

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: North Coast Medical Supply DBA Advanced Diabetes Supply

Physical Address: 2544 Campbell Place, Ste 150 Carlsbad, CA 92009

Mailing Address: PO Box 9041

City: Carlsbad State: CA Zip Code: 92018

Telephone: 800-730-9887 Fax: 800-503-6280

Toll Free Number: 800-730-9887 (Required per NAC 639.708)

E-mail: TCady@northcoastmed.com Website: www.northcoastmed.com

Managing Pharmacist: Fiona Dupuy Hardy License Number: CA RPH 43870

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: Alto Pharmacy

Physical Address: 929 Broadway, Denver, CO, 80203

Mailing Address: 1400 Tennessee Street, Unit 2

City: San Francisco State: CA Zip Code: 94107

Telephone: (800) 874-5881 Fax: (415) 484-7780

Toll Free Number: (800) 874-5881 (Required per NAC 639.708)

E-mail: compliance@scriptdash.com Website: www.alto.com

Managing Pharmacist: Lauren Hammond License Number: PHA.0021528

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: _____

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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: BriovaRx Specialty
Physical Address: 4350 Lockhill-Selma Road; Suite 110, Selma Building
Mailing Address: 4350 Lockhill-Selma Road; Suite 110, Selma Building
City: Shavano Park State: Texas Zip Code: 78249
Telephone: (210) 834-0748 Fax: 800-270-7539
Toll Free Number: (866) 773-3756 (Required per NAC 639.708)
E-mail: holly.ouellette@optum.com Website: www.briovarx.com
Managing Pharmacist: Holly Ouellette License Number: 37649 (Texas)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☒ Community Central Processing
☒ ☐ Other: Non-Dispensing
Front End Processing

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: Front End
Processing

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

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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: Chewy Pharmacy, LLC

Physical Address: 255 South 143rd Avenue, Suite B, Goodyear, AZ 85338

Mailing Address: 255 South 143rd Avenue, Suite B

City: Goodyear State: AZ Zip Code: 85338

Telephone: 844-439-8760 Fax: _____

Toll Free Number: 800-672-4399 (Required per NAC 639.708)

E-mail: PHP1@Chewy.com Website: www.chewy.pharmacy and www.chewy.com

Managing Pharmacist: Brenda Fletcher License Number: S015011

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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,**

E

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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: Clinical Solutions Pharmacy

Physical Address: 416 Mary Lindsay Polk Drive, Ste. 515, Franklin, TN 37067

Mailing Address: 416 Mary Lindsay Polk Drive, Ste. 515

City: Franklin State: TN Zip Code: 37067

Telephone: 615-369-2485 Fax: 866-920-1597

Toll Free Number: 877-826-5488 (Required per NAC 639.708)

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

Managing Pharmacist: Christi Throneberry License Number: 0000012171

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
- ☐ ☒ Hospital (# beds ____)
- ☐ ☒ Internet
- ☐ ☒ Nuclear
- ☐ ☒ Ambulatory Surgery Center
- ☐ ☒ Community
- ☒ ☐ Other: Mail Service to Correctional Facilities

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 ownership

Pharmacy Name: DACRX, LLC dba Exact care Pharmacy
Physical Address: 2701 Highpoint Oaks Dr #100 Louisville TX 75067
Mailing Address: Same
City: Louisville State: TX Zip Code: 75067
Telephone: 877-355-7225 Fax: 855-355-3480
Toll Free Number: 877-355-7225 (Required per NAC 639.708)
E-mail: TDonnelly@ExactcarePharmacy.com Website: www.ExactcarePharmacy.com
Managing Pharmacist: Catherine Donald License Number: TX 36520

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: _____

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH03281**)

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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: Integrity Rx Specialty Pharmacy LLC

Physical Address: 8425 N 90th Street, Suite 8, Scottsdale, AZ 85258-4393

Mailing Address: 8425 N 90th Street, Suite 8

City: Scottsdale State: AZ Zip Code: 85258-4393

Telephone: 800-321-9956 Fax: 800-321-9931

Toll Free Number: 800-321-9956 (Required per NAC 639.708)

E-mail: Info@IntegrityRxSP.com Website: www.IntegrityRxSP.com

Managing Pharmacist: Jeffrey Karp License Number: S011009

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:

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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: Kaiser Permanente WA Mail Order Pharmacy

