, a
corporation organized under the laws of the state of Massachusetts
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, MA 02116 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 January 21, 2020.

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 21st day of January, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Butler Animal Health Supply, LLC dba
Covetrus North America,



Authorized Representative

Liberty Mutual Insurance Company

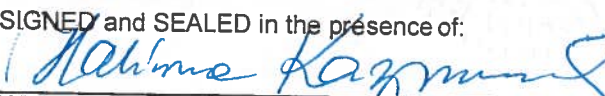

Surety Company's Representative


Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness - HILARY A. WILSON

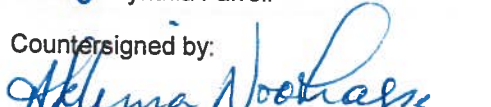
SIGNED and SEALED in the presence of:


Witness Halina Kazmierczak


Witness - HEIDI RUDOLPH


Witness Cynthia Farrell

Countersigned by:


Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201359-015009

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cynthia Farrell; Debra A. Deming; Sandra Diaz; Peter Healy; Pablo Garcia Horcajo; Jennifer L. Jakaitis; Francesca Kazmierczak; Aklima Noorhassan; Frances Rodriguez; Nancy Schnee; Valerie Spates; Susan A. Welsh

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 4th day of June, 2019.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 4th day of June, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute 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 have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of January, 2020



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2018

Assets		Liabilities	
Cash and Bank Deposits.....	\$464,341,712	Unearned Premiums.....	\$7,851,429,449
*Bonds — U.S Government	2,259,714,810	Reserve for Claims and Claims Expense.....	20,165,209,300
*Other Bonds.....	11,864,776,740	Funds Held Under Reinsurance Treaties.....	384,795,327
*Stocks	16,527,715,226	Reserve for Dividends to Policyholders.....	1,111,529
Real Estate	255,809,551	Additional Statutory Reserve	62,866,000
Agents' Balances or Uncollected Premiums.....	5,817,927,234	Reserve for Commissions, Taxes and	
Accrued Interest and Rents.....	108,139,840	Other Liabilities	3,999,822,802
Other Admitted Assets.....	11,532,139,744	Total	\$32,465,234,407
		Special Surplus Funds.....	\$43,108,583
		Capital Stock.....	10,000,000
		Paid in Surplus.....	10,044,912,727
		Unassigned Surplus.....	6,267,309,139
		Surplus to Policyholders	16,365,330,449
Total Admitted Assets.....	<u>\$48,830,564,857</u>	Total Liabilities and Surplus	<u>\$48,830,564,856</u>



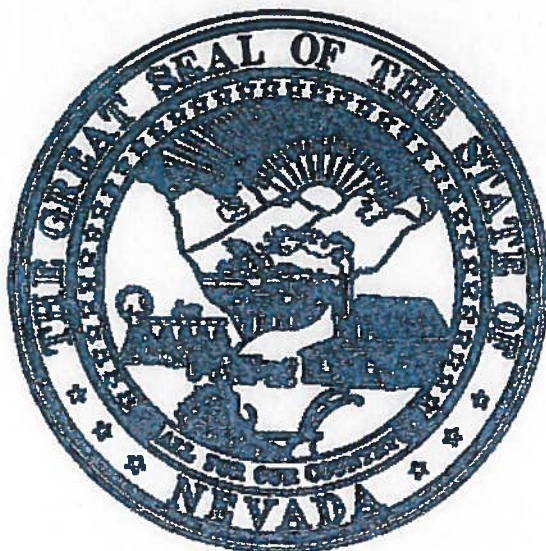
* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2018, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 22nd day of March, 2019.

TAMikolajewski

Assistant Secretary



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer
Casualty, Property

AKLIMA NOORHASSAN
165 BROADWAY
NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

Generated by Sircon 191412208

**Nevada Division of
Insurance**

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

Generated by Sircon 191412208

22G

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 by all types of ownership

Facility Name: Butler Animal Health Supply, LLC dba Covetrus North America

Physical Address: 1085 Stateline Rd East, Suite 103

City: Southaven State: MS Zip Code: 38671

Telephone Number: 901-548-9000 Fax Number: n/a

Toll Free Number: n/a

E-mail: hilary.wilson@covetrus.com Website: www.covetrus.com

Facility Manager: Asia Porter

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: Covetrus North America distributes only to veterinarians, veterinary schools involved in teaching, research institutions where the veterinary drug is used in a research environment & humane/zoo organizations. No sales are made where the veterinary legend drug or device, will end up in a human clinical environment.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☒ Poisons or Chemicals (*cleaning supplies only used in veterinary clinics) ☒ 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)

* PLEASE NOTE THAT WE JUST REC'D ACCREDITATION ON
4/15/19. WE ARE WAITING TO REC OUR 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: Cardinal Health

Address: 7000 Cardinal Place, Dublin, OH 43017

Name: ICU Medical Inc.

Address: 951 Calle Amanecer, San Clemente, CA 92673

Name: Par Pharmaceuticals

Address: 1 Ram Ridge Rd. Chestnut Ridge, NY 10977

Name: Pfizer

Address: 235 East 42nd Street, NY, NY 10017

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20051127174

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

Sean Henderson, Chief Financial Officer

Print Name of Authorized Person

2/11/2020

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Butler Animal Health Holding Company, LLC

Corporation Name: Butler Animal Health Supply, LLC

Mailing Address: 400 Metro Place North, Suite 100

City: Dublin State: OH Zip: 43017

Telephone: 614-659-1897 Fax: n/a

Contact Person: Hilary Wilson, Regulatory & Quality Affairs Analyst II

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: March 31, 2005

Registration number issued: 0001752836 *see attached report

Stock Exchange: Covetrus Inc, NSADAQ: CVET

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20051127174

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.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUTLER ANIMAL HEALTH SUPPLY, 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. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUTLER ANIMAL HEALTH SUPPLY, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

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



3947992 8300

SR# 20201322094

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 202428015

Date: 02-20-20

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 14, 2020

COVETRUS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware
(State or other jurisdiction of
incorporation)

001-38794
(Primary Standard Industrial
Classification Code Number)

83-1448706
(I.R.S. Employer
Identification No.)

7 Custom House Street
Portland, ME 04101
(Address of principal executive offices, including zip code)

Registrant's telephone number, including area code: (888) 280-2221

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, par value \$0.01 per share	CVET	The Nasdaq Stock Market (Nasdaq Global Select Market)

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter). Emerging growth company ☐

Verified
2/19/2020

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549
FORM 10-Q

(Mark One)

☒ Quarterly Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the quarterly period ended September 30, 2019

or

☐ Transition Report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

For the transition period from _____ to _____

Commission File Number: 001-38794

COVETRUS, INC.

(Exact Name of Registrant as Specified in its Charter)

Delaware
(State or other jurisdiction of
incorporation)

83-1448706
(I.R.S. Employer
Identification No.)

7 Custom House Street
Portland, ME 04101
Tel: (888) 280-2221

(Address, including Zip Code, and Telephone Number, including Area Code, of Registrant's Principal Executive Offices)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, par value \$0.01 per share	CVET	NASDAQ Global Select Market

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	<input type="checkbox"/>	Accelerated filer	<input type="checkbox"/>
Non-accelerated filer	<input checked="" type="checkbox"/>	Smaller reporting company	<input type="checkbox"/>
		Emerging growth company	<input type="checkbox"/>

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The registrant had 112,122,608 shares of common stock outstanding as of November 8, 2019.

*Verified
2/19/2020*

Table of Contents

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 29, 2018

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 001-38794

COVETRUS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

83-1448706
(I.R.S. Employer
Identification No.)

**7 Custom House Street
Portland, ME 04101**
(Address of principal executive offices)
(Zip Code)

(888) 280-2221
(Registrant's telephone number, including area code)

N/A
(Former name, former address and former fiscal year, if changed since last report)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class
Common Stock, par value \$0.01 per share

Name of Exchange on Which Registered
The Nasdaq Stock Market LLC
(Nasdaq Global Select Market)

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15 (d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☐ No ☒

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. ☒

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐
Non-accelerated filer ☒

Accelerated filer ☐
Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒.

As of June 30, 2018, the last business day of the registrant's most recently completed second fiscal quarter, there was no established public market for the registrant's common stock, par value \$0.01 per share. The registrant's common stock began trading on the Nasdaq Global Select Market on February 8, 2019.

