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4A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alto Pharmacy

Physical Address: 6201 West Plano Parkway, Suite 400, Plano, TX 75093-4907

Mailing Address: 1400 Tennessee Street, Suite 2

City: San Francisco State: CA Zip Code: 94107-3983

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

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

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

Managing Pharmacist: Rina Soni License Number: 54575

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☐	☑ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☑	☐ Other: Central Prescription and Medication Order Processing	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
		☐	☑ Mail Service Sterile Compounding **
		☑	☐ Other Services: Central Prescription and Medication Order Processing

All boxes must be checked

For the application to be complete

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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

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

Mattieu Gamache-Asselin
President, CEO, CFO and Director
Print Name of Authorized Person

9/29/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: NA

Mailing Address: 1400 Tennessee Street, Suite 2

City: San Francisco State: CA Zip: 94107-3983

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

Contact Person: Erik J. Heikkenen, Consultant

For any corporation non publicly traded, disclose the following:

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

a) SVF II AIV-1 (DE) L.P. Circle Star Way, Suite , San Carlos, CA 94070
Name Address

b) Greenoaks Capital Opportunities, L.P. Pacific Avenu Floor, San Francisco, CA 94133
Name Address

c) Zola Ventures, Ltd. Sir Francis Drake's Highway, Road Town, Tortola, British Virgin Islands VG 111C
Name Address

d) Jackson Square Ventures II, L.P. Sansome Street, San Francisco, CA 94111
Name Address

2) Provide the number of shares issued by the corporation. 59,961,914

3) What was the price paid per share? varies

4) What date did the corporation actually receive the cash assets? NA

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: NA %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 7:00 am 11:59 pm Saturday 8:00 am 8:00 pm

Sunday 8:00 am 8:00 pm 24 Hours

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

Attachment: Ownership Section - Question #5

Shareholder Name	Certificate Number	%of Shares	Date Issued	Date Cancelled	License
ackson Square Ventures II, LP	PA-001	2.97%	07-25-2016	NA	NA
Greenoaks Capital Opportunities Fund, L.P.	PB-001	8.44%	03-03-2017	NA	NA
ackson Square Ventures II, LP	PB-002	0.38%	03-03-2017	NA	NA
Greenoaks Capital Opportunities Fund, L.P.	PC1-001	1.43%	08-21-2018	NA	NA
Greenoaks Capital Opportunities Fund, L.P.	PC1-013	0.71%	08-21-2018	NA	NA
Greenoaks Capital Opportunities Fund, L.P.	PC2-001	0.63%	08-21-2018	NA	NA
Greenoaks Capital Opportunities Fund, L.P.	PC2-015	1.04%	08-21-2018	NA	NA
ackson Square Ventures II, L.P.	PC1-002	0.16%	08-21-2018	NA	NA
ackson Square Ventures II, L.P.	PC1-011	0.33%	08-21-2018	NA	NA
ackson Square Ventures II, L.P.	PC2-002	0.58%	08-21-2018	NA	NA
ackson Square Ventures II, LP	PC1-027	0.29%	10-26-2018	NA	NA
ola Ventures, Ltd.	PC1-023	0.70%	10-26-2018	NA	NA
ackson Square Ventures II, L.P.	PCC-003	0.37%	06-19-2019	NA	NA
ola Ventures, Ltd.	PCC-018	2.68%	06-24-2019	NA	NA
VF II AIV-1 (DE) L.P.	PD-001	7.09%	12-10-2019	NA	NA
reenoaks Capital Opportunities Fund, L.P.	PD-012	0.85%	12-13-2019	NA	NA
VF II AIV-1 (DE) L.P.	PD-016	9.92%	03-16-2020	NA	NA
reenoaks Capital Opportunities Fund, L.P.	PD-020	0.43%	04-30-2020	NA	NA
VF II AIV-1 (DE) L.P.	PD-017	17.01%	04-30-2020	NA	NA
ola Ventures, Ltd.	PC1-031	4.25%	05-05-2020	NA	NA

Must be included with the application for a non publicly traded corporation

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

List of officers and directors

Mattieu Gamache-Asselin, President, CEO, CFO and Director
James D. Karrake, CTO, Secretary and Director
Justin L. Wilson, Director
Neil P. Shah, Director
Nichola E. Eliovits, Director
Joshua E. Breinlinge, Director
Nathaniel "Justin" Kan, Director

Texas Pharmacy Permit

Please be advise ScriptDash Inc. dba Alto Pharmacy's ("Applicant") original Texas Pharmacy Permit has been requested from the Texas State Board of Pharmacy. Receipt of the original permit is pending.

At this time, we respectfully request our application is processed using the attached Texas State Board of Pharmacy website verification in place of a copy of the Texas Pharmacy Permit.

Upon receipt of the permit, the Applicant will email and/or forward a copy of the permit under a separate cover. Thank you.

Inspection Report

Please be advised the COVID-19 pandemic has delayed Texas Board of Pharmacy's ("Board of Pharmacy") ability to conduct timely inspections.

The Board of Pharmacy has indicated an inspection of the Applicant's pharmacy will occur sometime within the next 6-month period of the pharmacy's operations. Upon receipt of the inspection report, Applicant will forward a copy.

We respectfully request the attached application is processed, pending receipt of the Board of Pharmacy's Inspection Report

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 33338

ALTO PHARMACY

License Information

License Status Active
License # 33338
Expiration Date 07/31/2022
Date License Issued 07/17/2020

Address

6201 W PLANO PKWY STE 400
PLANO, TX 75093
County COLLIN
Phone (800) 874-5881

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Central Processing Pharmacy
Type of Ownership Corporation
Type of Pharmacy Other
# of Hospital beds

Employment Information

Pharmacist in Charge
SONI, RINA

Pharmacy Profile ¥

Accessible to disabled persons? Yes

Participates in the Texas Medicaid program? No

Translating services (Listed Below If Available)

Spanish
Vietnamese

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

No **Nuclear**
No **Out-Patient Prescriptions**
No **Ship Prescription Out of State**
No **Class D (Expanded Formulary)**
No **Class D (Alternative Visit Schedule)**
No **Compounding Sterile-Risk Level Low**
No **Compounding Sterile-Risk Level Med**
No **Compounding Sterile-Risk Level High**
No **Compounding Non-Sterile**
No **24 Hour Service**
No **Closed Door**
No **Compounding, Office Use**
No **Home Delivery**
No **Infusion**
No **Pharmacist Administered Immunizations**
No **Veterinary Prescriptions**

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
SONI, RINA	54575	04/10/2014	01/31/2022	PIC	Active

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Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
FARRINGTON, MARIAH DANIELLE	249130	10/28/2015	02/28/2022	Staff	Active
FLORES, ITALY MARIE	249927	11/19/2015	05/31/2022	Staff	Active
JOLLY, MELISSA	224835	11/13/2013	11/30/2021	Staff	Active
MEDINA, KADY	280250	02/16/2018	03/31/2021	Staff	Active

MIDDLETON, KASSANDRA LEYNA	157143	03/21/2008	07/31/2022	Staff	Active
POWE, CHARITY DAWN	166753	10/17/2008	11/30/2020	Staff	Active
QUINTEN, KRISTI ANNE	164643	01/12/2009	11/30/2020	Staff	Active

Page 1 of 1 20 View 1 - 7 of 7

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
SCRIPTDASH, INC	OWNER	1400 TENNESSEE ST UNIT	SAN FRANCISCO	CA	94107
KARRAKER, JAMES DYLAN	OFFICER	,			
GAMACHE-ASSELIN, MATTIEU	OFFICER	,			

Page 1 of 1 20 View 1 - 3 of 3

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CALIFORNIA)
) ss.
SAN FRANCISCO COUNTY)

I, Mattieu Gamache-Asselin, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President, CEO, CFO and Director for Alto Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Mattieu Gamache-Asselin, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
29 day of SEPTEMBER, 2020.

NOTARY PUBLIC

OUD SAPPRASERT O'BRIEN
COMM. #2223474
NOTARY PUBLIC-CALIFORNIA
SAN FRANCISCO COUNTY
My Comm. Expires Dec. 23, 2021

Posted April 1, 2020

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mattieu Gamache-Asselin

Responsible Person of Alto Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Mattieu Gamache-Asselin
Print Name of Authorized Person

9/29/20
Date

Posted April 1, 2020

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

SCRIPTDASH INC.

Nevada Business Identification # NV20191486566
Expiration Date: 07/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/07/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202010071132212
You may verify this certificate online at http://www.nvsos.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SCRIPTDASH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE NINTH DAY OF JUNE, A.D. 2015, AT 4:08 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE NINTH DAY OF JUNE, A.D. 2016, AT 2 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FIFTH DAY OF JULY, A.D. 2016, AT 6:46 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRD DAY OF MARCH, A.D. 2017, AT 8:39 O`CLOCK A.M.

CORRECTED CERTIFICATE OF RESTATED CERTIFICATE, FILED THE THIRTEENTH DAY OF APRIL, A.D. 2017, AT 5:36 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTIETH DAY OF AUGUST, A.D. 2018, AT 1:55 O`CLOCK P.M.





5763030 8310

SR# 20207432860

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

Authentication: 203720846

Date: 09-23-20

Delaware

The First State

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FIRST DAY OF AUGUST, A.D. 2018, AT 8:28 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE NINETEENTH DAY OF JUNE, A.D. 2019, AT 12:59 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE NINTH DAY OF DECEMBER, A.D. 2019, AT 6:04 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2020, AT 7:16 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "SCRIPTDASH INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCRIPTDASH INC." WAS INCORPORATED ON THE NINTH DAY OF JUNE, A.D. 2015.

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

Jeffrey W. Bullock, Secretary of State

5763030 8310

SR# 20207432860

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

Authentication: 203720846

Date: 09-23-20

TEXAS STATE BOARD OF PHARMACY

Re:	Alto Pharmacy
Address:	6201 West Plano Parkway, Suite 400 Plano, Texas 75093
License No.:	33338
Date Issued:	July 17, 2020
Licensure Status:	Active
Expiration Date:	July 31, 2022
Type of Pharmacy:	Central Processing – Class G
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Alto Pharmacy (Texas Pharmacy License #33338) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

October 5, 2020
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

4B

RECEIVED 9/28

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BE WELL PHARMACY

Physical Address: 8008 Camp Bowie West Blvd STE 109 Fort Worth TX 76116

Mailing Address: 8008 Camp Bowie West Blvd STE 109

City: Fort Worth State: TX Zip Code: 76116

Telephone: (877) 882-8287 Fax: 888-384-2670

Toll Free Number: (877) 882-8287 (Required per NAC 639.708)

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

Managing Pharmacist: Nahed Bakhit License Number: 62161

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☑	☒ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

Michael Tolba

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

Michael Tolba

Print Name of Authorized Person

9/10/20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: _____

Mailing Address: 8008 Camp Bowie West Blvd STE 109 Fort Worth TX 76116

City: _____ State: _____ Zip: _____

Telephone: (877) 882-8287 Fax: 888-384-2670

Contact Person: Michael Tolba

For any corporation non publicly traded, disclose the following:

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

a) Michael Tolba, Managing Member — East Riverside Dr #A207 Austin TX 78741
Name — Address

b) _____
Name — Address

c) _____
Name — Address

d) _____
Name — Address

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? 100,000

4) What date did the corporation actually receive the cash assets? 3/1/20

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: Michael Tolba %: 100

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Nahed Bakhit

Responsible Person of BE WELL PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Nahed F. Bakhit

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

Nahed Bakhit

Print Name of Authorized Person

9/14/2020

Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Tarrant COUNTY)

I, Nahed Bakhit, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for BE WELL PHARMACY (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

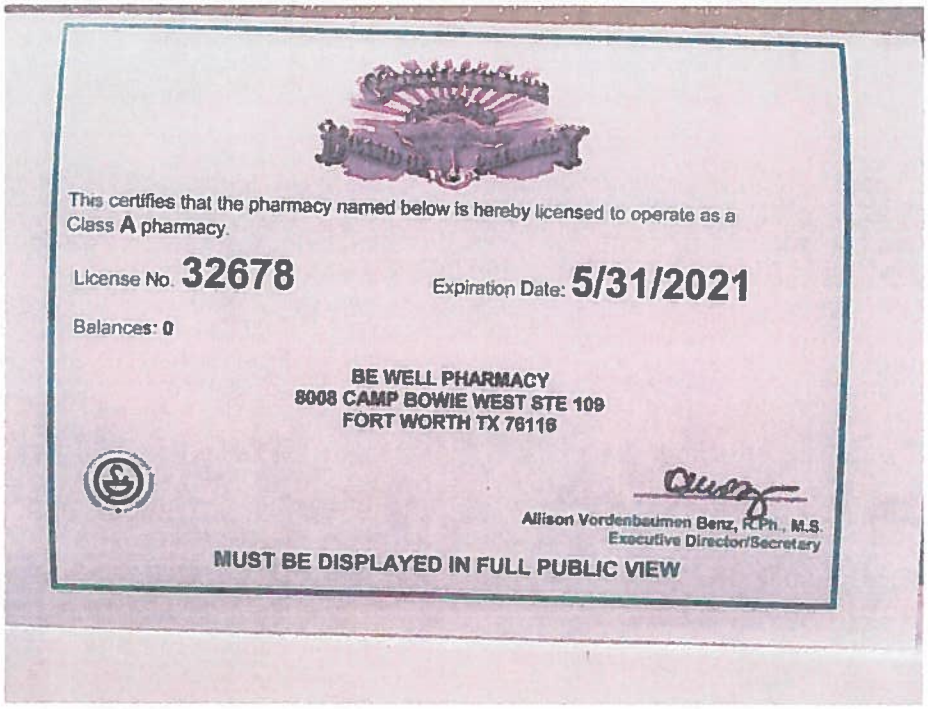
I, Nahed Bakhit, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Nahed F. Bakhit Nahed Bakhit
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
14 day of September, 2020.

NOTARY PUBLIC

CHRIST TORRES
Notary Public, State of Texas
Comm. Expires 09-28-2022
Notary ID 131742630



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **32678** Expiration Date: **5/31/2021**

Balances: **0**

BE WELL PHARMACY
8008 CAMP BOWIE WEST STE 109
FORT WORTH TX 76116

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacist License # 62161

License Information

BAKHIT, NAHED FAYEK ABDO

License Status Active
License # 62161
Expiration Date 08/31/2021
Date License Issued 02/01/2018

Pharmacist Details

School Graduated OTHER
Graduation Year 2006
Degree at time of licensure BS
License Method Reciprocity
Preceptor No
Prior Disciplinary Order(s)* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Names

Last Name BAKHIT
First Name NAHED
Middle Name FAYEK ABDO
Other Name
Certificate Name BAKHIT, NAHED FAYEK ABDO

More Pharmacist Details

Specialty Board Certification ¥ Unknown

¥ Data regarding Specialty Board Certification is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder for clarification.

Remedial Plans

Remedial plans (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Texas Pharmacist Employment Information

Pharmacy Name	Pharmacy License #	Employment Status
BE WELL PHARMACY	32678	PIC

Page 1 of 0 | 20 | View 1 - 1 of 1

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 32678

BE WELL PHARMACY

License Information

License Status Active
License # 32678
Expiration Date 05/31/2021
Date License Issued 05/28/2019

Address

8008 CAMP BOWIE WEST BLVD STE 109
FORT WORTH, TX 76116
County TARRANT
Phone (877) 882-8287

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
BAKHIT, NAHED FAYEK ABDO

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

No	**Nuclear**
No	**Out-Patient Prescriptions**
No	**Ship Prescription Out of State**
No	**Class D (Expanded Formulary)**
No	**Class D (Alternative Visit Schedule)**
No	**Compounding Sterile-Risk Level Low**
No	**Compounding Sterile-Risk Level Med**
No	**Compounding Sterile-Risk Level High**
No	**Compounding Non-Sterile**
No	**24 Hour Service**
Yes	**Closed Door**
No	**Compounding, Office Use**
Yes	**Home Delivery**
No	**Infusion**
No	**Pharmacist Administered Immunizations**
No	**Veterinary Prescriptions**

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BAKHIT, NAHED FAYEK ABDO	62161	02/01/2018	08/31/2021	PIC	Active

Page 1 of 0 20 View 1 - 1 of 1

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
		Page 0 of 0	20		No records to view

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode
		Page 0 of 0	20		No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
BE WELL PHARMACY, LLC	OWNER	,			
TOLBA, MICHAEL	OFFICER	,			
		Page 1 of 1	20		View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

TEXAS STATE BOARD OF PHARMACY

Pharmacist-in-Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

____ I am the Pharmacist-in-Charge (PIC) of [illegible], pharmacy license
(Name of Pharmacy)
number [illegible] and I ☒ was / ☐ was not present during a Compliance
(Pharmacy License Number)
Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on
[illegible];
(Date of Inspection)

____ I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector;

____ I reviewed the document titled *Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF* (on the reverse side of this attestation);

____ If applicable, the Warning Notice issued contains 0 deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice;

____ I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St., Suite 3-500
Austin, Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: [illegible] **Date:** [illegible]
(Signature of PIC)

Printed Name: [illegible] **License No.:** [illegible]

TEXAS STATE BOARD OF PHARMACY
333 Guadalupe St., Suite 3-500
Austin, TX 78701
(512) 305-8000

License Number: 62161
08/31/2021
(Date PDF Version Generated: 09/03/2020)

An up-to-date License Verification is always available on the Board's website:
http://www.pharmacy.texas.gov/

TEXAS STATE BOARD OF PHARMACY

License No.
62161

Expiration Date
08/31/2021

NAHED FAYEK ABDO BAKHIT
REGISTERED PHARMACIST

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

- Pharmacists are required to obtain CE as outlined in Rule 295.8, and are subject to random audits by TSBP.
- Update your address and/or employment through your online account at www.pharmacy.texas.gov.

TEXAS STATE BOARD OF PHARMACY

License No.
62161

Expiration Date
08/31/2021

NAHED FAYEK ABDO BAKHIT
REGISTERED PHARMACIST

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

4C

9-21-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Capsule Pharmacy

Physical Address: 41 Spring Street, Suite 105 New Providence, NJ 07974

Mailing Address: 255 Greenwich Street, Floor 4

City: New York State: NY Zip Code: 10007

Telephone: 201-380-7700 Fax: 646-934-6409

Toll Free Number: 1-888-910-1808 (Required per NAC 639.708)

E-mail: licensing@capsule.com Website: www.capsule.com

Managing Pharmacist: Matthew Roesch License Number: 28RI03668000

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑ ☐	Retail	☐ ☑	Off-site Cognitive Services
☐ ☑	Hospital (# beds____)	☐ ☑	Parenteral **
☐ ☑	Internet	☐ ☑	Parenteral (outpatient)
☐ ☑	Nuclear	☐ ☑	Outpatient/Discharge
☐ ☑	Ambulatory Surgery Center	☑ ☐	Mail Service
☐ ☑	Community	☐ ☑	Long Term Care
☐ ☑	Other: _____	☐ ☑	Sterile Compounding **
		☐ ☑	Non Sterile Compounding
	All boxes must be checked	☐ ☑	Mail Service Sterile Compounding **
	For the application to be complete	☐ ☑	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,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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

EVK

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

Eric Kinariwala
Print Name of Authorized Person

08/10/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Capsule New Jersey LLC

Mailing Address: 255 Greenwich Street, Floor 4

City: New York State: NY Zip: 10007

Telephone: 888-685-9515 Fax: 646-934-6409

Contact Person: Sonia Patel

For any corporation non publicly traded, disclose the following:

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

a) Eric Kinariwala - Sole Member 255 Greenwich Street, Floor 4 New York, NY 10007
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. n/a

3) What was the price paid per share? n/a

4) What date did the corporation actually receive the cash assets? n/a

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: n/a %: _____

Name: n/a %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday ---- am ---- pm

Sunday ---- am ---- pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPSULE NEW JERSEY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPSULE NEW JERSEY LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2019.

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





7627321 8300

SR# 20207175263

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

Authentication: 203619906

Date: 09-09-20

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Eric Kinariwala

Responsible Person of Capsule New Jersey LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Eric Kinariwala
Print Name of Authorized Person

08/10/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
New York COUNTY)

I, Eric Kinariwala, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Sole Member for Capsule New Jersey LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

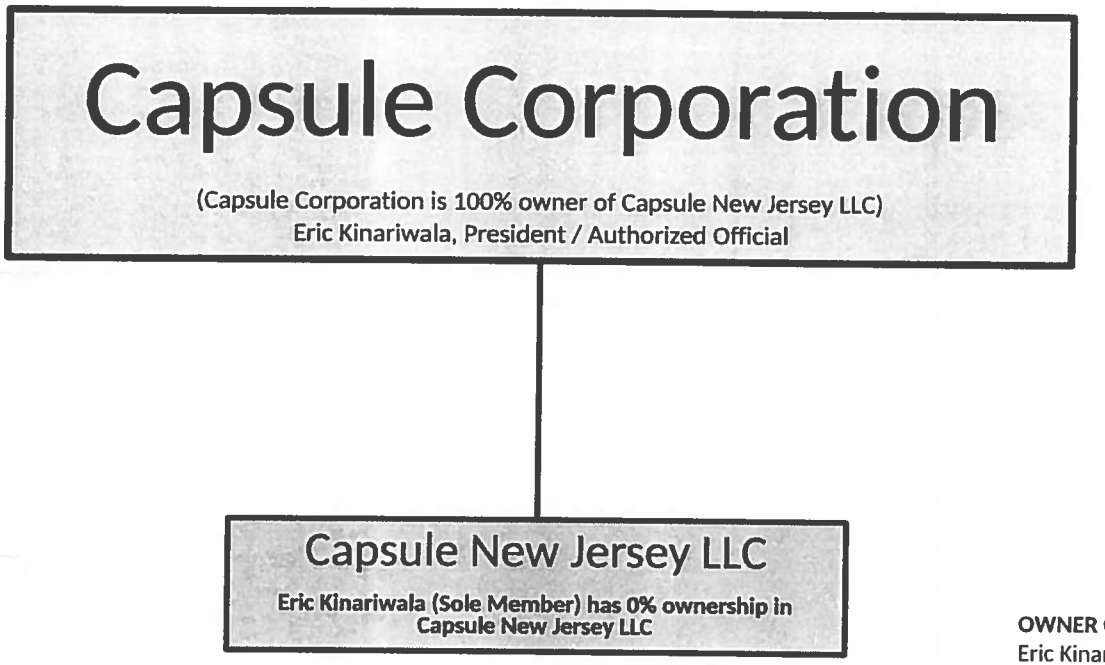
I, Eric Kinariwala, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
27 day of August, 2020

NOTARY PUBLIC

ROSHINEE PERSAUD
Notary Public, State of New York
No. 01PE6360455
Qualified in Queens County
Certified in New York County
Commission Expires June 19, 2021



OWNER CONTACT INFO:
Eric Kinariwala
255 Greenwich St, Floor 4, NY, NY 10007
888-685-9515

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

CAPSULE PHARMACY
MATTHEW DAVID ROESCH
41 Spring St., Ste. 105
New Providence NJ 07974

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Pharmacy
HAS LICENSED
CAPSULE PHARMACY
Pharmacy

06/01/2020 TO 06/30/2021
VALID

SIGNATURE

Paul Rodriguez
ACTING DIRECTOR

28RS00777900
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

06/01/2020 TO 06/30/2021
VALID

28RS00777900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE

CAPSULE PHARMACY

EXPIRATION DATE **2021**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **28RS 00777900** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

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

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

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

State Of New Jersey

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL

DIVISION OF CONSUMER AFFAIRS

CONTROLLED DANGEROUS SUBSTANCES

CDS REGISTRATION NUMBER
D11700400

CAPSULE PHARMACY
CAPSULE PHARMACY
41 Spring St Ste 105
New Providence NJ 07974

PLEASE DETACH HERE
STATE OF NEW JERSEY DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT
CAPSULE PHARMACY
CDS REGISTRATION NUMBER D11700400
DEA NUMBER
FOR SCHEDULES 2 3 4 5
06/03/2020 TO 10/31/2020
VALID
SIGNATURE
28RS00777900
LICENSE NO.
ACTING DIRECTOR

IS REGISTERED AS: CDS Pharmacy

FOR SCHEDULES: 2345

06/03/2020 TO 10/31/2020
VALID

DEA NO.

28RS00777900
LICENSE/REGISTRATION/CERTIFICATION #

SIGNATURE OF REGISTRANT

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/ID CARD IS LOST PLEASE NOTIFY:

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

PLEASE DETACH HERE

CAPSULE PHARMACY

EXPIRATION DATE 2020

YOUR LICENSE NUMBER IS **28RS00777900** AND YOUR CDS REGISTRATION NUMBER IS **D11700400**. PLEASE USE BOTH NUMBERS IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

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

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

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐

BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

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

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. I
Acti

License Information

Accurate as of September 10, 2020 8:57 AM

Return to Search Results

Name: CAPSULE PHARMACY

Address: New Providence,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00777900

License Status: Active

Status Change Reason: License Issuance

Issue Date: 6/1/2020

Expiration Date: 6/30/2021

NO Board Actions. For more information contact New Jersey State Board of Pharmacy (973)504-6450.

Documents

No Public Documents

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

Matthew D. Roesch
W Shore Road
Denville NJ 07834

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacist

03/28/2019 TO 04/30/2021
VALID

28RI03668000
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. I
Acti

License Information

Accurate as of September 11, 2020 12:11 PM

Return to Search Results

Name: MATTHEW DAVID ROESCH

Address: Denville,NJ

Profession/License Type: Pharmacy,Pharmacist

License No: 28RI03668000

License Status: Active

Status Change Reason: License Issuance

Issue Date: 10/6/2014

Expiration Date: 4/30/2021

NO Board Actions. For more information contact New Jersey State Board of Pharmacy (973)504-6450.

Documents

No Public Documents

[illegible] State of New Jersey

Sample Prescription Label for Capsule New Jersey LLC

ACCOUNT TEST

1 26TH ST, NEW YORK, NY 10001

Atorvastatin 10 Mg Tablet

Generic for Lipitor

TAKE 1 TABLET BY MOUTH ONCE DAILY

Qty: 30	Refills: 1	Use By:	07/31/2021
Rx: 1153935 01	DR. DOCTOR TEST		
Mfg:Apo	LAURA CHURNS	Filled:	07/31/2020



Capsule Pharmacy (Capsule New Jersey LLC)
41 Spring St, Ste 105 New Providence, NJ 07974
Phone: (201) 380-7700 Toll Free: (888) 910-1808

Caution: Federal Law prohibits transfer of this drug to any person other than the patient for whom prescribed.

4D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Elevate RX

Physical Address: 2700 Technology Forest Blvd Ste 200

Mailing Address: 2700 Technology Forest Blvd Ste 200

City: The Woodlands State: TX Zip Code: 77381

Telephone: 281-978-4718 Fax: 281-362-5758

Toll Free Number: 1(800) 381-2923 (Required per NAC 639.708)

E-mail: elevaterxpharmacy@gmail.com Website: N/A

Managing Pharmacist: Reza Amirzadeh License Number: 39992

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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

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

Reza Amirzadeh
Print Name of Authorized Person

10/7/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Braz Pharmacy, LLC

Mailing Address: 2700 Technology Forest Blvd. Ste 200

City: The Woodlands State: TX Zip: 77381

Telephone: (281) 978-4718 Fax: (281) 362-5758

Contact Person: Tarek Hassan

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 6 pm Saturday 9 am 2 pm

Sunday closed am closed pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Reza Amirzadeh

Responsible Person of Elevate Rx

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Reza Amirzadeh
Print Name of Authorized Person

10/7/2020
Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
Harris) ss.
COUNTY)

I, Reza Amirzadeh, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for Elevate Rx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Reza Amirzadeh, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

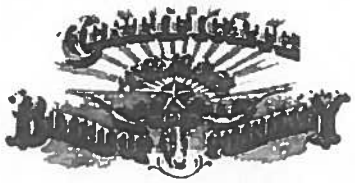
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
1st day of October, 2020

NOTARY PUBLIC

LAUREN RAE HORTON
Notary Public, State of Texas
Comm. Expires 05-28-2023
Notary ID 132028134

Posted April 1, 2020



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **31919** Expiration Date: **3/31/2022**

Balances: **0**

ELEVATE RX
2700 TECHNOLOGY FOREST BLVD
STE 200
THE WOODLANDS TX 77381

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

License No.
39992

Expiration Date
01/31/2022

REZA AMIRZADEH

REGISTERED PHARMACIST

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

Franchise Tax Account Status

As of : 10/07/2020 13:41:09

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

BRAZO PHARMACY LLC

Texas Taxpayer Number	32064806733	
Mailing Address	2100 WEST LOOP S STE 1200 HOUSTON, TX 77027-3599	
Right to Transact Business in Texas	ACTIVE	
State of Formation	TX	
Effective SOS Registration Date	09/12/2017	
Texas SOS File Number	0802812133	
Registered Agent Name	TAREK HASSAN	
Registered Office Street Address	HIDALGO STREET ;	HOUSTON, TX 77056

X

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023

Date of this notice: 09-18-2017

Employer Identification Number:
82-2772761

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

002424.792481.343764.15950 1 MB 0.423 690

BRAZO PHARMACY LLC
2700 TECHNOLOGY FOREST BLVD
STE 200
THE WOODLANDS TX 77381

002424

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-2772761. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BRAZ. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

ELEVATE RX

PHARMACY PERSONNEL:

- OWNER- Brazo Pharmacy, LLC
  2700 Technology Forest BLVD, The Woodlands, TX 77381

  (800) 381-2923
  Ownership: 100%

- CORPORATE OFFICER- Tarek Hassan
  2700 Technology Forest BLVD, The Woodlands, TX 77381

  Ownership: 100%

- PHARMACIST IN CHARGE- Reza Amirzadeh
  2700 Technology Forest BLVD, The Woodlands, TX 77381

  TX RPH LICENSE: 39992 EXP 1/31/2022

ELEVATE RX

Pharmacy Description

Brazo Pharmacy LLC dba Elevate Rx, a community/retail, non-resident/mail order pharmacy, has a purpose to establish a relationship with patients who prefer to have their prescriptions shipped to their home. New patients of Elevate Rx will receive a welcome packet that contains the pharmacy's information including the toll-free number, hours of operation and the phone number to the Texas State Board of Pharmacy. Elevate Rx does not dispense or ship any controlled substances and does not participate in any compounding services. If the pharmacy services change at any time, the board of pharmacy will be notified immediately.