Physical Address: 2921 Naches Ave SW, Renton, WA 98057-9009

Mailing Address: 2921 Naches Ave SW

City: Renton State: WA Zip Code: 98057-9009

Telephone: 206-630-7979 Fax: 206-630-7950

Toll Free Number: 1-800-245-7979 (Required per NAC 639.708)

E-mail: _____ Website: www.kp.org/wa

Managing Pharmacist: Makanani Hirayama License Number: WA-PH60217617

Manager Email: makanani.hirayama@kp.org

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: _____

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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

Other - LLC - 1, 2, 4, 8

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lemonaid Pharmacy, LLC

Physical Address: 1015 Locust St, Ste 420, St. Louis, MO 63101

Mailing Address: 1015 Locust St, Ste 420, St. Louis, MO 63101

City: St. Louis State: MO Zip Code: 63101

Telephone: 888 536 6670 Fax: 888 536 6670

Toll Free Number: 888 536 6670 (Required per NAC 639.708)

E-mail: pharmacy@lemonaidpharmacy.com Website: N/A

Managing Pharmacist: John T. Guthrie II License Number: 19762

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: William's Pharmacies LLC dba LibraSun Pharmacy

Physical Address: 141 E. Commercial Blvd.

Mailing Address: 141 E. Commercial Blvd.

City: Oakland Park State: FL Zip Code: 33334

Telephone: 954-616-5675 Fax: 954-626-0297

Toll Free Number: 855-335-9575 (Required per NAC 639.708)

E-mail: oaklandpark@librasunrx.com Website: www.librasunrx.com

Managing Pharmacist: Ivette Bova License Number: PS45647

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,

K

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MILTON MEDICAL & DRUG CO INC

Physical Address: 958 41ST ST, MIAMI BEACH, FL 33140

Mailing Address: 958 41ST ST, MIAMI BEACH, FL 33140

City: MIAMI BEACH State: FL Zip Code: 33140

Telephone: 305-531-6436 Fax: 305-513-5064

Toll Free Number: 866-315-4209 (Required per NAC 639.708)

E-mail: MDRUGCO@GMAIL.COM Website: N/A

Managing Pharmacist: CHRISTOPHER Y. PERSEO License Number: PS52369

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: _____

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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: OptumRx, Inc. d/b/a OptumRx

Physical Address: 3515 Harbor Boulevard, Costa Mesa, CA 92626

Mailing Address: 3515 Harbor Boulevard

City: Costa Mesa State: CA Zip Code: 92626

Telephone: 714-825-3860 Fax: 714-825-3810

Toll Free Number: 800-562-6223 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: www.optumrx.com

Managing Pharmacist: Catrina T. Tran License Number: RPH 48059

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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: See Attached Description

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



**OptumRx, Inc.
d/b/a OptumRx**

OptumRx's home delivery pharmacies provide a variety of services to patients, including home delivery of medications, telephonic counseling, and prior authorization assistance. OptumRx's proposed pharmacy location in Costa Mesa, California will be a non-dispensing pharmacy and will not store any drug inventory. Work done at this location will include:

- data entry of prescriptions by pharmacy technicians and pharmacist verification of same
- pharmacist transcribing of telephonic prescriptions from a provider
- consultation with practitioner regarding interpretation or clarification of the prescription and date in patient profile
- telephonic patient counseling by a Florida registered pharmacist
- resolution of claim adjudication issues.

This California pharmacy will support dispensing activities for pharmacies located in California, Indiana, Kansas, Nevada and New Jersey.

OptumRx's home delivery pharmacies are accredited by URAC and VIPPS.

OptumRx's home delivery pharmacies play an important role in providing healthcare services to local communities by offering patients the convenience of receiving their medication in the mail, which can improve medication adherence, lower medication cost for consumers, and allow underserved areas to receive high quality pharmacy services.

