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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Clean Harbors Aragonite, LLC

Physical Address: 11600 NORTH APTUS ROAD

City: Dugway State: Utah Zip Code: 84022

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

Toll Free Number: _____

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

Facility Manager: William Simmons

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Reverse Distribution Only

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: Copy of DEA Registrant License Attached

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

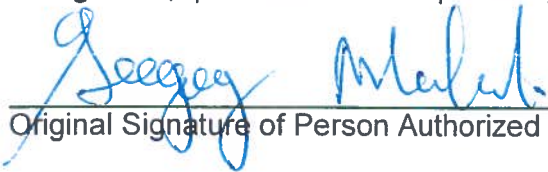
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☒ No ☐

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

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

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

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



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

Gregory Malerbi

Print Name of Authorized Person

12/5/19

Date

Board Use Only

Date Processed: 2-5-2020

Amount: 500/201.25

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Clean Harbors, Inc

Mailing Address: 42 Longwater Drive

City: Norwell State: MA Zip: 02061

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

Contact Person: Bridget Sullivan

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

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

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

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

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

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

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

N/A

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

Type of Partnership: General _____ Limited _____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

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

Include with the application for a partnership

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

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

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

Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

List of Officers

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

Employee who will handle controlled substances:

Jack Cui

SECRETARY OF STATE

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

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

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



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

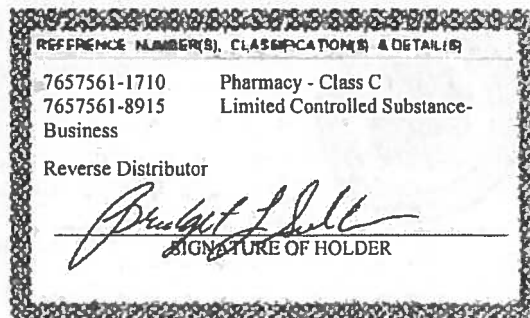
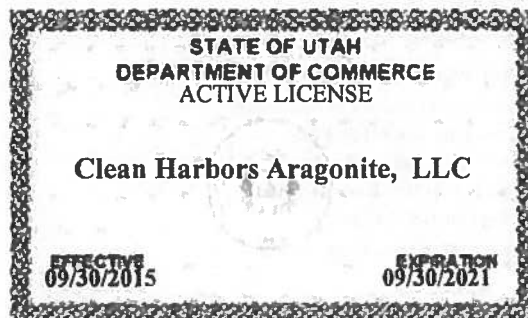
A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20190924239999

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

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



IMPORTANT LICENSURE REMINDERS:

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

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

Please visit our web site at
www.dopl.utah.gov should you have any
questions in the future.

STATE OF UTAH DEPARTMENT OF COMMERCE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING ACTIVE LICENSE	
EFFECTIVE DATE: 09/30/2015 EXPIRATION DATE: 09/30/2021 ISSUED TO: Clean Harbors Aragonite, LLC 11600 N APTUS RD PO BOX 1339 GRANTSVILLE UT 84029	
REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S) 7657561-1710 Pharmacy - Class C 7657561-8915 Limited Controlled Substance-Business Reverse Distributor	
 SIGNATURE OF HOLDER	



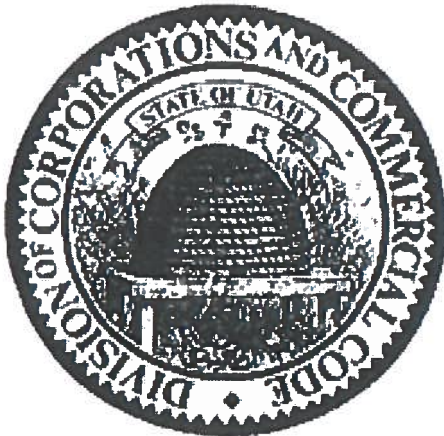
Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

