

3

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership – Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AON Pharmacy
Physical Address: 12631 Westlinks Dr Ste 1 Fort Myers, FL 33913
Mailing Address: 12631 Westlinks Dr Ste 1
City: Ft. Myers State: FL Zip Code: 33913
Telephone: 833-886-1725 Fax: 239-337-0098
Toll Free Number: 833-886-1725 (Required per NAC 639.708)
E-mail: doug.braun@oncology.com Website: Oncology.com
Managing Pharmacist: Douglas Braun License Number: PS37168 (FL)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

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☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BioMatrix Specialty Pharmacy of Maryland, LLC

Physical Address: 7172 Columbia Gateway Drive, Columbia, MD 21046

Mailing Address: 7172 Columbia Gateway Drive, Columbia, MD 21046

City: Columbia State: Maryland Zip Code: 21046

Telephone: 443-510-0587 Fax: 877-800-4790

Toll Free Number: 888-662-6779 (Required per NAC 639.708)

E-mail: royce.burruss@biomatrixsprx.com Website: www.biomatrixsprx.com
(post closing)

Managing Pharmacist: Royce Burruss License Number: 15047

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Specialty

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☒ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
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☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7 ☐ **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CANARY PHARMACY
Physical Address: 4950 SAN BERNARDINO ST, STE 101A
Mailing Address: 4950 SAN BERNARDINO ST, STE 101A
City: MONTCLAIR State: CA Zip Code: 91763
Telephone: 909-445-0805 Fax: 909-621-5732
Toll Free Number: 1-800-999-6001 (Required per NAC 639.708)
E-mail: CANARYPHARMACY@YAHOO.COM Website: _____
Managing Pharmacist: VANSON LULI License Number: 52603

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☒ ☐ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
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☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Dania Discount Drug

Physical Address: 16 South Federal Highway, Dania Beach, FL 33004

Mailing Address: Same as above

City: Dania Beach State: FL Zip Code: 33004

Telephone: 954-921-4661 Fax: 954-921-2310

Toll Free Number: 877-359-2155 (Required per NAC 639.708)

E-mail: rkusher@daniarexall.com Website: www.part6specialists.com

Managing Pharmacist: Brandee Lam License Number: P551141

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

☒ ☐ Retail
☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☒ Community

☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

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☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DERM RX PHARMACY

Physical Address: 17826 DAVENPORT RD STE B DALLAS, TX 75252

Mailing Address: 17826 DAVENPORT RD STE B DALLAS, TX 75252

City: DALLAS State: TX Zip Code: 75252

Telephone: 469-351-3462 Fax: 469-565-2220

Toll Free Number: 844-504-8772 (Required per NAC 639.708)

E-mail: ABRX2014@gmail.com Website: DERM RX PHARMACY.COM

Managing Pharmacist: CLEMENT ABOGE License Number: TX 40563

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☒ ☐ Outpatient/Discharge
☒ ☐ Mail Service
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☐ ☒ Non Sterile Compounding
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: FACTOR ONE SOURCE PHARMACY LLC

Physical Address: 217 GLENN STREET, SUITE 300

Mailing Address: 217 GLENN STREET, SUITE 300

City: CUMBERLAND State: MD Zip Code: 21502

Telephone: 84-773-6779 Fax: 844-533-1131

Toll Free Number: 844-773-6779 (Required per NAC 639.708)

E-mail: dneupauer@fosrxfast.com Website: www.fosrxfast.com

Managing Pharmacist: Danielle M. Neupauer, R.Ph. License Number: 20721

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: Specialty

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services:

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☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: Buskin PharmacyPhysical Address: 517 N US Highway 41Mailing Address: 517 N US Highway 41City: Buskin State: FL Zip Code: 33570Telephone: 813-938-1868 Fax: 813-922-2008Toll Free Number: 866-252-9967 (Required per NAC 639.708)E-mail: buskinrx@gmail.com Website: N/AManaging Pharmacist: Morton Cole License Number: PS13213**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sortpak Pharmacy