M

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: OptumRx, Inc. d/b/a OptumRx

Physical Address: 13131 S. Dairy Ashford, 4th & 5th Floors, Sugar Land, TX 77478

Mailing Address: 13131 S. Dairy Ashford, 4th & 5th Floors

City: Sugar Land State: TX Zip Code: 77478

Telephone: 832-532-5751 Fax: 832-532-5526

Toll Free Number: 800-562-6223 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: www.optumrx.com

Managing Pharmacist: Natalie Canada License Number: 42633 (TX)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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: See Attached Description

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



**OptumRx, Inc.
d/b/a OptumRx**

OptumRx's home delivery pharmacies provide a variety of services to patients, including home delivery of medications, telephonic counseling, and prior authorization assistance. OptumRx's pharmacy location in Sugar Land, Texas is a non-dispensing pharmacy and will not store any drug inventory. Work done at this location will include:

- Data entry of prescriptions by pharmacy technicians and pharmacist verification of the same;
- Pharmacist transcribing of telephonic prescriptions from a provider;
- Consultation with practitioner regarding interpretation or clarification of the prescription and date in patient profile;
- Telephonic patient counseling by a Texas registered pharmacist;
- Resolution of paid claim adjudication issues.

This Texas pharmacy will support dispensing activities for pharmacies located in California, Indiana, Kansas, Nevada, and New Jersey.

OptumRx's home delivery pharmacies are accredited by URAC and VIPPS.

OptumRx's home delivery pharmacies play an important role in providing healthcare services to local communities by offering patients the convenience of receiving their medication in the mail, which can improve medication adherence, lower medication cost for consumers, and allow underserved areas to receive high quality pharmacy services.

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

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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: Professional Pharmacy Solutions

Physical Address: 3124 Wilmington Rd Suite 204

Mailing Address: PO Box 5401

City: New Castle State: PA Zip Code: 16105

Telephone: 724-651-2565 Fax: 724-652-7148

Toll Free Number: 833-598-7490 (Required per NAC 639.708)

E-mail: pps@accounts.hyperoffice.com Website: www.professionalrxsolutions.com

Managing Pharmacist: Tina Zielinski License Number: RP0347621

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,**

D

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: ARX, Accurate RX Specialty Pharmacy

Physical Address: 85-48 118 St Kew Gardens, NY 11415

Mailing Address: 85-48 118 St

City: Kew Gardens State: NY Zip Code: 11415

Telephone: 844-279-8326 Fax: 800-420-6138

Toll Free Number: 844-279-8326 (Required per NAC 639.708)

E-mail: arx.ideal.ny@gmail.com Website: www.arxspecialtypharmacy.com

Managing Pharmacist: Yakov Abdurakhmanov License Number: 056064

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,**

P

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: Coastal Care Pharmacy
Physical Address: 11939 Panama City Beach Pkwy, PCB, FL 32407
Mailing Address: " "
City: Panama City Beach State: FL Zip Code: 32407
Telephone: 850-249-9500 Fax: 850-249-6558
Toll Free Number: 844-633-4244 (Required per NAC 639.708)
E-mail: alyssa@coastalcarerx.com Website: www.coastalcarerx.com
Managing Pharmacist: Anna Alyssa Callahan License Number: PS45292

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

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

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☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: **PH 02833**)
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: Vets First Choice, LLC d/b/a Covetrus NE

Physical Address: 5013 South 110th Street

Mailing Address: 5013 South 110th Street

City: Omaha State: NE Zip Code: 68137

Telephone: 866-356-6214 Fax: _____

Toll Free Number: 866-356-6214 (Required per NAC 639.708)

E-mail: pharmacy1@vetsfirstchoice.com Website: www.vetsfirstchoice.pharmacy

Managing Pharmacist: Daniel Perina License Number: NE: 12509

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

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: **PH03745**)
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: Veterinary Pharmacies of America, LLC d/b/a Covetrus TX

Physical Address: 4802 North Sam Houston Pkwy. W., Ste. 100, Houston, TX 77086

Mailing Address: 4802 North Sam Houston Pkwy. W., Ste. 100

City: Houston State: TX Zip Code: 77086

Telephone: 844-582-0921 Fax: N/A

Toll Free Number: 844-582-0921 (Required per NAC 639.708)

E-mail: pharmacy@vparx.net Website: www.vparx.com

Managing Pharmacist: Arreiva Papillion License Number: TX: 46556

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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: NDC PHARMACY

Physical Address: 4666 MCDERMOTT RD STE 200

Mailing Address: 4666 MCDERMOTT RD STE 200

City: PLANO State: TEXAS Zip Code: 75024

Telephone: 469-888-4672 Fax: 469-888-4674

Toll Free Number: 800-999-6001 (Required per NAC 639.708)