(/)

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List of Subsidiaries

Download Save Share Cite

Exhibit 21.1

List of Subsidiaries

<u>Subsidiary</u>	<u>Jurisdiction of incorporation or organization</u>
Butler Animal Health Supply, LLC (d.b.a. Butler Schein Animal Health Supply)	Delaware
Butler Animal Health Holding Company, LLC ¹	Delaware
W.A. Butler Company ²	Delaware
Henry Schein Animal Health Holdings Limited ³	United Kingdom
Henry Schein Veterinary Solutions Pty Ltd	Australia

<u>Entity Name</u>	<u>Country or State of Incorporation</u>
Vet Intermediate Holdco I, LLC	Delaware
Vet Intermediate Holdco II, LLC	Delaware
Direct Vet Marketing, Inc.	Delaware
CapsuleNet, LLC	Delaware
DVM Direct, LLC	Delaware
EVP, Pharmaceuticals, Inc.	Delaware
VFC 503B, LLC	Delaware
VFC West, LLC	Delaware
Vets First Choice, LLC	Delaware
VFC Central, LLC	Delaware
Trillium VPA, LLC	Delaware
VFC Chemistry, LLC	Delaware
Veterinary Data Service, Inc.	Kentucky
VFC East, LLC	Delaware
Roadrunner Pharmacy, Inc.	Arizona
Atlas Pharmaceuticals, LLC	Arizona
VFC Pharmaceuticals #901, LLC	Delaware
VFC Pharmacy #501, LLC	Delaware
Veterinary Pharmacies of America, LLC	Delaware
VFC Pharmacy #101, LLC	Delaware

1 Butler Animal Health Holding Company, LLC is the parent, holding company of Butler Animal Health Supply, LLC.

2 W.A. Butler Company owns a majority interest in Butler Animal Health Holding Company, LLC.

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(<https://support.lawinsider.com/hc/en-us>)
Support: support@lawinsider.com
(<mailto:support@lawinsider.com>)

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National Association of
Boards of Pharmacy
www.nabp.pharmacy

1600 Feehanville Drive
Mount Prospect, IL 60056
T) 847/391-4406
F) 847/375-1114

February 4, 2019

Raymond Hollins
Butler Animal Health Supply, LLC
dba Henry Schein Animal Health
1085 Stateline Road E
Southaven, MS 38671

Dear Mr Hollins:

On behalf of the National Association of Boards of Pharmacy® (NABP®) and Verified-Accredited Wholesale Distributors® (VAWD®) staff, I would like to take this opportunity to thank you and the team members at your facility for the hospitality extended to Jason Smith during the recent VAWD accreditation survey.

Information provided by the surveyor indicates your facility is operating in compliance with program criteria. NABP will conduct a final assessment of all accreditation materials, survey findings, and responses to confirm if your facility meets VAWD program criteria. The Accreditation Committee will then render a decision on accreditation. NABP would like to assure you that we will move through the process as expediently as possible.

Thank you for your continued support of the VAWD program and for the courtesy you and your staff have extended during the process. If you have questions or concerns, feel free to contact VAWD staff via email at vawd@nabp.pharmacy.

Sincerely,

Dawn Bibbs-Morrissey
Accreditation Manager

Facility Name

State

(All)

Search

Reset

Current list of 14 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

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

<<Previous

1 2

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	920 Citation Blvd Lexington, KY 40511	11/09/18
Butler Animal Health Supply, LLC dba Covetrus North America	3850 Twin Creeks Dr Columbus, OH 43119	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1085 Stateline Rd E Southaven, MS 38671	04/15/19
Butler Animal Health Supply, LLC dba Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous

1 2

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Verified
DZ

2/20/2020, 9:32 AM

Find a VAWD-Accredited Facility

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

1 2

[Next >>](#)

Name	Address	Accreditation Date
Butler Animal Health Supply, LLC dba Covetrus North America	3620 Twin Creeks Dr Columbus, OH 43204	01/16/19
Butler Animal Health Supply, LLC dba Covetrus North America	7940 W Doe Ave Ste 400 Visalia, CA 93291	Reaccreditation in process
Butler Animal Health Supply, LLC dba Covetrus North America	14800 FAA Blvd Ste 100 Fort Worth, TX 76155	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	19905 SW 95th Ave Tualatin, OR 97062	08/15/17
Butler Animal Health Supply, LLC dba Covetrus North America	4296 Albany St Albany, NY 12205	02/20/18
Butler Animal Health Supply, LLC dba Covetrus North America	13250 E Smith Rd Aurora, CO 80011	03/25/18
Butler Animal Health Supply, LLC dba Covetrus North America	2150 Boggs Rd Bldg 500 Duluth, GA 30096	12/21/16
Butler Animal Health Supply, LLC dba Covetrus North America	1499 Zeager Rd Ste 5 Elizabethtown, PA 17022	12/06/17
Butler Animal Health Supply, LLC dba Covetrus North America	445 SW 52nd Ave Ste 100 Ocala, FL 34474	02/05/19
Butler Animal Health Supply, LLC dba Covetrus North America	11300 Meredith Dr Urbandale, IA 50322	07/15/18

1 2

[Next >>](#)

VAWD accreditation is valid for 3 years

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

<<Previous

1 2

Name	Address	Accreditation Date
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Butler Animal Health Supply, LLC dba Covetrus North America	1908 Ruffin Mill Rd Colonial Heights, VA 23834	04/15/19

<<Previous

1 2

7/9/2019

Print Registration

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 07/09/2019 17:12:37

Created Date 2017-11-08 17:36:32.0	Created by but91125
Registration Expiration Date 2020-12-31	Registration Renewed Date 2018-11-05
Last Updated 2019-07-09	Registration Status Reason Biennial Registration Renewal - 2018
Registration Status VALID	

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

☒ Yes
 ☐ No

Section 1: Type of Registration

Facility Location: Domestic Registration

UPDATE OF REGISTRATION INFORMATION: Registration Number: 19273007314 Pin No 4A0baf6B

Are you the new owner of a previously registered facility?

☐ Yes
 ☒ No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

Section 2: Facility Name/Address Information

Facility Name Butler Animal Health Supply, LLC dba Covetrus North America	Telephone Number 001 901 5489000
Facility Name Suffix Limited Liability Corporation	Fax Number
Facility Street Address, Line 1 1085 Stateline Rd E Ste 103	E-Mail Address asia.porter@covetrus.com
Facility Street Address, Line 2	
City Southaven	
State/Province/Territory Mississippi	
Zip/Postal Code 38671-7316	
Country/Area UNITED STATES	

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? No

Name Butler Animal Health Supply, LLC dba Covetrus North America	Telephone Number 001 614 7177119
---------------------------------------------------------------------	-------------------------------------

7/9/2019

Print Registration

Address, Line 1
400 Metro Pl N Ste 100

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017-3340

Country/Area
UNITED STATES

Fax Number
001 614 6591969

E-Mail Address
heldi.rudolph@covetrus.com

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- ☒ Same as Facility Address (Section 2)
☐ Same as Preferred Mailing Address (Section 3)
☐ None of the above

Company Name
Butler Animal Health Holding Company, LLC

Telephone Number
001 614 7177119

Company Name Suffix
Limited Liability Corporation

Fax Number
001 614 6591969

Address, Line 1
400 Metro Place North

E-Mail Address
heldi.rudolph@covetrus.com

Address, Line 2

City
Dublin

State/Province/Territory
Ohio

Zip Code (Postal Code)
43017

Country/Area
UNITED STATES

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- ☒ Same as Facility Address (Section 2)
☐ None of the above

Individual's Title (Optional)
Mrs

Emergency Contact Phone
001 901 5489000

Individual's Name (Optional)
Asia

E-mail Address
asia.porter@covetrus.com

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)
Porter

Inventory Manager

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in Section 2: Facility Name/Address Information?

☒ Yes ☐ No

Alternate Trade Name #1: Covetrus North America

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

-N/A-

Emergency Contact Phone

-N/A-

Middle Name (Optional)

-N/A-

Fax Number

-N/A-

Last Name (Optional)

-N/A-

E-Mail Address

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

☐ Food for Human Consumption

☒ Food for Animal Consumption

Section 9b: General Product Categories - Food for Animal Consumption; and Type of Activity Conducted at the Facility

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 33.	Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Packer / Repacker	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify)
30. PET FOOD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. PET TREATS OR PET CHEWS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Activity Conducted										
Wholesale distributor to licensed veterinarians, animal research institutions.										