Physical Address: 124 S. Glendale Ave. Glendale CA 91205

Mailing Address: 124 S. Glendale Ave

City: Glendale State: CA Zip Code: 91205

Telephone: 877.570.7787 Fax: 877.475.2382

Toll Free Number: 877.570.7787 (Required per NAC 639.708)

E-mail: info@sortpak.com Website: www.sortpak.com

Managing Pharmacist: Anahit Kurginyan License Number: PHY56185

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Springs Drug Store

Physical Address: 450 NE 125 St Miami Shores, FL 33161

Mailing Address: 450 NE 125 St

City: Miami Shores State: FL Zip Code: 33161

Telephone: 305-863-7333 Fax: 305-863-7399

Toll Free Number: 800-511-5189 (Required per NAC 639.708)

E-mail: info@springsrx.com

Website: _____

Managing Pharmacist: Liliana Emery License Number: PS32587

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

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☐ ☒ Parenteral **
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sterling Pharmacy, Inc.

Physical Address: 547 Washington Ave Jermyn, PA 18433

Mailing Address: 547 Washington Ave

City: Jermyn, State: PA Zip Code: 18433

Telephone: 570-876-4412 Fax: 570-876-4413

Toll Free Number: 855-237-9948 (Required per NAC 639.708)

E-mail: sterlingpharmacypa@gmail.com

Website: _____

Managing Pharmacist: Jean Tolerico License Number: 032741L

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
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☒ ☐ Mail Service
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☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7 ☐ **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Neelkanth Drugs Corp dba Superior Drugmart

Physical Address: 6010 Kissena Blvd Ste A Flushing NY 11355

Mailing Address: 6010 Kissena Blvd Ste A

City: Flushing State: NY Zip Code: 11355

Telephone: (718) 445-8450 Fax: 718 939 7224

Toll Free Number: 866-890-9680 (Required per NAC 639.708)

E-mail: superiordrugny@gmail.com Website: _____

Managing Pharmacist: Samantha Lee License Number: 052989

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

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☐ ☒ Parenteral **
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☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: U-Med Inc.

Physical Address: 62801 US HWY 40

Mailing Address: PO Box 1876

City: Granby State: CO Zip Code: 80446

Telephone: (970) 887-2256 Fax: (888) 469-1150

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: sbambur@u-medinc.com Website: www.u-medinc.com

Managing Pharmacist: Sarah Bambur License Number: 20186000900

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Durable Medical Equipment

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
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☐ **Publicly Traded Corporation** – Pages 1,2,3,7☐ **Partnership** - Pages 1,2,5,7☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7☐ **Sole Owner** – Pages 1,2,6,7**GENERAL INFORMATION to be completed by all types of ownership**Pharmacy Name: WhiteGloveRxPhysical Address: 20880 West Dixie Hwy. Suite 104, Aventura, FL 32547Mailing Address: 1620 W. Northwest Hwy Suite 100City: Grapevine State: TX Zip Code: 76051Telephone: 786-749-6812 Fax: 788 749 6813Toll Free Number: 844-697-4492 (Required per NAC 639.708)E-mail: licensure@receptrx.com Website: _____Managing Pharmacist: Katiuska Iglesias License Number: PS3999**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership – Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Powerhouse Pharmacy
Physical Address: 2726 W Mockingbird lane, Dallas, TX 75235
Mailing Address: same as above
City: Dallas State: Texas Zip Code: 75235
Telephone: 214 350 2900 Fax: 214 350 2904
Toll Free Number: 866 747 9292 (Required per NAC 639.708)
E-mail: powerhousepharmacy@gmail.com Website: www.powerhousepharmacy.com
Managing Pharmacist: Neha Patel License Number: 62529

TYPE OF PHARMACY AND**SERVICES PROVIDED**

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH01991)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Physicians Preference Pharmacy International, LLC

Physical Address: 20214 Braidwood Drive, Ste 140

Mailing Address: Same

City: Katy State: TX Zip Code: 77450

Telephone: 281-828-9088 Fax: 281-828-9669

Toll Free Number: 877-640-5248 (Required per NAC 639.708)

E-mail: Kim.bennett@physicianspreferencrx.com Website: physicianspreferencrx.com

Managing Pharmacist: Kimberly B. Bennett License Number: 35871 (TX)