For additional questions, please email: elevaterxpharmacy@gmail.com

2700 TECHNOLOGY FOREST BLVD, THE WOODLANDS, TX 77381
P: (281) 978-4718 | F: (281) 362-5758 | TF: 800-381-2923

Gmail

Elevate Rx <elevaterxpharmacy@gmail.com>

TSBP Online Record Request: Elevate Rx

1 message

webmaster@pharmacy.texas.gov <webmaster@pharmacy.texas.gov> Wed, Oct 7, 2020 at 1:55 PM
To: elevaterxpharmacy@gmail.com

THIS IS AN AUTOMATED RESPONSE, PLEASE DO NOT ATTEMPT TO REPLY TO THIS MESSAGE.

This e-mail will serve as the initial acknowledgment of the receipt of the open record requested with the Texas State Board of Pharmacy.

TSBP Online Record Request: Elevate Rx

Today's Date - 10/7/2020 1:55:15 PM

Person Who Submitted Request:
Name - Elevate Rx
Address - 2700 Technology Forest BLVD, STE 200
City, State, Zip - The Woodlands, TX 77381
Phone Number - 2819784718
Email Address- elevaterxpharmacy@gmail.com
Preferred Method of Contact - Email

Where to send info:
Preferred Delivery Method - Mail
FEDEX Account Number - 758642925
Person Receiving - Nevada Board of Pharmacy
Mailing Address - 985 Damonte Ranch PKWY, STE 206
City, State, Zip - Reno, NV 89521
Fax -
Email -

Requested Information:
Type of Request - Verification of License/Registration
Name of Individual/Facility - Elevate Rx
License Number - 31919
Other Identifiers - and also for PIC Reza Amirzadeh, 39992.
Other Info - Please send one license verification for Elevate Rx, 31919, and also one license verification for PIC Reza Amirzadeh, 39992, via FedEx directly to the Nevada BOP.

TEXAS STATE BOARD OF PHARMACY

Re:	Elevate Rx
Address:	2700 Technology Forest Boulevard, Suite 200 The Woodlands, Texas 77381
License No.:	31919
Date Issued:	March 21, 2018
Licensure Status:	Active
Expiration Date:	March 31, 2022
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Elevate Rx (Texas Pharmacy License #31919) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

October 12, 2020
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY

Re:	Reza Amirzadeh, R.Ph.
License No.:	39992
Date Issued:	July 17, 2001
Licensure Status:	Active
Expiration Date:	January 31, 2022
Granted by:	Examination
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Reza Amirzadeh, R.Ph. (Texas Pharmacist License #39992) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

October 12, 2020
Date

333 Guadalupe Street Suite 3-500 Austin, Texas 78701-3943 512-305-8000(voice) 512-305-6778(fax) www.pharmacy.texas.gov

TEXAS STATE BOARD OF PHARMACY

October 12, 2020

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

RE: Elevate Rx (Texas Pharmacy License #31919)
Reza Amirzadeh, R.Ph. (Texas Pharmacist License #39992)

Hello:

On October 7, 2020, the Texas State Board of Pharmacy (TSBP) received a request for information regarding the above licensee.

We have enclosed documents responsive to the request.

In closing, I would like to mention that TSBP is conducting a customer service survey. If you wish to complete the survey, please go to www.survey.utexas.edu/tsbp. Your opinion regarding our services is important to us.

If you need additional information, please contact Sandra Chatham, Senior Administrative Assistant, at (512) 305-8073.

Sincerely,

Open Records
Texas State Board of Pharmacy

4E

RECEIVED
10-5-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 03994

Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Good Day Pharmacy

Physical Address: 2561 County Rd 220. Ste 308

Mailing Address: 2561 County Rd 220. Ste 308

City: Middleburg State: FL Zip Code: 32608

Telephone: 904-375-8579 Fax: 904-375-8581

Toll Free Number: 877-642-9238 (Required per NAC 639.708)

E-mail: marina@goodday-rx.com Website: N/A

Managing Pharmacist: Sarah E. Williford License Number: PS54247

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☑ Parenteral **
☐	☒ Internet	☐	☑ Parenteral (outpatient)
☐	☒ Nuclear	☐	☑ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☑ Mail Service
☐	☒ Community	☐	☑ Long Term Care
☐	☒ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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

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

MARINA LASTOVKA
Print Name of Authorized Person

9/29/2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Good Day Pharmacy

Parent Company if any: _____

Mailing Address: 2561 County Rd 220. Ste 308

City: Middleburg State: FL Zip: 32068

Telephone: 904-375-8579 Fax: 904-375-8581

Contact Person: _____

For any corporation non publicly traded, disclose the following:

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

a) Marina Lastovka Old Pine Rd., Boca Raton, FL 33428
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours No

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

Must be included with the application for a non publicly traded corporation

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

List of officers and directors

MAINA LASTOVICA

OLD PINE RD

BOCA RATON, FL 33428

100 % OWNER

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Marina Lastovka

Responsible Person of Good Day Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Marina Lastovka
Print Name of Authorized Person

09/29/2020
Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
) ss.
CLAY COUNTY)

I, Marina Lastovka, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner for Good Day Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Marina Lastovka, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
29 day of September, 2020.

NOTARY PUBLIC

YEIMI SANCHEZ
Commission # HH 040586
Expires September 9, 2024
Bonded Thru Troy Fain Insurance 800-385-7019

AC# 8740276

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/16/2019	PH 31538	108427

The PHARMACY named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: FEBRUARY 28, 2021
GOOD DAY PHARMACY LLC
7561 COUNTY ROAD 220
MIDDLEBURG, FL 32068

QUALIFICATION(S):
COMMUNITY PHARMACY

Ron DeSantis
GOVERNOR

DISPLAY IF REQUIRED BY LAW

AC# 8740276
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 01/16/2019 LICENSE NO. PH 31538 CONTROL NO. 108427
The PHARMACY named below has met all requirements of the laws and rules of the state of Florida. Expiration Date: FEBRUARY 28, 2021
GOOD DAY PHARMACY LLC
QUALIFICATION(S): Community Pharmacy

EXPIRATION DATE: FEBRUARY 28, 2021

Your license number is PH 31538. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Renewed or Applied Online Since 2015?" will display.
   a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
   b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

State of Florida
Department of State

I certify from the records of this office that GOOD DAY PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on March 8, 2018, effective March 8, 2018.

The document number of this limited liability company is L18000061430.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on March 17, 2020, and that its status is active.

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



Secretary of State

Tracking Number: 3296710850CU

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

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

October 6, 2020

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: License Certification for Good Day Pharmacy LLC.

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH31538
ORIGINAL CERTIFICATION:	07/16/2018
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,
Stephanie Loughmiller
Stephanie Loughmiller
Regulatory Specialist II

4F

RECEIVED 9/28

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Good Shepherd Health

Physical Address: 1256 Union Avenue Memphis, TN 38104

Mailing Address: 1256 Union Avenue

City: Memphis State: TN Zip Code: 38104

Telephone: 877-521-6337 Fax: 877-830-2923

Toll Free Number: 877-521-6337 (Required per NAC 639.708)

E-mail: phil@goodshephealth.com Website: www.goodsheprx.com

Managing Pharmacist: Philip Baker License Number: 24736

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☑	☐ Other: Charitable Pharmacy	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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

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

Philip Baker
Print Name of Authorized Person

8/26/20
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Tennessee

Parent Company if any: Good Shepherd Medication Management - Corporation Non-Profit

Mailing Address: 1256 Union Avenue

City: Memphis State: TN Zip: 38104

Telephone: 877-521-6337 Fax: 877-830-2923

Contact Person: Philip Baker

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? 05/05/2015

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours Closed

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Philip Baker

Responsible Person of Good Shepherd Health

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Philip Baker
Print Name of Authorized Person

8/26/20
Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____)
) ss.
_____COUNTY)

I, Philip Baker, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO & Pharmacist-in-Charge for Good Shepherd Health (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Philip Baker, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

_____
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
26 day of July, 2020

Elizabeth Robinson
NOTARY PUBLIC
My Commission expires
3/26/2022

ELIZABETH ROBINSON
STATE OF TENNESSEE NOTARY PUBLIC
ROTHERFORD COUNTY

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Good Shepherd, LLC
MIMOSA DR
GERMANTOWN, TN 38138-5752

November 18, 2014

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

SOS Control # :	**778604**	Formation Locale:	TENNESSEE
Filing Type:	Limited Liability Company - Domestic	Date Formed:	11/18/2014
Filing Date:	11/18/2014 2:51 PM	Fiscal Year Close:	12
Status:	Active	Annual Report Due:	04/01/2015
Duration Term:	Perpetual	Image # :	B0020-5530
Managed By:	Member Managed		
Business County:	SHELBY COUNTY		

Document Receipt

Receipt # : 1705453	Filing Fee:	$308.25
Payment-Credit Card - State Payment Center - C		$308.25

Registered Agent Address:
PHILIP JOSEPH BAKER
MIMOSA DR
GERMANTOWN, TN 38138-5752

Principal Address:
MIMOSA DR
GERMANTOWN, TN 38138-5752

Congratulations on the successful filing of your **Articles of Organization** for **Good Shepherd, LLC** in the State of Tennessee which is effective on the date shown above. You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee. Please visit the Tennessee Department of Revenue website (apps.tn.gov/bizreg) to determine your online tax registration requirements. If you need to obtain a Certificate of Existence for this entity, you can request, pay for, and recieve it from our website.

You must file an Annual Report with this office on or before the Annual Report Due Date noted above and maintain a Registered Office and Registered Agent. Failure to do so will subject the business to Administrative Dissolution/Revocation.

Tre Hargett
Secretary of State

000778604

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY (ss-4270)

Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $50 per member
(minimum fee = $300, maximum fee = $3,000)

For Office Use Only

Control # 000778604
FILED: Nov 18, 2014 2:51PM
DLN # B0020-5530.001
Tre Hargett,
Secretary of State

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: Good Shepherd, LLC

(Note: Pursuant to the provisions of T.C.A. §48-249-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)
☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of:

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:
PHILIP JOSEPH BAKER
MIMOSA DR
GERMANTOWN, TN 38138-5752
SHELBY COUNTY

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The Limited Liability Company will be:
☑ Member Managed ☐ Manager Managed ☐ Director Managed

8. Number of Members at the date of filing: 2

9. Period of Duration: Perpetual

10. The complete address of the Limited Liability Company's principal executive office is:
MIMOSA DR
GERMANTOWN, TN 38138-5752
SHELBY COUNTY

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY (ss-4270)

Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $50 per member
(minimum fee = $300, maximum fee = $3,000)

For Office Use Only

Control # 000778604
FILED: Nov 18, 2014 2:51PM
DLN # B0020-5530.002
Tre Hargett,
Secretary of State

The name of the Limited Liability Company is: Good Shepherd, LLC

11. The complete mailing address of the entity (if different from the principal office) is:
MIMOSA DR
GERMANTOWN, TN 38138-5752

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)
☐ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. §67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)
☐ I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.
Licensed Profession: Pharmacist

14. Series LLC (optional)
☐ I certify that this entity meets the requirements of T.C.A. §48-249-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)
☐ This entity will be registered as an Obligated Member Entity (OME) Effective Date: (none)
☐ I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT YOUR ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:
☐ This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

Nov 18, 2014 2:51PM
Signature Date

Electronic
Signature

CEO
Signer's Capacity (if other than individual capacity)

Philip J Baker
Name (printed or typed)

CHARTER
NONPROFIT CORPORATION (ss-4418)

Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100

For Office Use Only

Control # 000727395
FILED: Aug 1, 2013 3:02PM
DLN # A0193-1384.001
Tre Hargett,
Secretary of State

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: Good Shepherd Medication Management

2. Name Consent: (Written Consent for Use of Indistinguishable Name)
☐ This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of:

4. The name and complete address of its initial registered agent and office located in the State of Tennessee is:
PHILIP JOSEPH BAKER
MIMOSA DR
GERMANTOWN, TN 38138-5752
SHELBY COUNTY

5. Fiscal Year Close Month: December **Period of Duration:** Perpetual

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
(none) (Not to exceed 90 days)

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:
This corporation is a ☑ public benefit corporation / ☐ mutual benefit corporation.
This corporation is a ☑ religious corporation / ☐ not a religious corporation.
This corporation will ☑ have members / ☐ not have members.

9. The complete address of its principal executive office is:
MIMOSA DR
GERMANTOWN, TN 38138-5752
SHELBY COUNTY

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

CHARTER
NONPROFIT CORPORATION (ss-4418)

Division of Business Services
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: $100

For Office Use Only

Control # 000727395
FILED: Aug 1, 2013 3:02PM
DLN # A0193-1384.002
Tre Hargett,
Secretary of State

The name of the corporation is: Good Shepherd Medication Management

10. The complete mailing address of the entity (if different from the principal office) is:
PHILIP BAKER
MIMOSA DR
GERMANTOWN, TN 38138-5752

11. List the name and complete address of each incorporator:

Title	Name	Business Address	City, State, Zip
Incorporator	Philip J Baker	MIMOSA DRIVE	GERMANTOWN, TENNESSEE

12. School Organization: (required if the additional designation of "School Organization - Exempt" is entered in section 3.)

☐ I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the $100 filing fee required by T.C.A. §48-51-303(a)(1).

☐ This nonprofit corporation is a "school support organization" as defined in T.C.A. §49-2-603(4)(A).

☐ This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:
In the event of dissolution of the Corporation, all assets will be distributed to another nonprofit organization with a similar purpose.

14. Other Provisions:

(Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.)

Aug 1, 2013 3:02PM
Signature Date

Electronic
Incorporator's Signature

Philip J Baker
Incorporator's Name (printed or typed)

STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

Good Shepherd Medication Management
PHILIP BAKER
MIMOSA DR
GERMANTOWN, TN 38138-5752

September 9, 2013

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control # : 727395 Status: Active
Filing Type: Corporation Non-Profit - Domestic

Document Receipt

Receipt # : 1150581 Filing Fee: $20.00

Payment-Check/MO - Good Shepherd Medication Management, GERMANTOWN, TN $20.00

Amendment Type: Articles of Amendment Image # : 7237-2973
Filed Date: 09/09/2013 9:17 AM

This will acknowledge the filing of the attached articles of amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.

Tre Hargett
Secretary of State

Processed By: Darlene Baskin

Field Name	Changed From	Changed To
Filing Date	08/01/2013	08/01/2013
Religious Corporation	Religious	No Value

State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

ARTICLES OF AMENDMENT TO THE CHARTER (Nonprofit)

For Office Use Only

FILED

CORPORATE CONTROL NUMBER (IF KNOWN) 000727395

PURSUANT TO THE PROVISIONS OF SECTION 48-60-105 OF *THE TENNESSEE NONPROFIT CORPORATION ACT*, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS CHARTER:

1. PLEASE INSERT THE NAME OF THE CORPORATION AS IT APPEARS OF RECORD:
   Good Shepherd Medication Management
   IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:

2. PLEASE MARK THE BLOCK THAT APPLIES:

☒ AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.
☐ AMENDMENT IS TO BE EFFECTIVE, _____ (MONTH, DAY, YEAR)
(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.

3. PLEASE INSERT ANY CHANGES THAT APPLY:

A. PRINCIPAL ADDRESS: _____ (STREET ADDRESS)
_____ (CITY) _____ (STATE / COUNTY) _____ (ZIP CODE)

B. REGISTERED AGENT: _____

C. REGISTERED ADDRESS: _____ (STREET ADDRESS)
_____ (CITY) TN (STATE) _____ (ZIP CODE) _____ (COUNTY)

D. OTHER CHANGES: _____

4. THE CORPORATION IS A NONPROFIT CORPORATION.

5. THE MANNER (IF NOT SET FORTH IN THE AMENDMENT) FOR IMPLEMENTATION OF ANY EXCHANGE, RECLASSIFICATION, OR CANCELLATION OF MEMBERSHIPS IS AS FOLLOWS:

6. THE AMENDMENT WAS DULY ADOPTED ON SEPTEMBER 1, 2013 (MONTH, DAY, YEAR) BY (Please mark the block that applies):

☐ THE INCORPORATORS WITHOUT MEMBER APPROVAL, AS SUCH WAS NOT REQUIRED.
☒ THE BOARD OF DIRECTORS WITHOUT MEMBER APPROVAL, AS SUCH WAS NOT REQUIRED.
☐ THE MEMBERS

7. INDICATE WHICH OF THE FOLLOWING STATEMENTS APPLIES BY MARKING THE APPLICABLE BLOCK:

☒ ADDITIONAL APPROVAL FOR THE AMENDMENT (AS PERMITTED BY §48-60-301 OF THE TENNESSEE NONPROFIT CORPORATION ACT) WAS NOT REQUIRED.

☐ ADDITIONAL APPROVAL FOR THE AMENDMENT WAS REQUIRED BY THE CHARTER AND WAS OBTAINED.

President/Treasurer
SIGNER'S CAPACITY

Philip J. Baker
SIGNATURE

9/4/2013
DATE

Philip J. Baker
NAME OF SIGNER (TYPED OR PRINTED)

SS-4416 (Rev. 10/01) Filing Fee: $20 RDA 1678

ATTACHMENT
To
ARTICLES OF AMENDMENT TO THE CHARTER
Of
Good Shepherd Medication Management

Article 8. This corporation is a public benefit corporation.
This corporation is not a religious corporation.
This corporation will not have members.

Article 13. Dissolution:

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for payment of all the liabilities of the corporation, dispose of the residual assets of the corporation exclusively for exempt purposes of the corporation in such manner, or to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding Sections of any future Internal Revenue Code. Any such assets not so disposed of shall be disposed of by the Superior Court of the county in which the principal office of the corporation is then located, for such purposes or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article 14. Other provisions:

The purposes for which the corporation is organized are:

a. Good Shepherd Medication Managementis organized for exclusively religious, charitable, educational and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under said Section 501(c)(3) of the Internal Revenue Code of 1986. Specifically, the organization will provide direct services to individuals for prescription management.

b. Notwithstanding any other provision of these Articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law or by an organization, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

c. No substantial part of the activities of the corporation shall be carrying on propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publication or distribution of statements), any political campaign on behalf of any candidate for public office.

d. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof.

State of Tennessee
Department of Health

12110112
50243

TENNESSEE BOARD OF PHARMACY
PHARMACY
GOOD SHEPHERD HEALTH
1256 UNION AVENUE
MEMPHIS TN 38104

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

ID NUMBER: 0000005558
EXPIRATION DATE: 06/30/2022

John W Tidwell
DIRECTOR, HEALTH RELATED BOARDS

Lisa Piercey
COMMISSIONER

DCF171

Last Updated: 6/20/2020

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-778-4504

Health Care Facilities

Licensed Facilities

Current Listings

Type = Pharmacy
County = All
Results = 1

Click here to return to the search page

1	Good Shepherd Health 1256 Union Avenue Memphis, TN 38104 877-521-6337	Rank: Pharmacy Pharmacist: BAKER, PHILIP JOSEPH	Facility License Number: 00005558 Status: Licensed Date of Original Licensure: 05/05/2015 Date of Expiration: 06/30/2022 **No Disciplinary Actions**

4G

RECEIVED 10/8/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 04072

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: MedWiseRx

Physical Address: 2815 NW 13th Street, Suite 204 Gainesville, FL 32609

Mailing Address: 228 Strawbridge Drive, Suite 100 Moorestown, NJ 08057

City: Gainesville State: FL Zip Code: 32609

Telephone: (352) 204-5643 Fax: (352)204-5647

Toll Free Number: (844) 866-3735 (Required per NAC 639.708)

E-mail: mwr-gns@trhc.com Website: sinfoniarx.com

Managing Pharmacist: Karen McLin License Number: PS27694

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☐	☑ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☑	☐ Other: Non-dispensing	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☑	☐ Other Services: Medication Therapy Mgmt

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

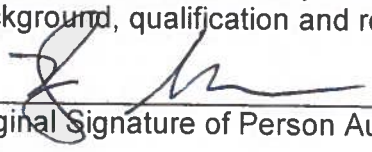
4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

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

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

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

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



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

Brian W. Adams

Print Name of Authorized Person

8/26/20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware-Name of Pharmacy Owner: Tabula Rasa HealthCare Group, Inc.

Parent Company if any: Tabula Rasa HealthCare, Inc.

Mailing Address: 228 Strawbridge Dr., Suite 100

City: Moorestown State: NJ Zip: 08057

Telephone: 866-648-2767 Fax: 856-235-0797

Contact Person: Richard Greene, VP Regulatory Affairs

For any corporation non publicly traded, disclose the following:

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

a) Tabula Rasa HealthCare,Inc.owns 100% of shares 228 Strawbridge Dr.Moorstown,NJ
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $0.0001 per value per share

4) What date did the corporation actually receive the cash assets? 6/30/2014

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 7:00 pm Saturday 8:30 am 5:00 pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brian W. Adams

Responsible Person of Tabula Rasa HealthCare Group, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Brian W. Adams
Print Name of Authorized Person

9/1/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey)
) ss.
Burlington COUNTY)

I, Brian W. Adams, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary/CFO for Tabula Rasa HealthCare Group, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Brian W. Adams, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
1st day of September, 2020.

NOTARY PUBLIC

COURTENAY L. SELLERS ★ NOTARY PUBLIC ★ NEW JERSEY

Courtenay L. Sellers
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 50092284
MY COMMISSION EXPIRES October 16, 2023

AC# 9555793

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/11/2020	PH 32694	116654

THE PHARMACY

QUALIFICATION(S):
Internet

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **FEBRUARY 28, 2021**

TRHC OPCO, INC
MEDWISE RX
2815 NW 13TH STREET
UNIT 204
GAINESVILLE, FL - 32609

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

TabulaRasa
HealthCare Group, Inc.

MedWiseRx
Description of Services

Patients with chronic illness face a number of challenges managing their day-to-day and long-term health, in part because medications are complex, confusing, costly and potentially dangerous. MedWiseRx was founded to optimize medication use and improve the health of patients with chronic illness by providing through Medication Therapy Management (MTM).

We offer a comprehensive approach to patient care and population health, with our team of dedicated pharmacists solely focused on providing medication reviews and clinical interventions to improve health, wellness and the management of chronic health conditions

MedWiseRx operates a pharmacist-run call center that provides phone-based medication therapy management (MTM) services. This is not retail or mail order pharmacy. It does not purchase, stock, compound, or dispense medications of any kind. Thus, it is not required to have either a state or federal controlled substance license.

The pharmacists make and receive calls to and from patients and physicians Monday through Friday from 8:00 am to 7 pm and Saturday from 8:30 am to 5 pm EST. However, pharmacist and healthcare providers have access to a pharmacist 24 hours per day, 7 days a week, toll-free at 844-866-3735.

The pharmacy complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. All patient records are only available to personnel as needed to provide service to patients. Paper records are kept in a secure storage system within the pharmacy.

TabulaRasa
HealthCare Group, Inc.

Officers – Directors

President - Director
Orsula V. Knowlton
Spyglass Circle
Fernandina Beach, FL 32034-6579

Chief Executive Officer – Chairperson, Director
Calvin H. Knowlton
Spyglass Circle
Fernandina Beach, FL 32034-6579

Secretary
Brian W. Adams
Station Avenue
Haddonfield, NJ 08033

Work Address for all three:

228 Strawbridge Drive, Suite 100
Moorestown, NJ 08057-4600

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/30/2019
Amount: $ 500.00
License #: PH04072

SinfoniaRx, Inc.
2815 NW 13th St #204
Gainseville FL 32609

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacy
Expires:10/31/2020
SinfoniaRx, Inc.
2815 NW 13th St #204
Gainseville FL 32609

License #
PH04072
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacy

Expires: 10/31/2020
STATUS: Active

License Type: Pharmacy
License #: PH04072

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist :

SinfoniaRx, Inc.
2815 NW 13th St #204
Gainseville FL 32609

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 06/12/2019.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TABULA RASA HEALTHCARE GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY, A.D. 2020.





4674249 8300

SR# 20206379304

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

Authentication: 203339011

Date: 07-23-20

TabulaRasa
HealthCare Group, Inc.

Change of Ownership to Tabula Rasa HealthCare Group, Inc. (formerly) TRHC OpCo, Inc. dba MedWiseRx

RE: Explanation of Change of Ownership for Applicant

SinfoniaRx, Inc. was merged into TRHC OpCo, Inc. resulting from a company-wide reorganization on 1/1/2020. This reorganization resulted in a change in ownership changing the EIN from: 90-1014939 to 26-4642609. At the same time, the name of the pharmacy changed from SinfoniaRx to MedWiseRx. Therefore, the enclosed Change in Ownership/Change in Name application is attached.

On June 23, 2020 TRHC OpCo, Inc. legally changed its name to Tabula Rasa HealthCare Group, Inc. Neither the parent company (Tabula Rasa Health Care, Inc.) nor the officers have changed. This was a name change of the owner of the pharmacy and not a change in ownership.

The new name of the pharmacy is MedWiseRx.

The enclosed application and attachments provide a full documentation of the above events.

MedWiseRx is a non-dispensing pharmacy that provides medication therapy management services.

Delaware

The First State

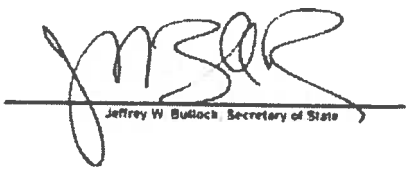
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"SINFONÍARX, INC.", AN ARIZONA CORPORATION,

WITH AND INTO "TRHC OPCO, INC." UNDER THE NAME OF "TRHC OPCO, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2019, AT 4:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JANUARY, A.D. 2020 AT 12 O'CLOCK A.M.





4674249 8100M
SR# 20198827796

Authentication: 204290358
Date: 12-23-19

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:11 PM 12/23/2019
FILED 04:11 PM 12/23/2019
SR 20198827796 - File Number 4674249

CERTIFICATE OF MERGER

MERGING

SINFONÍARX, INC.
(an Arizona corporation)

WITH AND INTO

TRHC OPCO, INC.
(a Delaware corporation)

(Pursuant to Section 252 of the
Delaware General Corporation Law)

TRHC OpCo, Inc., a Delaware corporation, hereby executes this Certificate of Merger for the purpose of merging SinfoníaRX, Inc., an Arizona corporation ("SinfoníaRX"), with and into TRHC OpCo, Inc. (the "Merger") pursuant to the provisions of Section 252 of the Delaware General Corporation Law (the "DGCL"):

1. The names and states of incorporation of the constituent corporations in the merger (the "Constituent Corporations") are as follows:

Name	State of Incorporation
SinfoníaRX, Inc.	Arizona
TRHC OpCo, Inc.	Delaware

2. An Agreement and Plan of Merger, dated as of the date hereof, has been approved, adopted, certified, executed and acknowledged by each of the Constituent Corporations in accordance with Section 252 of the DGCL.

3. The name of the surviving corporation is TRHC OpCo, Inc. (the "Surviving Corporation").

4. The Certificate of Incorporation of the Surviving Corporation shall be the Certificate of Incorporation of TRHC OpCo, Inc. as in effect on the date hereof.

5. This Certificate of Merger, and the merger provided for herein, shall become effective on January 1, 2020 at 12:00 a.m.

6. The Agreement and Plan of Merger is on file at 228 Strawbridge Drive, Suite 100, Moorestown, NJ 08057, the place of business of the Surviving Corporation.

7. A copy of the Agreement and Plan of Merger will be furnished by the Surviving Corporation on request, without cost, to any stockholder of either of the Constituent Corporations.

8. The authorized capital stock of SinfoníaRX is: 100,000 shares of common stock, no par value per share.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Surviving Corporation has caused this Certificate of Merger to be signed by its duly authorized officer this 23rd day of December, 2019.

TRHC OPCO, INC.

By: _____
Name: Brian W. Adams
Title: Chief Financial Officer and Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TRHC OPCO, INC.", CHANGING ITS NAME FROM "TRHC OPCO, INC." TO "TABULA RASA HEALTHCARE GROUP, INC.", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2020, AT 10:33 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4674249 8100
SR# 20205843172

Authentication: 203158771
Date: 06-23-20

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

CERTIFICATE OF AMENDMENT

TO THE FOURTH AMENDED AND RESTATED

CERTIFICATE OF INCORPORATION

OF

TRHC OPCO, INC.

TRHC OpCo, Inc., a corporation organized and existing under the laws of the State of Delaware (the "**Corporation**"), hereby certifies as follows:

1. Article First of the Fourth Amended and Restated Certificate of Incorporation of the Corporation is hereby amended and restated in its entirety to read as follows:

> "The name of the Corporation is Tabula Rasa HealthCare Group, Inc. (the "Corporation")."

2. The foregoing amendment was duly adopted in accordance with the provisions of Section 242 of the Delaware General Corporation Law.

[SIGNATURE PAGE FOLLOWS]

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:33 AM 06/23/2020
FILED 10:33 AM 06/23/2020
SR 20205843172 - File Number 4674249

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed this 23rd day of June, 2020.

TRHC OPCO, INC.

By: _____
Name: Brian W. Adams
Title: Chief Financial Officer and Secretary

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2020

MEDWISERX
228 STRAWBRIDGE DRIVE, SUITE 100
MOORESTOWN, NJ 08057

Subject: **MEDWISERX**

REGISTRATION NUMBER: **G20000012182**

This will acknowledge the filing of the above fictitious name registration which was registered on January 27, 2020. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

If the mailing address of this business changes, please notify this office in writing, or through the link provided on our website www.sunbiz.org for Address & FEI/EIN Changes. Please reference the original registration number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Tanya L Moore
Reinstatement Section
Division of Corporations Letter No. 720A00001913

Account number: I20000000195 Account charged: 50.00

FILED

2020 JAN 27 PM 2:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgments/certificates will be sent to the address in Section 1 only.

Section 1

1. MedWiseRx
   Fictitious Name to be Registered (see instructions for certain prohibited words, abbreviations and designations)

2. 228 Strawbridge Drive, Suite 100
   Mailing Address of Business
   Moorestown (City) NJ (State) 08057 (Zip)

3. Florida County of principal place of business: Alachua
   (see instructions if more than one county)

4. FEI Number of Business: 26-4642609

G20000011218?