Section 10: Owner, Operator, or Agent-in-Charge Information

7/9/2019

Print Registration

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- ☒ Section 2 - Facility Address Information
☐ Section 3 - Preferred Mailing Address Information
☐ Section 4 - Parent Company Address Information
☐ Section 7 - US Agent Address Information
☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Butler Animal Health Supply, LLC

Address, Line 1	Telephone Number
400 Metro Place North	001 614 7177119
Address, Line 2	Fax Number
	001 614 6591969
City	E-Mail Address
Dublin	heidl.rudolph@covetrus.com
State/Province/Territory	
Ohio	
Zip Code (Postal Code)	
43017	
Country/Area	
UNITED STATES	

Section 11: Inspection Statement

- ☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Heidi Rudolph

CHECK ONE BOX

- ☐ A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
☒ B. ANOTHER AUTHORIZED INDIVIDUAL

Address information for the Authorizing Individual:

- ☒ Same as Section 10

Individual's Name	Telephone Number
Elizabeth Ernst	001 614 7177113
Address, Line 1	Fax Number
400 Metro Place North, Suite 100	001 614 6591693
Address, Line 2	E-Mail Address
Regulatory Affairs Department	liz.ernst@covetrus.com
City	
Dublin	
State/Province/Territory	
Ohio	
Zip Code (Postal Code)	
43017	
Country/Area	
UNITED STATES	

Asia N. Porter
Autumn Forrest Drive
Memphis, TN 38125

com

-
- EDUCATION** **Bachelor of Business Administration, January 2016-present**
University of Memphis, Memphis, TN
Major: Management Minor: Accounting
- COMPUTER SKILLS** **Operating Environment: Windows 2010 and 2013**
Business Tools: Microsoft Office, Spreadsheets, Excel
Word Processing, Access, PowerPoint, & Internet Applications
Warehouse Management System: SAP, AIMS, JDE, & Kronos
Certification: Lean Six Sigma Yellow Belt, White Belt, Lean, 5S, Kaizen leader
- EXPERIENCE** **Inventory Manager, 2017 -Present**
Butler Animal Health Supply, LLC dba Covetrus North America (fka Henry Schein Animal Health)
Southaven, MS
- Responsibilities include but are not limited to the proper storage & handling of inventory consisting of prescription and non-prescription drugs & devices for animal use.
 - Troubleshoots all inventory discrepancies using root cause analysis: determines cause, develops and implements plan for resolution and monitors progress; reconciles inventory reports including variance and expired products.
 - Actively involved in, and aware of, the daily operation of the wholesale distributor. Collaborates with internal partners including Regulatory, Purchasing, Marketing, Accounts Payable, and Finance to provide information. Answer questions as necessary to resolve any outstanding issues in a timely manner. Pro-actively communicates issues to appropriate individuals. Serves as main point of contact for all inquiries regarding inventory.
 - Participates on distribution center management team; conducts observations to identify areas for change; supports and interacts with all functions within DC.
 - Acts as the main point of contact for recalls. Manages the recall process, to include confirming recall quantities with Regulatory and vendors, moving affected recall product out of saleable inventory physically and systematically.
- Quality Inventory Control Supervisor, 2008 - 2017**
Cardinal Health Medical, Olive Branch, MS
- Manage KP metrics, administer & execute corporation principles and policies by monitoring compliance of safety, and perform regulatory procedures required by ISO & FDA standards.
 - Coordinate and supervise the daily activities of operations, support business staff and assure employees operate within guidelines, as required by various laws set forth in the proper handling of medical devices.
 - Interacts with subordinates, customers and peer groups at various management levels that involves information exchange and basic problem resolution.
 - Implement JOI, 5S, and Kaizen projects to ensure process improvements and good documentation processes are followed.
 - Assisted with policy creation and control of procedures to ensure the proper storage and handling of medical products.
 - Managed the destruction process of all damaged and expired goods through Returns Logistics vendor for proper disposal in accordance with compliance guidelines.

New Hire Trainer/Returns processor, 2005 - 2008

Benchmark Brands, Memphis, TN

- Provided detailed information for all new employees on the daily processes and functions of the receiving department.
- Verified receipt of incoming merchandise, sorted deliveries for accuracy, while also replenishing inventory for outgoing purchases.
- Inspected return items to determine status of merchandise, processed credits for return, and applied payments to all customer credit requests.

ACTIVITIES

Mid-South Food Bank-Food Drive, 2017

The Arc Mid-South- Wheelchair Basketball Event, 2016 & 2017

Ronald McDonald House-Ali's Way, 2014, 2015 & 2017



MISSISSIPPI

Board of Pharmacy



Butler Animal Health Supply, LLC
Covetrus North America

Permit No.:
16376/16.5

1085 Stateline Road East
Ste 103
Southaven, MS 38671

Permit Holder:
Asia Porter

Wholesale Drug Distributor

This permit is not transferable or assignable.

Issued: 11/1/2017

Renewed: 11/11/2019

Expires: 12/31/2020

Laura McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Company Officer List

Officers					
Name	Title	Home Address	Home Phone	Business Address	Business Phone
Matt Malenfant	President, Customer Operations of North America	Upland Way, Wayne, PA 19087	TBA	400 Metro Place North Dublin OH 43017	TBA
Sean Henderson	Chief Financial Officer	Old Field Ct., Westerville, OH 43082		400 Metro Place North Dublin OH 43017	614-761-9095
Eric Bosserman	Vice President of Global Tax	Troutbrook Dr., Dublin, OH 43017		400 Metro Place North Dublin OH 43017	614-659-1544
Philip Mario Lombardi	Vice President of Operations and Logistics Services	Schooner Ct., Columbus, OH 43221		400 Metro Place North Dublin OH 43017	614-659-1728

Company Officer List

Officers					
Name	Title	Home Address	Home Phone	Business Address	Business Phone
Christopher Berk	Chief Information Officer	400 Metro Place North Dublin OH 43017		400 Metro Place North Dublin OH 43017	614-761-9095
Sean Henderson	Chief Financial Officer	400 Metro Place North Dublin OH 43017		400 Metro Place North Dublin OH 43017	614-761-9095
Eric Bosserman	Vice President of Global Tax	400 Metro Place North Dublin OH 43017		400 Metro Place North Dublin OH 43017	614-659-1644
Philip Mario Lombardi	Vice President of Operations and Logistics Services	400 Metro Place North Dublin OH 43017		400 Metro Place North Dublin OH 43017	614-659-1728

Covetrus, Inc.

SEC CIK #0001752836

SEC.report (<https://sec.report>) › / CIK (<https://sec.report/CIK>) ›

/ Covetrus, Inc. (<https://sec.report/CIK/0001752836>)

Covetrus, Inc. is registered with the U.S. Security and Exchange Commission. This page includes all SEC filing details as well as a list of any documents (S-1, Prospectus, Current Reports, 8-K, 10K, Annual Reports) registered by Covetrus, Inc..

Covetrus Inc is involved in technology-enabled animal health business with a service and technology platform and supply chain infrastructure dedicated to support the animal veterinary markets.

Company Details

IRS Number (EIN)	831448706 (EIN # 83-1448706)
Reporting File Number	001-38794
State of Incorporation	DELAWARE
Fiscal Year End	12-31
SIC	5912 [RETAIL-DRUG STORES AND PROPRIETARY STORES]
Business Address	7 CUSTOM HOUSE STREET PORTLAND ME 04101
Business Phone	888-280-2221
Mailing Address	7 CUSTOM HOUSE STREET PORTLAND ME 04101
Legal Entity Identifier	5493009S30DUFCF75V87 (https://lei.report/LEI/5493009S30DUFCF75V87) [COVETRUS, INC.]