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: **PH**____)
Check box below for type of ownership and complete all required forms.
☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7
☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☒ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Premier Pharmacy Group LLC

Physical Address: 101 S. Union Blvd Colorado Springs Co 80910

Mailing Address: 101 S. Union Blvd

City: Colorado Springs State: Colorado Zip Code: 80910

Telephone: (719) 457-6377 Fax: (719) 457-6374

Toll Free Number: (833) 464-9129 (Required per NAC 639.708)

E-mail: mepstein@premierrxgroup.com Website: n/a

Managing Pharmacist: Mike Epstein License Number: CO13092

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☒ ☐ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**



NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ **New Pharmacy** or ☐ **Ownership Change** (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms.
☐ **Publicly Traded Corporation** – Pages 1,2,3,7 ☐ **Partnership** – Pages 1,2,5,7
☒ **Non Publicly Traded Corporation** – Pages 1,2,4,7 ☐ **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Saddlebrook Pharmacy

Physical Address: 25201 Kuykendahl, Suite 300 Tomball, TX 77375

Mailing Address: 25201 Kuykendahl, Suite 300

City: Tomball State: TX Zip Code: 77375

Telephone: 832-698-2104 Fax: 832-698-2162

Toll Free Number: 888-387-1880 (Required per NAC 639.708)

E-mail: saddlebrookpharmacy@comcast.net Website: www.saddlebrookpharmacy.com

Managing Pharmacist: Brigitte Chamba Mofor License Number: 40958

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☐ ☒ Mail Service
☒ ☐ Long Term Care
☐ ☒ Sterile Compounding **
☒ ☐ Non Sterile Compounding
☐ ☒ Mail Service Sterile Compounding **
☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

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

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☒ 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: ACADIA Pharmaceuticals Inc.

Physical Address: 3611 Valley Centre Drive, Suite 300

City: San Diego State: CA Zip Code: 92130

Telephone Number: 858-558-2871 Fax Number: 858-558-2872

Toll Free Number: N/A

E-mail: dfredericks@ACADIA-Pharm.com Website: www.acadia-pharm.com

Facility Manager: Doral C. Fredericks

Professional qualifications and experience of facility manager: Doral C. Fredericks has more than 18 years of experience in the pharmaceutical industry. He is a licensed pharmacist.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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

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☒ 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: Adamas Pharma, LLC
 Physical Address: 1900 Powell Street, Suite 1000
 City: Emeryville State: CA Zip Code: 94608
 Telephone Number: 510-450-3500 Fax Number: 510-428-0519
 Toll Free Number: N/A
 E-mail: mmasterson@adamaspharma.com Website: www.adamaspharma.com
 Facility Manager: Melissa M. Masterson

Professional qualifications and experience of facility manager: Member of the Commercial Executive Leadership Team responsible for the development and implementation of strategy and tactics for all products in development and commercialized in the payer, distribution and reimbursement segments.

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: _____

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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Application must be printed legibly or typed

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☒ 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: Alembic Pharmaceuticals, Inc.

Physical Address: 750 Route 202, Suite 410

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: (908) 393-9604 Fax Number: (908) 393-9605

Toll Free Number: N/A

E-mail: ALM@slny.com Website: www.alembicglobal.ch

Facility Manager: David Craig Salmon

Professional qualifications and experience of facility manager: President, US Operations at Alembic since May 2015. Responsible for the daily operation of sales and marketing in the US.

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: _____

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Avita Medical Americas, LLC
 Physical Address: 28159 Avenue Stanford, Suite 220
 City: Valencia State: CA Zip Code: 91355
 Telephone Number: 661-367-9170 Fax Number: 661-367-9180
 Toll Free Number: _____
 E-mail: regulatory@avitamedical.com Website: avitamedical.com
 Facility Manager: David Fencil

Professional qualifications and experience of facility manager: 30+ years experience in medical device manufacturing and operations, including cleanrooms. Project manager on building new 2800 s.f. ISO 7 clean room.
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: _____

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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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: Bausch Health US, LLC

Physical Address: 400 Somerset Corporate Blvd.