This space for office use only

Section 2

A. Registrant if individual(s): (Use an attachment if necessary):

1. Last First M.I.
   Address
   City State Zip

2. Last First M.I.
   Address
   City State Zip

B. Registrant if other than an individual(s): (Use an attachment if necessary):

TRHC OpCo, Inc.
Entity Name
228 Strawbridge Drive, Suite 100
Address
Moorestown (City) NJ (State) 08057 (Zip)

Florida Document Number: F13000003640

FEI Number: 26-4642609

○ Applied for ○ Not Applicable

2. Entity Name
   Address
   City State Zip

Florida Document Number:

FEI Number:

○ Applied for ○ Not Applicable

Section 3

I the undersigned, being a registrant for the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the intention to register the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county in which the principal place of business of the registrant is or will be located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Registrant in Section 2 — Date: 1/22/20 — Email address: (to be used for future renewal notifications): aspeers@trhc.com

Section 4

FOR CANCELLATIONS, COMPLETE THIS SECTION 4 ONLY:
FOR FICTITIOUS NAME REGISTRATION CHANGE, COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____, which was registered on _____ and assigned registration number _____.

Signature of Registrant Whose Registration is Being Cancelled — Date
Signature of Registrant Whose Registration is Being Cancelled — Date

Mark the applicable boxes ☐ Certificate of Status - $10 ☐ Certified Copy - $30

NON-REFUNDABLE PROCESSING FEE: $50

CR4E001 (11/17)

T MOORE
JAN 27 2020

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CAREKINESIS, INC.", CHANGING ITS NAME FROM "CAREKINESIS, INC." TO "TRHC OPCO, INC.", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF DECEMBER, A.D. 2019, AT 4:56 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE KENT COUNTY RECORDER OF DEEDS.

Jeffrey W. Bullock, Secretary of State

4674249 8100
SR# 20198800595

Authentication: 204276857
Date: 12-20-19

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:56 PM 12/20/2019
FILED 04:56 PM 12/20/2019
SR 20198800595 - File Number 4674249

CERTIFICATE OF AMENDMENT

TO THE FOURTH AMENDED AND RESTATED

CERTIFICATE OF INCORPORATION

OF

CAREKINESIS, INC.

CareKinesis, Inc., a corporation organized and existing under the laws of the State of Delaware (the "**Corporation**"), hereby certifies as follows:

1. Article First of the Fourth Amended and Restated Certificate of Incorporation of the Corporation is hereby amended and restated in its entirety to read as follows:

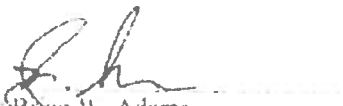
"The name of the Corporation is TRHC OpCo, Inc. (the "Corporation")."

2. The foregoing amendment was duly adopted in accordance with the provisions of Section 242 of the Delaware General Corporation Law.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed this 20th day of December, 2019.

CAREKINESIS, INC.

By: 
Name: Brian W. Adams
Title: Chief Financial Officer and Secretary

Certificate No. ____ For ____ Shares Issued to ____ Transferred from ____ 20__

Dated ____ 20__ Receipt acknowledged

No. Certificate Cancelled	No. Original Shares	No. Of Shares Transferred

NUMBER ** 1 **

INCORPORATED UNDER THE LAWS OF

SHARES ** 100 **

THE STATE
OF DELAWARE

CAREKINESIS, INC.

Authorized Common Stock 100 Shares, $0.0001 Par Value Per Share

This Certifies that **Tabula Rasa Healthcare, Inc.** is the owner of

One Hundred (100) fully paid

and non-assessable Shares of the Capital Stock of the above named Corporation

transferable only on the books of the Corporation by the holder hereof in person or

by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof the said Corporation has caused this Certificate to be signed by its duly authorized officers

and its corporate seal to be hereunto affixed this ____ day of ____ A.D. 20__

TREASURER/SECRETARY

PRESIDENT

THE SECURITIES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED, OR ANY STATE SECURITIES LAWS. THE SECURITIES REPRESENTED BY THIS CERTIFICATE MAY NOT BE TRANSFERRED EXCEPT (A) PURSUANT TO AN EFFECTIVE REGISTRATION UNDER THE SECURITIES ACT OF 1933, AS AMENDED, AND APPLICABLE STATE SECURITIES LAWS OR (B) IN A TRANSACTION WHICH IS EXEMPT FROM REGISTRATION UNDER THE SECURITIES ACT OF 1933, AS AMENDED, AND APPLICABLE STATE SECURITIES LAWS



4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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*** 02863
Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OP Pharmacy LLC d/b/a OnePoint Patient Care

Physical Address: 8130 Lehigh Avenue Morton Grove, IL 60053

Mailing Address: 8130 Lehigh Avenue

City: Morton Grove State: IL Zip Code: 60053-2627

Telephone: 847-583-5600 Fax: 847-583-5602

Toll Free Number: 847-583-5600 877-791-6772 (Required per NAC 639.708)

E-mail: compliance@pharmerica.com Website: www.oppc.com

Managing Pharmacist: Erik Jung License Number: 051.294850

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☑ Community	☐	☐ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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

EJC

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

Erik Jung

Print Name of Authorized Person

10/12/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Pharmacy Corporation of America

Mailing Address: 805 No. Whittington PKY STE 400

City: Louisville State: KY Zip: 40222

Telephone: 502-627-7962 Fax: 855-217-7498

Contact Person: Susan Reinach

For any corporation non publicly traded, disclose the following:

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

a) This is an LLC, therefore, there is no stock to issue
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. NA

3) What was the price paid per share? NA

4) What date did the corporation actually receive the cash assets? NA

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 8 pm Saturday 8 am 4 pm

Sunday Closed am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Erik Jung

Responsible Person of OP Pharmacy LLC d/b/a OnePoint Patient Care

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Erik Jung

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

Erik Jung
Print Name of Authorized Person

10/12/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Erik Jung, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for OP Pharmacy LLC d/b/a OnePoint Patient Care (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Erik Jung, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
12th day of October, 2021.

NOTARY PUBLIC

OFFICIAL SEAL
PETER A SPERANZA
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES APR 03 2023

Posted April 1, 2020

OP Pharmacy LLC Officers/Managing Members

Name	Title	DOB	SSN	Home Address	Phone
Robert E. Dries	President & Treasurer/Managing Member			Farm Spring Court Prospect, KY 40059-7614	
Allison Brown	Secretary/Managing Member			Alfresco Place Louisville, KY 40205	
Jennifer Yowler	Managing Member				

POWER OF ATTORNEY
SALE/TRANSFER OF BUSINESS

Name of Registrant:	OnePoint Patient Care LLC
Address of Registrant:	8130 Lehigh Avenue Morton Grove, IL 60053
	FO1133038
DEA Registration No.:	054.017271, 320.00943
State Board of Pharmacy No.:	IL
State:	
State License Date:	03/31/2022

I, Peter Speranza, Vice President and General Counsel of OnePoint Patient Care, LLC (Seller/Name of Person Granting Power), the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint Robert Dries, Manager of OP Pharmacy, LLC (Buyer/Attorney-In-Fact), as my true and lawful attorney for me, in my name, place, and stead, and for use and benefit for all documentation and use related to the DEA registration for the registrant listed above (whose DEA number is also listed above), including to execute applications for Forms 222 and to sign orders for Schedule I and Schedule II controlled substances whether such orders be on Form 222 or electronic, in accordance with 21 U.S.C. 828 and Part 1305 of Title 21 of the Code of Federal Regulations.

I have also made, constituted, and appointed and by these presents make, constitute, and appoint Buyer/Attorney-In-Fact as my true and lawful attorney for me, in my name, place, and stead and for use and benefit for all documentation and use related to the above-stated license, including to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substance in as much as it is allowed by the State Board of Pharmacy.

Giving and granting unto Buyer/Attorney-In-Fact the full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that Buyer/Attorney-in-Fact shall lawfully do or cause to be done by virtue of these presents.

This power shall take effect on September 30, 2020 and shall continue for a period of not more than ninety (90) days unless sooner revoked or terminated. The registrant has entered into an Asset Purchase Agreement (the "Agreement") by and between the registrant and OP Pharmacy, LLC dated August 25, 2020, pursuant to which the registrant will sell substantially all the assets of registrant to OP Pharmacy, LLC. The expected closing date is on or about September 30, 2020 (the "Closing"). As applicable, if the Closing of the transaction between the parties herein does not occur, then this Power of Attorney shall be null and void.

Buyer/Attorney-in-Fact and all persons unto whom these presents shall come may assume that this Power of Attorney has not been revoked until given actual notice either of such revocation, or until it expires. In construing this instrument, where context requires the singular includes the plural.

SIGNATUURE PAGE FOLLOWS

(Signature of Seller/Person Granting Power)

Witnesses:

1. Nicole Spresberg

2. Jacqueline Perez

Signed and dated on this 28th day of September, 2020, at Grand Oaks FL.

Buyer/Attorney-in-Fact:

I, Robert Dries, Manager of OP Pharmacy, LLC, hereby affirm that I am the person named herein as the Buyer/Attorney-In-Fact and that the signature affixed hereto is my signature.

(Signature of Buyer/Attorney-in-Fact)

Witnesses:

1. Patti Brattain

2. Jillell Earley

Signed and dated on this 29th day of September, 2020, at Louisville, KY.

NOTICE OF REVOCATION OF POWER OF ATTORNEY

The foregoing Power of Attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substance Act or the Controlled Substances Import and Export Act. Written notice of this revocation has been given to the Buyer/Attorney-in-Fact and to AmeriSourceBergen Drug Corporation this same day.

(Signature of Person Revoking Power)

Witnesses:

1. _____

2. _____

Signed and dated on this _____ day of _____, 20__, at _____.

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO
320.013400
054.021758

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES
03/31/2022

LICENSED CONTROLLED SUBSTANCE

II III IV V

OP PHARMACY LLC
DBA ONEPOINT PATIENT CARE
8130 LEHIGH AVE
MORTON GROVE, IL 60053-2627

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15234180

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4395783

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO
054.021758
051.294850

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES
03/31/2022

LICENSED PHARMACY

COMMUNITY

OP PHARMACY LLC
DBA ONEPOINT PATIENT CARE
ERIK JUNG
8130 LEHIGH AVE
MORTON GROVE, IL 60053-2627

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

15234179

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4395783

EXECUTION COPY

ASSET PURCHASE AGREEMENT

BY AND AMONG

OP PHARMACY, LLC D/B/A ONEPOINT PATIENT CARE

AND

ONEPOINT PATIENT CARE, LLC

AND

ALL OF THE DIRECT AND INDIRECT HOLDERS OF SECURITIES IN ONEPOINT PATIENT CARE, LLC

DATED AS OF AUGUST 25, 2020

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ASSET PURCHASE AGREEMENT

THIS ASSET PURCHASE AGREEMENT (this "**Agreement**"), dated as of August 25, 2020 (the "**Agreement Date**"), by and among ONEPOINT PATIENT CARE, LLC, Delaware limited liability company ("**Seller**"), each of the Persons listed on Annex I attached hereto and made a part hereof and listed under the words "Direct Holders" (each, a "**Direct Holder**" and, collectively, the "**Direct Holders**") and each of the Persons listed on Annex I attached hereto and made a part hereof and listed under the words "Indirect Holders" (each, an "**Indirect Holder**" and, collectively, the "**Indirect Holders**" and each Direct Holder or Indirect Holder is, individually, a "**Holder**" and all Direct Holders and Indirect Holders are, collectively, the "**Holders**"), OP PHARMACY, LLC d/b/a ONEPOINT PATIENT CARE, a Delaware limited liability company ("**Buyer**"), and, solely for purposes of Section 2.1(b) and Article 5, PHARMACY CORPORATION OF AMERICA, a California corporation ("**PCA**"). Each of Seller, each Holder, and Buyer is referred to herein as a "**Party**" and collectively, as the "**Parties.**" Capitalized terms used and not otherwise defined herein have the meanings set forth in Article 12.

BACKGROUND:

WHEREAS, the Parties intend to effect a transaction where Buyer acquires substantially all of the assets of Seller and assumes certain liabilities of Seller; and

WHEREAS, the Direct Holders, collectively, own all of the issued and outstanding equity of Seller and the Indirect Holders, collectively, indirectly own all of the issued and outstanding equity of Seller.

AGREEMENT:

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties, intending to be legally bound, agree as follows:

Article 1. THE PURCHASE AND SALE

Section 1.1. **Purchase and Sale of Assets.** On the terms and subject to the conditions set forth in this Agreement, at the Closing Seller shall sell, convey, transfer, assign and deliver to Buyer, and Buyer shall purchase and acquire from Seller, free and clear of any and all Liens (other than Permitted Liens), all of the right, title and interest of Seller in and to all properties, assets, and rights of any kind and description, whether tangible or intangible, real or personal, owned, held or used by Seller, except for the Excluded Assets (collectively, the "**Purchased Assets**"). Without limiting the foregoing, the Purchased Assets shall include all of the right, title and interest of Seller in and to the following:

(a) all Intellectual Property Rights, including in and to all Owned Intellectual Property Rights and Licensed Intellectual Property Rights and all intangible assets;

(b) all tangible personal property including, without limitation, compounding equipment, leasehold improvements, furniture, trade fixtures, office furnishings, fixtures, office equipment, other equipment, machinery, tools, vehicles, supplies, computer hardware, IT/operating systems and components, telephones and other tangible personal property (the "**Tangible Personal Property**"), including all rights under warranties,

"**Taxing Authority**" means any Governmental Authority responsible for the determination, computation, assessment, collection, enforcement or imposition of any Tax.

"**Tempe Real Estate**" has the meaning ascribed to such term in Section 1.2(j).

"**Trademarks**" has the meaning ascribed to such term in the definition of Intellectual Property.

"**Transaction Representation Communications**" has the meaning ascribed to such term in Section 11.15(b).

"**Transfer Documents**" has the meaning ascribed to such term in Section 2.2(b)(viii).

"**Transaction Documents**" means this Agreement (including each Annex, each Exhibit and the Schedules hereto), the Note, the Employment Agreements, the Holder Restrictive Covenant Agreements, the Seller Restrictive Covenant Agreement, the Consulting Agreement, the Seller Consulting Agreement, the Transition Services Agreement, any Power of Attorney and any other documents, instruments, agreements or certificates executed and or delivered pursuant to or as contemplated by this Agreement or any such other agreement.

"**Transaction Expenses**" means, without duplication, the aggregate amount of (a) any and all fees, costs and expenses incurred by or on behalf of any Holder or Seller for professional services rendered by any broker, financial advisor, investment banker, legal counsel, auditor, accountant or other advisor retained or employed by any Holder or Seller to provide professional services in connection with the negotiation of this Agreement and the other Transaction Documents or the planning, structuring, negotiation or consummation of the Contemplated Transactions, (b) the aggregate amount of any fees, costs or expenses payable by any Holder or Seller, (c) any transaction fee or similar payment that becomes due and payable to any Person as a result of the consummation of the Contemplated Transactions (including, for the avoidance of doubt but without duplication, the aggregate amount of the Closing Employee and Office of Chairman Liabilities); and (d) any and all costs, fees and expenses incurred with respect to any Seller Permit or any Seller Contract, including providing notices and obtaining consents, waivers and approvals.

"**Transfer Taxes**" has the meaning ascribed to such term in Section 7.3(h).

"**Transferable Permits**" has the meaning ascribed to such term in Section 7.6(a).

"**Transition Services Agreement**" has the meaning ascribed to such term in Section 2.2(a)(v).

"**TRICARE**" means, collectively, the programs of medical benefits covering former and active members of the uniformed services and certain of their dependents financed and administered by the United States Departments of Defense, Health and Human Services and Transportation, and all Applicable Laws relating to such programs.

"**Trust**" has the meaning ascribed to such term in Annex I.

"**VPRE**" has the meaning ascribed to such term in Section 1.2(h).

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.]

[SIGNATURE PAGES FOLLOW.]

IN WITNESS WHEREOF, the Parties hereto have caused this Asset Purchase Agreement to be duly executed by their respective authorized officers as of the day and year first above written.

"*Buyer*"

OP PHARMACY, LLC d/b/a
ONEPOINT PATIENT CARE

By: _____

Printed: Robert E. Dries

Title: President

"*Seller*"

ONEPOINT PATIENT CARE, LLC
By: VenPharm Holdings, Inc., its Manager

By: _____
James A. Otterbeck, Chairman and
Chief Executive Officer

"*Direct Holders*"

VENPHARM HOLDINGS, INC.

By: _____
James A. Otterbeck, Chairman and Chief
Executive Officer

IN WITNESS WHEREOF, the Parties hereto have caused this Asset Purchase Agreement to be duly executed by their respective authorized officers as of the day and year first above written.

"*Buyer*"

OP PHARMACY, LLC d/b/a
ONEPOINT PATIENT CARE

By: _____

Printed: _____

Title: _____

"*Seller*"

ONEPOINT PATIENT CARE, LLC
By: VenPharm Holdings, Inc., its Manager

By: _____
James A. Otterbeck, Chairman and
Chief Executive Officer

"*Direct Holders*"

VENPHARM HOLDINGS, INC.

By: _____
James A. Otterbeck, Chairman and Chief
Executive Officer

PP HOSPICE INVESTOR, LLC
By: Peer Pedersen Trust dated as of February 1, 1999, its Manager

By: _____
John H. Muehlstein, solely in his capacity as Successor Trustee of the Trust

"*Indirect Holders*"

JAMES A. OTTERBECK

_____
James A. Otterbeck

THE JAMES A. OTTERBECK TRUST
dated October 18, 2011

By: _____
James A. Otterbeck, Trustee

JEFFREY S. HOHL

_____
Jeffrey S. Hohl

THE HOHL FAMILY TRUST
dated February 27, 2019

By: _____
Jeffrey S. Hohl, Trustee

PP HOSPICE INVESTOR, LLC
By: Peer Pedersen Trust dated as of February 1, 1999, its Manager

By: _____
John H. Muehlstein, solely in his capacity as Successor Trustee of the Trust

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By: _____
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JEFFREY S. HOHL

_____
Jeffrey S. Hohl

THE HOHL FAMILY TRUST
dated February 27, 2019

By: _____
Jeffrey S. Hohl, Trustee

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By: Peer Pedersen Trust dated as of February 1, 1999, its Manager

By: _____
John H. Muehlstein, solely in his capacity as Successor Trustee of the Trust

"*Indirect Holders*"

JAMES A. OTTERBECK

_____
James A. Otterbeck

THE JAMES A. OTTERBECK TRUST
dated October 18, 2011

By: _____
James A. Otterbeck, Trustee

JEFFREY S. HOHL

_____
Jeffrey S. Hohl

THE HOHL FAMILY TRUST
dated February 27, 2019

By: _____
Jeffrey S. Hohl, Trustee

SUZANNE M. OTTERBECK

Suzanne M. Otterbeck

PEER PEDERSEN TRUST DATED AS OF FEBRUARY 1, 1999

By: _____
John H. Muehlstein, solely in his capacity as Successor Trustee of the Trust

Solely for purposes of Section 2.1(b) and Article V:

PHARMACY CORPORATION OF AMERICA

By: _____

Printed: _____

Title: _____

SUZANNE M. OTTERBECK

_____

Suzanne M. Otterbeck

PEER PEDERSEN TRUST DATED AS OF FEBRUARY 1, 1999

By: _____

John H. Muehlstein, solely in his capacity as Successor Trustee of the Trust

Solely for purposes of Section 2.1(b) and Article V:

PHARMACY CORPORATION OF AMERICA

By: Robert E. Dries

Printed: Robert E. Dries

Title: President

BILL OF SALE

In accordance with the provisions of that certain Asset Purchase Agreement dated August 25, 2020 ("**Purchase Agreement**") by and among ONEPOINT PATIENT CARE, LLC, Delaware limited liability company ("**Seller**"), each of the Persons listed on Annex I attached thereto (collectively, the "**Holders**"), OP PHARMACY, LLC, a Delaware limited liability company ("**Buyer**"), and, solely for purposes of Section 2.1(b) and Article 5 thereof, PHARMACY CORPORATION OF AMERICA, a California corporation ("**PCA**"), Seller and Buyer do execute and deliver this Bill of Sale as of September 30, 2020. Any capitalized term used herein but not defined herein has the meaning ascribed to such term in the Purchase Agreement.

In consideration of the Purchase Price paid by Buyer pursuant to the Purchase Agreement and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by Seller, as of the Closing, Seller hereby sells, transfers, assigns and delivers to Buyer, and Buyer hereby purchases and acquires from Seller, free and clear of any and all Liens (other than Permitted Liens), all of the right, title and interest of Seller in and to all of the Purchased Assets.

NOTHING CONTAINED IN THIS BILL OF SALE SHALL IN ANY WAY SUPERSEDE, MODIFY, REPLACE, AMEND, CHANGE, RESCIND, WAIVE OR OTHERWISE AFFECT ANY OF THE PROVISIONS SET FORTH IN THE PURCHASE AGREEMENT, INCLUDING, WITHOUT LIMITATION, THE REPRESENTATIONS, WARRANTIES, COVENANTS, AGREEMENTS AND INDEMNITEES SET FORTH THEREIN.

This Bill of Sale may be executed in two or more counterparts, each of which shall be deemed original, but all of which taken together shall constitute one and the same instrument. Signatures transmitted electronically by portable document format (.pdf) file or facsimile shall be binding for all purposes hereof.

This Bill of Sale shall be governed by and construed in accordance with the internal laws of the State of Delaware without regard to the conflicts of law principles thereof.

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[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties hereto have duly executed this Bill of Sale on the date set forth above.

"Buyer"

OP PHARMACY, LLC

By: _____

Printed: Robert E. Dries

Title: President

ACKNOWLEDGEMENT

STATE OF Kentucky)
) SS:
COUNTY OF Jefferson)

On September 25, 2020, before me, Patricia Brattain, Notary Public, personally appeared Robert E Dries, President of OP PHARMACY, LLC, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of Kentucky that the foregoing paragraph is true and correct.

WITNESS my hand and Notarial Seal.

PATRICIA BRATTAIN NOTARY PUBLIC ID NO. 572576 MY COMMISSION EXPIRES 1/30/2021 STATE AT LARGE, KY.

Patricia Brattain
Notary Public (signature)

Patricia Brattain
Notary Public (printed name)

My Commission Expires:

1/30/2021

Resident of Oldham County

My Commission Number:

572576

"*Seller*"

ONEPOINT PATIENT CARE, LLC

By: James A Otterbeck

Printed: James A. Otterbeck

Title: Chairman

ACKNOWLEDGEMENT

STATE OF Illinois)
) SS:
COUNTY OF Cook)

On September 25, 2020, before me, Peter A. Speranza, Notary Public, personally appeared James A. Otterbeck, Chairman of ONEPOINT PATIENT CARE, LLC, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of Illinois that the foregoing paragraph is true and correct.

WITNESS my hand and Notarial Seal.

OFFICIAL SEAL
PETER A SPERANZA
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES APR 03 2023

Notary Public (signature)

Peter A. Speranza
Notary Public (printed name)

My Commission Expires:

4/3/2023

Resident of Lake County

My Commission Number:

305753

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED-LIABILITY COMPANY

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **OP Pharmacy, LLC** did on 07/24/2020 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200724950080
You may verify this certificate online at http://www.nvsos.gov

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

07/24/2020

Work Order Item Number:	W2020072400957-719662
Filing Number:	20200806451
Filing Type:	Registration – Foreign LLC
Filing Date/Time:	7/24/2020 9:26:00 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E8064522020-8

Entity Name: OP Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
CORPORATION SERVICE COMPANY
112 NORTH CURRY STREET, Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Filed in the Office of	Business Number
Barbara K. Cegavske	E8064522020-8
	Filing Number
	20200806451
Secretary of State	Filed On
State Of Nevada	7/24/2020 9:26:00 AM
	Number of Pages
	2

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Limited-Liability Company

- ☐ NRS 86 - Articles of Organization Limited-Liability Company
- ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company
- ☒ NRS 86.544 - Registration of Foreign Limited-Liability Company
- ☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name Being Registered in Nevada: (See instructions)
OP Pharmacy, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: Delaware
3b) Date formed: 07/17/2020
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☒

4. Registered Agent for Service of Process*: (Check only one box)
☒ Commercial Registered Agent:(name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title and address below)
Corporation Service Company
Name of Registered Agent OR Title of Office or Position with Entity
Street Address | City | Nevada | Zip Code
Mailing Address (if different from street address) | City | Nevada | Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.
x By: Corporation Service Company Brittany Arndt 07/24/2020
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity | Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☒ Manager(s) OR ☐ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)

Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)

IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) Robert Dries
Name | Country
805 N. Whittington Pkwy, Ste400 | Louisville | KY | 40222
Street Address | City | State | Zip/Postal Code

2) Jennifer Yowler
Name | Country
805 N. Whittington Pkwy, Ste400 | Louisville | KY | 40222
Street Address | City | State | Zip/Postal Code

3)
Name | Country
Street Address | City | State | Zip/Postal Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10 Records Office: (Foreign Limited-Liability Companies)

805 N. Whittington Pkwy, Ste 400 (Address) | Louisville (City) | KY (State) | 40222 (Zip Code)
Country: United States

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

805 N. Whittington Pkwy, Ste 400 (Address) | Louisville (City) | KY (State) | 40222 (Zip Code)
Country: United States

12. Name, Address and Signature of the Organizer:
(NRS 86, NRS 89 -Each Organizer must be a licensed professional)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member:
(NRS 86.544 only)

See instructions

Steven S. Reed (Name) | United States (Country)

805 N. Whittington Pkwy, Ste 400 (Address) | Louisville (City) | KY (State) | 40222 (Zip/Postal Code)

X _____

(attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

07/24/2020

Work Order Item Number:	W2020072400957-719663
Filing Number:	20200806466
Filing Type:	Initial List
Filing Date/Time:	7/24/2020 9:26:00 AM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E8064522020-8

Entity Name: OP Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
CORPORATION SERVICE COMPANY
112 NORTH CURRY STREET, Carson City, NV 89703, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

OP Pharmacy, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number E8064522020-8
	Filing Number 20200806466
	Filed On 7/24/2020 9:26:00 AM
	Number of Pages 2

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☒ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS Chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: **Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No – no additional form is required

☐ Yes – the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**** Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT, OR EQUIVALENT OF: Title:

Name | Country

Address | City | State | Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY, OR EQUIVALENT OF: Title: Secretary

Allison Brown | USA

Name | Country

805 N. Whittington Parkway, Suite 400 | Louisville | KY | 40222

Address | City | State | Zip/Postal Code

CORPORATION, INDICATE THE TREASURER, OR EQUIVALENT OF: Title:

Name | Country

Address | City | State | Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

Name | Country

Address | City | State | Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X _____

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Secretary — Title

07/23/2020 — Date

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

OP Pharmacy, LLC

Nevada Business Identification # NV20201848774
Expiration Date: 07/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

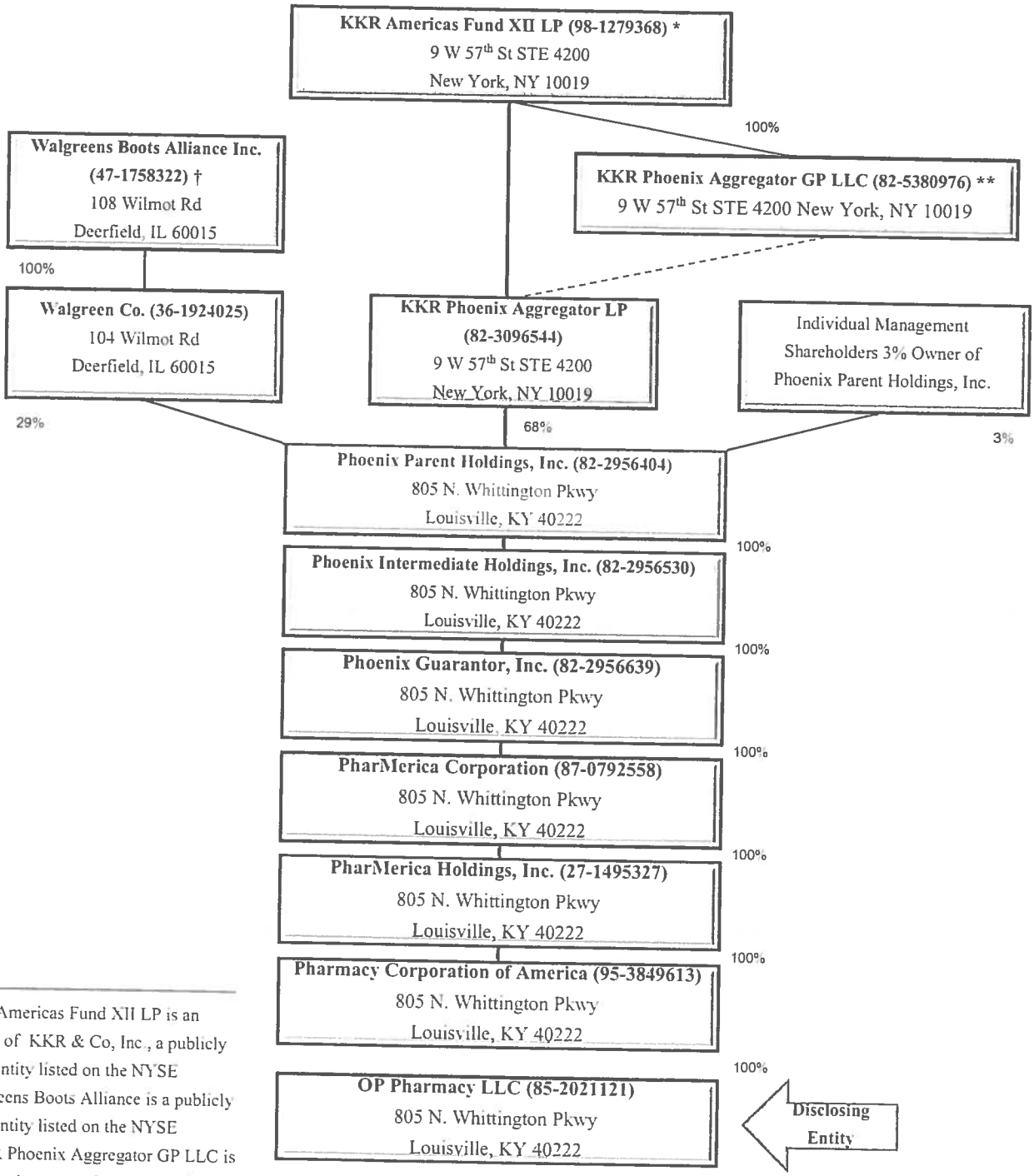
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/24/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200724950092
You may verify this certificate online at http://www.nvsos.gov

OP Pharmacy LLC Organizational Chart



*KKR Americas Fund XII LP is an affiliate of KKR & Co, Inc., a publicly traded entity listed on the NYSE

†Walgreens Boots Alliance is a publicly traded entity listed on the NYSE

** KKR Phoenix Aggregator GP LLC is the general partner of KKR Phoenix Aggregator LP, but it does not have an ownership interest in KKR Phoenix Aggregator LP. KKR Phoenix Aggregator GP LLC is 100% owned by KKR Americas Fund XII LP.