E-mail: KHANH@NDCPHARMACYTX.COM Website: _____

Managing Pharmacist: KHANH B HOANG License Number: TX-47704

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: Pacifico West Rx., Inc dba PureScience Rx

Physical Address: 15644 Pomerado Rd., Suite 303 , Poway, CA 92064

Mailing Address: 15644 Pomerado Rd., Suite 303

City: Poway State: CA Zip Code: 92064

Telephone: 858-726-2614 Fax: 858-312-1130

Toll Free Number: 800-614-8512 (Required per NAC 639.708)

E-mail: pharmacist@puresciencerox.com Website: puresciencerox.com

Managing Pharmacist: Brett Roberson License Number: RPH 54390

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 – (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.

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: AcelRx Pharmaceuticals, Inc.

Physical Address: 351 Galveston Drive

City: Redwood City State: CA Zip Code: 94063

Telephone Number: 650-216-3500 Fax Number: 650-216-6500

Toll Free Number: n/a

E-mail: statelicensing@acelrx.com Website: www.acelrx.com

Facility Manager: Vincent J. Angotti

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors, Military

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: Aclaris Therapeutics, Inc.

Physical Address: 640 Lee Road, Suite 200

City: Wayne State: PA Zip Code: 19087

Telephone Number: 484-324-7933 Fax Number: 484-320-2344

Toll Free Number: 833-225-2747

E-mail: rmaffia@aclaristx.com Website: http://www.aclaristx.com

Facility Manager: Roger P. Maffia

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: _____

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 01978
and name - See Attachment A)
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: ACP Nimble Buyer, Inc.

Physical Address: 111 Coolidge Street

City: South Plainfield State: NJ Zip Code: 07080

Telephone Number: 908-753-2000 Fax Number: 908-753-7409

Toll Free Number: N/A

E-mail: tcobb@gwllabs.com Website: N/A

Facility Manager: Thomas Cobb

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: Distributors and Pharmaceutical Companies

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: List I chemicals and OTC drugs

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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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 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: AMAG Pharmaceuticals, Inc

Physical Address: 1100 Winter Street

City: Waltham State: MA Zip Code: 02451

Telephone Number: 617-498-3300 Fax Number: 617-499-3361

Toll Free Number: N/A

E-mail: ehood@amagpharma.com Website: www.amagpharma.com

Facility Manager: Joseph Vittiglio

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: 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

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 02282**)
 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: Amazon.com Services, Inc.

Physical Address: 715 Airtech Parkway

City: Plainfield State: IN Zip Code: 46168

Telephone Number: 317-837-9232 Fax Number: 206-266-7010

Toll Free Number: N/A

E-mail: healthcare-licensing@amazon.com Website: www.amazon.com

Facility Manager: Ryan Curtis

Professional qualifications and experience of facility manager: _____
Ryan Curtis has over 15 years of experience in the medical device industry, and ensuring both good manufacturing and distribution practices.

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

(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: Amring Pharmaceuticals Inc.

Physical Address: 1205 Westlakes Drive, Suite 275

City: Berwyn State: PA Zip Code: 19312

Telephone Number: 844-304-4828 Fax Number: 610-647-3000

Toll Free Number: N/A

E-mail: daniel.carbery@amringpharma.com Website: www.amringusa.com

Facility Manager: Daniel J. Carbery

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: Distributors, Repackagers, 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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AA

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: Asegua Therapeutics LLC

Physical Address: 333 Lakeside Drive, Bldg 309

City: Foster City State: CA Zip Code: 94404

Telephone Number: 800-939-9009 Fax Number: 800-639-9009

Toll Free Number: N/A

E-mail: customerservice@asegua.com Website: www.asegua.com

Facility Manager: Jeffrey Rugg

Professional qualifications and experience of facility manager: See attached resume for Jeffrey Rugg

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: _____

BB

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 02469**)
 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: Aquestive Therapeutics, Inc.
 Physical Address: 30 Technology Drive
 City: Warren State: NJ Zip Code: 07059
 Telephone Number: (908) 941-1900 Fax Number: (908) 561-1209
 Toll Free Number: N/A
 E-mail: StateLicensing@aquestive.com Website: www.aquestive.com
 Facility Manager: Robert Arnold
 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: _____