11/26/2019
5665129-016111262019-1847217

CERTIFICATE OF EXISTENCE

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

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



Jason Sterzer
Director
Division of Corporations and Commercial Code

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K15360914

Application/License No. NV20191984508

Clean Harbors Aragonite, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
11600 North Aptus Road, Dugway, UT 84022, as
Address of Applicant/Principal
 PRINCIPAL, and Westchester Fire Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Pennsylvania
State of Incorporation
 and authorized to transact a general surety business in the State of

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

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

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

THIS BOND is subject to the following conditions:

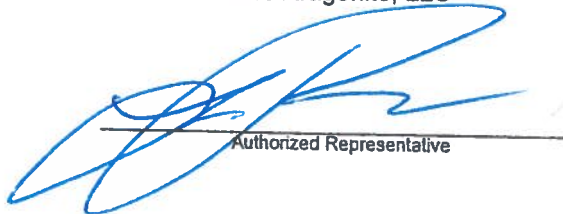
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability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

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

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

APPLICANT/PRINCIPAL
Clean Harbors Aragonite, LLC

SURETY
Westchester Fire Insurance Company



Authorized Representative




Surety Company's Representative

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

SIGNED and SEALED in the presence of:


Witness



Witness

SIGNED and SEALED in the presence of:

Witness



Witness

Countersigned by:

N/A
Nevada Resident Agent



Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

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

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

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

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY

County of Hunterdon

SS.

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

Notarial Seal



KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2318885
Commission Expires July 16, 2024

Katherine J. Adelaar

Notary Public

CERTIFICATION

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

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

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

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

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

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

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



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

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

WILLIAM SIMMONS

E Carly Drive Grantsville , Utah 84029 - cell

OBJECTIVE

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

EXPERIENCE

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

Maintenance Mechanic

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

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

Floor Lead (8months)

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

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

Assistant Manager (6 months)

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

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

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

From unloading trucks through chemical receiving and proper storage.

42,000 pieces a month.

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

Maintenance Manager II

1 direct report manager

7 direct report supervisors

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

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

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

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

Sheriffs deputy (reserve) to part time in future.

March 2015 until October 2018

Newark CA and Fallon Nevada

Re Refinery Manager

42-48 direct/indirect reports including Managers

Rebuilt and stabilized both plants

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

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

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

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

October 29th till present

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

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

Process >118 million pounds of HW on an annual basis

>3400 trucks in and out of facilities emptied or loaded

Safety and all compliance / regulatory involved in process

REFERENCES

Dan Roblee

General Manager III

870-814-3644

Scot Shoemaker

VP Maintenance engineer director

870-310-9583

Scott Miller

SVP Refineries

219-381-7744

Andy Hudson

SVP Incinerations US and Canada

781-792-5162



Service of Process Transmittal

01/30/2019

CT Log Number 534826342

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

RE: Process Served in Utah

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

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

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

DOCUMENT(S) SERVED: Letter

COURT/AGENCY: None Specified
Case # None Specified

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

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

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

JURISDICTION SERVED : Utah

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

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

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

Image SOP

Email Notification, Michael McDonald mcdonaldm@cleanharbors.com

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

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

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

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

SIGNED: C T Corporation System

ADDRESS: 1108 East South Union Avenue
Midvale, UT 84047

CERTIFIED MAIL

SALT LAKE CITY

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

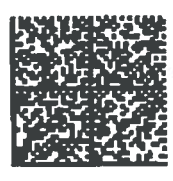
UT 840
28 JAN '19
PM 11



7018 0660 0002 0440 0109

OFFICIAL BUSINESS

CPU



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

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

84047-290408



Clean Harbors Aragonite
Page Two
January 28, 2019

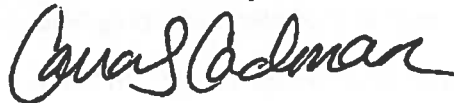
- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.11(a), a violation of 21 U.S.C. § 842(a)(5). (1 Count)

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

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

Sincerely,

JOHN W. HUBER
United States Attorney



Carra S. Cadman
Assistant United States Attorney

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

SETTLEMENT AGREEMENT

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

RECITALS

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

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

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

That conduct is referred to below as the Covered Conduct.