Certificate of Business: Fictitious Firm Name

Please Print or Type

The undersigned do hereby certify that OP Pharmacy, LLC
(Name of individual, corporation, partnership, or trust)

located at 444 E. Warm Springs Road, Las Vegas Nevada is conducting business in Carson City,
(Street Address of Business or Residence)

Nevada, under the fictitious name of OnePoint Patient Care
(Fictitious Firm Name)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:
By signing below I do solemnly swear (or affirm), under penalty of perjury, that all statements made in this document are true.

1. Allison Brown, Secretary — Signature — 9/8/20 Date
   Full Name and Title
   805 N. Whittington Pkwy, Suite 400 — Louisville, KY 40222
   Street Address — City, State, Zip
   Mailing Address, if different from above — City, State, Zip
2. Full Name and Title — Signature — Date
   Street Address — City, State, Zip
   Mailing Address, if different from above — City, State, Zip
3. Full Name and Title — Signature — Date
   Street Address — City, State, Zip
   Mailing Address, if different from above — City, State, Zip
4. Full Name and Title — Signature — Date
   Street Address — City, State, Zip
   Mailing Address, if different from above — City, State, Zip

RECEIVED AND FILED

9/22/2020
Date

Westwright
Deputy County Clerk

Return to Carson City Business License, 108 E. Proctor St., Carson City, NV 89701 with $25 filing fee

Delaware

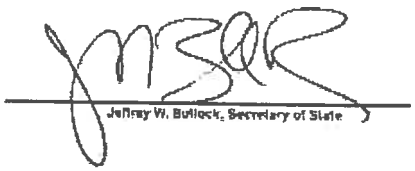
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OP PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OP PHARMACY, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2020.

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





3263717 8300

SR# 20206333862

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

Authentication: 203320649

Date: 07-21-20

LLC-45.5

9. Purpose(s) for which the company is organized and proposes to conduct business in Illinois (see Note 2):
Pharmaceutical business

10. The Limited Liability Company: (check one)

☑ is managed by the **manager(s)** or ☐ has management vested in the **member(s):**

11. List names and business addresses of all managers and any member with the authority of manager:

Robert Dries, 805 N. Whittington Parkway, Suite 400, Louisville, KY 40222
Jennifer Yowler, 805 N. Whittington Parkway, Suite 400, Louisville, KY 40222
Pharmacy Corporation of America, 805 N. Whittington Parkway, Suite 400, Louisville, KY 40222

12. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

13. **This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.**

14. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: July 23, 2020
Month, Day, Year

Signature

Steven S. Reed, Vice President and Secretary
Name and Title (type or print)

Pharmacy Corporation of America
If applicant is signing for a company or other entity, state name of company or entity.

Note 1: The name must contain the term Limited Liability Company, LLC or L.L.C. The name cannot contain any of the following terms: "Corporation," "Corp." "Incorporated," "Inc.," "Ltd.," "Co.," "Limited Partnership" or "LP." However, a limited liability company that will provide services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term Professional Limited Liability Company, PLLC or P.L.L.C. in the name.

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.

08774935

Form **LLC-45.5**
May 2018

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act

Application for Admission to Transact Business

SUBMIT IN DUPLICATE
Type or print clearly.

Filing Fee: $150
Penalty: $
Approved:

FILE #

This space for use by Secretary of State.

FILED
JUL 24 2020
JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name (see Note 1): OP Pharmacy, LLC

2. Assumed name: _____
(This item is only applicable if the company name in Item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of organization: Delaware

4. Date of organization: July 17, 2020

5. Period of duration: perpetual
(Enter perpetual unless there is a date of dissolution provided in the agreement, in which case enter that date.)

6. Address of the principal place of business: (P.O. Box alone or c/o is unacceptable.)

805 N. Whittington Parkway, Suite 400
Number Street Suite #

Louisville Kentucky 40222
City State ZIP

7. Registered agent: Illinois Corporation Service Company
First Name Middle Name Last Name

Registered office: 801 Adlai Stevenson Drive
(P.O. Box alone or c/o is unacceptable.) Number Street Suite #

Springfield IL 62703
City ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

8. If applicable, date on which company first conducted business in Illinois: _____

(continued on back)

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE-Secretary of State

08774935
JULY 24, 2020

ILLINOIS CORPORATION SERVICE C
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703-4261

RE OP PHARMACY, LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. WE EXTEND OUR BEST WISHES FOR SUCCESS WITH YOUR BUSINESS HERE.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF ADMISSION NEXT YEAR. FAILURE TO TIMELY FILE MAY RESULT IN A PENALTY AND REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE REGISTERED OFFICE ADDRESS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

PUBLICATIONS/FORMS AND OTHER SERVICES ARE AVAILABLE ON OUR WEBSITE. VISIT WWW.CYBERDRIVEILLINOIS.COM TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

JESSE WHITE
ILLINOIS SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

CSC
www.cscglobal.com

CSC- Chicago
Suite 2320
33 No. LaSalle Street
Chicago, IL 60602-2607
800-927-9801
302-636-5454 (Fax)

Matter# ILLINOIS
Project Id :

Order# 445187-10
Order Date 10/02/2020

Entity Name :	ONEPOINT PATIENT CARE
Jurisdiction :	IL-Secretary of State
Request for :	Fictitious or Assumed Name Filing
File# :	08774935
File date :	10/02/2020
Result :	Filed

Ordered by AMY EVARD at BARNES & THORNBURG

Thank you for using CSC. For real-time 24 hour access to the status of any order placed with CSC, access our website at www.cscglobal.com.

If you have any questions concerning this order or CSCGlobal, please feel free to contact us.

TERESA A. FERRENTINO
tferren3@cscinfo.com

The responsibility for verification of the files and determination of the information therein lies with the filing officer; we accept no liability for errors or omissions.

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE-Secretary of State

08774935
OCTOBER 05, 2020

ILLINOIS CORPORATION SERVICE C
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703-4261

RE ONEPOINT PATIENT CARE

DEAR SIR OR MADAM:

APPLICATION TO ADOPT AN ASSUMED NAME HAS BEEN PLACED ON FILE AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE REQUIRED FEE.

SINCERELY YOURS,

JESSE WHITE
ILLINOIS SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

Form **LLC-1.20**
July 2017

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act

Application to Adopt, Change, Cancel or Renew an Assumed Name

SUBMIT IN DUPLICATE
Type or print clearly.

Filing Fee (See Note): $ 150
Approved: MR

FILE # 08774935
This space for use by Secretary of State.

FILED
OCT 02 2020
JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name: OP Pharmacy, LLC

2. State or country under the laws of which the company is organized: (check one)
   ☐ Illinois (domestic) ☑ Foreign (specify): Delaware

3. Check this box ☐ if it is a Series of the Limited Liability Company that intends to adopt, change, cancel or renew an assumed name.
   Name of Series: _____

4. TO ADOPT: (see note) The Limited Liability Company or Series intends to adopt and transact business under the assumed name of: OnePoint Patient Care

5. TO CHANGE: (see note)
   (a) The above-named Limited Liability Company or Series intends to cease transacting business under the assumed name of: _____
   (b) and to commence transacting business under the new assumed name of: _____

6. TO CANCEL: (see note) The above-named Limited Liability Company or Series intends to cease transacting business under the assumed name of: _____

7. TO RENEW: (see note) The above-named Limited Liability Company or Series intends to renew the assumed name of: _____

8. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Application to Adopt, Change, Cancel or Renew an Assumed Name is to the best of my knowledge and belief, true, correct and complete.

Dated: October 1 (Month/Day), 2020 (Year)

Signature

Steven S. Reed — VP & Secretary
Name and Title (type or print)

Pharmacy Corporation of America
If applicant is signing for a company or other entity, state name of company or entity.

41

RECEIVED 3/18/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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* 03835

Check box below for type of ownership and complete all required forms.

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ORPHAN PHARMACY SERVICES, LLC

Physical Address: 125 Michael Drive Suite 106

Mailing Address: _____

City: Syosset State: NY Zip Code: 11791

Telephone: 516·753·9950 Fax: 516·299·8788

Toll Free Number: 877·780·0066 (Required per NAC 639.708)

E-mail: ALOPEZ@OPHARMS.COM Website: www.ORPHANPHARMACYSERVICES.com

Managing Pharmacist: Alberto Lopez License Number: 19694

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

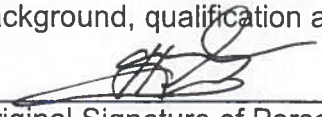
4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

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

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

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



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

HOSSAM MAKSOUD

Print Name of Authorized Person

8/4/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

David S Bensol
NOTARY PUBLIC, STATE OF NEW YORK
01BE4645708
County Of Nassau
Expires 8/4/2021

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: N/A

Mailing Address: 125 Michael Drive Suite 106

City: Syosset State: NY Zip: 11791

Telephone: 516·793·9950 Fax: 516·299·8788

Contact Person: Alberto Lopez

For any corporation non publicly traded, disclose the following:

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

a) Hossam Maksoud (Name) Fairway Drive Manhasset, NY 11030 (Address)

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? SEE ATTACHED Bill of Sale

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, HOSSAM MAKSOUD

Responsible Person of ORPHAN PHARMACY SERVICES, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

HOSSAM MAKSOUD
Print Name of Authorized Person

8/4/2020
Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NY)
) ss.
NASSAU COUNTY)

I, Alberto Lopez, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACIST in CHARGE for ORTHAN PHARMACY SERVICES, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Alberto Lopez, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
4th day of August, 2020.

NOTARY PUBLIC

David S Bensol
NOTARY PUBLIC, STATE OF NEW YORK
01BE4645708
County Of Nassau
Expires 8/31/2021

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORPHAN PHARMACY SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2017.

Jeffrey W. Bullock, Secretary of State

6404394 8300

SR# 20176161744

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

Authentication: 203228525

Date: 09-14-17

ASSIGNMENT OF INTEREST AND BILL OF SALE

FOR THE SUM OF $173,940.00 AND OTHER GOOD AND VALUABLE CONSIDERATION IN HAND PAID RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED,

MICHAEL BURKE (the Assignor"), does, as of the 3rd day of August, 2020, hereby assign and sell all of his right, title and interest in and to the One Hundred (100) units of the membership interest he owns in ORPHAN PHARMACY SREVICES LLC, a Delaware limited liability company with its principal place of business 125 Michael Drive, Suite 106, Syosset, NY 11791 (the "UNITS") presenting one hundred (100%) of the outstanding membership interest issued by the Company to HOSSAM MAKSOUD (the "Assignees" and/or "Purchasers").

The Assignor hereby warrants that they he has good and complete title to the Units and that the Units are free and clear of all liens, security interests and encumbrances.

IN WITNESS WHEREOF the party hereunto has set his hand and seal on this 3rd day of August, 2020.

Michael Burke

STATE OF ILLINOIS)
) SS.:
COUNTY OF Cook)

On the 3rd day of August, 2020 before me, the undersigned, a notary public in and for said state, personally appeared, Michael Burke, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

OFFICIAL SEAL
JOHN K BORGERDING
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/11/24

State of New York
Department of State } ss:

I hereby certify, that ORPHAN PHARMACY SERVICES, LLC a DELAWARE Limited Liability Company filed an Application for Authority pursuant to the Limited Liability Company Law on 07/20/2017. I further certify that so far as shown by the records of this Department, such Limited Liability Company is still authorized to do business in the State of New York.



***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 10th day of October two thousand and seventeen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

201710110548 16

State Board,

Please note that New York State is not currently performing routine inspections of pharmacies due to Covid.

Thank you.

Alberto Lopez

Supervising Pharmacist

Orphan Pharmacy Services, LLC
125 Michael Dr., Suite 106, Syosset, New York 11791
Phone: 1-866-349-8420 *Fax: 1-516-299-8788*
www.orphanpharmacyservices.com

4J

RECEIVED
10/13/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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: Pet's Choice Pharmacy, LLC

Physical Address: 814 K Street Belleville KS 66935

Mailing Address: 814 K Street

City: Belleville State: Kansas Zip Code: 66935

Telephone: 877-347-7387 Fax: 866-787-1177

Toll Free Number: 877-347-7387 (Required per NAC 639.708)

E-mail: pharmacy@petschoicepharmacy.con Website: www.petschoicepharmacy.com

Managing Pharmacist: Spencer Brown License Number: 1-15231

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☒	☐ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☐ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

Spencer Brown

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

Spencer Brown

Print Name of Authorized Person

10/5/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nebraska

Parent Company if any: Lambert Vet Supply

Mailing Address: 714 5th Street

City: Fairbury State: NE Zip: 68352

Telephone: 877-347-7387 Fax: 866-787-1177

Contact Person: Spencer Brown

For any corporation non publicly traded, disclose the following:

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

a) Douglas W. Lambert (Name) 714 5th Street, Fairbury, NE 68352 (Address)

b) John Gabel (Name) Windhoek Drive, Suite 200 Lincoln, NE 68512 (Address)

c) Tammy Schmidt (Name) 714 5th Street, Fairbury, NE 68352 (Address)

d) Mike Koehn (Name) Windhoek Drive, Suite 200 Lincoln, NE 68512 (Address)

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

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name:_____ %:_____

Name:_____ %:_____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Spencer Brown

Responsible Person of Pet's Choice Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Spencer Brown
Print Name of Authorized Person

10/5/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Kansas)
) ss.
Republic COUNTY)

I, Spencer Brown, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for Pet's Choice Pharmacy, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Spencer Brown, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Spencer Brown
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
6 day of Oct., 2020.

Jillian K. Couture
NOTARY PUBLIC

STATE OF KANSAS NOTARY PUBLIC
JILLIAN K. COUTURE
My Appointment Expires
June 18, 2021

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

RE: Pet's Choice Pharmacy, LLC - License PH02654
Non-Resident Pharmacy License
Change of Grandparent Company Ownership

To Whom It May Concern:
Please be advised that **Pet's Choice Pharmacy, LLC** has undergone a change of ownership of its grandparent company effective October 1st, 2020. There has been no change to the direct ownership of the company nor the federal employer identification number.

The new information is as follows:
Grandparent Company Ownership [new]: LVS Buyer, Inc.

Additionally the officers are as follows:
Greg Eveland President & Chief Executive Officer

If there is any issue, or if you require additional information, please do not hesitate to contact us in the meantime at pharmacy@petschoicepharmacy.com.

Thank you for your time and assistance with this matter.

Kansas
Board of Pharmacy

Kansas Board of Pharmacy
800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
P:785-296-4056
F:-785-296-8420

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of its internal systems, as well as performing hourly updates to the information represented. Therefore, the verification information is deemed a primary source of credential verification information, as authentic as a direct inquiry to the Board.

LICENSE VERIFICATION FOR: 2-10330

PETS CHOICE PHARMACY LLC 814 K STREET BELLEVILLE, KS 66935	Original Date: 2/16/2011 On Probation: No Discipline on File: No

LICENSES	Effective Date	Expire Date	Status
Pharmacy Permit	7/1/2020	6/30/2021	Active

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

This report created on: 9/14/2020

NOTES
N/A

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

LAMBERT VET SUPPLY, LLC

a limited liability company is authorized to transact business in Nebraska;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

the Secretary of State has not revoked the Company's Certificate of Authority and has not filed a notice of cancellation.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

March 18, 2019

Secretary of State

Verification ID 6bc4dab has been assigned to this document. Go to ne.gov/go/validate to validate authenticity for up to 12 months.

NE Sec of State - Robert B. Evnen
Filing Document #: 9000387856 Pages: 1
Corporation Name: LAMBERT VET SUPPLY, LLC
Filing Date and Time: 01/15/2019 08:51 am

FOREIGN LIMITED LIABILITY COMPANY BIENNIAL REPORT 2019 - 2020

Robert B. Evnen, Secretary of State
1201 N Street, Suite 120, P.O. Box 94608
Lincoln, NE 68509
(402) 471 - 4079
http://www.sos.ne.gov

LAMBERT VET SUPPLY, LLC
DOUGLAS W. LAMBERT
714 FIFTH STREET

FAIRBURY, NE 68352

1703268
Account Number

This report must be filed between January 1 and April 1, 2019. Failure to file this report by April 1, 2019 will result in the revocation of a foreign limited liability company's certificate of authority to transact business in this state by operation of law.

If address of principal office is blank, it must be completed. Other changes to this form must be filed separately. Please see the instructions.

1. Name of Limited Liability Company LAMBERT VET SUPPLY, LLC

2. Alternate Name _____
(ONLY complete if the company's actual name was not available in Nebraska)

3. **Street and mailing address of principal office** 714 5TH ST.
(Must be Completed) Street Address

FAIRBURY (City) NE (State) 68352 (Zip)

4. Name and Street Address of Agent for Service of Process DOUGLAS W. LAMBERT

714 FIFTH STREET (Street Address and post office box number (if any)) FAIRBURY (City) NE 68352 (Zip)

5. State or other jurisdiction under whose laws the limited liability company is formed KS

/s/CRYSTAL FLOYD	CRYSTAL FLOYD	ACCOUNTS PAYABLE	01/15/2019
Signature	Printed Name	Title	Date

FILING FEE: $10.00 **Make checks payable to: Secretary of State**

Revised December 2018

Neb. Rev. Stat. §21-125

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

RE: Pet's Choice Pharmacy, LLC - License PH02654
Non-Resident Pharmacy License
Change of Grandparent Company Ownership

To Whom It May Concern:
Please be advised that **Pet's Choice Pharmacy, LLC** has undergone a change of ownership of its grandparent company effective October 1st, 2020. There has been no change to the direct ownership of the company nor the federal employer identification number.

The new information is as follows:
Grandparent Company Ownership [new]: LVS Buyer, Inc.

Additionally the officers are as follows:
Greg Eveland President & Chief Executive Officer

If there is any issue, or if you require additional information, please do not hesitate to contact us in the meantime at pharmacy@petschoicepharmacy.com.

Thank you for your time and assistance with this matter.

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RVL Pharmacy LLC

Physical Address: 2500 Main St Extension Unit 10 Sayreville NJ 08872

Mailing Address: 2500 Main St Extension Unit 10

City: Sayreville State: NJ Zip Code: 08872

Telephone: 832-794-0232 Fax: 844-567-3937

Toll Free Number: 844-785-3937 (Required per NAC 639.708)

E-mail: gcermele@rvlpharmacy.com Website: _____

Managing Pharmacist: Garett Cermele License Number: 28RI02541900

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

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

Brian Markison
Print Name of Authorized Person

10/06/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NJ

Parent Company if any: RVL Pharmaceuticals Inc.

Mailing Address: 400 Crossing Blvd, Bridgewater, NJ 08807

City:_____ State:_____ Zip: _____

Telephone: 832-794-0232 Fax: _____

Contact Person: Kelly Price

For any corporation non publicly traded, disclose the following:

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

a) see attached
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name:_____ %:_____

Name:_____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours no

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: n/a

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Garett Cermele

Responsible Person of RVL Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Garett Cermele
Print Name of Authorized Person

10-6-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey)
) ss.
Middlesex COUNTY)

I, James Schaub, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Vice President for BVL Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, James Schaub, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
6 day of October, 2020.

NOTARY PUBLIC

BENJAMIN J. MARKISON
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50096990
My Commission Expires 2/14/2024

Posted April 1, 2020

RVL Pharmaceuticals Inc.,
FEIN 45-3077918
ADDRESS: Crossing Blvd, Bridgewater, NJ 08807

Corporate Officers

Brian Markison, CEO
Morven Place, Princeton, NJ 08540
DOB
SS

Andrew Einhorn, CFO
Garabrant St.. Mendham, NJ 07945
D
DC
SS

James Schaub, Vice President
King George Road, Pennington, NJ 08534
DL
DOB
SSN:

Chris Klein, General Counsel and Secretary
Firestone Court, Skillman, NJ 08558
DI
D
SS

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. I
Acti

License Information

Accurate as of August 21, 2020 8:38 AM

Return to Search Results

Name: GARETT CERMELE

Address: Holmdel,NJ

Profession/License Type: Pharmacy,Pharmacist

License No: 28RI02541900

License Status: Active

Status Change Reason:

Issue Date: 4/16/1997

Expiration Date: 4/30/2021

NO Board Actions. For more information contact New Jersey State Board of Pharmacy (973)504-6450.

Documents

No Public Documents

Copyright © 2017 State of New Jersey.

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Paul R. I
Acti

License Information

Accurate as of August 21, 2020 8:41 AM

Return to Search Results

Name: RVL PHARMACY, LLC

Address: Sayreville,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00778800

License Status: Active

Status Change Reason: License Issuance

Issue Date: 8/18/2020

Expiration Date: 6/30/2021

NO Board Actions. For more information contact New Jersey State Board of Pharmacy (973)504-6450.

Documents

No Public Documents

Copyright © 2017 State of New Jersey.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

RVL PHARMACY, LLC
GARETT CERMELE
2500 Main St. Extension, Ste. 10
Sayreville NJ 08871

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

08/18/2020 TO 06/30/2021
VALID

28RS00778800
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

RVL Pharmacy LLC
2500 Main Street Ext Ste 10 Sayreville NJ 08872
Phone (844)785-3937 Fax (844)567-3937

RX#:60003

D/F : 9/3/2020
D/W:9/3/2020

TEST, GARRET
TEST ADDRESS SAYREVILLE NJ 08872

USE 1 DROP IN AFFECTED EYE(S) ONCE DAILY AS DIRECTED

Qty:30 UPNEEQ SOL 0.1%
(BRAND for OXYMETAZOLINE HYDROCHLORI) Mfg: RVL PHARMA
Dr. TEST, DOCTOR GC
Refills 0 Use By 3/2/2021 NDC 73687-0062-32

Rx#:60003

RVL Pharmacy LLC
2500 Main Street Ext Ste 10 SAYREVILLE, NJ
Phone (844)785-3937 Fax (844)567-3937

TEST, GARRET (844)123-4567
TEST ADDRESS SAYREVILLE NJ 08872
Rx#: 60003 Date Filled: 9/3/2020
#30 UPNEEQ SOL 0.1%
NDC: 73687-0062-32
Dr. DOCTOR TEST
Refills: 0
Plan: C

Due : $105.00

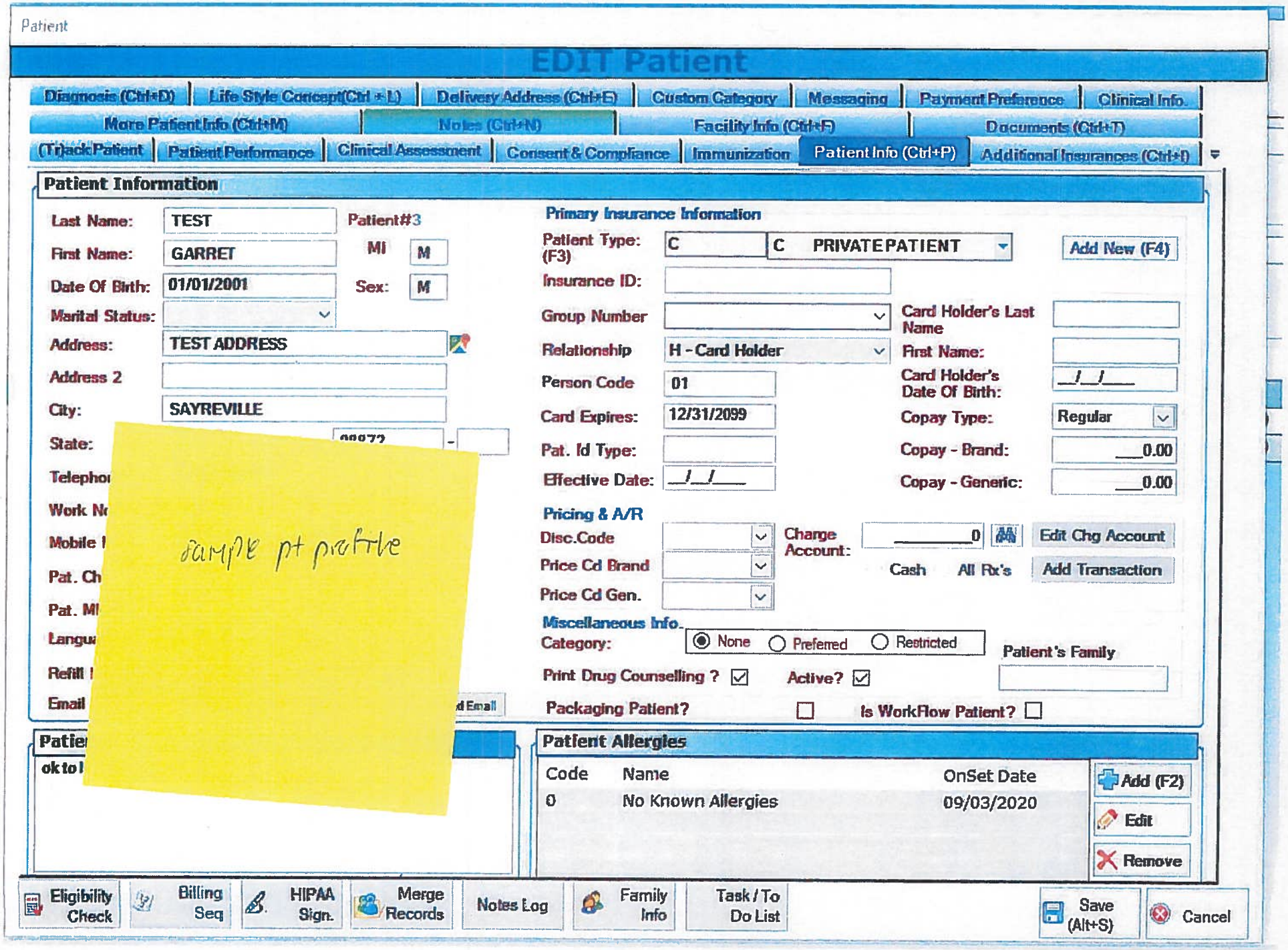
Rx#:60003 R#:0 9/3/2020 PH:GC (C)
TEST, GARRET TEST ADDRESS SAYREVILLE NJ 08872
#30 UPNEEQ SOL 0.1% 73687-0062-32 RVL PHARMA
Dr TEST, DOCTOR DEA # DOB 1/1/2001
USE 1 DROP IN AFFECTED EYE(S) ONCE DAILY AS DIRECTED

Rx#:60003 UPNEEQ SOL 0.1%
TEST, GARRET Ins: C Due : $105.00
9/3/2020

X_____

TEST, GARRET 9/3/2020
PATIENT COUNSELLING:
Rx#:60003 Drug:UPNEEQ SOL 0.1%

Sample label

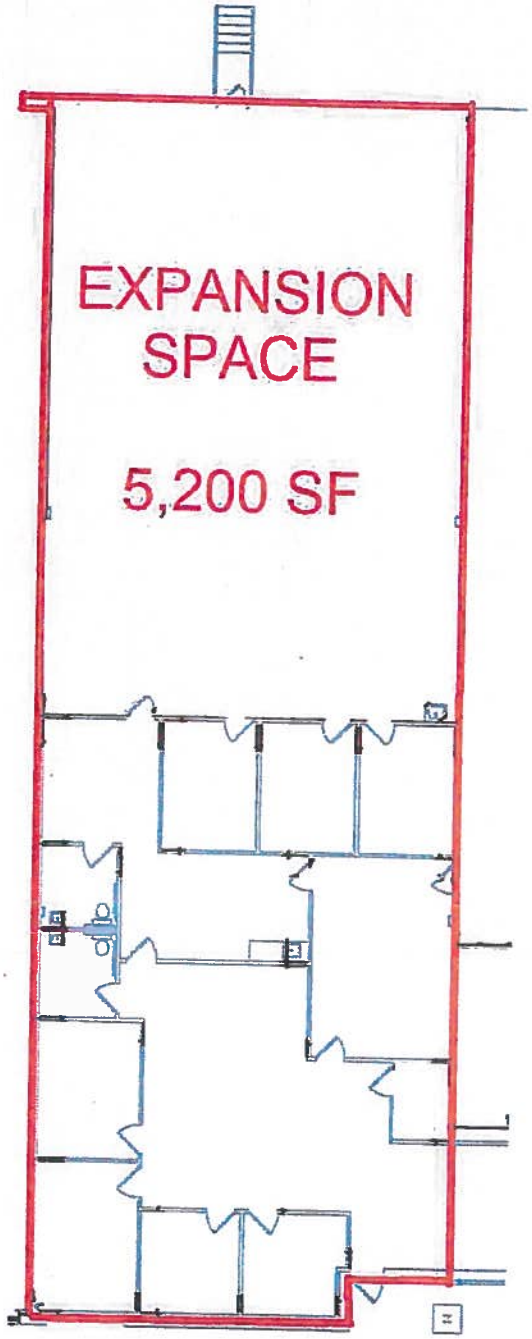

Patient
EDIT Patient
Diagnosis (Ctrl+D)
Life Style Concept(Ctrl + L)
Delivery Address (Ctrl+E)
Custom Category
Messaging
Payment Preference
Clinical Info.
More Patient Info (Ctrl+M)
Notes (Ctrl+N)
Facility Info (Ctrl+F)
Documents (Ctrl+T)
(Tr)ack Patient
Patient Performance
Clinical Assessment
Consent & Compliance
Immunization
Patient Info (Ctrl+P)
Additional Insurances (Ctrl+I)
Patient Information
Last Name: TEST
Patient#3
First Name: GARRET
MI M
Date Of Birth: 01/01/2001
Sex: M
Marital Status:
Address: TEST ADDRESS
Address 2
City: SAYREVILLE
State:
Telephor
Work N
Mobile
Pat. Ch
Pat. MI
Langu
Refill
Email
d Email
sample pt profile
Primary Insurance Information
Patient Type: (F3) C C PRIVATE PATIENT
Add New (F4)
Insurance ID:
Group Number
Card Holder's Last Name
Relationship H - Card Holder
First Name:
Person Code 01
Card Holder's Date Of Birth: __/__/____
Card Expires: 12/31/2099
Copay Type: Regular
Pat. Id Type:
Copay - Brand: 0.00
Effective Date: __/__/____
Copay - Generic: 0.00
Pricing & A/R
Disc.Code
Charge Account: 0
Edit Chg Account
Price Cd Brand
Cash
All Rx's
Add Transaction
Price Cd Gen.
Miscellaneous Info.
Category: None Preferred Restricted
Patient's Family
Print Drug Counselling ?
Active?
Packaging Patient?
Is WorkFlow Patient?
Patie
ok to
Patient Allergies
Code Name OnSet Date
0 No Known Allergies 09/03/2020
Add (F2)
Edit
Remove
Eligibility Check
Billing Seq
HIPAA Sign.
Merge Records
Notes Log
Family Info
Task / To Do List
Save (Alt+S)
Cancel

DocuSign Envelope ID: D5E6FEE8-9CA4-4FCD-B676-11986B9B7D79

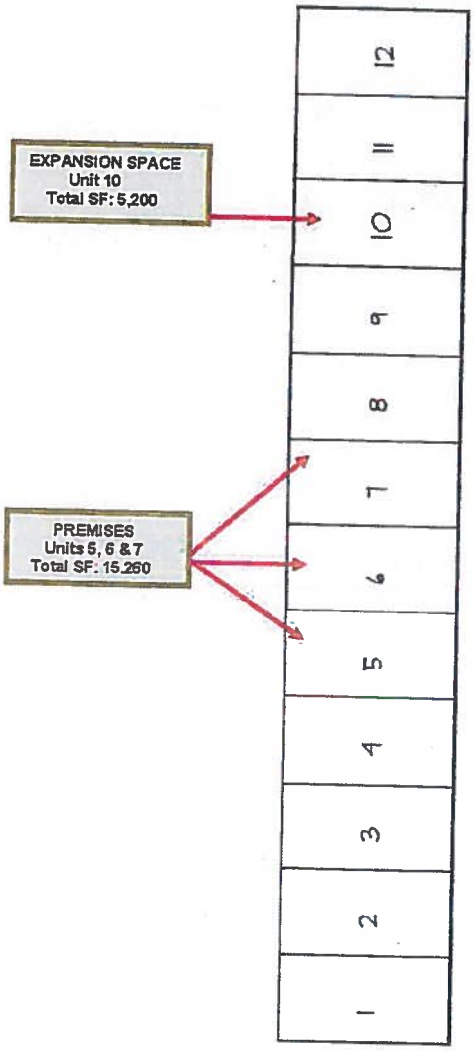
FIRST INDUSTRIAL REALTY TRUST

EXHIBIT A

PREMISES



2500 Main Street
Sayreville, New Jersey
#12409 – 62,060 SF
Ceiling Height: 18'
Entity: First Industrial, L.P.



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

RVL PHARMACY, LLC
0600467643

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on April 30, 2020.