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: 908-927-1400 Fax Number: 908-927-1401

Toll Free Number: 800-321-4576

E-mail: licensing@bauschhealth.com Website: www.bausch.com

Facility Manager: Leonard P. Westermann

Professional qualifications and experience of facility manager: Manage all internal and external Distribution and Warehousing activities for 2 internal and 2 3PL sites. Responsible for all Import/Export activities and accountable for \$100+M in finished good inventory.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) N/A - See Attachment B
☐ Other: _____

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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

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☒ 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: Chiesi USA, Inc.

Physical Address: 175 Regency Woods Place, Suite 600

City: Cary State: NC Zip Code: 27518

Telephone Number: 919-678-6512 Fax Number: 919-678-6599

Toll Free Number: 888-466-6505

E-mail: alan.roberts@chiesi.com Website: https://chiesiusa.com

Facility Manager: Alan T. Roberts

Professional qualifications and experience of facility manager: See Attachment D

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) N/A- See Attachment C
☐ Other: _____

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

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: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 3930 S 500E

City: Whitestown State: IN Zip Code: 46075

Telephone Number: 317-401-1590 Fax Number: 614-865-8867

Toll Free Number: N/A

E-mail: roger.tull@dhl.com Website: www.exel.com

Facility Manager: Roger Tull

Professional qualifications and experience of facility manager: See Roger Tull's resume attached

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: Non-CS Veterinary Rx and OTC Drugs, and Veterinary Rx and OTC Medical Devices(no Rx drug inside devices)

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
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

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Dompé U.S. Inc.

Physical Address: One Marina Park Drive, Suite 1410

City: Boston State: MA Zip Code: 02210

Telephone Number: 833-366-7387 Fax Number: 201-205-1070

Toll Free Number: 833-366-7387

E-mail: wendy.chao@dompe.com Website: http://www.dompe.com/en/

Facility Manager: Wendy Chao, PhD

Professional qualifications and experience of facility manager: Associate Director, Clinical Development
Ph.D., Genetics - Harvard Medical School (see attached résumé)

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:

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

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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Application must be printed legibly or typed

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☒ 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: Dukal Corporation

Physical Address: 2 Fleetwood Court

City: Ronkonkoma State: NY Zip Code: 11779

Telephone Number: (631) 656-3800 Fax Number: (631) 656-3810

Toll Free Number: (800) 243-0741

E-mail: DKL@slny.com Website: www.dukal.com

Facility Manager: Karen E. Kauffmann

Professional qualifications and experience of facility manager: Service-oriented in both customer sales and marketing with 30 years experience in medical sales.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: Manufacturers and distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: Over the counter drugs and devices

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Edenbridge Pharmaceuticals, LLC

Physical Address: 169 Lackawanna Ave, Suite 110

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: (201) 292-1292 Fax Number: (201) 292-1292

Toll Free Number: (877) 381-3336

E-mail: EBP@slsny.com Website: www.edenbridgepharma.com

Facility Manager: Patrick P. Chu Esq.

Professional qualifications and experience of facility manager: Since 2008, has served as Managing Member and President of Edenbridge Pharmaceuticals, LLC, responsible for business development, working with CMOs, 3PLs & contract packagers.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Distributors, Medical Supply Chains, 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: _____

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NEVADA STATE BOARD OF PHARMACY
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☐ 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: Eversana Life Science Services, LLC

Physical Address: 10887 Commerce Way, Unit B

City: Fontana State: CA Zip Code: 92336

Telephone Number: (909) 972-4100 Fax Number: N/A

Toll Free Number: N/A

E-mail: elvia.mendoza@dlss.com Website: dlss.com

Facility Manager: Elvia Mendoza

Professional qualifications and experience of facility manager: Refer to the attached resume

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: _____

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☒ 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: Evoke Pharma, Inc.