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

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

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

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

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


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

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

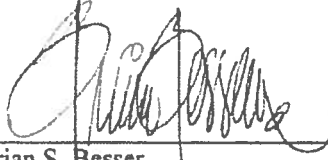
9. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the District of Utah. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted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

THE UNITED STATES OF AMERICA

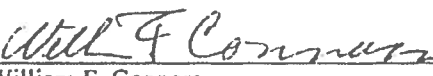
JOHN W. HUBER
 United States Attorney
 District of Utah

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

DRUG ENFORCEMENT ADMINISTRATION

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

CLEAN HARBORS ARAGONITE, LLC

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



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

435.884.8100
www.cleanharbors.com

November 26, 2019

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

To Whom It May Concern:

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

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

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

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



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

435.884.8100
www.cleanharbors.com

October 10, 2019

Sent Via FedEx #7766 7435 6139

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

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

To Whom it Concerns:

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

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

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

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



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

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

100550

CITATION

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

READ CAREFULLY

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

RECIPIENT COPY

Utah
Department of Commerce
Licensing and Enforcement System

Payer: Clean Harbors Aragonite, LLC
Drawer ID: TERMINAL ID
User: strujilo

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

Date: 10/10/2019

Request for Debit / Credit Card Payment

Customer's Name: WILLIAM L. SIMMONS
Daytime Telephone Number: 435-884-6122 TNSM100
Profession (if applicable):
License Number: 165734-1710 Pharmacist
Purpose of Payment: 100570 Clean Harbors Aragonite US
Amount to Charge: \$ 300.00
DCPL Employee Requesting the Charge: William L. Simmons 10-10-19
Mark One: ☒ Card ☐ Phone ☐ Mail ☐ Fax
☐ Payment Requested by Telephone, Mail, or Fax
☐ Payment Requested in Person (Obtain signature below.)

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

Signature: _____

Date: _____

RECEIVED
OCT 10 2019
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

23B

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: Fresenius Kabi, LLC

Physical Address: 402 Apple Valley Road, Suite A

City: Duncan State: SC Zip Code: 29334 Telephone _____

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

Toll Free Number: (864) 485-8050

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

Facility Manager: John Randle Pass

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: US Government

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate)

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

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

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

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

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

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

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

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

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

Yes ☐ No ☒

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

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

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 ☒

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

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

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

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

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

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

Jack C. Silhavy

Print Name of Authorized Person

10/7/19
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Parent Company: Fresenius Kabi Pharmaceuticals Holding, LLCMailing Address: 7000 Cardinal Place, Attn: QRACity: Dublin State: OH Zip: 43017Telephone: 614-553-3076 Fax: 614-652-0674Contact Person: Cynthia Rhodes

For any corporation non publicly traded, disclose the following:

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

a) N/A - no shares issued by limited liability company

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. N/A3) 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.

Fresenius Kabi, LLC

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

Fresenius Kabi, LLC provides this summary of actions taken by other states against licenses held in the name of its predecessor APP Pharmaceuticals, LLC ("APP"). The actions described below were made against the **Bensenville, Illinois distribution facility only** and resulted from late filing of various documents in the state licensing process and were not due to misconduct by APP. The delay in filing resulted from the 2007 reorganization and name change of APP, a complex corporate transaction of which each state was notified. None of the actions involved controlled substances or resulted in harm to any patient.

Please note that the Bensenville, Illinois facility that was the subject of these actions is no longer operated by Fresenius Kabi USA, LLC effective January 1, 2018. The facility is operated by Fresenius Kabi, LLC and currently maintains a valid license and is good standing in each state, as required. No disciplinary actions are pending.