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: _____

CC

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

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☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 01793)
 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 ownershipFacility Name: Boehringer Ingelheim Animal Health USA Inc.Physical Address: 5701 Providence Hill DriveCity: St. Joseph State: MO Zip Code: 64503Telephone Number: 816-383-8905 Fax Number: 816-383-8906Toll Free Number: 800-325-9167E-mail: steve.maksudian@boehringer-ingelheim.com Website: www.boehringer-ingelheim.comFacility Manager: Steven Maksudian

Professional qualifications and experience of facility manager: B.S. Operations Management
APICS Certified, Designated Representative for our company for 17 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: Distributors and veterinary 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: Veterinary OTC Drugs and Veterinary vaccines

DD

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 ownership

Facility Name: Clinigen, Inc.

Physical Address: 790 Township Line Road, Suite 120

City: Yardley State: PA Zip Code: 19067

Telephone Number: (215)944-8800 Fax Number: N/A

Toll Free Number: N/A

E-mail: statelicensingUS@clinigengroup.com Website: www.clinigengroup.com

Facility Manager: James Dewis

Professional qualifications and experience of facility manager: Please 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: _____

EE

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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☒ 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: CSL Behring LLC

Physical Address: 1020 First Avenue

City: King of Prussia State: PA Zip Code: 19406-0901

Telephone Number: 610-878-4000 Fax Number: 610-878-4009

Toll Free Number: N/A

E-mail: daniel.sweed@cslbehring.com Website: www.cslbehring.com

Facility Manager: Daniel E. Sweed

Professional qualifications and experience of facility manager: I am responsible for the logistics operations. I have over 16 years of experience in quality, vaccine manufacturing operations, and engineering.

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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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 ownership

Facility Name: Eagle Pharmaceuticals, Inc.

Physical Address: 50 Tice Boulevard, Suite 315

City: Woodcliff Lake State: NJ Zip Code: 07677

Telephone Number: 201-326-5300 Fax Number: 201-391-2430

Toll Free Number: N/A

E-mail: starriff@eagleus.com Website: www.eagleus.com

Facility Manager: Scott L. Tarriff

Professional qualifications and experience of facility manager: I have over 25 years of industry experience. I am responsible for providing strategic leadership for the company by working with the board and other management to establish and achieve long-range goals and strategies.

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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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: Evolus, Inc.

Physical Address: 520 Newport Center Drive, Suite 1200

City: Newport Beach State: CA Zip Code: 92660

Telephone Number: 949-284-4555 Fax Number: 949-284-4760

Toll Free Number: N/A

E-mail: Rui.Avelar@evolus.com Website: info@evolus.com

Facility Manager: Dr. Rui Avelar

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: _____

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: _____

HH

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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 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: Eywa Pharma Inc.Physical Address: 2 Research Way, Floor #3City: Princeton State: NJ Zip Code: 08540Telephone Number: (609) 751-9600 Fax Number: (609) 455-1515Toll Free Number: N/AE-mail: Srinivasan.s@eywapharma.com Website: www.eywapharma.comFacility Manager: Srinivasan Seshan

Professional qualifications and experience of facility manager: Chief Executive Officer and Co-Founder of Eywa. He is responsible for setting the Strategic Direction and driving the business of the company.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Reverse Distributors, Repackagers, 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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II

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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 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: Ferring Pharmaceuticals Inc.

Physical Address: 100 Interpace Parkway

City: Parsippany State: NJ Zip Code: 07054

Telephone Number: 973-796-1600 Fax Number: 973-796-1694

Toll Free Number: N/A

E-mail: Sangeeta.ChavanPatil@ferring.com Website: www.ferringusa.com

Facility Manager: Sangeeta M. Chavan-Patil

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: Distributors and Repackagers

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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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: Greenhill Trading Inc.
Physical Address: 1926 Atlantic Ave
City: Brooklyn State: NY Zip Code: 11233
Telephone Number: 347-378-2800 Fax Number: 347-378-2801
Toll Free Number: N/A
E-mail: compliance.greenhill@gmail.com Website: N/A
Facility Manager: Noson Sternberg
Professional qualifications and experience of facility manager: 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: _____

KK

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 ownershipFacility Name: Genzyme CorporationPhysical Address: 50 Binney StreetCity: Cambridge State: MA Zip Code: 02142Telephone Number: 617-252-7500 Fax Number: 617-768-9570Toll Free Number: 800-326-7002E-mail: Vaneza.Nazario-Keefe@sanofi.com Website: www.sanofigenzyme.comFacility Manager: Vaneza S. Nazario-Keefe

Professional qualifications and experience of facility manager: Associate Director of Logistics; over 20 years of pharmaceutical experience with Genzyme Corporation.