Physical Address: 420 Stevens Avenue, Suite 370

City: Solana Beach State: CA Zip Code: 92075

Telephone Number: 858-345-1494 Fax Number: N/A

Toll Free Number: N/A

E-mail: licensing@evokepharma.com Website: evokepharma.com

Facility Manager: David Gonyer

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: Specialty distributors, Specialty pharmacies, military, long-term care

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: _____

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☐ 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: Fluvaccine.org Inc

Physical Address: 3617 W 1987 S Bldg 8

City: Salt Lake City State: UT Zip Code: 84104

Telephone Number: 877-600-0358 Fax Number: 858-200-2007

Toll Free Number: _____

E-mail: Accounting@fluvaccine.org Website: www.fluvaccine.org

Facility Manager: David Contreras

Professional qualifications and experience of facility manager: See Attached

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: OTC

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NEVADA STATE BOARD OF PHARMACY
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☐ 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: Fougera Pharmaceuticals Inc.

Physical Address: 60 Baylis Road

City: Melville State: NY Zip Code: 11747

Telephone Number: 631-454-7677 Fax Number: 631-454-1572

Toll Free Number: N/A

E-mail: james.apollo@novartis.com Website: www.fougera.com

Facility Manager: James A. Apollo

Professional qualifications and experience of facility manager: See Attachment B

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: _____

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NEVADA STATE BOARD OF PHARMACY
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☒ 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: Geodis Logistics LLC

Physical Address: 250 Declaration Avenue, Suite 100

City: McDonough State: Georgia Zip Code: 30253

Telephone Number: (269) 861-1434

Fax Number: _____

Toll Free Number: _____

E-mail: annissia.haynard@geodis.com

Website: www.geodis.com

Facility Manager: Annissia Haynard

Professional qualifications and experience of facility manager: See Attached.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: End User

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: OTC

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: Gelesis, Inc.Physical Address: 501 Boylston St. Suite 6102City: Boston State: MA Zip Code: 02116Telephone Number: 617-830-2068 Fax Number: 617-482-3337Toll Free Number: n/aE-mail: info@gelesis.com Website: www.gelesis.comFacility Manager: David PassProfessional qualifications and experience of facility manager: Please see attached resume.**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Mail order pharmacies

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: _____

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☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Insmmed Incorporated

Physical Address: 10 FINDERNE Avenue, Building 10

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: 908-977-9900 Fax Number: N/A

Toll Free Number: N/A

E-mail: Holly.Griffin@insmed.com

Website: www.insmed.com

Facility Manager: Amy Taylor

Professional qualifications and experience of facility manager: Lead commercial distribution of FDA-approved products in the US, working with third party logistics providers, specialty distributors, and specialty pharmacies. 14 years of pharmaceutical experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Nursing Home Pharmacies

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: _____

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Ipsen Biopharmaceuticals, Inc.

Physical Address: 106 Allen Road

City: Basking Ridge State: NJ Zip Code: 07920

Telephone Number: 908-275-6300 Fax Number: 908-275-6301

Toll Free Number: N/A

E-mail: ron.graybill@ipsen.com

Website: www.ipsenus.com

Facility Manager: Ronald P. Graybill

Professional qualifications and experience of facility manager: Ronald P. Graybill is the Vice President, Value and Access. In this role, he leads the Strategic Pricing, Account Management, Trade & Distribution, Reimbursement and Patient Services functions. He is an accomplished managed-markets professional with expertise in consultative sales, marketing, pricing strategies, product revitalization and life-cycle management.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics and Distributors

Type of Products to be handled or wholesaled by firm:

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

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☐ 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: Isopure, Corp.

Physical Address: 11851 Plantside Drive

City: Louisville State: KY Zip Code: 40299

Telephone Number: 502-267-7873 Fax Number: 502-297-5066

Toll Free Number: 800-280-7873

E-mail: kgillespie@isopure.com Website: www.isopure.com

Facility Manager: Kevin C. Gillespie

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Otsuka America Pharmaceutical, Inc.

Physical Address: 2440 Research Blvd.