Colorado License Denial and Subsequent Issuance*

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

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

Montana Disciplinary Action*

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

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

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

Page Two

Michigan Administrative Action

Action: An Administrative Complaint was issued by the State of Michigan Dept. of Licensing and Regulatory Affairs on April 10, 2014, which alleged that Fresenius Kabi USA violated Michigan's Public Health Code based solely on disciplinary actions taken against Fresenius Kabi USA by the Colorado and Montana Boards of Pharmacy in 2008 and 2009, respectively. Importantly, under the Board's Complaint, Fresenius Kabi USA did not commit any violations of Michigan law that impacted the safety or healthcare needs of Michigan's citizens.

Outcome: On September 8, 2014 the Michigan Dept. of Licensing and Regulatory Affairs executed a Consent citing the Stipulation of Fresenius Kabi USA and imposing a monetary fine of \$1,000.00 in resolution of the matter.

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



Jack C. Silhavy
Executive Vice President & General Counsel

Dated: 10/7/19

October 7, 2019



402 Apple Valley Rd
Suite A
Duncan, South Carolina 29334

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

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

John Randle Pass
Kevin Pugh

10-7-2019



*The National Association of Boards of Pharmacy®
hereby awards*

*Verified-Accredited Wholesale Distributors®
Accreditation*

to

Fresenius Kabi, LLC

located at

600 Supreme Dr, Bensenville, IL 60106

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

Carmen A. Catizone, Executive Director/Secretary

August 6, 2018 - August 5, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

PRC 1037460

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

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy
Non-Dispensing Drug Outlet Permit
2019-2020
Expires 06/30/2020

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

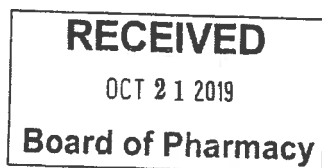
Eric Strauss
Eric Strauss, Chairman

J. Addison Livingston
J. Addison Livingston, Vice Chairman

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

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

PERMIT ENCLOSED



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

Controlled Substances Registration Verification

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

Enter search criteria.

Registration Number

4019143

City

Enter city...

Name (last, first)

Enter name...

County

Select county...

Company Name

Fresenius

State

Select state...

Search

Clear Form

Print Listing

Registration Number

4019143

Name/Address

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

County

SPARTANBURG

Issuance Date

10/16/2019

Showing 1 to 1 of 1 entries

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

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

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

© 2019 South Carolina Department of Health and Environmental Control. All Rights Reserved. 2600 Bull Street, Columbia, SC 29201 (803) 898-DHEC (3432)
www.scdhec.gov (<https://www.scdhec.gov>)

This site is protected by reCAPTCHA and the Google Privacy Policy (<https://policies.google.com/privacy>) and Terms of Service (<https://policies.google.com/terms>) apply.

Delaware

The First State

Page 1

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

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

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



4373141 8300

SR# 20198019800

You may verify this certificate online at corp.delaware.gov/authver.shtml

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: 203978440

Date: 11-11-19

Delaware

The First State

Page 1

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

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

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



6556485 8300

SR# 20191198104

You may verify this certificate online at corp.delaware.gov/authver.shtml

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.

Authentication: 202294141

Date: 02-20-19

JOHN RANDLE PASS

Ludwell Court • Johns Creek GA 30022-6083 • (

at

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

EMPLOYMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

1989-1998: Operations Manager, Raleigh, NC

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

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

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

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

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

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

EDUCATION

Bachelor of Business Administration, Management - University of Mississippi

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. CMS0336703

Application/License No. _____

Fresenius Kabi, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
401 Apple Valley Rd., Suite A, Duncan, SC 29334, as
Address of Applicant/Principal
PRINCIPAL, and RLI 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
9025 N. Lindbergh Dr., Peoria, IL 61615 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 November 14, 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:

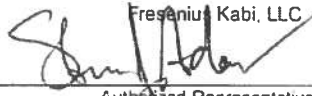
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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.

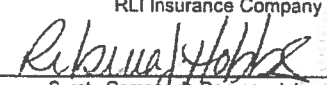
In witness whereof, each party to this bond has caused it to be executed on this

14th day of November, 2019.