Documents Filed



(/CIK/0001752836.rss)

Form	Title	Date
8-K	Current Report (/Document/0001752836-20-000002/)	2020-01-14 16:16:18
3	Security Ownership Statement (/Document/0001752836-19-000067/)	2019-12-26 17:01:51
8-K	Current Report (/Document/0001193125-19-315214/)	2019-12-16 16:21:32
SC 13G	Ownership Acquisition Statement (/Document/0000834237-19-000378/)	2019-12-10 13:22:52
8-K	Current Report (/Document/0001752836-19-000065/)	2019-11-13 17:24:48
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000063/)	2019-11-12 10:07:53
10-Q	Quarterly Report (/Document/0001752836-19-000061/)	2019-11-12 09:29:19
8-K	Current Report (/Document/0001752836-19-000059/)	2019-11-12 07:06:23
8-K/A	Current Report [Amended] (/Document/0001752836-19-000054/)	2019-11-04 17:17:04
4	Security Sale/Purchase Record (/Document/0001752836-19-000051/)	2019-10-23 17:14:27
8-K	Current Report (/Document/0001193125-19-271306/)	2019-10-22 08:47:09
4	Security Sale/Purchase Record (/Document/0001752836-19-000049/)	2019-09-25 16:12:49
3	Security Ownership Statement (/Document/0001752836-19-000047/)	2019-09-25 16:09:51
4	Security Sale/Purchase Record (/Document/0001752836-19-000045/)	2019-09-13 16:18:05
4	Security Sale/Purchase Record (/Document/0001752836-19-000043/)	2019-09-06 16:07:29
8-K	Current Report (/Document/0001752836-19-000041/)	2019-09-04 08:06:50
4	Security Sale/Purchase Record (/Document/0001752836-19-000039/)	2019-08-21 18:29:26
4	Security Sale/Purchase Record (/Document/0001752836-19-000038/)	2019-08-21 18:27:41
4	Security Sale/Purchase Record (/Document/0001752836-19-000037/)	2019-08-21 18:22:42
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000033/)	2019-08-13 10:56:49
10-Q	Quarterly Report (/Document/0001752836-19-000031/)	2019-08-13 10:44:06
8-K	Current Report (/Document/0001752836-19-000029/)	2019-08-13 07:17:05
3	Security Ownership Statement (/Document/0001752836-19-000022/)	2019-06-10 16:04:14
10-Q/A	Quarterly Report [Amended] (/Document/0001752836-19-000021/)	2019-06-07 11:21:05
4	Security Sale/Purchase Record (/Document/0001752836-19-000018/)	2019-05-23 16:48:03
4	Security Sale/Purchase Record (/Document/0001752836-19-000017/)	2019-05-21 17:40:14
4	Security Sale/Purchase Record (/Document/0001752836-19-000015/)	2019-05-20 16:04:45
424B3	Prospectus [Rule 424(b)(3)] (/Document/0001752836-19-000013/)	2019-05-16 13:22:55
NT 10-Q	Notice of Late Quarterly Filing (/Document/0001193125-19-148301/)	2019-05-15 20:26:02
10-Q	Quarterly Report (/Document/0001752836-19-000010/)	2019-05-15 17:31:30

8-K	Current Report (/Document/0001193125-19-147292/)	2019-05-15 08:31:03
SC 13G	Ownership Acquisition Statement (/Document/0000895421-19-000461/)	2019-05-09 16:26:47
8-K	Current Report (/Document/0001752836-19-000008/)	2019-05-07 16:52:16
8-K	Current Report (/Document/0000929638-19-000521/)	2019-05-07 09:15:32
4	Security Sale/Purchase Record (/Document/0001752836-19-000005/)	2019-04-18 16:34:49
4	Security Sale/Purchase Record (/Document/0001773152-19-000004/)	2019-04-10 16:03:09
3	Security Ownership Statement (/Document/0001773152-19-000003/)	2019-04-10 16:01:25
10-K	Annual Report (/Document/0001193125-19-092756/)	2019-03-29 16:31:35
8-K	Current Report (/Document/0001193125-19-089186/)	2019-03-28 06:17:02
4	Security Sale/Purchase Record (/Document/0000899243-19-006203/)	2019-03-05 18:12:18
4	Security Sale/Purchase Record (/Document/0000899243-19-006168/)	2019-03-05 17:43:32
4	Security Sale/Purchase Record (/Document/0000899243-19-006166/)	2019-03-05 17:42:21
4	Security Sale/Purchase Record (/Document/0000899243-19-006165/)	2019-03-05 17:41:20
4	Security Sale/Purchase Record (/Document/0000899243-19-006163/)	2019-03-05 17:40:15
8-K	Current Report (/Document/0001193125-19-064101/)	2019-03-05 16:27:03
4	Security Sale/Purchase Record (/Document/0000899243-19-005769/)	2019-03-04 16:23:10
4	Security Sale/Purchase Record (/Document/0000899243-19-005764/)	2019-03-04 16:16:14
4	Security Sale/Purchase Record (/Document/0000899243-19-005756/)	2019-03-04 16:11:19
4	Security Sale/Purchase Record (/Document/0000899243-19-005754/)	2019-03-04 16:09:18
4	Security Sale/Purchase Record (/Document/0000899243-19-005753/)	2019-03-04 16:09:07

[2] Next-> (/CIK/0001752836/2#documents)

0-50 of 122 Results

Page: 1 | 2 (/CIK/0001752836/2#documents) | 3 (/CIK/0001752836/3#documents) |

Company Details	
Ticker	XNAS:CVET (/Ticker/CVET)
Market Cap	1.5Bil
Net Income	-895.1Mil
Sales	3.9Bil
Sector	Healthcare
Industry	Health Information Services
Stock Style	Small Growth

Direct Investment	No
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Dividend Re-Investment	No
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Investor Relations

Telephone	+1 888 280-2221
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Fax	—
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E-Mail	—
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Website	www.covetrus.com (https://www.covetrus.com)
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Industry Codes

NAICS	621610: Home Health Care Services
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SIC	8639: Other Non-Institutional Health Services Health and Allied Services, Not Elsewhere Classified 8099
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ISIC	8690: Other Human Health Activities
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Insiders

Benjamin Wolin (/CIK/Search/Benjamin+W olin)	Director, Acting Chief Executive Officer and President	2019-12-18
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Stuart Gleichenhaus (/CIK/Search/Stuart+Gleic henhaus)	Interim Chief Financial Officer	2019-12-18
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Dustin Finer (/CIK/Search/Dustin+Finer)	Chief Administrative Officer	2019-12-18
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Erin Powers Brennan (/CIK/Search/Erin+Powers +Brennan)	Senior Vice President, General Counsel and Secretary	2019-12-18
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Russell Cooke (/CIK/Search/Russell+Coo ke)	Senior Vice President and Operational Chief Financial Officer	2019-12-18
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Michael Ellis (/CIK/Search/Michael+Ellis)	Senior Vice President and President, Europe	2019-12-18
David Hinton (/CIK/Search/David+Hinton)	Senior Vice President and President, APAC and Emerging Markets	2019-12-18
Timothy Ludlow (/CIK/Search/Timothy+Ludlow)	Senior Vice President and Chief Transformation Officer	2019-12-18
Anthony Providenti (/CIK/Search/Anthony+Providenti)	Senior Vice President, Corporate Development	2019-12-18
Georgina Wraight (/CIK/Search/Georgina+Wraight)	Senior Vice President and President, Global Prescription Management	2019-12-18
James Young (/CIK/Search/James+Young)	Senior Vice President and Chief Human Resources Officer	2019-12-18
Laura Phillips (/CIK/Search/Laura+Phillips)	Vice President and Chief Accounting Officer	2019-12-18

covetrus  (/Document/0001752836-19-000029) covetrus  (/Document/0001193125-19-147292)

covetrus  (/Document/0001193125-19-271306) covetrus  (/Document/0001193125-19-315214)

Butler Animal Health Supply, LLC (100% member) - Disciplinary History

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**

Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
<ul style="list-style-type: none"> Columbus, OH *3820 Twin Creeks Dr. location only 	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : \$1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.
<ul style="list-style-type: none"> Albany, NY Middletown, PA Sandston, VA (WH) Columbus, OH *3820 Twin Creeks Dr. location only 	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty \$800.00	<p>Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported.</p> <p>Reports now submitted to all state Boards of Pharmacy as required.</p>

QB047170886.1

<ul style="list-style-type: none"> Elizabethtown, PA 	2012- PHA- 8406	Maine	July 9, 2012	Preliminary Denial of Non- Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: \$2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Case No. 2012- 133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: \$1000	N/A - Reciprocal Action.
<ul style="list-style-type: none"> Ft. Worth TX Tualatin OR 	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administra tive Penalty: \$2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.

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<ul style="list-style-type: none"> Elizabeth-town, PA 	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and \$225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of \$500.00	N/A - Reciprocal Action
<ul style="list-style-type: none"> Ft. Worth, TX 	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of \$500.00	N/A - Reciprocal Action.