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

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CTR
STE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of September, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6111518113

Verify this certificate online at

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

State	License Type	License #	Expiration Date	Status
Arizona	Nonresident Pharmacy	Y008487	10/31/2021	ACTIVE
Colorado	Nonresident Pharmacy	OSP.0007478	10/31/2022	ACTIVE
Florida	Nonresident Pharmacy	PH32921	2/28/2021	ACTIVE
New Jersey	Pharmacy/Resident State	28RS00778800	6/30/2021	ACTIVE
Ohio	Nonresident Pharmacy	240000211	3/31/2021	ACTIVE
Pennsylvania	Nonresident Pharmacy	NP001671	8/31/2021	ACTIVE
Texas	Nonresident Pharmacy	59914	11/30/2020	ACTIVE

4L

RECEIVED 10/12/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PURformance Wellness Pharmacy LLC d/b/a Seven Cells

Physical Address: 600 SE Indian St, Ste 3

Mailing Address: Same as physical address

City: Stuart State: FL Zip Code: 34997

Telephone: 561-467-5333 Fax: _____

Toll Free Number: 800-818-1779 (Required per NAC 639.708)

E-mail: SS@sevencells.com Website: _____

Managing Pharmacist: Lauren M. Quinton License Number: PS58211 (FL)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

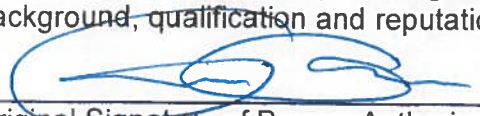
4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

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

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

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



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

Scott Sharp

Print Name of Authorized Person

10-5-2020

Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: N/A

Mailing Address: 600 SE Indian St, Ste 3

City: Stuart State: FL Zip: 34997

Telephone: 561-914-1888 Fax: _____

Contact Person: Scott Sharp

For any corporation non publicly traded, disclose the following:

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

100% Ownership interest.

a) Scott Sharp (Name) 600 SE Indian St, Ste 3, Stuart, FL 34997 (Address)

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. No shares. It's an LLC

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information N/A

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 6:00 pm Saturday 9:00 am 1:00 pm

Sunday closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

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

List of officers and directors

Scott Sharp, CEO

There are no other officers/directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Scott Sharp

Responsible Person of PURformance Wellness Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Scott Sharp
Print Name of Authorized Person

10-5-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Martin COUNTY)

I, Scott Sharp, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO for PURformance Wellness Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Scott Sharp, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO before me, a notary public this 5th day of Oct., 2020.

NOTARY PUBLIC

Notary Public State of Florida
Mireya Rivera Burak
My Commission GG 208972
Expires 08/20/2022

Notary Public State of Florida
Mireya Rivera Burak
My Commission GG 208972
Expires 08/20/2022

Posted April 1, 2020

State of Florida
Department of State

I certify from the records of this office that PURFORMANCE WELLNESS PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on October 10, 2019.

The document number of this limited liability company is L19000245902.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on June 23, 2020, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifth day of October, 2020



Secretary of State

Tracking Number: 1277477446CU

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

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

Nevada State Board of Pharmacy

For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
Quinton	Lauren	20226	Palm Beach Gardens	FL	United States	None	

License Number : 20226

Name : Quinton, Lauren

License Type : Pharmacist

License Status : Active

License Date : 07/25/2019

Discipline :

Expiration Date : 10/31/2021



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AC# 9807571

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
08/27/2020	PH 32888	117071

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2021**
PURFORMANCE WELLNESS PHARMACY LLC
Seven Cells Pharmacy
600 SE INDIAN STREET
STUART, FL - 34997

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 9807571
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE | LICENSE NO. | CONTROL NO.
08/27/2020 | PH 32888 | 117071
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date: FEBRUARY 28, 2021
PURFORMANCE WELLNESS PHARMACY LLC
Seven Cells Pharmacy
QUALIFICATION(S): Schedule II & III Community Pharmacy
REGISTRANT SIGNATURE

EXPIRATION DATE: **FEBRUARY 28, 2021**

Your license number is PH 32888. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYR/

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

License Verification

Purformance Wellness Pharmacy LLC Seven Cells Pharmacy

Printer Friendly Version

License Number: PH32888

Data As Of 9/25/2020

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners

Profession	Pharmacy
License	PH32888
License Status	CLEAR/
Qualifications	Schedule II & III Community Pharmacy
License Expiration Date	2/28/2021
License Original Issue Date	08/26/2020
Address of Record	600 SE INDIAN STREET STUART, FL 34997
Discipline on File	No
Public Complaint	No

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified

© 2019 FL HealthSource, All Rights Reserved Florida Department of Health | Division of Medical Quality Assurance Search Services

4M

RECEIVED
10/13/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: STERLING PHARMACY

Physical Address: 2035 FM 359 Ste K Richmond TX 77406

Mailing Address: 2035 FM 359 Ste K

City: Richmond State: TX Zip Code: 77406

Telephone: (281) 762-1901 Fax: 281-762-2047

Toll Free Number: 833-310-1336 (Required per NAC 639.708)

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

Managing Pharmacist: Macdonald Ndaba License Number: 66056

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

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

Cynthia Figueroa
Print Name of Authorized Person

9.16.2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: n/a

Mailing Address: 2035 FM 359 Ste K

City: Richmond State: TX Zip: 77406

Telephone: (281) 762-1901 Fax: 281-762-2047

Contact Person: Cynthia Figueroa

For any corporation non publicly traded, disclose the following:

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

a) Cynthia Figueroa, Managing Member (Name) Tailwind Drive Kyle TX 78640 (Address)

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 1

3) What was the price paid per share? 100,000

4) What date did the corporation actually receive the cash assets? 3/1/20

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours _____

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

Must be included with the application for a non publicly traded corporation

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

List of officers and directors

Cynthia Figueroa, Managing Member

Tailwind Drive Kyle TX 78640

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Macdonald Ndaba

Responsible Person of STERLING PHARMACY

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



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

Macdonald Ndaba
Print Name of Authorized Person

9-30-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Palm Beach COUNTY)

I, Cynthia Figueroa, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Member for STERLING PHARMACY (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Cynthia Figueroa, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Cynthia Figueroa
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
16 day of September, 2020.

C. Mancebo
NOTARY PUBLIC

CHRISTINA GIANATIEMPO
Notary Public-State of Florida
Commission # GG 948951
My Commission Expires
January 20, 2024

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 32864

STERLING PHARMACY

License Information

License Status Active
License # 32864
Expiration Date 09/30/2021
Date License Issued 09/12/2019

Address

2035 FM 359 STE K
RICHMOND, TX 77406
County FORT BEND
Phone (281) 762-1901

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist In Charge
NDABA, MACDONALD OSCAR

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes
Translating services (Listed Below if Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

No	**Nuclear**
Yes	**Out-Patient Prescriptions**
No	**Ship Prescription Out of State**
No	**Class D (Expanded Formulary)**
No	**Class D (Alternative Visit Schedule)**
No	**Compounding Sterile-Risk Level Low**
No	**Compounding Sterile-Risk Level Med**
No	**Compounding Sterile-Risk Level High**
No	**Compounding Non-Sterile**
No	**24 Hour Service**
No	**Closed Door**
No	**Compounding, Office Use**
Yes	**Home Delivery**
No	**Infusion**
No	**Pharmacist Administered Immunizations**
No	**Veterinary Prescriptions**

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
NDABA, MACDONALD OSCAR	66056	11/14/2019	08/31/2021	PIC	Active

Page 1 of 0 20 View 1 - 1 of 1

Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
		Page 0 of 0	20		No records to view

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode
		Page 0 of 0	20		No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
STERLING PHARMACY LLC	OWNER	,			
FIGUEROA, CYNTHIA	OFFICER	,			
		Page 1 of 1	20		View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacist License # 66056

License Information

License Status Active
License # 66056
Expiration Date 08/31/2021
Date License Issued 11/14/2019

Pharmacist Details

School Graduated
TEXAS SOUTHERN UNIV.COLLEGE OF
Graduation Year 2019
Degree at time of licensure Pharm D
License Method Exam
Preceptor No
Prior Disciplinary Order(s)* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

NDABA, MACDONALD OSCAR

Names

Last Name NDABA
First Name MACDONALD
Middle Name OSCAR
Other Name
Certificate Name NDABA, MACDONALD OSCAR

More Pharmacist Details

Specialty Board Certification ¥ Unknown

¥ Data regarding Specialty Board Certification is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder for clarification.

Remedial Plans

Remedial plans (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Texas Pharmacist Employment information

Pharmacy Name	Pharmacy License #	Employment Status
HEALTH RX SCRIPTS LLC	29920	Relief
STERLING PHARMACY	32864	PIC

Page 1 of 1 20 View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

LOCATION: 240
TIME STAMP: 08:44:24
DATE STAMP: 09-17-2020

ORGAN DONOR: N
VOTER REGISTRATION: N

RECEIPT NUMBE

RESTRICTION TEXT:
NONE

ENDORSEMENT TEXT:
NONE

MAILING ADDRESS:
~ POINTED EDGE LN
CYPRESS, TX 77429

TEXAS DEPARTMENT OF PUBLIC SAFETY
LIMITED TERM

TEMPORARY PERMIT VALID UNTIL 11-16-2020



DL/ID/UNL NUMBE CLASS: C LICENSE TYPE: DL
RESTRICTION CODE: NONE ENDORSEMENT CODE: NONE

NAME: NDABA,
MACDONALD OSCAR

ADDRESS:
~ POINTED EDGE LN
CYPRESS, TX 77429

DATE OF BIRTH
SEX: M HEIGHT: 5' 07"
EYE COLOR: BRO

EXPIRATION DATE: 09-17-2021
ISSUANCE DATE: 09-17-2020

SIGNATURE:

EMPLOYEE

- For driver license related questions, please call 512-424-2600 or refer to the DPS website at www.dps.texas.gov or at www.texas.gov.
- Your DL/ID Card will be processed and mailed within 30-45 days.
- You must continue to carry this Temporary Permit until your new card is received.
- For roadside assistance related to the following issues, please call 1-800-525-5555.
  - Stranded with car problems
  - Hazardous road conditions
  - Debris in the roadway

- **If you signed up for voter registration**, you will be contacted by your voter registrar within 30 days. If the registrar has no questions regarding your registration, a voter registration certificate will be mailed to you within that time frame. If you do not receive it, please contact:
  - Your County Voter Registrar. Contact information is available online at: http://sos.state.tx.us/elections/voter/votregduties.shtml
  - Secretary of State's Office toll-free at 1.800.252.VOTE (8683) or elections@sos.texas.gov

TEXAS STATE BOARD OF PHARMACY

Pharmacist-in-Charge Attestation:

I hereby attest the following statements are true and accurate (*initial each statement below*):

HD I am the Pharmacist-in-Charge (PIC) of Sterling Pharmacy (*Name of Pharmacy*), pharmacy license number pre-insp (*Pharmacy License Number*) and I ☒ was / ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on 9-11-19 (*Date of Inspection*);

HD I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector;

HD I reviewed the document titled *Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF* (on the reverse side of this attestation);

N/A If applicable, the Warning Notice issued contains _____ deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice;

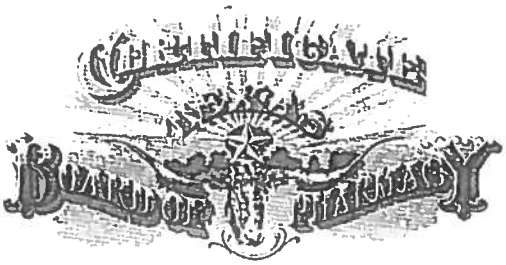
HD I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St., Suite 3-500
Austin, Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: Hdinkale (*Signature of PIC*) **Date:** 9-11-19

Printed Name: Hiwot Dinkale **License No.:** 57544



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **32864** Expiration Date: **9/30/2021**

Balances: **0**

STERLING PHARMACY
2035 FM 359 STE K
RICHMOND TX 77406

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Scanned with CamScanner

TEXAS STATE BOARD OF PHARMACY
333 Guadalupe St., Suite 3-500
Austin, TX 78701
(512) 305-8000

License Number: 66056
08/31/2021

(Date PDF Version Generated: 06/19/2020)

An up-to-date License Verification is always available on the Board's website:
http://www.pharmacy.texas.gov/

TEXAS STATE BOARD OF PHARMACY

License No.
66056

Expiration Date
08/31/2021

MACDONALD OSCAR NDABA
REGISTERED PHARMACIST

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

- Pharmacists are required to obtain CE as outlined in Rule 295.8, and are subject to random audits by TSBP.
- Update your address and/or employment through your online account at www.pharmacy.texas.gov.

TEXAS STATE BOARD OF PHARMACY

License No.
66056

Expiration Date
08/31/2021

MACDONALD OSCAR NDABA
REGISTERED PHARMACIST

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

STERLING PHARMACY
2035 FM 359 STE K RICHMOND, TX 77406
Tel: 281-762-1902
Toll Free: 866-945-1138

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it is prescribed.

Rx #: 6 NEW 09-11-19 HD/

Dr. PASKOW, JAMES TEST

RPH: DINKALE, HIWOT

TEST, PATIENT
RICHMOND TX 77406 281

50458-0503-50 MCNEIL CON

RISPERIDONE 2MG
Generic for RISPERDAL 2MG TABLET
UD

0 REFs QtyD: 30
QtyWritten: 30 QtyRemain: 0 DrugExp: 09-10-20

RX0000061909 1

May Make You Drowsy Or Dizzy. Do
Alcohol With This Drug. Use Care Wi
Operating A Vehicle, Vessel, Or Othe
Machines.

If You Are Pregnant, Plan T
Become Pregnant, Or Are
-feeding, Talk With Your D

Check With Your Doctor Or Pharma
Make Sure It Is Safe For You To Tak
Drug With All Of Your Other Drugs.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for STERLING PHARMACY, LLC (file number 803324016), a Domestic Limited Liability Company (LLC), was filed in this office on May 20, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 15, 2020.

Ruth R. Hughs
Secretary of State

Owner/Entity Name: Cynthia Figueroa
Address: Tailwind Drive Kyle TX 78640
Phone
DO
SS

Pharmacist in Charge:
Name: Oscar Ndaba
Address: Point Edge Ln Cypress TX 77429
Phone:
DOB:
SSN:

- PIC License – 66056
- Licensed: 11/14/2019 Expiration: 08/31/2021

STERLING PHARMACY
Address: 2035 FM 359 Ste K Richmond TX 77406
Phone: (281) 762-1901
Fax: 281-762-2047

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Watson Rx Solutions, Inc.

Physical Address: 1106 Bradshaw Drive Florence, AL 35630

Mailing Address: 1106 Bradshaw Drive

City: Florence State: AL Zip Code: 35630

Telephone: 256-246-2433 Fax: 256-246-2439

Toll Free Number: 855-208-0341 (Required per NAC 639.708)

E-mail: adam@watsonrxsolutions.com Website: www.watsonrxsolutions.com

Managing Pharmacist: William Stapp Harrison License Number: 15901

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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

Adam Myers

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

Adam Myers

Print Name of Authorized Person

6/9/2020

Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Alabama

Parent Company if any: RXHEALTH LLC

Mailing Address: 1106 Bradshaw Drive

City: Florence State: AL Zip: 35630

Telephone: 256-246-2433 Fax: 256-246-2439

Contact Person: Adam Myers

For any corporation non publicly traded, disclose the following:

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

a) Adam Myers (Name) 1106 Bradshaw Drive Florence, AL 35630 (Address)

b) Stephen Lacoste (Name) 1106 Bradshaw Drive Florence, AL 35630 (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. 4000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 04/13/2012

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday	8:30 am	4:30 pm		Saturday	Closed am	Closed pm
Sunday	Closed am	Closed pm		24 Hours	Closed	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Adam Myers

Responsible Person of Watson Rx Solutions, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Adam Myers

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

Adam Myers

Print Name of Authorized Person

6/9/2020

Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____)
) ss.
_____COUNTY)

I, Adam Myers - President, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for Watson Rx Solutions, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Adam Myers, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Adam Myers
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
11th day of June, 2020.

Anne Collins
NOTARY PUBLIC

ANNE COLLINS
NOTARY PUBLIC
ALABAMA STATE AT LARGE

Posted April 1, 2020

Alabama State Board of Pharmacy

2020

This is to Certify

WATSON RX SOLUTIONS, INC.
1106 BRADSHAW DRIVE
FLORENCE, AL 35630

Is duty licensed as a

Pharmacy

Permit No.

113889

Supervising Pharmacist

WILLIAM STAPP HARRISON
15901

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE EXPIRES ON THE LAST DAY OF December 2020 AND MUST BE CONSPICUOUSLY DISPLAYED.

Alabama State Board of Pharmacy

This is Your Receipt For Fee Paid As Required By Law
THIS PERMIT IS NOT TRANSFERABLE

Secretary

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
Phone 205-981-2280
Fax 205-981-2330
www.albop.com

Complete application for changes of name, ownership, address or supervising pharmacist at our website:
www.albop.com

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

ALABAMA STATE BOARD OF PHARMACY

2020

The Controlled Substances Act of 1971 reads in part as follows:
Section 304, (Revocation and Suspension of Registration.)
(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
(1) has furnished false or fraudulent material information in any application filed under this Act;
(2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
(3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances
(4) Has violated the provisions Act 205, 1966 Special Session of Alabama Legislature (Title 468.257 (al-a32) Code of Alabama 1940 (Recomp. 1958)

CONTROLLED SUBSTANCES REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
113889	12/31/2020	$300.00

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
III IV V	Pharmacy	01/01/2015

WATSON RX SOLUTIONS, INC.
1106 BRADSHAW DRIVE
FLORENCE, AL 35630

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES
THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

ALABAMA STATE BOARD OF PHARMACY

111 Village Street, Birmingham, AL 35242
www.albop.com Phone: 205-981-2280

License Verification

Name: WATSON RX SOLUTIONS, INC.
1106 BRADSHAW DRIVE

FLORENCE, AL 35630

Permit/Registration/License Number: 113889

License Type: Community Pharmacy

License Status: Active

Date Issued: 04/13/2012

Expiration Date: 12/31/2020

Disciplinary Action: No

Date Prepared: 05/21/2020

Donna C Yeatman

Donna Yeatman, R.Ph.
Executive Secretary

State of Louisiana Secretary of State

COMMERCIAL DIVISION
225.925.4704

Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
RXHEALTH LLC	Limited Liability Company	DESTREHAN	Active

Previous Names

Business: RXHEALTH LLC
Charter Number: 43674432K
Registration Date: 11/19/2019
Domicile Address
LAURA LN
DESTREHAN, LA 70047
Mailing Address
LAURA LN
DESTREHAN, LA 70047

Status

Status: **Active**
Annual Report Status: **In Good Standing**
File Date: 11/19/2019
Last Report Filed: N/A
Type: Limited Liability Company

Registered Agent(s)

Agent: ADAM MYERS
Address 1: LAURA LN
City, State, Zip: DESTREHAN, LA 70047
Appointment Date: 11/19/2019

Officer(s)

Additional Officers: No

Officer: ADAM MYERS
Title: Manager
Address 1: LAURA LN
City, State, Zip: DESTREHAN, LA 70047

Officer: STEPHEN LACOSTE
Title: Manager
Address 1: N CARROLTON AVE
City, State, Zip: NEW ORLEANS, LA 70119

Amendments on File

No Amendments on file

Print

State of Alabama
Department of Revenue

Certificate of Compliance

Watson Rx Solutions, Inc. is found to be in compliance for purposes of the issuance of a Certificate of Compliance from the Alabama Department of Revenue. An examination of the Alabama Department of Revenue's records for the following accounts: Corporate Income, Excise, Pass Through Entity, Business Privilege, Business & License Tax, Withholding, International Fuel Tax Agreement, International Registration Plan, and Sales and Use Tax, reveals that the aforementioned taxpayer/entity has filed all applicable tax returns and paid the tax or taxes, interest amounts, and any penalties that were reported due for all tax returns, assessments, and/or audit liabilities that were owed, as of May 20, 2020. No representation is made as to the accuracy of the amounts reported. Like all taxpayers, this taxpayer is subject to audit and billing for additional amounts for periods within the statute of limitations.

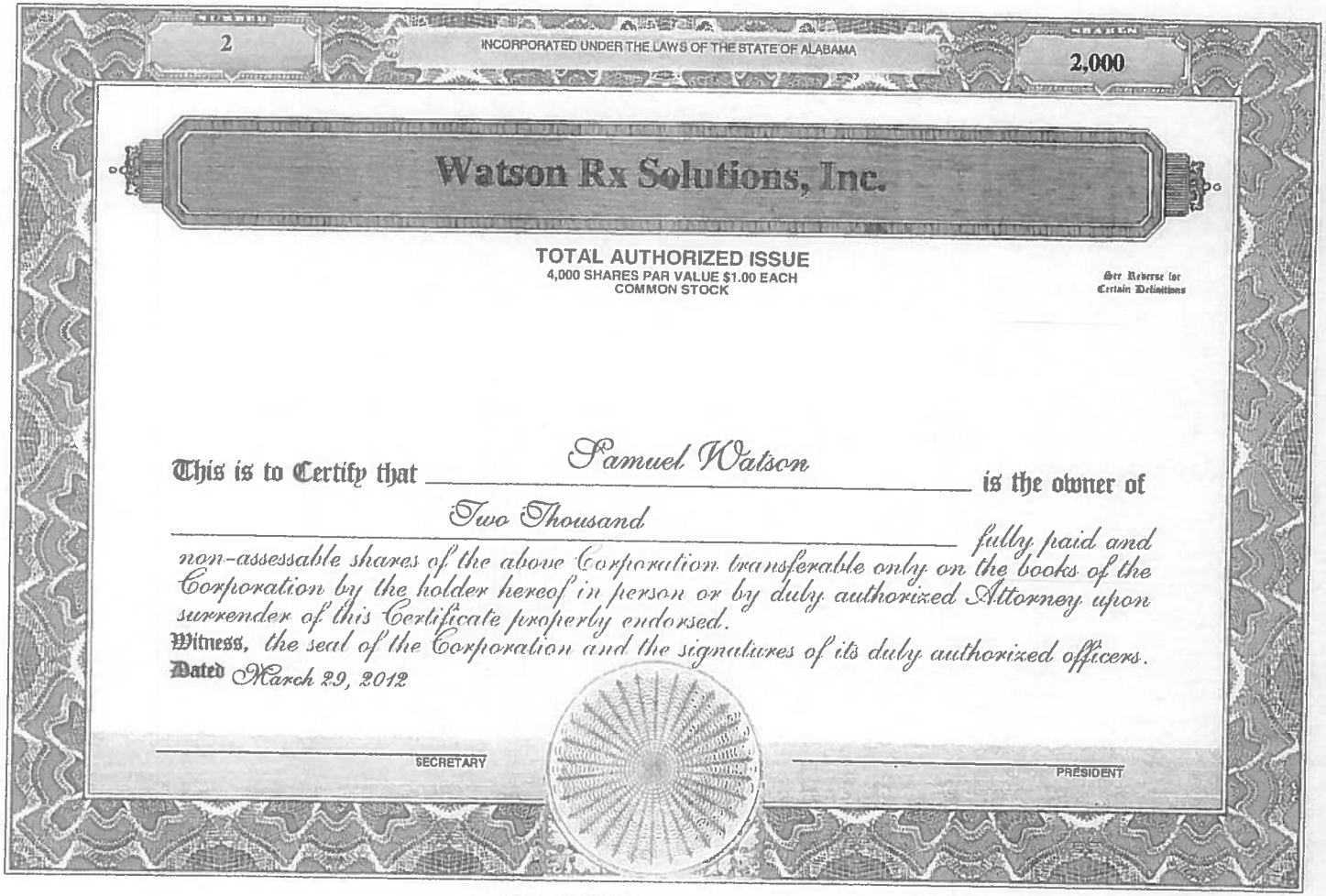
IN WITNESS WHEREOF, I hereunto set my hand this date of May 20, 2020.

Curtis E. Stewart

Disclosure Officer

Phone: 334-242-1189
Fax: 334-242-1030

Request Date: May 20, 2020
Request Code: 20052032758372



2

INCORPORATED UNDER THE LAWS OF THE STATE OF ALABAMA

2,000

Watson Rx Solutions, Inc.

TOTAL AUTHORIZED ISSUE
4,000 SHARES PAR VALUE $1.00 EACH
COMMON STOCK

See Reverse for Certain Definitions

This is to Certify that Samuel Watson is the owner of

Two Thousand fully paid and non-assessable shares of the above Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

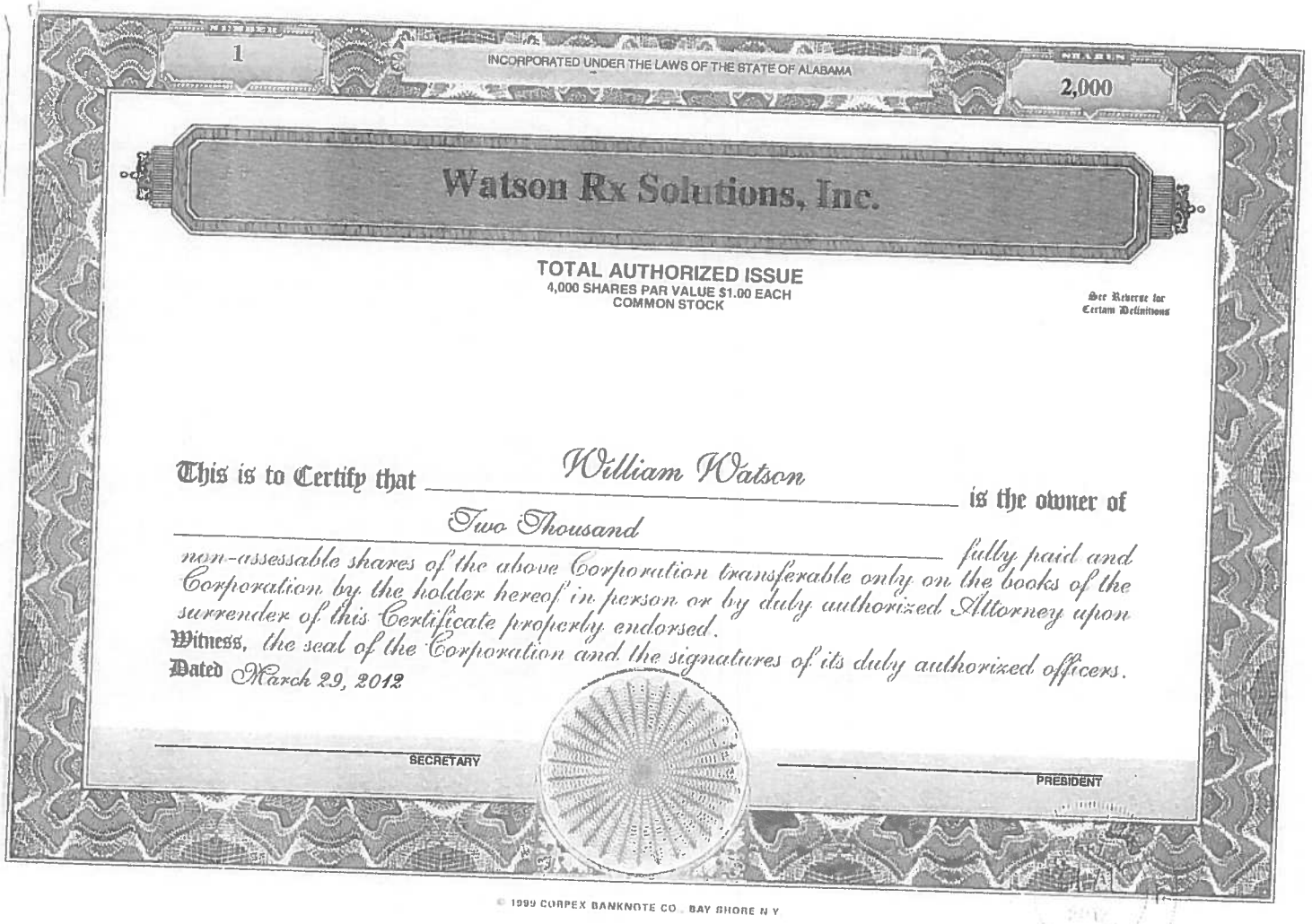
Witness, the seal of the Corporation and the signatures of its duly authorized officers.