APPLICANT/PRINCIPAL

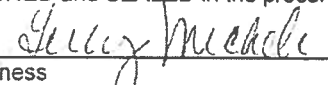

Fresenius Kabi, LLC
Authorized Representative

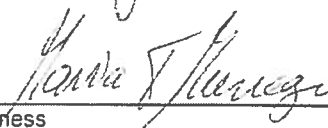
SURETY COMPANY


RLI Insurance Company
Surety Company's Representative

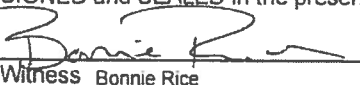
Rebecca J Hobbs, Attorney-in-fact
print name

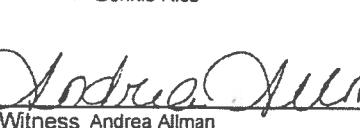
SIGNED and SEALED in the presence of:


Witness

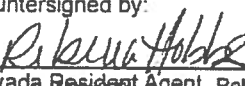

Witness

SIGNED and SEALED in the presence of:


Witness Bonnie Rice


Witness Andrea Allman

Countersigned by:


Nevada Resident Agent Rebecca Hobbs
Non-Resident License #3159519



[Handwritten signature]

[Handwritten signature]

[Handwritten signature]

POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

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

Bond No. CMS0336703

Know All Men by These Presents:

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

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

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

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

Principal: Fresenius Kabi, LLC

Obligee: Nevada State Board of Pharmacy

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

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

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

November, 2019

State of Illinois

County of Peoria

} SS

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

By:

Gretchen L. Johnigk

Notary Public



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

B. W. Davis

Barton W. Davis

Vice President

CERTIFICATE

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

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

By:

Jean M. Stephenson

Jean M. Stephenson

Corporate Secretary



23C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: JANUS TRADE GROUP LLC

Physical Address: 556 Industrial Way West

City: Eatontown State: NEW JERSEY Zip Code: 07724

Telephone Number: 732-730-6815

Fax Number: _____

Toll Free Number: _____

E-mail: steve@janustrade.com

Website: _____

Facility Manager: STEVE TAWL

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

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(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: 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 ☒

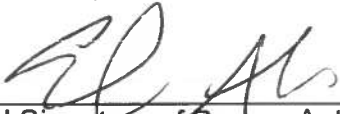
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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 ABISROR %: 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 Instructions<http://bop.nv.gov/uploadedFiles/bopnv.gov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>Submit a list containing each employee(s) who handle the drugs on a daily basis.

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

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

JANUS TRADE GROUP, LLC
0600398623

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

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

I further certify that the registered agent and office are:

ELI ABISROR
556 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724



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

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6101354125

Verify this certificate online at

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

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

ML-19-0207
EXPIRATION
DECEMBER 31, 2019

*2019 License
Business Class*

ISSUED TO

JANUS TRADE GROUP
556 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

OWNER

ELI ABISOR
1139 LINCOLN SQ
LONG BRANCH NJ 07740

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

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

Date: DECEMBER 24, 2018
Fee: \$75.00

Linda Montagna
Mercantile Licensing



State of Tennessee
Department of Health

11631831

26407

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

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

ID NUMBER: 0000003062

EXPIRATION DATE 06/30/2021

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
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SUB-TYPES:

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

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

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 41420408

Application/License No. _____

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

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

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

Address of Applicant/Principal

PRINCIPAL, and Platte River Insurance Company, a

Surety Company

corporation organized under the laws of the state of Nebraska

State of Incorporation

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

Nevada, whose address for purposes of service is

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

Address of Surety

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

Effective Date

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

Sameer Kerman
Witness

Jeannie Raymond
Witness

Countersigned by:

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

PLATTE RIVER INSURANCE COMPANY POWER OF ATTORNEY

41420406

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

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

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

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

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

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

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

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

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

Attest:

John E. Rzepinski
John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent
Suzanne M. Broadbent
Assistant Secretary

STATE OF WISCONSIN } s.s.
COUNTY OF DANE



PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
Stephen J. Sills
CEO & President

On the 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

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

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

Signed and sealed at the City of Middleton, State of Wisconsin this 30th day of October, 2019.