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 by all types of ownership

Facility Name: Hospira, Inc.

Physical Address: 1776 North Centennial Drive

City: McPherson State: Kansas Zip Code: 67460

Telephone Number: 901-275-0400 Fax Number: _____

Toll Free Number: 844-646-4398

E-mail: darren.nathan@pfizer.com Website: www.pfizer.com

Facility Manager: Bryan Hanlin

Professional qualifications and experience of facility manager: 6 years of large scale pharmaceutical distribution experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Third Party 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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MM

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: Immunomedics, Inc.

Physical Address: 300 The American Road

City: Morris Plains State: NJ Zip Code: 07950

Telephone Number: 973-602-8200 Fax Number: 973-605-8282

Toll Free Number: N/A

E-mail: pmaruszewski@immunomedics.com Website: www.immunomedics.com

Facility Manager: Peter S. Maruszewski

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: 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
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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: Kyowa Kirin, Inc.

Physical Address: 135 Route 202/206, Suite 6

City: Bedminster State: NJ Zip Code: 07921

Telephone Number: 908-234-1096 Fax Number: 908-234-2835

Toll Free Number: 800-726-2876

E-mail: Len.Paolillo@kyowakirin.com Website: www.kyowa-kirin.com

Facility Manager: Leonard S. Paolillo

Professional qualifications and experience of facility manager: Lead a Senior Executive management team dedicated to achieving the company's vision of becoming a global specialty pharmaceutical company. Over 16 years of pharmaceutical experience.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Repackagers, 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) NA - 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

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: LEO Pharma inc.

Physical Address: 7 Giralda Farms

City: Madison State: NJ Zip Code: 07940

Telephone Number: 973-637-1690 Fax Number: 973-637-1682

Toll Free Number: 877-494-4536

E-mail: KHBUS@leo-pharma.com Website: www.leo-pharma.us

Facility Manager: Keith E. Bernius

Professional qualifications and experience of facility manager: _____
 I play a strategic role in overall management of the U.S. finance function with direct oversight of the areas of
Business finance, Accounting & Tax, Contracts & Pricing and Trade.

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~~ LLC – 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: Lundbeck LLC

Physical Address: Six Parkway North

City: Deerfield State: IL Zip Code: 60015

Telephone Number: 847-282-1000 Fax Number: 847-282-1001

Toll Free Number: 866-337-6996

E-mail: ika@lundbeck.com Website: www.lundbeck.com/us

Facility Manager: Ilze K. Antons

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: Specialty 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) 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

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: NEOPHARMA INC

Physical Address: 116 VILLAGE BLVD SUITE 200

City: PRINCETON State: NS Zip Code: 08540

Telephone Number: 609 454 5528 Fax Number: _____

Toll Free Number: _____

E-mail: MALLI@NEOPHARMA.COM Website: NEOPHARMA.COM

Facility Manager: MALLIKARTUNA DESIREDDY

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: _____

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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: NeoTract, Inc.

Physical Address: 1971 Rutan Drive

City: Livermore State: CA Zip Code: 94551

Telephone Number: 925-401-0700 Fax Number: 925-401-0699

Toll Free Number: n/a

E-mail: statelicensing@teleflex.com Website: http://www.neotract.com/

Facility Manager: Rose Zarate

Professional qualifications and experience of facility manager: see resume see exhibit E

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 ownership

Facility Name: Neurocrine Biosciences, inc.

Physical Address: 12780 El Camino Real

City: San Diego State: CA Zip Code: 92130

Telephone Number: 858-617-7600 Fax Number: 858-617-7601

Toll Free Number: 800-876-3522

E-mail: alobbia@neurocrine.com Website: www.neurocrine.com

Facility Manager: Alessandro Lobbia

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: 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

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: Novartis Pharmaceuticals Corporation

Physical Address: 59 Route 10

City: East Hanover State: NJ Zip Code: 07936

Telephone Number: 862-778-6826 Fax Number: 973-781-2486

Toll Free Number: N/A

E-mail: lisa.butler@novartis.com Website: www.pharma.us.novartis.com

Facility Manager: Lisa A. Butler

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: _____

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: Over-the-counter drugs

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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: Paratek Pharmaceuticals, Inc.
 Physical Address: 75 Park Plaza, 4th Floor
 City: Boston State: MA Zip Code: 02116
 Telephone Number: (617) 807-6600 Fax Number: (617) 275-0039
 Toll Free Number: (833) PARATEK
 E-mail: StateLicense@ParatekPharma.com Website: http://www.paratekpharma.com
 Facility Manager: Douglas W. Pagan
 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 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: Progenics Pharmaceuticals, Inc.