City: Rockville State: MD Zip Code: 20850

Telephone Number: (240) 683-3049 Fax Number: (301) 721-7332

Toll Free Number: (800) 562-3974

E-mail: elena.learner@otsuka-us.com Website: https://www.otsuka-us.com/home

Facility Manager: Elena V. Learner

Professional qualifications and experience of facility manager: See Attachment A

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors and clinics

Type of Products to be handled or wholesaled by firm:

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

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH02456**)
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: Premier Rx Wholesale

Physical Address: 4637 Interstate Drive

City: Cincinnati State: Ohio Zip Code: 45246

Telephone Number: 877-889-4836 Fax Number: 513-906-6355

Toll Free Number: 877-889-4836

E-mail: Kyle.Parker@prxwholesale.com Website: www.premierrxwholesale.com

Facility Manager: Robert Highfill

Professional qualifications and experience of facility manager: 2 years of being facility manager with Premier Rx Wholesale running day to day operations

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: _____

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NEVADA STATE BOARD OF PHARMACY

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 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☒ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: RAS ENTERPRISES LLCPhysical Address: 2512 25TH AVE STE 3City: GULFPORT State: MS Zip Code: 39501Telephone Number: 228-868-5478 Fax Number: 309-418-3510

Toll Free Number: _____

E-mail: RASENTERPRISES@BELLSOUTH.NET Website: _____Facility Manager: RANDALL A. SOBOULProfessional qualifications and experience of facility manager: SEE ATTACHED RESUMETypes of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: U.S. VETERANS HOSPITALS AND CBOCS

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: MEDICAL GRADE OXYGEN AND CYLINDERS

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☒ 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: Sandoz Inc.
 Physical Address: 100 College Road West
 City: Princeton State: NJ Zip Code: 08540
 Telephone Number: 609-627-8500 Fax Number: 609-627-8690
 Toll Free Number: N/A
 E-mail: robert.spina@sandoz.com Website: www.us.sandoz.com
 Facility Manager: Robert Spina

Professional qualifications and experience of facility manager: Responsible for customer relationships. Direct and manage sales and marketing teams in Generics & Branded. Establish the strategic direction and growth of the sales and marketing functions. Stay abreast of industry trends to effectively manage all sales and marketing strategies.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) N/A - See Attachment B
☐ Other: _____

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Saptalis Pharmaceuticals, LLC

Physical Address: 45 Davids Drive

City: Hauppauge State: NY Zip Code: 11788

Telephone Number: 631-2312751 Ext. 104 Fax Number: 631-231-2494

Toll Free Number: _____

E-mail: poli.dondeti@saptalis.com Website: www.saptalis.com

Facility Manager: Polireddy Dondeti

Professional qualifications and experience of facility manager: PhD. in Pharmacy and over two decades of experience in Pharmaceutical Industry - CV Attached

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: _____

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

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 ownershipFacility Name: SCILEX Pharmaceuticals Inc.Physical Address: 27201 Puerta Real, Suite 235City: Mission Viejo State: CA Zip Code: 92691Telephone Number: 949-441-2270 Fax Number: 949-916-3010Toll Free Number: N/AE-mail: wpedranti@scilexpharma.com Website: www.scilexpharma.comFacility Manager: Mahiyar Arjomand

Professional qualifications and experience of facility manager: Mahiyar Arjomand has extensive experience in both pharmaceutical/biotechnology industries across all phases of drug development.

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: _____

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
- | | |
|---|--|
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 | <input type="checkbox"/> Partnership – Pages 1,2,3,7 |
| <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5,6 | <input type="checkbox"/> Sole Owner – Pages 1,2,3,8 |

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: SOLA Pharmaceuticals

Physical Address: 655 Highlandia Dr., Ste. B

City: Baton Rouge State: LA Zip Code: 70810

Telephone Number: 866-747-7365 Fax Number: 800-754-9550

Toll Free Number: _____

E-mail: klanasd@solameds.us Website: www.solameds.us

Facility Manager: Keith Lanasd

Professional qualifications and experience of facility manager: 5+ years pharmacy owner/manager, 5+ years wholesale distribution of legend medications

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: _____

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownershipFacility Name: St. Renatus, LLCPhysical Address: 1000 Centre AvenueCity: Fort Collins State: CO Zip Code: 80526Telephone Number: 970-282-0156 Fax Number: 970-221-4365Toll Free Number: N/AE-mail: ndiel@kovanaze.com Website: www.kovanaze.comFacility Manager: Nicholas L. Diel

Professional qualifications and experience of facility manager: Nicholas L. Diel has more than 10 years of experience in regulatory, technical and R&D leadership.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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 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: Viona Pharmaceuticals Inc.