Antonio Celii
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

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 hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

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

1. PERSONAL INFORMATION:

Last Name	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: Residence	
Member				Business	732-730-6815
Date of Birth	Place of Birth (City, County, State)				
	Neptune, Monmouth, NJ				
Age	Social Security Number			Sex	
37				M	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	MEDIUM	185 lbs	MEDIUM	5" 9

Scars, tattoos or distinguishing marks and/or characteristics.....

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

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

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

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial 

MARITAL INFORMATION-Continued

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

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Marcus Abisror		Brooklyn, NY	lincoln square, Long Branch, NJ 07740
Joshua Abisror		Brooklyn NY	1 lincoln square, Long Branch, NJ 07740
Suri Joelle Abisror		Long Branch NJ	3 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 pathologist
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:

- 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



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
defendent	approx- 1998	n/a	Monmouth county , NJ	car accident

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
Dec 1981- Sept 1995	1139 Lincoln Square	Long Branch	NJ
Sept 1995 - Jan 1998	84 Laurel Park Rd	South Fallburg	NY
Jan 1998 - Sept 2002	1139 Lincoln Square	Long Branch	NJ
Sept 2002 - March 2005	23 Clovelly St	Pikesville	MD
April 2005 - May 2007	2214 East 5th St	Brooklyn	NY
May 2007 - April 2008	869 Norwood Ave	Long Branch	NJ
May 2008 - Present	1139 Lincoln Square	Long Branch	NJ

Applicant's initial

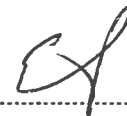
8. EMPLOYMENT:

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

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

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 Brokoklyn 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	Will 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

CE

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 EX

STATE OF New Jersey

ss.

COUNTY OF Monmouth

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

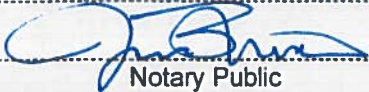
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



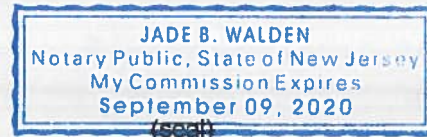
Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of October, 2019

Jade B. Walden



Notary Public



Applicant's initial



ADDITIONAL INFORMATION

Additional Siblings:

Orli Shukran

North Country Club Drive APT 105, Aventura FL 33180

Spouse of Orli : Alberto Shukran

North Country Club Drive APT 105, Aventura FL 33180

Yisrael Abisror

Gainesborough Ct, Orlando FL 32826

Spouse of Yisrael : Tamar Devorah Kemerman

Gainesborough Ct, Orlando FL 32826

Children and Dependents :

Miireille 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



Page 10

Sheet attached

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes

☒

No

☐

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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/23/19

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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	First Name	Middle Name
Antar	Michael	

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

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

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

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

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

Age	Social Security Number	Sex
49		M

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

Scars, tattoos or distinguishing marks and/or characteristics

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial MA

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/11/1991 Brooklyn, Kings, NY
 Spouse's full name (Maiden) ^{Date} Emily Lankry City, County and State
S.S. No.
 Date of Birth 5 Place of Birth Brooklyn, NY
 Resident address North Lincoln Ave Long Branch NJ 07740
Street City State Zip
 Telephone: Residence { Business
 Spouse's employer Occupation Homemaker
 Address of employer
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial MA

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			
Nessim E. Antar		1 E.23rd Street Brooklyn, NY 11229	Retired
Mother			
Gloria Haber		1050 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	1/7	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	1/4	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 University				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

College or university where obtained

Applicant's initial Ma

5 MILITARY INFORMATION:

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

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

- B. Have you registered for the draft? Yes ☒ No ☐

County Kings State NY Date registered 5/5/1988

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial MA Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

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	225 North Lincoln Ave	Long Branch	NJ 07740 - Monmouth

Applicant's initial

me

8. EMPLOYMENT:

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

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

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

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

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

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

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

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

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

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

Applicant's initial EMA Page 6

9. CHARACTER REFERENCES:

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

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

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

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

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

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

Yes ☐ No ☒

If yes, state type, 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

ma

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

ss.