Physical Address: One World Trade Center, 47th Floor, Suite J

City: New York State: NY Zip Code: 10007

Telephone Number: 646-975-2500 Fax Number: 646-707-3626

Toll Free Number: N/A

E-mail: mbatheja@progenics.com Website: www.progenics.com

Facility Manager: Malini Batheja

Professional qualifications and experience of facility manager: Malini Batheja has extensive experience in the pharmaceutical industry in areas of regulatory affairs and Analytical method development/validation. At the company, she oversees and manages all quality functions including GxP.

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 ownership

Facility Name: Regeneron Healthcare Solutions, Inc.

Physical Address: 745 Old Saw Mill River Road

City: Tarrytown State: NY Zip Code: 10591

Telephone Number: 914-847-7000 Fax Number: 914-931-2017

Toll Free Number: 1-855-REGEN-4-U

E-mail: kathryn.hilliard@Regeneron.com Website: www.regeneron.com

Facility Manager: Kathryn W. Dolcine

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: Third Party Logistics Providers

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 ownership

Facility Name: Sunovion Pharmaceuticals Inc.

Physical Address: 84 Waterford Drive

City: Marlborough State: MA Zip Code: 01752

Telephone Number: 508-787-4290 Fax Number: 508-357-7894

Toll Free Number: N/A

E-mail: gcoffice@sunovion.com

Website: www.sunovion.com

Facility Manager: Nobuhiko Tamura

Professional qualifications and experience of facility manager: Over 30 years of pharmaceutical experience.
Serves as the Chairman and Chief Executive Officer for the company.

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 B

☐ Other: _____

44

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: Vyaire Medical, Inc.

Physical Address: 26125 N. Riverwoods Blvd.

City: Mettawa State: IL Zip Code: 60045

Telephone Number: 872-757-0146 Fax Number: N/A

Toll Free Number: N/A

E-mail: steven.marshall@vyaire.com Website: www.vyaire.com

Facility Manager: Steven G. Marshall

Professional qualifications and experience of facility manager: Responsible for the quality operations for the business. Over 17 years of industry experience.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Clinics, Manufacturers and 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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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: Xeris Pharmaceuticals, Inc.

Physical Address: 180 N. LaSalle Street, Suite 1600

City: Chicago State: IL Zip Code: 60601

Telephone Number: 844-445-5704 Fax Number: N/A

Toll Free Number: N/A

E-mail: mzyrkowski@xerispharma.com Website: www.xerispharma.com

Facility Manager: Mark E. Zyrkowski

Professional qualifications and experience of facility manager: _____

Responsible for inventory planning, procurement and distribution. Over 12 years of industry experience.

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 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 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 INFORMATIONFacility Name: Durable Medical Equipment LLC, (DBA: DME Healthcare Partners)Physical Address: 6509 W. Frye Rd. Ste#5, Chandler AZ, 85226

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

Mailing Address: 6509 W. Frye Rd. Ste#5City: Chandler State: Arizona Zip Code: 85226Telephone: 480 930 4500 Fax: 888 505 5767E-mail: george@thedmecompany.com Website: www.thedmecompany.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3Fri: 9 to 3 Sat: / to / Sun: / to / Holidays: / to /**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: George Charalambous**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" 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 checked="" 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: _____

BBB

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 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 INFORMATIONFacility Name: Homestead Orthotics LLCPhysical Address: 9401 W Thunderbird Rd Suite 187

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

Mailing Address: 9401 W Thunderbird Rd Suite 187City: Peoria State: AZ Zip Code: 85381Telephone: 1-888-863-3207 Fax: 1-888-959-0974E-mail: Tricia@homesteadorthotics.com Website: www.homesteadorthotics.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 8 to 3 Tue: 8 to 3 Wed: 8 to 3 Thu: 8 to 3Fri: 8 to 1 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: Tricia Hammond**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: _____