QB-47170886.1

<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of \$5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: \$500.00	N/A - Reciprocal Action
<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	\$1,000.00 Fine	N/A - Reciprocal Action

QB47170886.1

<ul style="list-style-type: none"> Columbus OH *3820 Twin Creeks Dr. location only 	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	\$250.00 Fine	N/A - Reciprocal Action
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SEAN HENDERSON, CHIEF FINANCIAL OFFICER

2/11/2020
DATE

QB\47170886.1

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. 015209194

Application/License No. NEW APPLICATION

Butler Animal Health Supply, LLC dba Covetrus North America, doing or intending to do business as a
Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is
1085 Stateline Rd East, Suite 103, Southaven, MS 38671

Address of Applicant/Principal

, as

PRINCIPAL, and Liberty Mutual Insurance Company

Surety Company

, a

corporation organized under the laws of the state of Massachusetts

State of Incorporation

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

Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, MA 02116

Address of Surety

as

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 January 21, 2020.

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.

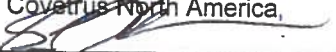
In witness whereof, each party to this bond has caused it to be executed on this 21st day of January, 2020.

APPLICANT/PRINCIPAL

SURETY

COMPANY

Butler Animal Health Supply, LLC dba
Covetrus North America,



Authorized Representative

Liberty Mutual Insurance Company



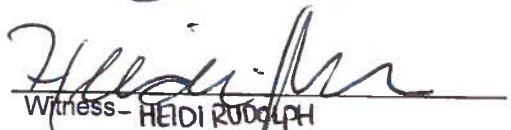
Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

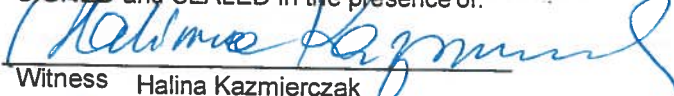


Witness - HILARY A. WILSON



Witness - HEIDI RUDOLPH

SIGNED and SEALED in the presence of:



Witness Halina Kazmierczak



Witness Cynthia Farrell

Countersigned by:



Nevada Resident Agent
Aklima Noorhassan, NV Non-Resident Agent
License No. 3163993



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8201359-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Cynthia Farrell; Debra A. Deming; Sandra Diaz; Peter Healy; Pablo Garcia Horcajo; Jennifer L. Jakaitis; Francesca Kazmierczak; Aklima Noorhassan; Frances Rodriguez; Nancy Schnee; Valerie Spates; Susan A. Welsh

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 4th day of June, 2019.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 4th day of June, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute 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 have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of January, 2020



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2018

Assets		Liabilities	
Cash and Bank Deposits.....	\$464,341,712	Unearned Premiums.....	\$7,851,429,449
*Bonds — U.S Government.....	2,259,714,810	Reserve for Claims and Claims Expense.....	20,165,209,300
*Other Bonds.....	11,864,776,740	Funds Held Under Reinsurance Treaties.....	384,795,327
*Stocks.....	16,527,715,226	Reserve for Dividends to Policyholders.....	1,111,529
Real Estate.....	255,809,551	Additional Statutory Reserve.....	62,866,000
Agents' Balances or Uncollected Premiums.....	5,817,927,234	Reserve for Commissions, Taxes and	
Accrued Interest and Rents.....	108,139,840	Other Liabilities.....	3,999,822,802
Other Admitted Assets.....	11,532,139,744	Total.....	\$32,465,234,407
		Special Surplus Funds.....	\$43,108,583
		Capital Stock.....	10,000,000
		Paid in Surplus.....	10,044,912,727
		Unassigned Surplus.....	6,267,309,139
		Surplus to Policyholders.....	16,365,330,449
Total Admitted Assets.....	<u>\$48,830,564,857</u>	Total Liabilities and Surplus.....	<u>\$48,830,564,856</u>



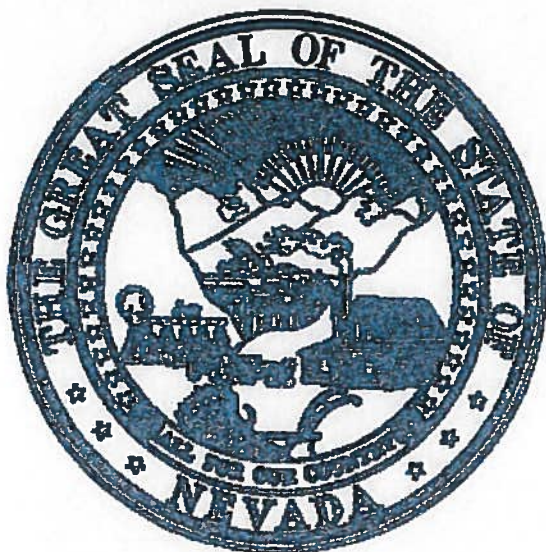
* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2018, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 22nd day of March, 2019.

TAMIKOLAJEWSKI

Assistant Secretary



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY

NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

Generated by Sircon 191412208

22H

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALE 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 by all types of ownership

Facility Name: AleraCare Wholesale, LLC

Physical Address: 4045 E. Bell Road, Suite 133

City: Phoenix State: AZ Zip Code: 85032

Telephone Number: 602-992-1600 Fax Number: 602-555-8004

Toll Free Number: 888-283-8518

E-mail: paulv@aleracare.com Website: N/A

Facility Manager: Paul Vasiliauskas

Professional qualifications and experience of facility manager: See attached resume for Paul Vasiliauskas

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: Biologics

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 ☐

See attached explanation

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. * No products have been distributed as of yet. We anticipate the top suppliers will be:

Name: Genentech Inc.

Address: 4625 NE Brookwood Pkwy., Hillsboro, OR 97124

Name: Janssen Biotech Inc.

Address: 800 Ridgeview Dr., Horsham, PA 19044

Name: Glaxosmithkline LLC

Address: Five Moore Dr., Research Triangle Park, NC 27709

Name: Astrazeneca Pharmaceuticals LP

Address: 4601 Hwy 62 E, Mount Vernon, IN 47620

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

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

Paul Vasiliauskas

Print Name of Authorized Person

03/03/2020

Date

Board Use Only

Date Processed: _____

Amount: 500.00

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION LLC

State of Incorporation: Arizona

Parent Company if any: AleraCare Holdings, LLC

Mailing Address: 4045 E. Bell Road, Suite 157

City: Phoenix State: AZ Zip: 85032

Telephone: 888-283-8518 Fax: 888-273-3217

Contact Person: Paul Vasiliauskas

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

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

a) AleraCare Holdings, LLC 4045 E. Bell Road, Suite 157
Name Sole Member Business Address Phoenix, AZ 85032

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.

AleraCare Wholesale, LLC
Nevada Application for Out-of-State Wholesaler License

Officers / Managers

Name	Title	Mailing Address
Russel J. Corvese ✓	President & Chief Executive Officer	Bell Road, Suite Phoenix, AZ 85032
Thomas R. Pascoe, Jr. ✓	Chief Financial Officer and Treasurer	Bell Road, Suite Phoenix, AZ 85032
Paul V. Vasiliauskas ✓	Chief Operating Officer	Bell Road, Suite Phoenix, AZ 85032

Member Managed

Name	Title	Mailing Address
AleraCare Holdings, LLC	Sole Member & Manager	Bell Road, Suite Phoenix, AZ 85032

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

AleraCare Wholesale, LLC

ACC file number: 23012119

was incorporated under the laws of the State of Arizona on 08/14/2019, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **11/21/2019**



A handwritten signature in blue ink that reads "Matthew Neubert".

Matthew Neubert, Executive Director



ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
<http://www.azpharmacy.gov>

Receipt Date: 12/18/2019
 Receipt
 Number: 201979918
 Receipt Amount \$: 1000.00

Wholesaler - Full Service

PERMIT NO
W003394

EXPIRES
10/31/2021

Issued to : AleraCare Wholesale, LLC
 AleraCare Wholesale, LLC
 4045 E. BELL ROAD SUITE 157 PHOENIX, AZ 85032

AleraCare Wholesale, LLC
 4045 E. BELL ROAD SUITE 133
 PHOENIX, AZ 85032

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
 P.O. Box 18520
 Phoenix, AZ 85005
 602-771-ASBP (2727)
 FAX: 602-771-2749



WALLET CARD

NAME : AleraCare Wholesale, LLC
 LICENSE NUMBER : W003394
 EXPIRES : 10/31/2021

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of [verification](#).

Name :	AleraCare Wholesale, LLC
Address :	4045 E. Bell Road Suite 133 Phoenix AZ 85032
License No :	W003394
Permit Type :	Wholesaler
Sub Type :	Full Service
Date Issued :	02/28/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

A handwritten signature in blue ink that reads "Kam Gandhi".