Physical Address: 20 Commerce Drive, Suite 340

City: Cranford State: NJ Zip Code: 07016

Telephone Number: (908) 956-0600 Fax Number: (908) 514-4005

Toll Free Number: N/A

E-mail: VPI@SLSNY.com Website: www.vionausa.com

Facility Manager: Claudia M. Vivasocampo

Professional qualifications and experience of facility manager: Manager of regulatory affairs at Viona Pharmaceuticals Inc. since August 2018 and manager of quality assurance operations at

Vensun Pharmaceuticals from September 2016 to July 2017. Expertise in quality and compliance, regulatory affairs, and manufacturing process

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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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: Wright Medical Technology, Inc.

Physical Address: 11576 Memphis-Arlington Road

City: Arlington State: TN Zip Code: 38002

Telephone Number: 800-238-7117 Fax Number: _____

Toll Free Number: N/A

E-mail: Mary.McCombs-Stearnes@wright.com Website: www.wright.com

Facility Manager: Mary McCombs-Stearnes

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>MP</u> or <u>MW</u> <u>01577</u>)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATIONFacility Name: Aeroflow Urology, LLCPhysical Address: 65 Beale Rd, STE 101 Arden, NC 28704
(This must be a business address, we can not issue a license to a home address)Mailing Address: 3165 Sweeten Creek RoadCity: Asheville State: NC Zip Code: 28803Telephone: 844-276-5588 Fax: 844-420-7099E-mail: Complianceofficer@aeroflowinc.com Website: aeroflowurology.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5Fri: 8 to 5 Sat: X to X Sun: X to X Holidays: X to X**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Mica Phillips**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- ☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies

- ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis

Other: Urologicals, Ostomy, Breast Pumps

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/ATelephone: N/A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7 Sole Corp

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Buffalo Respiratory Therapy, LLC

Physical Address: 17 Limestone Dr., STE 3, Williamsville, NY 14221
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 17 Limestone Dr., STE 3

City: Williamsville State: NY Zip Code: 14221-8601

Telephone: 716-932-7581 Fax: 716-932-7583

E-mail: DBorowczyk@buffalort.com Website: Buffalort.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5 Eastern Standard Time
Fri: 9 to 5 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joseph Polito

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: Biphasic Cuirass Ventilator

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Ashley Cittadini

Telephone: 702-292-8406

WW

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATIONFacility Name: Current Medical Technologies, Inc.Physical Address: 75 Main Street
(This must be a business address, we can not issue a license to a home address)Mailing Address: 75 Main StreetCity: Lakeville State: MA Zip Code: 02347Telephone: 800-382-5879 Fax: 508-947-1486E-mail: earl@cmtmedical.com Website: cmtmedical.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5Fri: 9 to 5 Sat: to Sun: to Holidays: to**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Earl P. Carlow, Jr.**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

XX

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Dee Veterinary Products, LLC

Physical Address: 1011 Park Centre Boulevard
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: Miami Gardens State: FL Zip Code: 33169

Telephone: 954-962-5823 Fax: 954-962-5849

E-mail: scott@deevetproducts.com Website: www.deevetproducts.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 2 Tue: 10 to 2 Wed: 10 to 2 Thu: 10 to 2

Fri: 10 to 2 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert Scott Dee

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**

☐ Respiratory Equipment**

☐ Life-sustaining equipment**

☐ Diabetic Supplies

☐ Assistive Equipment

☐ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: Veterinary Medical Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 8655 Commerce Drive, Suite 101, Southaven, MS 38671
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 570 Polaris Pkwy, Dept 555

City: Westerville State: OH Zip Code: 43082

Telephone: 901-568-8642 Fax: 614-865-8867

E-mail: Bardethia.Gray@dhl.com Website: www.exel.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 10pm Tue: 6am to 10pm Wed: 6am to 10pm Thu: 6am to 10pm