Dated March 29, 2012

SECRETARY

PRESIDENT

© 1999 CORPEX BANKNOTE CO., BAY SHORE N.Y.


1
INCORPORATED UNDER THE LAWS OF THE STATE OF ALABAMA
2,000
Watson Rx Solutions, Inc.
TOTAL AUTHORIZED ISSUE
4,000 SHARES PAR VALUE $1.00 EACH
COMMON STOCK
See Reverse for Certain Definitions
This is to Certify that William Watson is the owner of
Two Thousand fully paid and non-assessable shares of the above Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.
Witness, the seal of the Corporation and the signatures of its duly authorized officers.
Dated March 29, 2012
SECRETARY
PRESIDENT
© 1999 CORPEX BANKNOTE CO., BAY SHORE N.Y.

The following abbreviations, when used in the inscription on the face of this certificate, shall be construed as though they were written out in full according to applicable laws or regulations:

TEN COM	- as tenants in common	UNIF TRANSFERS MIN ACT-.....Custodian ..... (Cust) (Minor)
TEN ENT	- as tenants by the entireties	under Uniform Transfers to Minors Act..... (State)
JT TEN	- as joint tenants with right of survivorship and not as tenants in common	

Additional abbreviations may also be used though not in the above list

For value received I hereby sell, assign and transfer unto

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

[ ]

Jason Max Akin

(PLEASE PRINT OR TYPEWRITE NAME AND ADDRESS INCLUDING POSTAL ZIP CODE OF ASSIGNEE)

Woodfern Drive

Killen, AL 35645

Two-Thousand (2,000) Shares

represented by the within Certificate, and do hereby irrevocably constitute and appoint

Adam B. Burchell Attorney

to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.

Dated February 16 2015

In presence of

Adam B. Burchell

NOTICE: THE SIGNATURE TO THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE IN EVERY PARTICULAR WITHOUT ALTERATION OR ENLARGEMENT OR ANY CHANGE WHATEVER.

The following abbreviations, when used in the inscription on the face of this certificate, shall be construed as though they were written out in full according to applicable laws or regulations:

TEN COM	- as tenants in common	UNIF TRANSFERS MIN ACT-.....Custodian ..... (Cust) (Minor)
TEN ENT	- as tenants by the entireties	under Uniform Transfers to Minors Act..... (State)
JT TEN	- as joint tenants with right of survivorship and not as tenants in common	

Additional abbreviations may also be used though not in the above list

For value received I hereby sell, assign and transfer unto

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

RxHealth, LLC

(PLEASE PRINT OR TYPEWRITE NAME AND ADDRESS INCLUDING POSTAL ZIP CODE OF ASSIGNEE)

Laura Lane

Destrehan, Louisiana 70047

Two-thousand (2,000) Shares

represented by the within Certificate, and do hereby irrevocably constitute and appoint

Attorney

to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.

Dated April 30 2020

In presence of

Jason M. Adams

NOTICE: THE SIGNATURE TO THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE IN EVERY PARTICULAR WITHOUT ALTERATION OR ENLARGEMENT OR ANY CHANGE WHATEVER.

STOCK TRANSFER LEDGER

	NAME OF STOCKHOLDER	PLACE OF RESIDENCE	TIME BECAME OWNER	CERTIFICATES ISSUED		FROM WHOM SHARES WERE TRANSFERRED (If Original Issue Enter As Such)	AMOUNT PAID THEREON	DATE OF TRANSFER OF SHARES	TO WHOM SHARES ARE TRANSFERRED	CERTIFICATES SURRENDERED	
				CERTIF. NOS.	NO. SHARES					CERTIF. NOS.	NO. SHARES
	Jason M. Akin	Florence, AL	2/16/15	3	2,000	William G. Watson	$50,000				
	Rx Health LLC	Destrehan, LA	4/30/20	3	2,000	Jason Akin	$400,000				
A	Rx Health LLC	Destrehan, LA	4/30/20	3	2,000	Samuel T. Watson	$400,000				
B											
C											
D											
E											
F											

The following abbreviations, when used in the inscription on the face of this certificate, shall be construed as though they were written out in full according to applicable laws or regulations:

TEN COM	- as tenants in common	UNIF TRANSFERS MIN ACT-.....Custodian ..... (Cust) (Minor)
TEN ENT	- as tenants by the entireties	under Uniform Transfers to Minors Act..... ..... (State)
JT TEN	- as joint tenants with right of survivorship and not as tenants in common	

Additional abbreviations may also be used though not in the above list

For value received I hereby sell, assign and transfer unto

PLEASE INSERT SOCIAL SECURITY OR OTHER IDENTIFYING NUMBER OF ASSIGNEE

RxHealth, LLC

(PLEASE PRINT OR TYPEWRITE NAME AND ADDRESS INCLUDING POSTAL ZIP CODE OF ASSIGNEE)

Laura Lane

Destrehan, Louisiana 70047

Two-thousand (2,000) Shares

represented by the within Certificate, and do hereby irrevocably constitute and appoint

Attorney

to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.

Dated April 30 2020

In presence of

NOTICE: THE SIGNATURE TO THIS ASSIGNMENT MUST CORRESPOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE IN EVERY PARTICULAR WITHOUT ALTERATION OR ENLARGEMENT OR ANY CHANGE WHATEVER.

40

RECEIVED 8/24/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WHITE ROCK PHARMACY

Physical Address: 9037 GARLAND RD

Mailing Address: SAME AS PHYSICAL ADDRESS

City: DALLAS State: TX Zip Code: 75218

Telephone: 214-660-1603 Fax: 214-660-1608

Toll Free Number: 866-620-3005 (Required per NAC 639.708)

E-mail: whiterockpharmacytx@gmail.com Website: www.white-rockpharmacy.com

Managing Pharmacist: XUAN NGUYEN License Number: 56957

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☐ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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



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

XUAN NGUYEN
Print Name of Authorized Person

08/03/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: TEXAS

Parent Company if any: N/A

Corporation Name: REMKEM CORPORATION dba WHITE ROCK PHARMACY

Mailing Address: 9037 GARLAND RD

City: DALLAS State: TX Zip: 75218

Telephone: 214-660-1603 Fax: 214-660-1608

Contact Person: XUAN NGUYEN

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 04/01/2005

Registration number issued: 800475638

Stock Exchange: NYSE

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm Saturday CLOSED am ____ pm

Sunday CLOSED am ____ pm 24 Hours ____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

CORPORATE OFFICER: XUAN NGUYEN

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for REMKEM CORPORATION (file number 800475638), a Domestic For-Profit Corporation, was filed in this office on April 01, 2005.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 30, 2020.

Ruth R. Hughs
Secretary of State

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Xuan Nguyen

Responsible Person of White Rock Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Xuan Nguyen
Print Name of Authorized Person

08/03/2020
Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Dallas COUNTY)

I, Xuan Nguyen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Corporate officer/owner for White Rock Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Xuan Nguyen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of August, 2020.

NOTARY PUBLIC

NATALIE BENITEZ MONTES
Notary Public, State of Texas
Comm. Expires 07-05-2023
Notary ID 128664364

Posted April 1, 2020

Transmitting Controlled Substance Prescription Data

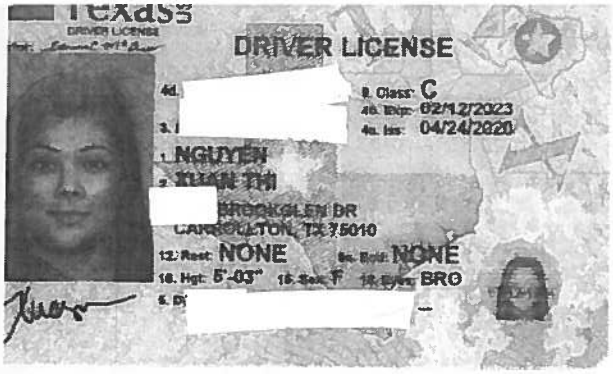
Pursuant to NAC 639.926, pharmacies and dispensing practitioners that dispense controlled substances listed in schedule II, III or IV are required to submit data to the Board each week; however, we highly encourage dispensers to submit data on a nightly basis when possible. If a dispenser has not dispensed any controlled substances for the required time period, the dispenser is required to submit a zero reporting transmission.

The Nevada State Board of Pharmacy contracts with Appriss to manage the data collection for the Nevada Prescription Monitoring Program (PMP). For information to register and submit data please visit: http://bop.nv.gov. Click Links, click Prescription Monitoring Program, click Dispenser Guide.

If you have any questions or need additional information, please email: pmp@pharmacy.nv.gov

N/A

White Rock Pharmacy will not be dispensing any controlled substances to any patients in the state of Nevada.


Texas
DRIVER LICENSE
DRIVER LICENSE
4d.
8. Class: C
4b. Exp: 02/12/2023
4a. Iss: 04/24/2020
1. NGUYEN
2. XUAN THI
BROOKGLEN DR
CARROLLTON, TX 75010
12. Rest: NONE
9a. Rstr: NONE
16. Hgt: 5'-03"
15. Sex: F
18. Eyes: BRO

TEXAS STATE BOARD OF PHARMACY

Re:	White Rock Pharmacy
Address:	9037 Garland Road Dallas, Texas 75218
License No.:	27745
Date Issued:	November 9, 2011
Licensure Status:	Active
Expiration Date:	November 30, 2021
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. White Rock Pharmacy (Texas Pharmacy License #27745) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Deputy General Counsel
Texas State Board of Pharmacy

August 12, 2020
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

WHITE ROCK PHARMACY
9037 GARLAND RD
DALLAS TX 75218

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **27745** Expiration Date: **11/30/2021**

Balances: **1**

WHITE ROCK PHARMACY
9037 GARLAND RD
DALLAS TX 75218

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

4P

RECEIVED 8-30-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ARCHWAY APOTHECARY

Physical Address: 2190 MANTON DRIVE

Mailing Address: P.O. Box 5084 (70434)

City: COVINGTON State: LA Zip Code: 70433-1000

Telephone: 985-801-0800 Fax: 844-760-5945

Toll Free Number: 844-701-0800 (Required per NAC 639.708)

E-mail: SERVICE@ARCHWAYAPOTHECARY.COM Website: WWW.ARCHWAYAPOTHECARY.COM

Managing Pharmacist: E. RAYMOND WILKES, JR License Number: PST.010160

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☒	☐ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☐ Other: _____	☒	☐ Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☒	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

Matthew W. Hardey

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

MATTHEW W. HARDEY

Print Name of Authorized Person

7/27/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General ✓ (LLC) Limited ____

Partnership Name: ARCHWAY APOTHECARY, LLC

Mailing Address: P.O. Box 5084

City: COVINGTON State: LA Zip Code: 70434-5084

Telephone Number: 985-801-0800 Fax Number: 985-893-1845

Contact Person: MATT HARDEY

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage

List names of 4 largest partners and percentage of ownership:

Name: CARL H. CAMP %: 53

Name: Stephen M Camp %: 30

Name: MATTHEW W. HARDEY %: 17

Name: ____ %: ____

List any physician shareholders and percentage of ownership.

Name: NONE %: ____

Name: ____ %: ____

Name: ____ %: ____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday CLOSED am pm

Sunday CLOSED am pm 24 Hours N/A

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

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Louisiana)
) ss.
St. Tammany COUNTY)

I, CARL H. CAMP, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PRESIDENT for ARCHWAY APOTHECARY L.L.C. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, CARL CAMP, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
20th day of July, 2020.

NOTARY PUBLIC

SAMANTHA L. BLOEMER
NOTARY PUBLIC
Notary ID #132940
State of Louisiana
My commission is for life.

Posted April 1, 2020

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, CARL H. CAMP

Responsible Person of ARCHWAY APOTHECARY LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

CARL H. CAMP
Print Name of Authorized Person

7/21/2020
Date

Posted April 1, 2020

UNITED STATES OF AMERICA

State of Louisiana

R. Kyle Ardoin

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

ARCHWAY APOTHECARY, L.L.C.

A limited liability company domiciled in COVINGTON, LOUISIANA,

Filed charter and qualified to do business in this State on April 22, 2013,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 17, 2020

Secretary of State

Web 41154193K

STATE OF LOUISIANA · UNION · JUSTICE · CONFIDENCE · SECRETARY OF STATE

Certificate ID: 11239542#DFG62

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov

July 23, 2020

Archway Apothecary
Attn: Matthew Hardey
PO Box 5084
Covington, LA 70434-5084

CREDENTIAL VERIFICATION

Official records of the Louisiana Board of Pharmacy reflect the following:

Credential Number:	PHY.007333-IR
Credential Type:	Pharmacy
Issued to:	Archway Apothecary, LLC
Original Issue Date:	June 13, 2016
Method of Credentialing:	Application
Expiration Date:	December 31, 2020
Current Status:	Active and unrestricted
Disciplinary action:	No

Verification prepared by:

Jonesha Cushenberry
Licensing Analyst 2

cc: file

In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or board procedures. You may submit such complaints to one or more of the following organizations: (1) Louisiana Board of Pharmacy; 3388 Brentwood Dr.; Baton Rouge, La. 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; Louisiana House of Representatives; P.O. Box 44486; Baton Rouge, La. 70804; 225.342.2403; h&ga@legis.la.gov. (3) Committee on Senate & Governmental Affairs; Louisiana Senate; P.O. Box 94183; Baton Rouge, La. 70804; 225.342.9845; s&g@legis.la.gov.

Archway
apothecary

July 17, 2020

Louisiana Board of Pharmacy
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

Attn: License Verification

Sir or Madam:

Please complete the attached form, or if you prefer, issue an equivalent letter on your own stationery, and return the completed document to my attention at the mailing address below.

Thank you.

Matthew W. Hardey

RECEIVED
JUL 22 2020
LA BOARD OF PHARMACY

2190 Manton Drive
Covington, LA 70433

P. O. Box 5084
Covington, LA 70434

Phone: 985-801-0800
Fax: 985-893-1845

LOUISIANA BOARD of PHARMACY

3388 Brentwood Drive ~ Baton Rouge, LA 70809-1700
www.pharmacy.la.gov

PHARMACY PERMIT

Permit Owner: Archway Apothecary, LLC

This is to certify that the Pharmacy listed hereon is duly permitted to operate a PHARMACY in Louisiana for the referenced period at the address noted:

Archway Apothecary
2190 Manton Dr
Covington, LA 70433-1000

Permit Number: PHY.007333-IR
Effective Date: 01/01/2020
Expiration Date: 12/31/2020

PHY 2020

PERMIT MUST BE DISPLAYED IN PHARMACY
THIS PERMIT IS NOT TRANSFERABLE
A change in ownership or relocation of the pharmacy requires a new permit

Carl W. Aron
President

Louisiana Board of Pharmacy

3388 Brentwood Drive ~ Baton Rouge, LA 70809-1700

Controlled Dangerous Substance (CDS) License

Shall be Publicly Displayed at All Times, and Used ONLY in Place of Business Indicated Below

This is to certify that the person or firm listed below has been duly licensed with the Louisiana Board of Pharmacy, according to the requirements of the Uniform Dangerous Substances Law, Title 40, Chapter 4, Part X, Louisiana Revised Statutes 1950 as amended, to either manufacture, distribute, dispense, prescribe, and/or conduct research with Controlled Dangerous Substances in Schedules 1, 2, 2N (nonnarcotic), 3, 3N (nonnarcotic), 4, and 5 Section 964 of said act or as otherwise specified on the original application.

Archway Apothecary
2190 Manton Dr
Covington, LA 70433-1000

CDS License - Pharmacy
Credential Number: CDS.048304-PHY
Expiration Date: 12/31/2020
Approved Schedules and/or Drugs:

1:	No	3:	Yes
2:	Yes	3N:	Yes
2N:	Yes	4:	Yes
		5:	Yes

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[redacted]		

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
[redacted]	RETAIL PHARMACY	05-07-2019

ARCHWAY APOTHECARY LLC
2190 MANTON DR
COVINGTON, LA 70433-1000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Idaho	46056MS	12/31/2019
Indiana	64001754A	12/31/2019
Florida	PH28474	2/28/2020
Oregon	RP-0003377	3/31/2020
Maryland	P7935	5/31/2020
California	NRP 1974	7/1/2020
Connecticut	PCN.0003520	8/31/2020
Arizona	Y006707	10/31/2020
Virginia	214002132	10/31/2020
Colorado	OSP.0006707	10/313/2020
Alabama	114919	12/31/2020
North Carolina	13431	12/31/2020
Ohio	NRP.022561550-03	3/31/2021
Texas	32545	3/31/2021
Georgia	PHRN000766	6/30/2021
Mississippi	CS-16725/7.1	12/31/2021

4Q

RECEIVED 9/28

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cedarmak Pharmacy

Physical Address: 8737 Beverly Blvd #102

Mailing Address: " "

City: West Hollywood State: CA Zip Code: 90048

Telephone: 424-303-7860 Fax: 424-303-7854

Toll Free Number: 888-669-1066 (Required per NAC 639.708)

E-mail: cedarmakpharmacy@yahoo.com Website: _____

Managing Pharmacist: Siamak Bagheri License Number: RPH 45786

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☐ Other: _____	☐	☒ Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ 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.

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

Sia B

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

Siamak Bagheri

Print Name of Authorized Person

9/9/20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: CA

Parent Company if any: Innova RX, Inc.

Mailing Address: 8737 Beverly Blvd #102

City: West Hollywood State: CA Zip: 90048

Telephone: 424-303-7860 Fax: 424-303-7854

Contact Person: Siamak Bagheri

For any corporation non publicly traded, disclose the following:

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

a) Siamak Bagheri ... old Phillips Rd. Glendale, CA 91207
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100%.

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5:30 pm Saturday — am — pm

Sunday — am — pm 24 Hours —

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Siamak Bagheri

Responsible Person of Cedarmak Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Siamak Bagheri
Print Name of Authorized Person

9/9/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA)
) ss.
LA COUNTY)

I, Siamak Bagheri, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President / CEO for Cedarmak Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Siamak Bagheri, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Siamak Bagheri
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

See attachment

NOTARY PUBLIC

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 16 day of September, 20 20,
Date *Month* *Year*
by (1) Siamak Bagheri
(and (2) none),
Name(s) of Signer(s)
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

GLORIA ANGULANO
Notary Public - California
Los Angeles County
Commission # 2295333
My Comm. Expires Jun 28, 2023

Signature _____
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavid for out of state Lawsuit Document Date: 9/16/2020
Number of Pages: _____ Signer(s) Other Than Named Above: _____

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

Cedarmak Pharmacy

8737 Beverly Blvd

West Hollywood, CA 90048

List of Owners:

1. Siamak Bagheri, PIC/Owner 100%
   CA Board of Pharmacy Lic #: RPH45786
   DOB:
   SS#
   Old Phillips Road
   Glendale, CA 91207
   Hom
   Business: 424-303-7860

List of Pharmacist-In-Charge who practices at this location:

1. Siamak Bagheri, PIC/Owner
   CA Board of Pharmacy Lic #: RPH45786
   DC
   SS#:
   Old Phillips Road
   Glendale, CA 91207
   Hom
   Business: 424-303-7860

Secretary of State
Certificate of Status

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name:	INNOVA RX, INC.
File Number:	C3180969
Registration Date:	12/17/2008
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of September 8, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 9, 2020.

ALEX PADILLA
Secretary of State

Certificate Verification Number: YDB959R

To verify the issuance of this Certificate use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

June 10, 2020

CEDARMAK PHARMACY
8737 BEVERLY BLVD #102
WEST HOLLYWOOD CA 90048

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: CEDARMAK PHARMACY

License Type: PHARMACY

License Number: PHY 56074

Status: ACTIVE

Issue Date: 02/15/2018

Expiration Date: 02/01/2021

Address of Record: 8737 BEVERLY BLVD #102 WEST HOLLYWOOD CA 90048

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 518-3081
Barbera.Schleicher@dca.ca.gov

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 56074
RECEIPT NO. 93380351

VALID UNTIL FEBRUARY 01, 2021

CEDARMAK PHARMACY
8737 BEVERLY BLVD #102
WEST HOLLYWOOD CA 90048

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

12/13/19
12/13/19 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PH

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lucile Packard Children's Hospital Outpatient Pharmacy

Physical Address: 725 Welch Road, Palo Alto, CA 94304

Mailing Address: 725 Welch Road #166

City: Palo Alto State: CA Zip Code: 94304

Telephone: 650-497-8289 Fax: 650-497-8974

Toll Free Number: 877-428-7490 (Required per NAC 639.708)

E-mail: CHong@stanfordchildrens.org Website: https://www.stanfordchildrens.org/en/service/pharmacy-services/outpatient-pharmacy

Managing Pharmacist: Carolyn M. Hong License Number: RPH 52573

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☑	☐ Parenteral (outpatient)
☐	☑ Nuclear	☑	☐ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☑	☐ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

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

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

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

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

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

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

Carolyn M. Hong
Print Name of Authorized Person

Sept 3, 2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Lucile Packard Children's Hospital Stanford (100% ownership)

Business Name: Lucile Packard Children's Hospital Outpatient Pharmacy

Current Business Address: 725 Welch Road #166

City: Palo Alto State: CA Zip Code: 94304

Telephone: 650-497-8289 Fax: 650-497-8974

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 08:00 am 7:00 pm Saturday 9:00 am 4:00 pm

Sunday 9:00 am 4:00 pm 24 Hours _____

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

Lucile Packard Children's Hospital Stanford | Stanford Children's Health

BOARD OF DIRECTORS
July 1, 2020

Ex-Officio Directors

1. Cynthia Brandt, President and CEO of Lucile Packard Foundation for Children's Health
2. Elizabeth Dunlevie, Chair, Board of Directors, Lucile Packard Foundation for Children's Health
3. James Dunn, MD, Surgeon-in-Chief, Lucile Packard Children's Hospital
4. David Entwistle, President and CEO, Stanford Health Care
5. Paul King, President and CEO, Lucile Packard Children's Hospital
6. Mary Leonard, MD, Physician-in-Chief, Lucile Packard Children's Hospital
7. John Levin, Chair, Board of Directors, Stanford Health Care
8. Randy Livingston, University Liaison for Stanford Medicine
9. Dennis Lund, MD, Chief Medical Officer, Lucile Packard Children's Hospital
10. Lloyd Minor, MD, Dean, School of Medicine

Elected Directors

1. Jeff Chambers, Chair
2. Mariann Byerwalter, Vice-Chair
3. Sue Bostrom
4. Sierra Clark
5. Christie Coleman, MD
6. Jonathan Coslet
7. J Taylor Crandall
8. Brad Geier
9. Jenny Johnson
10. Tonia Karr
11. Frank Lee
12. Steve Luczo
13. Mindy Rogers
14. Jane Shaw
15. Amit Sinha
16. William (Bill) Thompson III
17. Vaughn Williams
18. Jim Woody, MD

Corporate Officers:
Paul King, President and CEO
Dana Haering, Chief Financial Officer
Rick Majzun, Chief Operating Officer
Michele Sanchez, Corporate Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Carolyn M. Hong

Responsible Person of Lucile Packard Children's Hospital Outpatient Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Carolyn Hong
Print Name of Authorized Person

Sept 3, 2020
Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA)
) ss.
Santa Clara COUNTY)

I, Carolyn M Hong, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the ~~pharmacist~~ pharmacist in charge for Lucile Packard Children's Hospital Outpatient Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Carolyn M. Hong, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
9th day of October, 2020.

NOTARY PUBLIC

ALVARO CORDOBA
Notary Public - California
Santa Clara County
Commission # 2152247
My Comm. Expires Jun 3, 2020

"The Notary Commission Extended Pursuant to Executive [illegible] 20-3"

Posted April 1, 2020

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 7/12/2018 Inspector: Irina Top

Firm: LUCILE PACKARD CHILDRENS HOSPITAL OUTPATIENT PHAR Phone: (650) 497-8289

Address: 725 WELCH ROAD #166 City: PALO ALTO Zip: 94304

Ownership: CORPORATION

Permit #: PHY52051 Permit Exp: 6/1/2018 DEA#: FL6064694 DEA Exp: 3/31/2019

Date of Self Assessment Form: 6/29/2017 Other Permit #: N/A Date of DEA Inventory: 7/6/2017

Hours M-F: 8AM-7PM Hours Saturday 9AM-4PM Hours Sunday: 9AM-4PM

PIC MINH-THOA T TRAN RPH41285 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	JENNETTE K MASON	RPH63665	GUILLERMO M DE VEGA	TCH49571
	CLAUDIA FLORES	RPH68166	KARINA SALAS	TCH43290
	YVONNE Y LEONG	RPH47461	MARITES S PAMINTUAN	TCH65361
	CAROLYN M HONG	RPH52573	MARITES T NATIVIDAD	TCH44076
	CRYSTAL G CHONG	RPH74310	MINDY-MINH T HO	TCH74778

Inspector Remarks:

Routine Pharmacy Inspection
Assisted by Outpatient Pharmacy PIC Tran and Hospital Inpatient Pharmacy PIC Chan

Dispense approximately 180 prescriptions/day, 35% of them being refills. Mainly 340B
Dispense prescriptions to pediatric patients who have been discharged from the hospital. Also service oncology, neurology, diabetes and CF clinics
Dispense prescriptions to adults-transplant and L/D
Compound medications-mainly suspensions
Immunize caregivers

Items Reviewed:
- Notice to Consumers and Interpretive services posters posted
- DEA license, BOP original license and renewal
- Community Pharmacy & Compounding Self-Assessments
- DEA Biennial Controlled Substances Inventory
- Patient Centered label
- Identification badges & pharmacist to technician ratio observed
- Hot and cold running water and accessible restroom available

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Fax (916) 574-8618
www.pharmacy.ca.gov

- Refrigerator-temperature monitored electronically via Temptrak
- Consultation-area was suitable for confidential patient counseling
- Medication inventory & expired medications
- Pharmacist signs for delivered medications in the inpatient pharmacy
- Temporary absence of a pharmacist for 30 minutes on weekends-pharmacy closes
- Non-controlled invoices reviewed, controlled invoices stored in inpatient pharmacy
- Security-cameras observed, CII-CV medications locked in cabinet
- CSOS
- CII prescriptions reviewed
- PIC receives emails from BOP
- All pharmacists registered with CURES
- Quality assurance reporting
- Pharmacy reports vaccination administration to CAIR2 within 14 days
- Policies and procedures: QA for Medication Errors, Technician Job Description, Theft and Impairment, Interpretive Services
- Compounding-logs, master formulas, training records, policies and procedures
- Wholesaler: McKesson, Cardinal, Reverse Distributor: Inmar

Items Discussed:

- California Code of Regulations (CCR) section 1715.65(c), quarterly CII inventories and reconciliation reports.
- CCR section 1735.2(i)(1) and BUDs. Currently the pharmacy is giving 30 day BUDs for water-containing oral formulations. Please ensure BOP mandated BUDs are assigned or must show compliance with CCR 1735.2(i)(G).

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) _____

Owner(sign) _____

Inspector (print) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

ORDER OF CORRECTION

Date: 7/12/2018 Permit #: PHY52051

Time of Day: 11:14 AM

Name as shown on permit: **LUCILE PACKARD CHILDRENS HOSPITAL OUTPATIENT PHAR**

Address: 725 WELCH ROAD #166 City: PALO ALTO

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. **CCR 1714.1(f)**	Pharmacy Operations during the Temporary Absence of a Pharmacist. This section is to ensure that pharmacists are able to have duty free breaks and meal periods to which they are entitled under Section 512 of the Labor Code and the orders of the Industrial Welfare Commission, without unreasonably impairing the ability of a pharmacy to remain open. The pharmacy shall have written policies and procedures regarding the operations of the pharmacy during the temporary absence of the pharmacist for breaks and meal periods. The policies and procedures shall include the authorized duties of ancillary staff, the pharmacist's responsibilities for checking all work performed by ancillary staff and the pharmacist's responsibility for maintaining the security of the pharmacy. The policies and procedures shall be open to inspection by the board or its designee at all times during business hours. at the time of inspection, no Temporary Absence of a Pharmacist Policy was available. Please provide to Inspector Top by e-mail by no later than 07/26/2018.
2. **CCR 1735.8(c)**	Compounding Quality Assurance. The quality assurance plan shall include written standards for qualitative and quantitative analysis of compounded drug preparations to ensure integrity, potency, quality, and labeled strength, including the frequency of testing. All qualitative and quantitative analysis reports for compounded drug preparations shall be retained by the pharmacy and maintained along with the compounding log and master formula document. The quality assurance plan shall include a schedule for routine testing and analysis of specified compounded drug preparations to ensure integrity, potency, quality, and labeled strength, on at least an annual basis. at the time of inspection, a policy existed for scheduled routine testing of a specified compound to ensure potency, however, it was not being done in practice. Please provide proof of correction to Inspector Top by no later than 07/26/2018.