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 03/02/2020

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. W150371750

Application/License No. _____

ALERACARE WHOLESAL, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
4045 E. BELL RD. #113 PHOENIX, AZ 85032, as
Address of Applicant/Principal
 PRINCIPAL, and Old Republic Surety Company, a
Surety Company
 corporation organized under the laws of the state of Wisconsin
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
445 S Moorland Rd, Suite 200 Brookfield, WI 53005 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 2/27/2020.
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
27th day of February, 20 20.

APPLICANT/PRINCIPAL

[Signature]
 Authorized Representative

SURETY COMPANY

[Signature]
 Surety Company's Representative



LOLI DAVIES, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

[Signature]
 Witness

 Witness

SIGNED and SEALED in the presence of:

[Signature]
 Witness

 Witness

Countersigned by:

 Nevada Resident Agent



OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

LORI DAVIES OF VALLEY VILLAGE, CA

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, **(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds)**, as follows: Effective Date: 2/27/2020 12:00:00 AM

Bond Number: W150371750 Bond Amount: One Hundred Thousand Dollars \$ 100,000.00

Principal Name: ALERACARE WHOLESAL, LLC

Obligee Name: NV State Board of Pharmacy of Reno, NV

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 27th day of February, 2020.

Karen J. Haffner
Assistant Secretary



OLD REPUBLIC SURETY COMPANY

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 27th day of February, 2020, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kathryn R. Pearson
Notary Public

My Commission Expires: 09/28/2022

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

0700013



Signed and sealed at the City of Brookfield, WI this 27th day of February, 2020.

Karen J. Haffner
Assistant Secretary

Paul Vasiliauskas, PharmD

Education

Midwestern University Chicago College of Pharmacy, Downers Grove, Doctor of Pharmacy, May 27, 2000.

University of Illinois at Urbana-Champaign, B.S. in Business Administration, May 1993.

Work Experience

COO, AleraCare Wholesale, LLC, Phoenix, Arizona, December 1, 2019 to present.

- Designated Representative.
- Responsible for day to day operations.
- Responsible for Federal and State wholesale rules and regulations.

Founder, Owner, Senior Vice President of Business Development, Board Member, AleraCare Holdings, LLC, April 2019 to present.

President, Owner, The Vasco RX Specialty Pharmacy and Vasco Infusion, Phoenix, Arizona, Dec. 2006 to April 2019.

- Designed and built 2 sterile and non-sterile compounding laboratories.
- Organized and implemented USP 795 for Pharmaceutical Compounding Nonsterile Preparations.
- Organized and implemented USP 979 for Pharmaceutical Compounding Sterile Preparations.
- Organized and implemented USP 800 for handling hazardous drugs in the healthcare setting 2 years before federal and states required these standards.
- Obtained all 50 US state pharmacy, DEA, and sterile compounding permits.
- Interact with all state and federal agencies under the scope of Vasco's practices.
- Facilitated expansions into 10 Infusion Suites for manufacturer IV therapies and compounded Wellness therapies.
- Educate new and existing physicians in IV Wellness formulation options.
- Obtained all required Department of Health permits for Infusion Suites.
- Managed staff of 100 employees.

Compounding and Controlled Substances Pharmacist, Express Scripts, Tempe, Arizona, July 2001 to November 2006.

Clinical Pharmacist, Alexian Brothers Behavioral Health Hospital Pharmacy managed by Leeds Enterprises, Inc., Hoffman Estates, Illinois, March 2000 – March 2001.

AleraCare Wholesale, LLC
Nevada Application for Out-of-State Wholesaler License

Employees

The following individuals will handle drugs on a daily basis:

Paul Vasiliauskas
Victor Leyva

AleraCare Wholesale, LLC
Nevada Application for Out-of-State Wholesaler License

Question #1

Paul Vasiliauskas, Chief Operating Officer, owns 13.33% indirect interest in AleraCare Wholesale, LLC.

1. In October of 1998, after a homecoming football game on the Purdue University campus in Indiana, Mr. Vasiliauskas received a public intoxication citation, Case number 79E02-9811-CM-4756. On November 19, 1998, Mr. Vasiliauskas returned to Indiana from Illinois for his court date. He did not see a judge since this was the only time such a thing had happened to Mr. Vasiliauskas. The district attorney had Mr. Vasiliauskas pay \$50, sign an agreement to pay an additional \$50 in six months, and agree to be on good behavior for 1 year. The court in turn would put Mr. Vasiliauskas on court supervision. The court called it a "diversion agreement". Upon completion, the charge was to be dismissed.

After returning to Illinois, Mr. Vasiliauskas immediately wrote a check for the remaining \$50 fine. He was very embarrassed and wanted to comply with all requirements, learn from the indiscretion and put the experience behind him.

About a year and a half later, Mr. Vasiliauskas received a letter from the courts in Tippecanoe County stating that Mr. Vasiliauskas failed to comply with the diversion agreement. The documents stated that Mr. Vasiliauskas failed to pay the second half of the fine. The documents stated that the court did not accept checks and that it was not their responsibility to notify Mr. Vasiliauskas that his check was unacceptable. At the time, while in pharmacy school, Mr. Vasiliauskas admittedly did a poor job of balancing his bank account and did not notice that the check had not been cashed. Mr. Vasiliauskas took full responsibility for this; however, the court of Tippecanoe County proceeded to rescind the diversion agreement and required Mr. Vasiliauskas to appear in court and see a judge on March 23, 2000. Since Mr. Vasiliauskas did not have a prior record, the judge offered him the choice of either entering into another diversion agreement, pay an additional fine, and return to Indiana for 10 days to work on a work detail OR plead guilty and pay a fine. Not having a lawyer and still having PharmD rotation requirements, Mr. Vasiliauskas plead guilty to the Class B Misdemeanor and paid the \$125 fine.

2. On October 15, 1999 in Willowbrook, Illinois, Mr. Vasiliauskas was pulled over for failure to dim his headlights. He was then arrested for suspicion of driving under the influence, Case number 1999DT004225. Mr. Vasiliauskas was put on probation and assessed a fine. The fine was paid, the probationary period ended on 1/23/2001 and the matter was closed.

Supporting documentation is enclosed.

79E02-9811-CM-04756 STATE OF INDIANA vs. VASILIAUSKAS, PAUL V.

Case Type: E02-CM
Case Status: Closed
File Date: 11/18/1998
DCM Track:

Action: CRIMINAL MISD
Status Date: 11/18/1998
Case Judge: ZEMAN, LAURA W
Next Event:

All Information Party Charge Ticket/Citation # Event Docket Financial Receipt Disposition

Party Information
STATE OF INDIANA - Plaintiff

DOB Address , 0 0000

Alias Party Attorney

VASILIAUSKAS, PAUL V. - Defendant

DOB xoxox/1970 Address 922 WINSLOW CIR.
GLEN ELLYN, IL 60137

Alias Party Attorney

Party Charge Information
VASILIAUSKAS, PAUL V. - Defendant

Charge #1: CM - CLASS D MISDEMEANOR CRIMINAL MISD

Original Charge CM CRIMINAL MISD (CLASS D MISDEMEANOR)
Indicted Charge
Amended Charge

Ticket #
Date of Offense 01/01/1900
Complainant CONVERTED OFFICER(0)

Ticket/Citation #

Citation # : - INDIANA Offense Date 01/01/1900

Agency CONVERTED AGENCY
Officer CONVERTED OFFICER(0)
Complainant

Speed Cited
Speed Limit
Accident N

Events

Date/Time	Location	Type	Result	Event Judge
05/28/1999 07:00 AM	TIPPECANOE COUNTY COURT HOUSE	NEW FILING		ZEMAN, LAURA W
11/29/1999 07:00 AM	TIPPECANOE COUNTY COURT HOUSE	NEW FILING		ZEMAN, LAURA W
03/23/2000 03:00 PM		INITIAL HEARING - Petition to Set Bench Trial		ZEMAN, LAURA W
08/01/2000 08:30 AM		Probation Review		ZEMAN, LAURA W

Docket Information

Date	Docket Text	Amount
11/18/1998	FILED	
11/23/1998	Come now the State of Indiana by a Deputy Prosecuting Attorney and Prosecution. The Court	the defendant and file an Agreement to Withhold
11/23/1998	accepts said agreement and withholds prosecution for a period of one (1)	year upon the following conditions:
11/23/1998	1) pay diversion fee of \$100.00 to the Tippecanoe County Clerk by six months;	paying \$50.00 within one month and \$50.00 within