CCC

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 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: Livongo Health, Inc.Physical Address: 150 W. evelyn Ave., Suite 150, Mountain View, CA 94041

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

Mailing Address: 444 N. Michigan Ave., Suite 3400City: Chicago State: IL Zip Code: 60611Telephone: 866-435-5643 Fax: 708-575-0521E-mail: legal@livongo.com Website: https://www.livongo.com/**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pmFri: 9am to 5pm Sat: closed Sun: closed Holidays: closed**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Michael Chibbaro**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 checked="" 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: N/ATelephone: N/A

DD

NEVADA STATE BOARD OF PHARMACY

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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 INFORMATIONFacility Name: LOCOST MEDICAL SUPPLY, LLCPhysical Address: 2780 PEACHTREE INDUSTRIAL BLVD STE A

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

Mailing Address: 2780 PEACHTREE INDUSTRIAL BLVD STE ACity: DULUTH State: GA Zip Code: 30097Telephone: 678-584-2223 Fax: 855-456-2678E-mail: rebecca@locostmedicalsupply.com Website: www.locostmedicalsupply.com**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**Mon: 9:00 to 5:30 Tue: 9:00 to 5:30 Wed: 9:00 to 5:30 Thu: 9:00 to 5:30Fri: 9:00 to 5:30 Sat: closed to Sun: closed to Holidays: closed to**MDEG ADMINISTRATOR INFORMATION:** Person in charge on a daily basisName: STEVEN SIMS**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 ProsthesisOther: catheters, ostomy, incontinence, wound care

**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 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 INFORMATIONFacility Name: Therapoint Medical LLCPhysical Address: 1100 E Hebron Street Suite 350A Conshohocken PA 19386
(This must be a business address, we can not issue a license to a home address)Mailing Address: 1100 E Hebron Street Suite 350A Conshohocken PA 19386City: Conshohocken State: PA Zip Code: 19386Telephone: 610-990-2653 Fax: 610-662-3927E-mail: gregg@insightmedicalpartners.com Website: www.therapointmedical.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: to Sun: to Holidays: to**MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis**Name: Gregg Hurst gregg@insightmedicalpartners.com**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: <u>Heat Applications Cooling + Compression</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: _____ Telephone: _____

EEE

FFF

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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☒ 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: Central Rx Services, LLC dba IngenioRx Specialty or CVS Specialty

Physical Address: 1451 Center Crossing Rd.

City: Las Vegas State: NV Zip Code: 89144

Telephone: 702-880-6500 Fax: 702-880-6501

Toll Free Number: PENDING E-mail: N/A

Website: N/A

Managing Pharmacist: Mark Carlson License Number: 19994 ✓

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: Pharmacy does not compound
or dispense Controlled Substances

GGG

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

Pharmacy Name: Nevada Health Center Pharmacy - MLK

Physical Address: 1799 Mount Mariah Dr

City: Las Vegas State: NV Zip Code: 89106

Telephone: 702-636-5454 Fax: 702-636-5455

Toll Free Number: — E-mail: —

Website: www.nevadahealthcenter.org

Managing Pharmacist: Stephanie Ingrey License Number: 15212 ✓

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: _____

NEVADA STATE BOARD OF PHARMACY
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☐ 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: Sunset Pain Surgery Center
 Physical Address: 9120 W. Russell Road Unit 100
 City: Las Vegas State: Nevada Zip Code: 89148
 Telephone: 480-7666-6819 Fax: 602-532-7997
 Toll Free Number: 702-912-4100 E-mail: Gcook@nationalsurgery.net
 Website: N/A
 Managing Pharmacist: Mary Grear, R.Ph. License Number: 10687 ✓

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: _____

111

NEVADA STATE BOARD OF PHARMACY
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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: **PH 03127**)
 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: Well Care Pharmacy I, LLC

Physical Address: 80 N Pecos Rd

City: Las Vegas State: NV Zip Code: 89074

Telephone: 702-912-1400 Fax: 702-912-1401

Toll Free Number: N/A E-mail: Frances@thewellcaregroup.com

Website: www.MyWellCarePharmacy.com

Managing Pharmacist: Thai Vo License Number: 17678 ✓

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: _____