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219 Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

3. **CCR 1735.2(e)(6)**	Compounding Limitations and Requirements; Self-Assessment. A drug preparation shall not be compounded until the pharmacy has first prepared a written master formula document that includes at least the following elements: Quality reviews required at each step in preparation of the drug.
	at the time of inspection, the master formula did not contain quality reviews required at each step in preparation of the drug. Please provide proof of correction to Inspector Top by no later than 07/26/2018.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____ Signed _____

Inspector (print) _____ Print Name _____

Date _____ Title _____

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

Copy

BANK OF AMERICA

Cashier's Check

No. 1019439763

30-1/1140

DATE 09/23/20 05:09:26 PM

Void after 90 days

PAY ONLY $500.00 CTSCTS

**********$500.00**

Bank of America, N.A.
San Antonio, Texas
Deposit Services
318-0005594 GV

PAY Five hundred dollars and zero cents

To The Order Of NEVADA STATE BOARD OF PHARMACY

LPCH CHILDREN S PHARMACY NCPDP 5660394
OUT OF STATE PHARMACY LICENSE APPLICATION

Void Over **********$500.00

SR1-39493301312

AUTHORIZED SIGNATURE

Remitter: LUCILE SALTER PACKARD CHILDREN S

⑈1019439763⑈ ⑆114000019⑆ 00164000744⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

00-12-2382B 02-2019

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 52051
RECEIPT NO. 00166057

VALID UNTIL JUNE 01, 2021

LUCILE PACKARD CHILDRENS HOSPITAL OUTPATIEN
725 WELCH ROAD #166
PALO ALTO CA 94304

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

04/30/20
04/30/20 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PH

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

October 7, 2020

Dept. of Pharmacy
Attn: Tiffany Tesoro
725 Welch Road, MC 5921
Palo Alto, CA 94304

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: LUCILE PACKARD CHILDRENS HOSPITAL OUTPATIENT PHARMACY

License Type: PHARMACY

License Number: PHY 52051

Status: ACTIVE

Issue Date: 06/03/2016

Expiration Date: 06/01/2021

Address of Record: 725 WELCH ROAD #166 PALO ALTO CA 94304

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 518-3081
Barbera.Schleicher@dca.ca.gov

4S

RECEIVED 9/22/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MVP Pharmacy LLC DBA Mountain View Pharmacy

Physical Address: 230 South Main Street

Mailing Address: 230 South Main Street

City: Bountiful State: Utah Zip Code: 84010

Telephone: 801-295-3439 Fax: 801-299-1696

Toll Free Number: 1-888-201-6341 (Required per NAC 639.708)

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

Managing Pharmacist: Jacob Horrocks License Number: 7779039-1701 Uta

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☑	☐ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ 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,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

Ryan J. Hansen

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

Ryan Johansen

Print Name of Authorized Person

9/11/2020

Date

Board Use Only	Date Processed:	Amount: 500.00

Must be included with the application for a non publicly traded corporation

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

List of officers and directors

Jacob Horrocks

Ryan Johansen

Daniel Breisch

Sheldon Vaterlaus

Todd Goff

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited X

Partnership Name: MVP Pharmacy LLC DBA Mountain View Pharmacy

Mailing Address: 230 South Main Street

City: Bountiful State: Utah Zip Code: 84010

Telephone Number: 801-295-3439 Fax Number: 801-299-1696

Contact Person: Ryan Johansen

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage

List names of 4 largest partners and percentage of ownership:

Name: Jacob Horrocks %: 33.75

Name: Ryan Johansen %: 33.75

Name: Daniel Breisch %: 20

Name: ~~Todd~~ Sheldon Vaterlaus %: 7.5

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ryan Johansen

Responsible Person of MVP Pharmacy LLC DBA Mountain View Pharmacy hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Ryan Johansen
Print Name of Authorized Person

9/11/2020
Date

Posted April 1, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF UTAH)
) ss.
SALT LAKE COUNTY)

I, Ryan Johansen, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner/managing member for MVP Pharmacy LLC DBA Mountain View Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Ryan J. Johansen, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Ryan Johansen
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
16 day of SEPTEMBER, 2020.

NOTARY PUBLIC

NOTARY PUBLIC
TRENT CHAPMAN
697864
COMMISSION EXPIRES
NOVEMBER 16, 2021
STATE OF UTAH

State license MVP

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

MVP Pharmacy LLC. DBA Mountain View Pharmacy

EFFECTIVE 09/24/2019 EXPIRATION 09/30/2021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11452830-1703 Pharmacy - Class A
11452830-8913 Dispensing Controlled Substance License

SIGNATURE OF HOLDER

IMPORTANT LICENSURE REMINDERS:

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

MVP PHARMACY LLC. DBA MOUNTAIN VIEW
PHARMACY
230 S MAIN ST
BOUNTIFUL UT 84010

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

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **09/24/2019**

EXPIRATION DATE: **09/30/2021**

ISSUED TO: **MVP Pharmacy LLC. DBA Mountain View Pharmacy**
230 S Main St
Bountiful UT 84010

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11452830-1703 **Pharmacy - Class A**
11452830-8913 **Dispensing Controlled Substance**
License

SIGNATURE OF HOLDER

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

07/30/2020
9692014-0160073020202-2903061

CERTIFICATE OF EXISTENCE

Registration Number:	9692014-0160
Business Name:	MVP PHARMACY, LLC
Registered Date:	February 05, 2016
Entity Type:	LLC - Domestic
Status:	Current

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

Jason Sterzer
Director
Division of Corporations and Commercial Code

Details for MVP Pharmacy LLC. DBA Mountain View Pharmacy

License Information

Name:	MVP Pharmacy LLC. DBA Mountain View Pharmacy
City, State, Zip, Country:	Bountiful UT 84010 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class A
License Number:	11452830-1703
Obtained By:	Application
License Status:	Active
Original Issue Date:	09/24/2019
Expiration Date:	09/30/2021
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A
Controlled Substance License	Yes View Controlled Substance License

Doing Business As:

MOUNTAIN VIEW PHARMACY

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

Details for MVP Pharmacy LLC. DBA Mountain View Pharmacy

License Information

Name:	MVP Pharmacy LLC. DBA Mountain View Pharmacy
City, State, Zip, Country:	Bountiful UT 84010 United States
Profession:	Pharmacy
License Type:	Dispensing Controlled Substance License
License Number:	11452830-8913
Obtained By:	Application
License Status:	Active
Original Issue Date:	09/24/2019
Expiration Date:	09/30/2021
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.

MVP Pharmacy LLC Ownership Group

Jacob Horrocks General Managing Member	33.75%
Ryan Johansen General Managing Member	33.75%
Daniel Breisch General Managing Member	20%
Sheldon Vaterlaus Limited Non Managing Member	7.5%
Todd Goff Limited Non Managing Member	5%

4T

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(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 MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Non Publicly Traded Corporation – Pages 1,2,3,5

☒ Partnership - Pages 1,2,3,6

☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: Bridgeway Health Advisors, LLC

Physical Address: 8100 S 1300 W Ste. A West Jordan, UT 84088

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

Mailing Address: 8100 S 1300 W Ste. A

City: West Jordan State: UT Zip Code: 84088

Telephone: 801-792-0805 Fax: 385-707-1730

E-mail: john@bridgewayhealthadvisors.com Website: bridgewayhealthadvisors.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 3 Fri: 9 to 3

Sat: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John DeKlerk

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 Prosethics

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: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

PTAN - 7731240001

NPI - 1780177360

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

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

John Deklerk
Print Name of Authorized Person

10/ /2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP General X Limited ____

Partnership Name: Bridgeway Health Advisors, LLC

Mailing Address: 8100 S 1300 W Ste. A

City: West Jordan State: UT Zip: 84088

Telephone: 801-792-0805 Fax: 385-707-1730

Contact Person: John DeKlerk

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
John DeKlerk	G	33.33
Jacob DeKlerk	G	33.33

List names of 4 largest partners and percentage of ownership:

Name: John DeKlerk %: 33.33

Name: Jacob DeKlerk %: 33.33

Name: Robert DeKlerk %: 33.33

Name: ____ %: ____

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

10/09/2020
10858461-016010092020-2049480

CERTIFICATE OF EXISTENCE

Registration Number:	10858461-0160
Business Name:	BRIDGEWAY HEALTH ADVISORS, LLC
Registered Date:	June 08, 2018
Entity Type:	LLC - Domestic
Status:	Current

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

Jason Sterzer
Director
Division of Corporations and Commercial Code

BRIDGEWAY
HEALTH ADVISORS

Bridgeway Health Advisors

8100 S 1300 W Ste. A

West Jordan, UT 84088

To Whom it May Concern,

Bridgeway Health Advisors list of officers and directors is identified below.

John DeKlerk – President

Jacob DeKlerk – COC

Robert DeKlerk – Owner

Sincerely,

John DeKlerk

4U

RECEIVED 10/5/2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**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 MDEG ☒ Ownership Change

(Please provide current license number if making changes: MP or MW MW00805)

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: Hu-Friedy Mfg. Co., LLC

Physical Address: 1666 E. Touhy Ave.
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: _____

City: Des Plaines State: IL Zip Code: 60018

Telephone: 773-975-6100 Fax: _____

E-mail: legal@hu-friedy.com Website: www.hu-friedy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 a to 5:45 p Tue: 7:30 a to 5:45 p Wed: 7:30 a to 5:45 p Thu: 7:30 a to 5:45 p Fri: 7:30 a to 5:45 p Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Catherine Crowell

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 Prosethics
Other: Hand Held Dental equipment and supplies

**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: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: N/A
- Advanced Practitioner of Nursing Name: N/A
- Physician's Assistant Name: N/A
- Physical Therapist Name: N/A
- Occupational Therapist Name: N/A
- Registered Nurse Name: N/A
- Respiratory Therapist Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

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

Matthew Berns VP
Print Name of Authorized Person

9/23/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Cantel Medical Corp

Corporation Name: _____

Mailing Address: 150 Clove Rd.

City: Little Falls State: NJ Zip: 07424-2138

Telephone: 973-890-7229 Fax: 973-890-7270

License Contact Person: Matthew Berns

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1._____ %: _____

2._____ %: _____

3._____ %: _____

4._____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 08/16/1963

Registration number issued: SEC CIK #0000019446

Stock Exchange: NYSE- CMD

Include with the application for a publicly traded corporation

List of officers and directors.

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

Client#: 1733194 CANTEMED1

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services - CL 180 Park Avenue Suite 103 Florham Park, NJ 07932	CONTACT NAME: PHONE (A/C, No, Ext): 973 965-3100 FAX (A/C, No): 610 537-2349 E-MAIL ADDRESS:
INSURED Hu-Friedy Mfg. Co., LLC 3232 N. Rockwell St. Chicago, IL 60618	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Phoenix Insurance Company — 25623 INSURER B : Travelers Property Cas. Co. of America — 25674 INSURER C : Berkshire Hathaway Specialty Ins Co. — 22276 INSURER D : Lloyd's Syndicate 2623 (Beazley) — 48946 INSURER E : — INSURER F : —

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			6608119C004PHX20	04/01/2020	04/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $0 $
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			8107N21032720	04/01/2020	04/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$1,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $10,000			CUP6N1843322012	04/01/2020	04/01/2021	EACH OCCURRENCE AGGREGATE [ ]	$25,000,000 $25,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB5N46793620I2G	04/01/2020	04/01/2021	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
C	Prod/Comp Ops Claims Made			42PCL30282705	04/01/2020	04/01/2021	$10M Occ/$10M Agg Retention - $100,000	
D	Excess Products			JTU27Q20ANHD	04/01/2020	04/01/2021	$10M Occ/$10M Agg	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Coverage

CERTIFICATE HOLDER

Hu-Friedy Mfg. Co., LLC.
3232 N. Rockwell St.
Chicago, IL 60618

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ulle Scott

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The ACORD name and logo are registered marks of ACORD

DXJC2

Hu-Friedy Mfg. Co., LLC

List of Owners, Members and Managers

- Cantel Medical Corp.– Owner
  - Owns 100% of Hu-Friedy Mfg. Co., LLC
  - Business Address: Clove Rd. Floor
  - Business Phone Number: 973-890-7220
  - Business Fax Number: 973-890-7270
  - FEIN: 22-1760285
  - State of Formation: Delaware

- George Fotiades
  - President, Chief Executive Officer
- Peter Clifford
  - EVP, Chief Operations Officer
- Shaun Blakeman
  - SVP, Chief Financial Officer
- Ken Serota
  - President, Dental Segment
- Jean Casner
  - SVP, Chief Human Resource Officer
- Seth Yellin
  - EVP, Strategy and Corporate Development
- Jeff Mann
  - SVP, General Counsel and Secretary
- Eric Moore
  - SVP, Global Quality and Regulatory Affairs

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HU-FRIEDY MFG. CO., LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

4804538 8300

SR# 20207400537

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

Authentication: 203704560

Date: 09-22-20

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☒ **Annual Report pursuant to section 13 or 15(d) of the Securities Exchange Act of 1934**

For the fiscal year ended July 31, 2020

Or

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

For the transition period from to

Commission File No. 001-31337



Cantel Medical Corp.

(Exact name of registrant as specified in its charter)

Delaware	**22-1760285**
(State or other jurisdiction of incorporation or organization)	(I.R.S. employer identification no.)
150 Clove Road, Little Falls, New Jersey	**07424**
(Address of principal executive offices)	(Zip code)

Registrant's telephone number: **(973) 890-7220**

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

Title of each class	Trading symbol	Name of exchange on which registered
Common Stock, $0.10 par value	CMD	New York Stock Exchange

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

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

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

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

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

4V

RECEIVED
10/6/2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**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 MDEG ☒ Ownership Change

(Please provide current license number if making changes: MP or MW MP01093)

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

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

FACILITY INFORMATION

Facility Name: Joint Active Systems, Inc.

Physical Address: 2600 S. Raney Street, Effingham, IL 62401

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

Mailing Address: PO Box 1367

City: Effingham State: IL Zip Code: 62401

Telephone: 217-342-3412 Fax: 217-347-3384

E-mail: _____ Website: www.jointactivesystems.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 5 Fri: 8 to 5 Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Boris Bonutti

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 Prosethics~~
Other: Devices that restore lost range of motion

**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: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare: 0658520001 _____ _____

Medicaid: See attached list _____ _____

_____ _____ _____

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: *N/A*
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

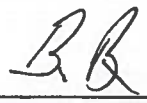
4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

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

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

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



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

Boris Bonutti

Print Name of Authorized Person

9/24/2020

Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: *Illinois*

Parent Company if any: *N/A*

Corporation Name: *Joint Active Systems, Inc.*

Mailing Address: *PO Box 1367*

City: *Effingham* State: *IL* Zip: *62401*

Telephone: *217-342-3412* Fax: *217-347-3384*

Contact Person: *Lori Workman*

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

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

a) *Boris Bonutti* (Name) *Robin Drive, Effingham, IL 62401* (Address)

b) _____ (Name) _____ (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. *2000*

3) What was the price paid per share? .01 PAR Value

4) What date did the corporation actually receive the cash assets? Sept. 1998

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

Boris Bonutti: COO; President

JOINT ACTIVE SYSTEMS, INC.
STOCK TRANSACTION LEDGER

Name of Stockholder	Certificates Issued: Purchased	Cert #	# of Shs	Shares Transferred	Certificates Surrendered: Date of Transfer	Cert #	# of Shs
Peter Bonutti	01/01/98	1	160	Cancelled	10/01/98	1	160
Boris Bonutti	01/01/98	2	40				
Peter Bonutti	09/30/98	3	1,440	Reissued	03/21/03	3	1,440
Boris Bonutti	09/30/98	4	360				
Boris Bonutti	10/01/98	5	100				
Peter Bonutti	10/01/98	6	60	Reissued	03/21/03	6	60
Michael Hotz	03/01/99	7	128	Stock Purchased by Corp		7	128
Bonutti 2003 Trust	03/21/03	8	1,500	Reissued	01/03/13	8	1,500
P Bonutti 2004 Trust	01/03/13	9	1,500	Reissued	07/30/20	9	1,500
Boris Bonutti	07/30/20	10	1,500				

Current Ownership:

Summary	Shares	%
Boris	2,000	100
Adjustments	-	-
Total	2,000	100%

State	Provider #
AK	1604144
AL	153906
AR	203938741
AZ	748277
CA	1639172331
CO	45583536
CT	1639172331
DE	200044804
FL	014424500
GA	003106497A
IA	1639172331
ID	1639172331
IL	364193554001
IN	100031220A
KS	200726510A
KY	7100170110
LA	2344781
MA	110096682A
MD	5544173 00
MI	1639172331
MN	685892900
MO	1639172331
MT	1639172331
NC	1639172331
NE	100253507-00
NH	3096675
NJ	0412899
NM	53581229
NY	3289136
OH	91131
OK	200494220A
OR	500617412
PA	102030244 0001
RI	0658520
SC	1639172331
SD	1639172331
TN	4582427
TX	2201212-01
UT	364193554001
VA	1639172331
VT	1022410
WA	1639172331
WI	82257000
WV	3810027326

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/18/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Tingley Insurance Agency Inc
217 W Jefferson Avenue
PO Box 1629
Effingham IL 62401

CONTACT NAME: Emily Aden
PHONE (A/C, No, Ext): (217) 342-3637 **FAX (A/C, No):** (217) 347-2824
E-MAIL ADDRESS: eaden@tingleyinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Cincinnati Indemnity Co	23280
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Joint Active Systems, Inc
2600 S Raney St
P O Box 1387
Effingham IL 62401

COVERAGES **CERTIFICATE NUMBER:** CL2021803217 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			EPP 0132257	02/28/2020	02/28/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ $
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			EPP 0132257	02/28/2020	02/28/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			EPP 0132257	02/28/2020	02/28/2021	EACH OCCURRENCE AGGREGATE [ ]	$ 1,000,000 $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
Proof of Insurance

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Emily Aden

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/4/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Tequesta Insurance Advisors, a Marsh & McLennan Agency LLC Company 218 South Hwy 1, Suite 300 Jupiter FL 33469	PHONE (A/C, No, Ext): 561-354-2612	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Atlantic Specialty Insurance Company	27154
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Joint Active Systems Inc.
2600 S Raney St
Effingham IL 62401-4219

COVERAGES **CERTIFICATE NUMBER:** 543378771 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Product Liability			750-00-02-86-0000	8/21/2020	8/21/2021	Each Claim Aggregate Limit Retention	$4,000,000 $4,000,000 $10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Joint Active Systems

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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JOINACT-01 DKETRING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/10/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME:	
Diederich Insurance Agency, LLC 112 Airway Dr. Marion, IL 62959	PHONE (A/C, No, Ext): (800) 457-7790	FAX (A/C, No): (877) 922-7900
	E-MAIL ADDRESS: info@diederichgroup.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : ProAssurance Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Joint Active Systems, Inc
2600 S Raney St
Effingham, IL 62401

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE	$
	OTHER:						PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	PROFESSIONAL			HP1700	7/15/2020	7/15/2021	PER CLAIM	1,000,000
A	LIABILITY			HP1700	7/15/2020	7/15/2021	AGGREGATE	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROFESSIONAL LIABILITY, CLAIMS-MADE POLICY, RETROACTIVE DATE 7/15/12;

CERTIFICATE HOLDER

PROOF ONLY FOR
JOINT ACTIVE SYSTEMS, INC

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Austin Mellow

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File Number 5864-647-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

JOINT ACTIVE SYSTEMS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 27, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 21ST *day of* SEPTEMBER *A.D.* 2020 .

Authentication #: 2026501518 verifiable until 09/21/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

4W

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.

☐ New MDEG ☒ Ownership Change

(Please provide current license number if making changes: MP or MW MP01280)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: Teleflex LLC

Physical Address: 11245 North Distribution Cove Olive Branch MS 38654

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

Mailing Address: Teleflex LLC attention Bettina Knight 3015 Carrington Mill Blvd

City: Morrisville State: NC Zip Code: 27560

Telephone: 662-892-9100 Fax: 662-892-9900

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 11:59pm Tue: 6a to 11:59pm Wed: 6am to 11:59pm Thu: 6am to 11:59pm

Fri: 6am to 11:59pm Sat: depends on business requirements Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Leonard Stokes

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 Prosethics

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: William Schaal Telephone: 303-717-8841

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

n/a		

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

☐ Practitioner	Name: n/a
☐ Advanced Practitioner of Nursing	Name:
☐ Physician's Assistant	Name:
☐ Physical Therapist	Name:
☐ Occupational Therapist	Name:
☐ Registered Nurse	Name:
☐ Respiratory Therapist	Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

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

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

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

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

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

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

Jake Elguicze
Print Name of Authorized Person

10/16/20
Date

Board Use Only	Received: _____	Amount: 500

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Teleflex General Partner and Teleflex Life Sciences Limited

Corporation Name: Teleflex LLC

Mailing Address: Teleflex LLC attention Bettina Knight 3015 Carrington Mill Blvd

City: Morrisville State: NC Zip: 27560

Telephone: 919-361-3905 Fax: _____

Contact Person: Bettina Knight

For any corporation non publicly traded, disclose the following:

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

a) Teleflex General Partner LLC (Name) Swedesford RD, Wayne, PA 19087 (Address)

b) Teleflex Life Sciences Limited (Name) Old Bakery Street, Valletta VLT 1455, Malta (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. TLSL 99.999% membership interest TGPL .001% membership interest

3) What was the price paid per share? n/a

4) What date did the corporation actually receive the cash assets? n/a

5) Provide a copy of the corporation's stock register evidencing the above information n/a

Include with the application for a non publicly traded corporation

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

List of officers and directors. see exhibit B

This application is being filed to notify the Board of a change in corporate ownership of Teleflex LLC. See Exhibit E for the Amended and Restated Limited Liability Agreement and organizational chart documenting the change in ownership.

EXHIBIT A

Leonard B. Stokes
Tribal Woods Rd.
Collierville, TN 38107
Cell Phone:
omcast.net

Professional Summary
Logistics/Operations Management

Strategic leader with over 35 years of logistics expertise, Worldwide experience in leading Supply Chain operations with strength in Distribution, Inventory Control, Revenue Management, Logistics Strategy, Planning and Customer Service. Proven success in managing modern Distribution Centers, Customer Service and VMI, building outstanding employee teams, process improvement and the integration of state-of-art logistics technology, Highly skilled at seeing and understanding the big picture and implementing action plans to deliver results, creative and innovative problem solving, process improvement, and people and organizational development.

Selected Experience

Teleflex, Inc. **2016 – Present**

Director of Logistics & Distribution of the Americas **Olive Branch, MS** **2016 – Present**

Provide strategic leadership for Logistics & Distribution and Trade Compliance for North & South America

- **Management oversight:**
  - North America site- Teleflex owned site (Olive Branch, MS):
    - 650K sq. ft. – 320 employees
  - Mexico, South America & Canada
    - Manage 3PLs
  - Member of OTC (Order to Cash) Growth Council – Purpose - Develop a shared vision and goals for OTC Customer Facing operations, gain alignment on key priorities across the OTC functions, drive sustainable improvements in OTC performance all aimed at improving the Customer experience
  - Member of OTC project team whose goal is to consolidate the multiple operational touch points of separate Business Units into a single simplified, One order, One Shipment, One invoice process
    - Partner with Key customers (Distributors & Hospital Groups) to optimize services to deliver value to both customer and operations
    - Align warehouse operations, system and processes to meet objectives

- **Accomplishments to date:**
  - Created & Implemented plans to improve shipping service for Parcel shipping to Same day shipping
  - Led team to improve functionality of WMS facilitating improvement in service, quality & operating efficiency
  - Created and implemented performance standards for operations and employees for Olive Branch site; Designed & implemented organization & employee development plans to create a high-performance culture to enhance employee skillset and create bench strength at several key positions
  - Implemented Operational Excellence/LEAN management methodology into distribution operation, which impacted:
    - **Safety**: Successfully reduced safety rate by 19%
    - **Service**: Inventory accuracy 98.7%-99.5%; Same-day receipts 95.3%-99.5%
    - **Cost**: Productivity improved by 10%; Reduced inventory shrinkage by 150%
  - Successfully created and executed plans to establish distribution capability in Chile and Columbia, South America
  - Successfully transitioned Mexico City distribution operation to a new 3PL provider. Project was completed on time, on budget and with minimal disruption to customers

EXHIBIT B

OFFICERS OF TELEFLEX LLC

OFFICERS	TITLE
Jay White)teleflex.com **Director	President
John Robert Deren eleflex.com **Director	Vice President
Gregg Wayne Winter eleflex.com	Vice President
Jake Elguicze eleflex.com **Director	Vice President & Treasurer
James Joseph Leyden eleflex.com	Secretary

Mr. White is located at
Teleflex LLC
Carrington Mill Blvd
Morrisville, NC 27560

The other officers are located at
Teleflex Incorporated
3 Swedesford F
Wayne, PA 19087

EXHIBIT C

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELEFLEX LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TELEFLEX LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

7023120 8300

SR# 20206075411

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

Authentication: 203229016

Date: 07-06-20

MISSISSIPPI

Board of Pharmacy

Teleflex LLC

Permit No.:
15198/16.5

11245 North Distribution Cove
Olive Branch, MS, 38654

Permit Holder:
Michael Adam Nester

Wholesale Drug Distributor

This permit is not transferable or assignable.

Issued: 3/2/2017
Renewed: 11/15/2019
Expires: 12/31/2020

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

EXHIBIT E

AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT

OF

TELEFLEX LLC

This Amended and Restated Limited Liability Company Agreement of Teleflex LLC is effective as of February 21, 2020 (the "***Effective Date***").

RECITALS

A. Teleflex LLC, a Delaware limited liability company (the "***Company***"), was formed by Teleflex Incorporated (the "***Original Member***") on August 20, 2018 by the filing of the certificate of formation of the Company (as amended from time to time, the "***Certificate***") with the Office of the Secretary of State of the State of Delaware.

B. Prior to the Effective Date, the Original Member was the sole member of the Company and the Company was governed pursuant to the terms and provisions of that certain Limited Liability Company Agreement of Teleflex LLC dated August 20, 2018 (the "***Prior Agreement***").

C. Teleflex Life Sciences Limited, a company formed and existing under the laws of Malta, having its registered office at 171, Old Bakery Street, Valletta, VLT 1455, Malta, and registered with the Malta Business Registry under registration number C94305 ("***TLS***"), has acquired the Original Member's Interest in the Company (the "***Acquisition***").

D. Following the Acquisition, the Company desires to issue an additional Interest in the Company to Teleflex General Partner LLC, a Delaware limited liability company ("***TGP***").

E. TLS and TGP, as the sole members of the Company following the Acquisition and the Issuance (as defined below), desire to amend and restate the Prior Agreement in its entirety to provide for the terms and provisions relating to their ongoing ownership and management of the Company.

Accordingly, the parties hereto agree as follows:

ARTICLE I
DEFINITIONS

Capitalized terms used but not otherwise defined in this agreement have the meanings given those terms in Exhibit A.

ARTICLE II
GENERAL PROVISIONS

2.1 Formation of Limited Liability Company

The Company was formed as a Delaware limited liability company on August 20, 2018, by the filing of the Certificate with the Office of the Secretary of State of the State of Delaware under and pursuant to the Act. The Manager will file or cause to be filed all such other certificates, notices,

statements, amendments or other instruments required by law for the continued operation of the Company as a limited liability company.

2.2 Name of Company

The name of the Company is "Teleflex LLC." The business of the Company may be conducted under any name chosen by the Manager, and the Manager may, in its sole discretion consistent with the requirements of the Act, change the name of the Company from time to time.

2.3 Principal Place of Business; Registered Agent for Process

(a) The principal office of the Company will be at such place as the Manager may designate, in its sole discretion, from time to time.

(b) The registered office of the Company in the State of Delaware will be at such place as the Manager may designate, in its sole discretion, from time to time. The registered agent of the Company in the State of Delaware to accept service of process will be such Person as the Manager may designate, in its sole discretion, from time to time.

2.4 Term of Company

The term of the Company commenced on the date the Certificate was filed in the office of the Secretary of State of the State of Delaware in accordance with the Act and will continue until terminated pursuant to Section 9.1.

2.5 Purposes

The Company is organized for the purpose of carrying on any lawful business, as determined appropriate by the Manager. Notwithstanding the preceding sentence, the Company may execute and deliver and perform all contracts and other undertakings and engage in all the activities and transactions that may, in the opinion of the Manager, be necessary or advisable to carry out the foregoing purposes, subject to the limitations contained in this agreement and the Act. The Manager shall cause the Company to be qualified or registered under applicable laws of any jurisdiction in which the Company transacts business and shall be authorized to execute, deliver and file any certificates and documents necessary to effect such qualification or registration, including without limitation the appointment of agents for service of process in such jurisdictions.

2.6 Title to Company Property

All property owned by the Company is to be deemed to be owned by the Company as an entity, and the Members will not have any direct ownership interest in any such property.

2.7 Failure to Observe Formalities

A failure to observe any formalities or requirements of this agreement, the Certificate or the Act will not be grounds for imposing personal liability on the Members or the Manager for liabilities of the Company.

2.8 Liability of the Members to Third Parties; No Reliance by Third-Party Creditors

(a) Except as otherwise provided in the Act, the Members will not be personally liable for any debt, obligation or liability of the Company, whether arising in contract or otherwise, by reason of being a member of the Company.

(b) This agreement is entered into by the Members for the exclusive benefit of the Members and their successors and assigns. This agreement is expressly not intended for the benefit of any creditor of the Company or any other Person. Except and only to the extent provided by applicable statute, no such creditor or third party has any rights under this agreement or any agreement between the Company and the Members with respect to any contributions or otherwise.

ARTICLE III
MEMBERS

3.1 Members

(a) The Company hereby issues an Interest in the Company to TGP, with such Interest having such rights and obligations as set forth in this Agreement (the "***Issuance***"), and TGP is hereby admitted as a member of the Company.

(b) As of the Effective Date, as a result of the Acquisition and the Issuance, TLS and TGP are the sole members of the Company.

(c) No Interest in the Company shall be represented by a separate certificate.

3.2 Capital

The Members shall be obligated to contribute capital to the Company in such amounts and at such times as may be determined by the Manager in its sole discretion. For the avoidance of doubt, the Manager is under no obligation to require the Members to contribute capital to the Company, but may do so in its sole discretion. Any capital contributions required shall be funded by the Members in proportion to their respective Percentage Interests.

ARTICLE IV
ALLOCATION OF NET INCOME AND NET LOSS

All items of Net Income or Net Loss will be allocated exclusively to the Members in proportion to their respective Percentage Interests.

ARTICLE V
DISTRIBUTIONS

Net Cash Flow and Company assets in kind will be distributed in such amounts, and at such times as the Manager may in its absolute discretion determine. Any such distribution will be made exclusively to the Members in proportion to their respective Percentage Interests.

ARTICLE VI
MANAGEMENT

6.1 Management Vested in the Manager

As provided and subject to the terms herein, the Manager has the authority to manage the business and affairs of the Company.

6.2 Manager

6.2.1 Appointment of Initial Manager

The initial Manager shall be TGP.