COUNTY OF MonmouthI, 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,

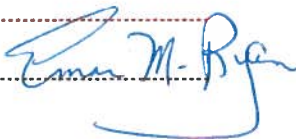
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



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



(seal)

Applicant's initial MA

Ace Toys

[Signature]

Arrests, detentions, litigations and arbitrations – continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes

☒

No

☐

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes

☒

No

☐

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

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/24/2019

GENERAL INSTRUCTIONS

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

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

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

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

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Husney	First Name Stuart	Middle Name Eliot
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
Dates Jan 1997 to Present		
Present Business Address 556 Industrial Way West	City Eatontown	State/Zip NJ 07724
Dates Nov 2012 till present		
Occupation	Phone: Residence	Business 718-705-3908
Date of Birth	Place of Birth (City, County, State) Brooklyn NY, Kings County	
Age 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 

MARITAL INFORMATION-Continued

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

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

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

See Page 10 Additional Children

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial 

FAMILY INFORMATION-Continued

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

Name.....

Address.....

Contact person.....

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father			
Ezra Husney		East 9th Street Brooklyn NY 11223	Self Employed
Mother			
Rosa Husney		East 3rd Street Apt 4F, Brooklyn NY 11223	NA
Father-in-Law			
Abraham Dancour		BOWYER AVE Long Branch NJ 07740	NA
Mother-in-Law			
Sophia Dancour		BOWYER AVE Long Branch NJ 07740	NA

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Paulette Husney		East 22nd Street Brooklyn NY 11229	Teacher
Spouse			
Dr Jonathan Hirsch MD		East 22nd Street Brooklyn NY 11229	Physician
Sara Husney		Elizabeth Street Oakhurst NJ 07755	Teacher
Spouse			
Aaron Haleva		Elizabeth Street Oakhurst NJ 07755	Attorney
Janine Husney		East 24th Street Brooklyn NY 11229	Teacher
Spouse			
Barry Mizrahi		East 24th Street Brooklyn NY 11229	Usability Engineer
Spouse			

4. EDUCATION:

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

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

College or university where obtained..... NA

Applicant's initial.....



5 MILITARY INFORMATION:

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

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

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

- B. Have you registered for the draft? Yes ☒ No ☐

County kings State new york Date registered 5/22/1985

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

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

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

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

Name	Relationship	Charge	Location	Date

Applicant's initial  Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

SEE ATTACHED

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

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

SEE ATTACHED

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
March 1994 to March 1996	1936 East 13th Street	Brooklyn NY 11229	NY Kings County
April 1996 until Present	[redacted] East 21st Street	Brooklyn NY 11229	NY Kings County

Applicant's initial

8. EMPLOYMENT:

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

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 Till present	Janus Trade Group, 556 Industrial way west Eatontown NJ 07724	NA
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 Enterprise 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:

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 Triple 5 Corp	Business	3333 Henry Hudson Parkway Bronx NY 10463			917-319-2949	
Name Alfred Sayeg	Home	East 24th Street Brooklyn NY 11210				10
Employer Freshwater Group LLC	Business	2564 Bedford Avenue, Brooklyn, New York 11226			(718) 676-1801	

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

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

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

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

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county 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



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 _____

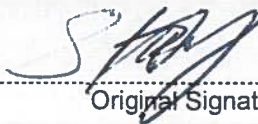
STATE OF NEW YORK

ss.

COUNTY OF KINGS

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

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


Original Signature of Applicant

Subscribed and Sworn to before me this 24 day of

October, 2019


Notary Public

MARK KHASKELZON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KH5110718
Qualified in Kings County
Commission Expires 6/1. 2020

Applicant's initial SP Page 9

ADDITIONAL INFORMATION

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

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

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

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

Applicant's initial



Arrests, detentions, litigations and arbitrations – continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes

☒

No

☐

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes

☒

No

☐

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