Fri: 6am to 10pm Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bardethia Gray

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Bardethia Gray Telephone: 901-568-8642

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATIONFacility Name: Empatica Inc.Physical Address: 45 Bromsfield St, Suite 901

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 45 Bromsfield St, Suite 901City: Boston State: MA Zip Code: 02108Telephone: +1 (866) 739-2049 Fax: N/AE-mail: st@empatica.com Website: https://www.empatica.com/**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 to 18 Tue: 9 to 18 Wed: 9 to 18 Thu: 9 to 18Fri: 9 to 18 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Simone Tognetti**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethetics |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Physiological Signal Based Seizure Monitoring System</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/ATelephone: N/A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

FACILITY INFORMATION

Facility Name: Liebel-Flarsheim Company LLC

Physical Address: 2111 East Galbraith Rd, Cincinnati, OH, 45237
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 821 Alexander Road, Suite 204

City: Princeton State: NJ Zip Code: 08540

Telephone: 812-333-0059 Fax: 609-919-0495

E-mail: Alice.Lorenzo@guerbet.com Website: www.guerbet-us.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7 am to 5 pm Tue: 7 am to 5 pm Wed: 7 am to 5 pm Thu: 7 am to 5 pm

Fri: 7 am to 5 pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robert McGraw (Plant Manager II, Global Manufacturing)

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Contrast Delivery Systems, Urological X-ray systems & Contrast Media Warming Devices</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR WAREHOUSE

FEE \$500.00 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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New Warehouse ☒ Ownership Change ☐ Name Change ☐ Location Change ☐
 (Please provide current license number if making changes: WA _____)

GENERAL INFORMATION

Facility Name: GEODIS Logistics LLC
 Physical Address: 755 Lillard Drive, Sparks, NV 89434
 Mailing Address: 1025 Boulders Parkway, Suite 301
 City: Richmond State: VA Zip Code: 23225
 Telephone Number: 775.412.0603 Fax Number: 775.355.2183
 Toll Free Number: N/A
 E-mail: geodis@iqvia.com Website: www.geodis.com
 Facility Manager: James Varner
 Professional qualifications and experience of facility manager: 5+ years of warehouse experience with GEODIS

Types of licensed outlets firm will serve:

☐ Pharmacies ☐ Manufacturers ☐ Chain Drug Warehouse ☐ Wholesalers
☒ Other: e-commerce customers

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Prophylactic Products
☐ Hypodermic Devices ☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA) ☐ Veterinary Legend Drugs
☒ Other: over-the-counter products

Board Use Only

Received: _____ Check Number: _____ Amount: 500.00

CCC

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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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 Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☒ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The ER at Blue Diamond

Physical Address: 9217 S. Cimarron Rd

City: Las Vegas State: NV Zip Code: 89178

Telephone: 702-853-3665 Fax: 702-853-3648

Toll Free Number: N/A E-mail: Krystal.freitas.uhsinc.com

Website: _____

Managing Pharmacist: Krystal Freitas License Number: 18543

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☒ ☐ Other: Emergency Room

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☒ ☐ Other Services: Pyxis

DDD

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____) Check <u>box</u> below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,10,11a&b <input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b	<input type="checkbox"/> Partnership - Pages 1,2,6,10,11a&b <input type="checkbox"/> Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreens #21159

Physical Address: 3821 W FLAMINGO RD

City: Las Vegas State: NV Zip Code: 89103

Telephone: 847-527-4516 Fax: 847-368-6687

Toll Free Number: - E-mail: laura.milowski@walgreens.com

Website: www.walgreens.com

Managing Pharmacist: Holly Prieto License Number: 15932

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
- ☐ ☒ Hospital (# beds _____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services
- ☐ ☒ Parenteral
- ☐ ☒ Parenteral (outpatient)
- ☐ ☒ Outpatient/Discharge
- ☐ ☒ Mail Service
- ☐ ☒ Long Term Care
- ☐ ☒ Sterile Compounding
- ☐ ☒ Non Sterile Compounding
- ☐ ☒ Mail Service Sterile Compounding
- ☐ ☒ Other Services: _____