Receipt Number	Receipt Date	Received From	Payment Amount
189219	03/23/2000	VASILIAUSKAS, PAUL V.	\$125.00
189246	03/24/2000	VASILIAUSKAS, PAUL V.	\$10.00
			\$135.00

Case Disposition

Disposition	Date	Case Judge
GUILTY PLEA/ADMISSION	11/18/1999	ZEMAN, LAURA W

END OF REPORT

Date	Docket Text	Amount
11/23/1998	2) pay \$50.00 court costs to the Clerk's office within one month; 3) maintain good and lawful behavior;	
11/23/1998	4) notify the Court of any change of address; 5) not use or consume alcohol or alcoholic beverages or illegally	
11/23/1998	use or possess controlled substances.	
11/23/1998	Copy to: Counsel Defendant	
11/23/1998	EFFECTIVE NOVEMBER 19, 1998. bsr	
12/03/1998	Ref'd pers clk#4977 & 1039 for Paul-same address as fil. \$100.00. Sarah Brown/ph	
05/05/1999	RECEIPT NO.: 0159163 AMOUNT: \$50.00 TENDER CODE: CS ACTIVE CD: R SCHEDULE: DV DET SEQ NUM: 001 DSB CHK NUM: 0000 ORDER NUM: 088	
05/06/1999	Received of Defendant \$50.00 div fee. Betty Michael/kp	
03/02/2000	PETITION TO SET BENCH TRIAL FILED AND INITIAL HEARING SCHEDULED FOR 3/23/00 3 P.M.	
03/23/2000	CRIMINAL COURT COSTS Receipt: 189219	\$0.00
03/24/2000	REC'D FROM SHERIFF MURTAUGH CASH BOND OF \$100.00 ON 10/25/98 REC'T # J21833.	
03/24/2000	ADMINISTRATION FEE	\$0.00
03/24/2000	ADMINISTRATION FEE Receipt: 189246	\$0.00
03/24/2000	CK 79036 FOR 10.00 TO CLERK FEE ADMN FEE, CK 79037 FOR 90.00 TO DEFT. RETURN CASH BOND.	
03/24/2000	<p>Comes now the State of Indiana by Kathy Gray, Deputy Prosecuting Attorney. Comes also the defendant in person and Court finds the defendant has not complied with diversion agreement. Court now VACATES the diversion agreement. Defendant is advised of the nature of the charges, possible penalties and constitutional Rights. Written Advisement of Rights is filed, including written waiver of right to an attorney.</p> <p>The defendant now enters a plea of guilty to Count I, PUBLIC INTOXICATION as a Class B Misdemeanor. Court finds factual basis for plea of guilty and accepts plea agreement and enters judgment of conviction on charge of Public Intoxication as Class B Misdemeanor.</p> <p>The Court accepts the plea agreement and imposes the following sentence:</p> <p>1) Imposes a fine of \$500.00, suspended upon completion of conditions of probation.</p> <p>2) Imposes jail sentence of 180 days, suspended upon completion of conditions of probation.</p> <p>The Court places defendant on UNSUPERVISED probation for a period of one (1) year on the following terms and conditions:</p> <p>A. Pay court costs in the sum of \$125.00 to the Tippecanoe County Clerk by Friday, May 26, 2000;</p> <p>B. good and lawful behavior;</p> <p>C. Do not use or consume alcoholic beverages or illegally use or possess controlled substances;</p> <p>D. Notify court of any change of address;</p> <p>The Prosecuting Attorney dismisses other charges pending herein.</p> <p>The defendant is ORDERED to return to Court in person on, Thursday, June 1, 2000, at 8:30 a.m. to show completion of conditions of probation. If the defendant files written proof prior to said date, the defendant will not need to appear in person on said date. If the defendant fails to appear or show written proof, a "no bond" warrant will issue for the defendant's arrest. No reminders will be sent. No extensions will be granted.</p> <p>COPIES TO: DEFENDANT Entered March 23, 2000</p>	
06/01/2000	Court examines file. All conditions of probation or dispositional order are now complete. Defendant to maintain good and lawful behavior./ lz	

Financial Summary

Cost Type	Amount Owed	Amount Paid	Amount Adjusted	Amount Outstanding
COURT COST	\$125.00	\$125.00	\$0.00	\$0.00
FEES	\$10.00	\$10.00	\$0.00	\$0.00
	\$135.00	\$135.00	\$0.00	\$0.00

Receipts

Receipt Number	Receipt Date	Received From	Payment Amount
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Office of the Clerk of the Circuit Court DuPage County, Illinois

Case Summary Details

Case Details

Case Number	1999D T004225	Next Court Date	
File Date	10-18-1999	Next Court Location	
Case Title	PEOPLE OF THE STATE OF ILLINOIS -VS- PAUL V VASILIAUSKAS	Next Court Time	
Agency	Willowbrook Police	Assigned Location	
Legal Status	CLOSED	Address Change	
Balance Due Amount	\$0.00		

Counts

Count Number	Count Description	Count Status	Complaint Number
0001	DRIVING UNDER THE INFLUENCE OF ALCOHOL	CLOSED	999925
0002	DRIVING WHILE BLOOD ALCOHOL LEVEL IS .08OR MORE	CLOSED	999925
0003	FAILURE TO DIM HEADLIGHTS	CLOSED	

File Date	Count Number	Description
12-22-2007	0000	ADMINISTRATIVE REASSIGNMENT
07-01-2007	0000	ADMINISTRATIVE REASSIGNMENT
12-17-2006	0000	REASSIGNMENT
08-25-2001	0000	ADMIN REASSIGNMENT, SCHEDULE AND NOTICE
03-14-2001	0000	WARRANT/BODY WRIT NOT SERVED
01-23-2001	0000	QUASH ORDER
01-23-2001	0001	TERMINATE SENTENCE - SATISFACTORILY
01-23-2001	0001	AFFIDAVIT
01-23-2001	0001	MISCELLANEOUS PAPER FILED
01-23-2001	0001	MISCELLANEOUS PAPER FILED
01-23-2001	0001	REMEDIAL EDUCATN / TREATMT COMP FORM
01-12-2001	0000	WARRANT - FILED
01-12-2001	0001	PETITION TO REVOKE
01-14-2000	0000	WAIVER OF JURY TRIAL
01-14-2000	0001	SENTENCE MONITORING-IN COMPLIANCE
01-14-2000	0001	GUILTY PLEA
01-14-2000	0001	SUPERVISION
01-14-2000	0001	DUI SCHOOL NOTIFY SOS
01-14-2000	0001	FINES AND COSTS ASSESSED
01-14-2000	0001	FINES AND COSTS ASSESSMENT
01-14-2000	0002	NOLLE PROS
01-14-2000	0003	GUILTY PLEA
01-14-2000	0003	FINES AND COSTS ASSESSED
01-14-2000	0003	FINES AND COSTS ASSESSMENT
01-03-2000	0001	LETTER
01-03-2000	0001	PETITION FOR MDDP
01-03-2000	0001	MDDP ORDER
12-08-1999	0001	MISCELLANEOUS ORDER
11-10-1999	0001	PETITION FOR SUMMARY SUSPENSION HEARING
11-10-1999	0002	PETITION FOR SUMMARY SUSPENSION HEARING
11-10-1999	0003	PETITION FOR SUMMARY SUSPENSION HEARING
10-25-1999	0001	CONFIRMATION OF SUMMARY SUSPENSION

AleraCare Wholesale, LLC
Nevada Application for Out-of-State Wholesaler License

Shareholder Other Interests

AleraCare Holdings, LLC is the Sole Member of AleraCare Wholesale, LLC and holds 100% interest in AleraCare Wholesale, LLC. AleraCare Holdings, LLC is also the Sole Member of the following facilities that are licensed by the State of Nevada or another political jurisdiction:

Vitalab Pharmacy, Inc. dba Vasco Rx
4045 E. Bell Road, Suite 163
Phoenix, AZ 85032

Unicare Pharmacy, Inc. dba MedicoRx Specialty Pharmacy
7039 Valjean Avenue
Van Nuys, CA 91406

Vasco Healthcare, Inc.
4045 E. Bell Road, Suite 157
Phoenix, AZ 85032

221

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 be 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 TAWIL

Professional qualifications and experience of facility manager: 30 YEARS EXPERIANCE 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 ☒

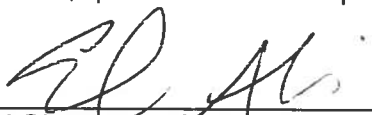
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Board Use Only

Date Processed: _____

Amount: _____

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 ABISOROR %: 33.33%Name: STUART HUSNEY %: 33.33%Name: MICHAEL ANTAR %: 33.33%

Name: _____ %: _____

Partnership Name: JANUS TRADE GROUP LLCMailing Address: 556 Industrial Way WestCity, State Zip Code: Eatontown, New Jersey 07724Telephone 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 Instructionshttp://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7_1_2019_Fingerprint%20Submission%20Instructions.pdfSubmit 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*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number 6101354125

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/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

0733557

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

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

A handwritten signature in blue ink, appearing to be "CN".



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

11631881

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

DIRECTOR, HEALTH RELATED BOARDS

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

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 11229

Address of Applicant/Principal

, as

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 94598

Address of Surety

as

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 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
 30th day of October, 2019.

APPLICANT/PRINCIPAL

Janus Trade Group LLC

[Signature]
 Authorized Representative

SURETY COMPANY

Platte 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
Vice President, Treasurer & CFO

Suzanne M. Broadbent

Suzanne M. Broadbent
Assistant Secretary

STATE OF WISCONSIN } S.S.
COUNTY OF DANE

On the 3rd 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

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 30th day of October, 2019.

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

Antonio Celii

General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450. PR-POA (Rev. 10-2017)

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1738

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	Abisror	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:	
Member				Residence	
				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

A. **Current Marriage**..... 04/11/2005..... Brooklyn, NY
 Date.....
 Spouse's full name (Maiden)..... Sherly Mandil..... City, County and State.....
 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	9 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
Father			
Hanania Abisror		Turnberry Way, Aventura Florida	Rabbi
Mother			
Ella Weiner		Same	Homemaker
Father-in-Law			
Joshua Mandil		Hutchinson Ct, Brooklyn NY	Customs Broker
Mother-in-Law			
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
Spouse			
N/A			
Michelle Ouzer		Bowyer Ave, Long Branch NJ 07740	Homemaker
Spouse			
Yishay Ouzer			
			Grocery Manager
Baruch Abisror		Vasser Dr, Anchorage AK 99508	Telecom
Spouse			
Beth Savit			
			Speech pathaologist
Yeshua Abisror		Ocean Pkwy, Brooklyn NY 11235	Medical Supplies
Spouse			
Jouli Malakh			
			Homemaker

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:

1741

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 _____



- 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:

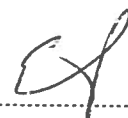
1743

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	Managing 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
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
Name Morris Sarway	Home	3333 Henry Hudson PKWY	Bronx, NY	10463		30 years
Employer Westchester Partners LLC	Business	3333 Henry Hudson PKWY	Bronx, NY	10463	347-443-8090	
Name Ike Levy	Home	Park Terrace	Long Branch, NJ	07740		12 years
Employer Monmouth Custom Builders	Business	259 Mounmouth Rd, Deal	NJ	07723	732-517-0400	
Name Alex Paskie	Home	East 7th St Brooklyn	NY	11230		8 years
Employer blueswitch.com	Business	29 Broadway, NY, NY	10006		212-742-2770	
Name Mordechai Dabbah	Home	Jersey Ave, Long Branch, NJ	07740			25 years
Employer Keter Torah	Business	5 Meridian Rd, Eatontown	NJ	07724	732-935-1111	
Name Eli Kopciel	Home	Alia Ln, Wesley Hills, NY	10952			20 years
Employer 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 or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial

CL

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 EA

STATE OF New Jersey

1746

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 cause 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.

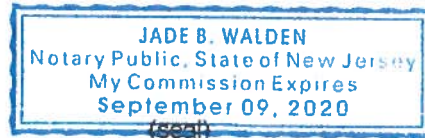
Eli Abisror

Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of October, 2019

Jade B. Walden

[Signature]
Notary Public



Applicant's initial

EA

Page 9

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

Children and Dependents:

Mireille Abisror born on 1 Long Branch, NJ resides in lincoln square, Long Branch, NJ 07740
 Joel Murray Abisror born on 2 Long Branch NJ resides in lincoln square, Long Branch, NJ 07740
 Maximus Leo Abisror born on , Long Branch NJ resides in 1 lincoln square, Long Branch, NJ 07740
 Isaac Asher Abisror 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
 Abisror Properties LLC
 STONEWATER EQUITIES LLC
 CHASING SPARKS, INC

Applicant's initial

EA

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

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.

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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 6 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
 Page 1

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

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			
Nessim E. Antar		1 E.23rd Street Brooklyn, NY 11229	Retired
Mother			
Gloria Haber		1227 E.23rd Street Brooklyn, NY 11229	Retired
Father-in-Law			
Solomon Lankry		3 E.7th Street Brooklyn, NY 11223	Retired
Mother-in-Law			
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	17	E.12th Street Brooklyn, NY 11229	Office Manager
Spouse			
Aliza Soffer	3	12 E.12th Street Brooklyn, NY 11229	- Homemaker
Morris Antar	1	1 Ave T Brooklyn, NY 11229	- Shoe Importer
Spouse			
Giselle Cohen		1 Ave T Brooklyn, NY 11229	- Homemaker
David Antar		E.17th Street Brooklyn, NY 11229	- General Contractor
Spouse			
Ramona Ozeri	14	9 E.17th Street Brooklyn, NY 11229	- Office manager
Sara Antar	7	E.19th Street Brooklyn, NY 11229	- Homemaker
Spouse			
Marty Chera		10 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				Yes <input type="checkbox"/> No <input type="checkbox"/>
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:

1752

- 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 ma

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

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
4/1997 - 9/2008	1949 E.23rd Street	Brooklyn	NY 11229 - Kings
9/2008 - 10/2019	1955 E.23rd Street	Brooklyn	NY 11229 - Kings
9/2018 - 10/2019	5 North Lincoln Ave	Long Branch	NJ 07740 - Monmouth

Applicant's initial ma

8. EMPLOYMENT:

1754

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



9. CHARACTER REFERENCES:

1755

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

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

Applicant's initial Me 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 *MA*

STATE OF NEW JERSEY

1757

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 cause 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 23rd 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

Ace Toys

Page 10

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

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 07124
 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
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
Present Residence Address-Street or RFD 15 East 21st Street	City Brooklyn	State/Zip NY 11229
Present Business Address 556 Industrial Way West	City Eatontown	State/Zip NJ 07724
Occupation	Dates Jan 1997 to Present	Phone: Residence Business 718-705-3906
Date of Birth	Place of Birth (City, County, State) Brooklyn NY, Kings County	
Age 52	Social Security Number	Sex M
Color of Eyes Brown	Color of Hair Brown	Complexion Fair
Weight 193	Build Medium	Height 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



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
 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

1762

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	NA		Yes <input type="checkbox"/> No <input type="checkbox"/>
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..... NA

College or university where obtained..... NA

Applicant's initial.....



5 MILITARY INFORMATION:

1763

- 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

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

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	East 21st Street	Brooklyn NY 11229	NY Kings County

Applicant's initial



8. EMPLOYMENT:

1765

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
Title Owner	Description of Duties CFO	Name of Supervisor 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
Title Owner	Description of Duties CFO	Name of Supervisor 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
Title Owner	Description of Duties CFO	Name of Supervisor NA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 Till 9/2001	Mash Apparel Enterpnse 10 West 33rd Street NY NY	Closed Business
Title Owner	Description of Duties CFO	Name of Supervisor 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
Title Salesman	Description of Duties Selling Close Out Apparel	Name of Supervisor 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
Title Collection Agent	Description of Duties Collect Receivables	Name of Supervisor 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
Title Customer Service	Description of Duties Handled Customer Service Calls	Name of Supervisor Rachel Haber
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 1986 till 1/1991	Unemployed	NA
Title NA	Description of Duties NA	Name of Supervisor NA

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

Applicant's initial

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9. CHARACTER REFERENCES:

1766

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	1 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	14 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 Tmple 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.

Applicant's initial



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 _____

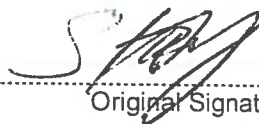
Applicant's initial _____

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 cause 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 ofOctober, 2019
Notary Public

MARK KHASKELZON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KH5110718
Qualified in Kings County
Commission Expires 10/11/2020

Applicant's initial 

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ADDITIONAL INFORMATION

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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

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No

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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