6.2.2 Term of Manager

The Manager will hold office until such Manager dies, resigns or is otherwise removed pursuant to Section 6.2.3. Any Manager may resign at any time by delivering written notice to the Members. Any such resignation will be effective upon delivery thereof unless the notice of resignation specifies a later effective date. The acceptance of such resignation by the Members will not be necessary to make it effective.

6.2.3 Removal of Manager

A Manager may be removed with or without cause at any time by the unanimous written consent of the Members.

6.2.4 Filling a Vacancy

Any vacancy occurring with respect to the office of the Manager shall be filled by an appointee designated by the unanimous written consent of the Members. The term of any replacement Manager will extend to the remainder of the term of the departed Manager.

6.3 Compensation

Unless approved by the unanimous written consent of the Members, the Manager will not be paid any compensation in connection with their service as a Manager. Notwithstanding the preceding sentence, no Manager is precluded from serving the Company in any other capacity and receiving compensation therefor.

6.4 Authority of the Manager

6.4.1 Authority of the Manager

Except as otherwise provided herein, the Manager is vested with complete management and control of the affairs of the Company, except to the extent that the Manager delegates authority to one or more Officers or other Persons designated by the Manager. Except as otherwise provided herein, the Manager has the power and authority to do all things necessary or proper to carry out the purposes of the Company. All actions taken by the Manager will be subject to the terms of this agreement. In its

capacity as Manager, the Manager is specifically authorized to execute authorized instruments, documents, agreements, contracts and other undertakings on behalf and in the name of the Company, and parties dealing with the Company are entitled to rely on the authority of the Manager to execute such documents on behalf of the Company. In addition, the Manager may delegate to one or more Persons the authority to execute authorized instruments, documents, agreements, contracts and other undertakings on behalf and in the name of the Company.

6.4.2 Limitation on Authority of the Manager

The Manager, without the unanimous written consent of the Members, has no authority to:

(a) cause the issuance or sale of any additional Interests in the Company;

(b) amend this agreement;

(c) effect a merger of the Company or the sale, lease, exchange or other disposition of all, or substantially all, the Company's property, or any other similar business combination pursuant to which any Interest of the Company is converted into or exchanged for cash, securities or other property of an acquiring entity or any of its affiliates;

(d) cause the Company to acquire any business by sale, lease, assignment or other transfer or conveyance of assets, property or securities or by merger or other form of business combination or otherwise, or make any agreement or become obligated to do so;

(e) do any act that would contravene this agreement;

(f) do any act that would make it impossible to carry on the ordinary business of the Company; or

(g) possess Company property, or assign rights in Company property, for other than a Company purpose.

6.5 Obligations of Manager

The Manager is to devote such business time to the Company as may be reasonably necessary to manage the affairs and activities of the Company.

6.6 Payment and Reimbursement of Expenses

The Company will reimburse the Manager and the Members for all reasonable expenses incurred by them on behalf of the Company.

ARTICLE VII
OFFICERS

7.1 Authority to Delegate to Officers

The Manager has the power and authority to appoint Officers of the Company. Officers have such authority, perform such duties and hold office for such period as may be prescribed by the

Manager. The Manager may delegate to any Officer the power to appoint any subordinate Officers and to prescribe their respective terms of office, authority and duties. Any two or more offices may be held by the same Person. Unless an Officer dies, resigns or is removed from office, he or she will hold office until his or her successor is appointed.

7.2 Resignation or Removal

Any Officer of the Company may resign from such position by delivering written notice of the resignation to the Manager. Any Officer may be removed by the Manager, with or without cause, upon receiving written notice from the Manager. Election or appointment of an Officer will not of itself create any contractual right to continued employment, compensation or other benefit from the Company. Vacancies in any office caused by any reason may be filled by the Manager by selecting an individual to act during the unexpired term.

7.3 Salaries

The compensation of any Officers, agents or other employees of the Company is to be fixed by the Manager, and may be changed from time to time by the Manager.

7.4 Signing Authority

The Manager may authorize any Officer or Officers, or agent or agents, to enter into any contract or execute and deliver any instrument in the name of and on behalf of the Company. Such authority may be general or confined to specific instances. All checks, drafts or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the Company may be signed by such Officer or Officers, or agent or agents, of the Company as is from time to time determined by the Manager and in such manner as is from time to time determined by the Manager.

7.5 Appointment of Officers

As of the Effective Date, the Officers of the Company are as follows:

- Jay White, President;
- Gregg W. Winter, Vice President;
- John R. Deren, Vice President;
- Jacob Elguicze, Vice President & Treasurer; and
- James J. Leyden, Secretary.

ARTICLE VIII
INDEMNIFICATION

8.1 Limitation on Liability

No Member, Manager or Officer, or employee, shareholder, member, partner, delegate or agent thereof, will be liable, responsible or accountable in damages or otherwise to the Company or the

Members for any act or omission by any such Person if such Person acted in good faith and in a manner in which he, she or it believed to be in the best interests of the Company unless such conduct constitutes fraud, gross negligence, willful misconduct or a material breach of this agreement.

8.2 Indemnification

To the fullest extent not prohibited by law, the Company will indemnify and hold harmless the Members, each Manager and each Officer, and each employee, shareholder, member, partner, delegate or agent thereof, from and against any and all losses, claims, demands, costs, damages, liabilities (joint and several), expenses of any nature (including without limitation attorneys' fees and disbursements), judgments, fines, settlements and other amounts arising from any and all claims, demands, actions, suits or proceedings, civil, criminal, administrative or investigative, in which such Person may be involved or threatened to be involved, as a party or otherwise, arising out of or incidental to any business of the Company transacted or occurring while such Person was a member, Manager or Officer, or employee, shareholder, member, partner, delegate or agent thereof, regardless of whether such Person continues in such capacity at the time any such liability or expense is paid or incurred, except for fraud, gross negligence, willful misconduct or bad faith on the part of such Person. The indemnification provided by this Section 8.2 will be in addition to any other rights to which those indemnified may be entitled under any agreement, as a matter of law or equity, or otherwise, and will continue as to a Person who has ceased to serve in their capacity, and will inure to the benefit of the heirs, successors, assigns and administrators of the Person so indemnified. With respect to the satisfaction of any indemnification of the above-mentioned Persons, only assets of the Company will be available therefor and the Members will not have any personal liability therefor. Any indemnification required hereunder to be made by the Company will be made promptly after the liability, loss, damage, cost or expense is incurred or suffered. The Manager may establish reasonable procedures for the submission of claims for indemnification pursuant to this Section 8.2, determination of the entitlement of any Person thereto and review of any such determination.

8.3 Advancement of Expenses

The right to indemnification conferred in this Article VIII includes the right to be paid by the Company the expenses incurred in defending any proceeding in advance of its final disposition. An advancement of expenses must be made upon delivery to the Company of an undertaking, by or on behalf of such indemnitee, to repay all amounts so advanced if it is ultimately determined by final judicial decision from which there is no further right to appeal that such indemnitee is not entitled to be indemnified for such expenses under this Section 8.3.

ARTICLE IX
DISSOLUTION AND TERMINATION

9.1 Events of Dissolution

(a) The Company may be dissolved on a date designated by the Manager.

(b) Subject to the foregoing, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event that terminates the continued membership of a Member will not cause the Company to be dissolved or its affairs to be wound up, and

upon the occurrence of any such event, the limited liability company will be continued without dissolution.

9.2 Effectiveness of Dissolution

Dissolution of the Company will be effective on the date on which the event occurs giving rise to the dissolution, but the Company may not terminate until the assets of the Company have been distributed as provided herein. Notwithstanding the dissolution of the Company, prior to the termination of the Company, as aforesaid, the business of the Company and the affairs of the Members, as such, will continue to be governed by this agreement. Upon dissolution, the Manager must cause the assets of the Company to be liquidated and must cause the proceeds thereof to be applied and distributed as contemplated by this agreement.

9.3 Distributions Upon Liquidation

Distributions upon liquidation of the Company, after payment to all creditors, are to be made to the Members in proportion to their respective Percentage Interests.

ARTICLE X
BOOKS, RECORDS AND BANK ACCOUNTS

10.1 Books and Records

(a) The books and records of the Company will be maintained at the principal office of the Company.

(b) The Company will maintain with its books and records the following: (1) a current list of the full name and last known address of the Members; (2) a copy of the Certificate, and all certificates of amendment thereto; (3) copies of the Company's federal, state and local tax returns and reports, if any, for the three most recent fiscal years; (4) copies of this agreement and any amendments thereto; and (5) copies of all financial statements for the Company for the three most recent fiscal years.

10.2 Bank Accounts

The Manager is responsible for causing one or more accounts to be maintained in a bank (or banks), as necessary, which accounts are to be used for the payment of expenditures incurred in connection with the business of the Company, and in which are to be deposited any and all cash receipts. All such amounts are to be received, held and disbursed by the Company for the purposes specified in this agreement. There may not be deposited in any of such accounts any funds other than funds belonging to the Company, and no other funds will in any way be commingled with such funds.

ARTICLE XI
MISCELLANEOUS

11.1 Successors and Assigns

This agreement, and each and every provision hereof, will be binding on and will inure to the benefit of the Members, their respective successors, heirs, successors in title and assigns, and each and every successor in interest to any Member, whether such successor acquires an Interest by way of gift,

purchase, foreclosure or by any other method, will hold such Interest subject to all the terms and provisions of this agreement.

11.2 Amendment of Agreement

Except as otherwise provided herein, this agreement may be amended only upon the unanimous written consent of the Members.

11.3 Captions

Titles or captions of articles or sections contained in this agreement are inserted only as a matter of convenience and for reference, and in no way define, limit, extend or describe the scope of this agreement or the intent of any provisions hereof.

11.4 Applicable Law

This agreement and the rights and obligations of the parties hereunder are to be governed by and interpreted, construed and enforced in accordance with the laws of the State of Delaware (regardless of the choice of law principles of the State of Delaware or of any other jurisdiction).

11.5 Severability

If any provision of this agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

[*signature page follows*]

The Members have executed this Amended and Restated Limited Liability Company Agreement as of the Effective Date.

MEMBERS:

TELEFLEX LIFESCIENCES LIMITED

By: Jean-Luc Dianda
Its: Director

TELEFLEX GENERAL PARTNER LLC

By: Jacob Elguicze
Its: Manager

EXHIBIT A

DEFINITIONS

Capitalized terms used in this agreement have the following meanings:

"***Act***" means the Delaware Limited Liability Company Act, as amended from time to time.

"***Certificate***" has the meaning given in the recitals of this agreement.

"***Company***" has the meaning given in the recitals of this agreement.

"***Effective Date***" has the meaning given in the opening paragraph of this agreement.

"***Interest***" means the entire ownership interest of a Member in the Company at any particular time, including without limitation the right of such Member to any and all benefits to which such Member may be entitled as provided in this agreement, together with the obligations of such Member to comply with all the terms and provisions of this agreement.

"***Manager***" means the Person designated or appointed to manage and operate the affairs of the Company pursuant to Article VI.

"***Members***" means TLS, TGP and any other Person that may be admitted as a member of the Company subsequent to the Effective Date, in each case in their capacity as a member of the Company and for so long as they remain a member of the Company.

"***Net Cash Flow***" means, for each fiscal year or other period, the gross cash proceeds received by the Company for such year or period, less cash expenditures of the Company for such year or period, less reserves for future Company expenditures as determined by the Manager.

"***Net Income***" and "***Net Loss***" mean, for each fiscal year or other period, an amount equal to the Company's realized and unrealized net income or net loss for such fiscal year or other period.

"***Officer***" means a Person designated or appointed as an officer of the Company pursuant to Article VII.

"***Original Member***" has the meaning given in the recitals of this agreement.

"***Percentage Interest***" means, unless otherwise determined by the unanimous written consent of the Members: (i) 0.001% for TGP and (ii) 99.999% for TLS.

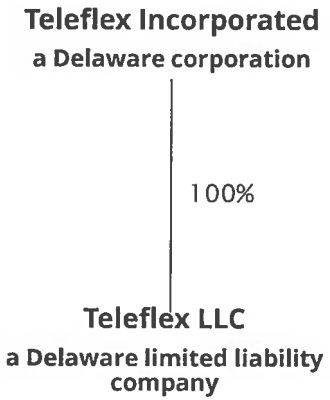
"***Person***" means any individual, corporation, partnership, trust, limited liability company or other entity.

"***Prior Agreement***" has the meaning given in the recitals of this agreement.

"***TGP***" has the meaning given in the recitals of this agreement.

"***TLS***" has the meaning given in the recitals of this agreement.

TELEFLEX LLC ORGANIZATION CHART 2019



TELEFLEX LLC ORGANIZATION CHART

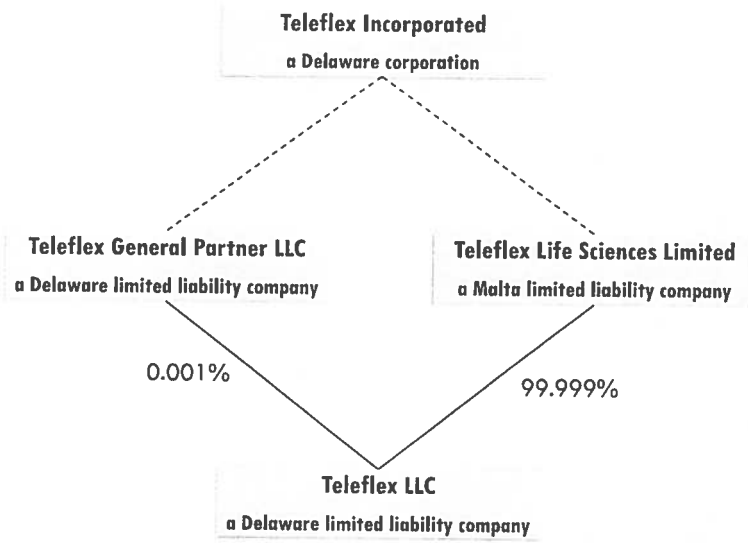


EXHIBIT G

List of employees at Teleflex LLC that ship the products

Person Id	First Name	Last Name	Position Title
10236	Gary	Thomas	Distribution Associate II
11159	Mack	Harris	Quality Assurance Technician II
11245	Larry	Tate	Material Handler
11311	Henry	Hoang	Senior Team Lead
11312	Leroy	Cryer	Material Handler
11313	Angela	Harris	Material Handler
11316	Dean	Frazier	Quality Assurance Technician I
11339	Tosha	Walker	Team Lead
11343	William	Stanback	Distribution Yard Hostler
11344	Vandasia	Bryant	Senior Team Lead
11347	Derrick	Bradley	Material Handler
11348	Glenda	Settle	Senior Team Lead
11363	Renee	Conston	Quality Assurance Technician II
11390	Wade	Jackson	Team Lead
11391	Torris	Scott	Team Lead
11393	Tiffany	Lowe	Quality Assurance Technician II
11394	Latosha	Harper	Ship Hold Coordinator II
11396	Christopher	Katchens	Distribution Associate II
11399	Jarica	Sumler	Senior Team Lead
11401	Ngoc Van	Vo	Distribution Associate I
11412	LaShondra	Jackson	Wave Planner
11413	Cassandra	Jackson	Wave Planner
11416	Shondreaka	Hill	Senior Team Lead
11417	Jonathan	Hernandez	Quality Assurance Technician II
11419	Israel	Falkner	Material Handler
11420	Montina	Hughes	Distribution Associate I
11421	Tracy	Barnes	Senior Team Lead
11424	Derrick	Granderson	Senior Team Lead
11515	Kenisha	Shelton	Team Lead
11516	Kevin	Johnson	Team Lead
11518	Hang	Le	Distribution Associate II
11523	Sheree	Elliott	Material Handler
11525	Della	Kimbrough	Distribution Associate I
11526	Brian	Tolentino	Material Handler
11537	Adrian	Thomas	Senior Team Lead
11538	Lorando	Hawkins	Material Handler
11543	Lorena	Lopez	Distribution Associate I
11546	Alice	Crutcher	Distribution Associate II
11547	Michael	Carver	Facilities Service Technician
11572	Mohamedou	Gadio	Sr. Team Lead
11603	Erica	Kilpatrick	Material Handler
11604	Roy	Bedford	Team Lead
11605	Shaun	Berryhill	Senior Team Lead

Person Id	First Name	Last Name	Position Title
11607	Derrick	Clark, II	Material Handler
11612	Sharon	Brantley	Distribution Associate I
11613	Michael	Strickland	Material Handler
11627	LeKendris	Chavers	Material Handler
11633	Kent	Williford	Material Handler
11681	Bobby	Bolton	Material Handler
11682	Ruth	Wainaina	Sr. Team Lead
11684	Zuher	Belkhan	Material Handler
11690	Ashley	Burgess	Distribution Associate II
11702	Dedrick	Houston	Material Handler
11703	Gatt	Williams	Material Handler
11704	Rena	Rayford	Material Handler
11725	Doneese	Williams	Material Handler
11754	Jennifer	Wilson	Distribution Associate II
11761	Monee	Adams	Material Handler
11762	Paul	Satcher	Material Handler
11766	Christina	Fitz	Quality Assurance Technician II
11767	Terrie	Yarbrough	Distribution Associate I
11819	Tangie	Sykes	Distribution Associate I
11827	Kendrick	Oliver	Material Handler
11828	Candace	Mallory	Distribution Associate II
11847	Shelly	Mattie	Distribution Associate I
11848	Sheila	Campbell	Distribution Associate I
11852	Kenneth	Cochran	Team Lead
11882	John	Hankins	Material Handler
11890	Chataira	Parnell	Distribution Associate I
11956	Dale	Bortters	Material Handler
11957	Patricia	Moses	Material Handler
11980	Savy	Duch	Distribution Associate II
11982	Chanel	Underwood	Team Lead
11983	Joyce	Vera	Distribution Associate II
11984	Carlos	Vera	Team Lead
11989	Tyler	Dicarlo	Senior Team Lead
12069	Canesha	Luellen	Team Lead
12083	John	Sullivan	Material Handler
12086	John	Lewis Jr.	Material Handler
12096	Tacamjula	Driver	Team Lead
12102	Marco	Watson	Material Handler
12103	Sharonda	Phillips-Glover	Material Handler
12105	Tyrone	Dandridge	Material Handler
12115	Lasheka	Scooter	Distribution Associate II
12116	Tina	Phillips	Distribution Associate I
12118	Darlon	Marble	Material Handler
12119	Monique	Allen	Distribution Associate I
12129	Brian	Turnbow	Material Handler
12141	Paul	Hibler Jr	Material Handler

Person Id	First Name	Last Name	Position Title
12152	Chauntay	Williams	Senior Team Lead
12159	Sharon	Jones	Distribution Associate II
12160	Tyler	Wilkins	Distribution Associate I
12170	Chelsey	Rutherford	Material Handler
12189	Renee	Parrett	Wave Planner
12190	David	Hull	Material Handler
12247	Michael	Wiggison	Material Handler
12251	Marvin	Farmer	Material Handler
12252	LiQuita	Phillips	Material Handler
12254	Debra	Dunbar	Material Handler
12261	Sherry	Hughes	Material Handler
12262	James	Pike	Team Lead
12267	Antoine	Mosley	Material Handler
12268	Marcus	Reed	Material Handler
12282	Robert	Scott Jr.	Distribution Associate I
12365	Larrisha	Bell	Team Lead
12373	Sulara	Carter	Senior Team Lead
12375	Cecil	Boyland	Distribution Associate I
12378	Roderick	Ware Jr.	Material Handler
12380	James	Brown	Material Handler
12383	Angela	Cook	Transportation Coordinator
12784	Daniel	Willman	Distribution Associate II
12799	Latonya	Dishmon	Team Lead
12800	Rauricas	Tate	Material Handler
12803	Janice	Eldridge	Distribution Associate I
12804	Coshia	Smith	Material Handler
12806	Michael	Greene	Material Handler
12821	Issouf	Toure	Material Handler
12841	Kevin	Malone	Material Handler
12902	Alvin	Cross	Material Handler
12977	Miquanius	Williams	Material Handler
12980	Essic	White	Material Handler
12990	Marian	Smith	Distribution Associate I
13004	Robert	Pearson	Distribution Associate II
13027	Heriberto	Trinidad Cruz	Material Handler
13316	Necole	Levy	Material Handler
13456	Stephanie	May	Material Handler
13507	Darrian	Malone	Material Handler
13512	Felicia	Odom	Distribution Associate I
13548	Noah	Waalk	Maintenance Technician
13718	Katina	Armstrong	Material Handler
13719	Ricardo	Gant	Senior Team Lead
13720	Antonio	Gaston	Material Handler
13752	Robert	Bell	Material Handler
13753	Daryl	Ayers	Material Handler
13754	Chelsea	Jones	Material Handler

Person Id	First Name	Last Name	Position Title
13755	Dwight	Haley	Ship Hold Coordinator I
13775	Danny	Harris	Material Handler
13795	Joselin	Letet	Distribution Associate II
13819	Terry	Boyle	Material Handler
13836	Roosevelt	Walker	Material Handler
13877	Isaac	Westbrook	Distribution Associate II
13895	Diamone	Hill	Distribution Associate I
13904	Antwone	Stewart	Material Handler
13963	Jerome	Weeks	Material Handler
13975	Veronica	James	Distribution Associate I
13987	Willie	Mack	Material Handler
14018	Nicholas	Smith	Material Handler
14035	Quinton	Jackson	Material Handler
14036	Jessica	Fisher	Distribution Associate I
14037	LaToya	Cole	Distribution Associate I
14038	Leticia	Perez Bernardino	Distribution Associate I
14053	Evelyn	Amro	Distribution Associate I
14110	Deneisha	Haggard	Distribution Associate I
14111	Delferd	Harris	Material Handler
14129	Mark	Eaton	Material Handler
14137	Tavares	Smith	Distribution Associate I
14163	Deangelo	Payne	Distribution Associate I
14184	Qiana	Stoxstell	Distribution Associate I
15655	Beverly	Barber	Distribution Associate I
15656	Kaleb	Medina	Material Handler
15674	Luisa	Sotomayor	Material Handler
15691	Harry	Clemmons	Material Handler
15692	Iris	Martin	Distribution Associate I
15710	Carlos	Simmons	Material Handler
15726	Kim	Wright	Distribution Associate I
15727	ZayDeisha	Phillips	Distribution Associate II
15735	Raymond	West	Material Handler
15761	Jessica	Sellers	Material Handler
15762	Deadrick	Boyd	Distribution Associate I
15813	Tiara	Hodges	Distribution Associate I
15840	Kevin	Cochran	Material Handler
15854	Tamenshia	Ford	Distribution Associate I
15864	Shenekia	Cooper	Distribution Associate I
15866	Michael	Woods	Distribution Associate I
15899	Marlan	Thompson	Distribution Associate I
15921	Kendall	Thomas	Material Handler
15923	Sandra	Miller	Distribution Associate I
15977	Crystal	Morrow	Distribution Associate I
16097	Travis	Henson	Material Handler
16100	Gerard	Hall	Material Handler
16181	George	Miller	Material Handler

Person Id	First Name	Last Name	Position Title
16183	Gevita	Fondren	Distribution Associate I
16186	Shawn	Williams	Material Handler
16189	Antjuan	Burnett	Distribution Yard Hostler
16191	Alisha	Hurst	Distribution Associate II
16193	James	Ward	Material Handler
16197	Tyra	McCray	Material Handler
16198	Erwin	Hurt	Material Handler
16200	Jason	Andrews	Material Handler
16205	Martavis	Reaves	Material Handler
16206	Cameron	Burton	Material Handler
16208	Candace	Love	Distribution Associate I
16214	Ardy	Phillips	Material Handler
16226	Jeffrey	Walton	Material Handler
16227	Christopher	Woods	Distribution Associate I
16230	Jamonica	Street	Material Handler
16231	Tarrika	Cleaves	Distribution Associate I
16233	Dana	Hayzlett	Distribution Associate I
16242	Kevin	Cockrell	Material Handler
16248	Krystal	Felston	Material Handler
16250	Jarvis	Malone	Material Handler
16259	Tito	Lazo	Material Handler
16270	Tametrius	Rodgers	Distribution Associate I
16279	Garry	Gamble	Material Handler
16281	Terry	Turner	Material Handler
16284	Lester	Benton	Quality Assurance Technician I
16286	Cedrick	Sherrod	Material Handler
16287	Jasma	Franklin	Distribution Associate I
16288	Elliott	Barnes	Material Handler
16290	Salvador	Campos Reyes	Material Handler
16291	Enrique	Faz	Material Handler
16301	Cleveland	Phillips	Material Handler
16312	Mariah	Brunson	Material Handler
16313	Teresa	Totton	Distribution Associate I
16319	Derrick	LaBarre	Material Handler
16334	Rodderick	Jones	Material Handler
16372	Virginia	Campos	Material Handler
16373	John	Milam	Material Handler
16375	Deangelo	Frederick	Material Handler
16414	LaCher	Carruth	Material Handler
16417	Zavien	Thomas	Material Handler
16446	Aisha	Barnes	Distribution Associate I
16464	Netopeu	Ngbe	Distribution Associate I
16572	Arizvett	Regalado	Distribution Associate I
16625	Demeshia	Miller	Distribution Associate I
16642	Shon	Williams	Material Handler
16644	Terrance	Jackson	Material Handler

Person Id	First Name	Last Name	Position Title
16656	Whitney	Young	Distribution Associate I
16658	Lance	Brown	Material Handler
16678	Lakiesha	Covington	Distribution Associate I
16679	Mamadou	Sow	Distribution Associate I
16682	Daphinique	Sample	Distribution Associate I
16691	Kendrick	Hymon	Material Handler
16703	Ladarius	Black	Material Handler
16706	Tyrod	Williams	Material Handler
16711	Demarius	Todd	Material Handler
16713	Eddie	Patterson	Material Handler
16728	Marketta	Johnson	Distribution Associate I
16729	Timothy	Walker	Material Handler
16730	Cedrick	Hudson	Team Lead
16751	Darryl	Stringfellow	Material Handler
16764	DeRhondlyn	Gulledge	Material Handler
16769	Gavin	Clark	Material Handler
16785	Joshua	Bray	Distribution Associate I
16787	Shaveda	Holt	Distribution Associate I
16795	Sabrena	Reed	Distribution Associate I
16823	Ashley	Willis	Material Handler
16869	Leticia	Esteva	Distribution Associate I
16870	Sandra	Dowdy	Team Lead
16871	Robert	Childress	Material Handler
16874	Edward	Robinson	Material Handler
16875	Desmond	Goodwin	Material Handler
16907	Randy	Bailey	Material Handler
16913	Dezmond	Harris	Material Handler
16953	shuronda	henderson	Distribution Associate I
16986	LaTasha	Nash	Distribution Associate I
17009	Maleslie	Sanders	Distribution Associate I
17042	Evette	Williams	Distribution Associate I
17044	Kiron	Covington	Material Handler
17078	Ternell	Keys	Material Handler
17092	Derian	Ferrell	Material Handler
17099	jason	hernandez	Material Handler
17119	Tjsa	Davis	Material Handler

4X

RECEIVED
9-22-2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(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 MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☑ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: UPS Supply Chain Solutions, Inc.

Physical Address: 401 Quality Circle, Harrisburg, PA 17112
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 211 Lake Drive, Suite F

City: Newark State: DE Zip Code: 19702

Telephone: 302-631-5257 Fax: 302-631-5238

E-mail: ralicensing@ups.com Website: www.ups.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 AM to 6 PM Tue: 8 AM to 6 PM Wed: 8 AM to 6 PM Thu: 8 AM to 6 PM Fri: 8 AM to 6 PM Sat: Closed to Sun: Closed to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Brian High

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 Prosethics
Other: Cologuard Sample Collection Kit

**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: Brian High Telephone: 717-226-6735

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? see attachment# 1 Yes ☑ No ☐

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

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

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

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

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



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

Brian High
Print Name of Authorized Person

16 Sep 2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: United Parcel Service of America, Inc.

Corporation Name: UPS Supply Supply Chain Solutions, Inc.

Mailing Address: 12380 Morris Road

City: Alpharetta State: GA Zip: 30005

Telephone: 678-746-4100 Fax: 302-631-5238

Contact Person: Thomas Page

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

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

a) _____
Name Address

b) see attachment #5
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-publicly traded corporation

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. see attachment # 2

List of officers and directors. see attachment # 3

Attachment #1

Disciplinary Statement
UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order
1645 Satellite Blvd, Duluth, GA

Final

As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final

On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is **not** based on an independent set of facts.

Final

On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders
1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous non-resident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is <u>not</u> based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000273

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG WHOLESALER REGISTRATION OF UPS SUPPLY CHAIN SOLUTIONS, INC., REGISTRATION NO. WHO-7462,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and UPS Supply Chain Solutions, Inc. ("Respondent") to resolve all matters pertaining to Board Case Number 2011-000273, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Respondent was originally registered as an non-resident prescription drug wholesaler in the State of Colorado on December 8, 2008, being issued registration number WHO-7462, and has been so registered at all times relevant to this disciplinary action.

3. Respondent does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following findings.

4. Respondent failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, forty-six (46) days transpired between the date the previous designated representative ceased the position and the date the application and fee were received.

5. Respondent states and affirms that it was never without the proper oversight of a designated representative but failed to timely submit the change application to the Board because of human error. Further, Respondent states and affirms that it has identified the cause of the error and has implemented corrective actions.

6. Respondent does not contest that the conduct described above constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drug.

12-22-802. Wholesaler license requirements

(2)(b) An applicant for a license shall pay any reasonable fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(3) (VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section; and

(5)(i) Update all of the information required in this part 8 whenever changes occur.

Regulation 15.01.11 Minimum required information for registration.

a. The following minimum information shall be required from each wholesaler as part of the registration:

(8) The name of the applicant's designated representative, who must meet the following requirements:

(a) Be at least twenty-one years of age;

(b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the recordkeeping related to prescription drugs;

(c) Be employed by the applicant in a full-time managerial position;

(d) Be actively involved in and aware of the actual daily operation of the wholesaler;

(e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;

(f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue code of 1986."

(g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or controlled substances;

(h) Not have an felony convictions pursuant to federal, state, or local law; and

(i) Undergo a background check as required by CRS 12-22-803. And

(9) Wholesalers that distribute animal drugs exclusively are exempt from the requirements of 15.01.11(a)(8).

(b) Changes in any information in section 15.01.11 shall be submitted to the Colorado Board of Pharmacy within fourteen calendar days thereof.

Regulation 15.01.14 Change of name, location, or ownership, or designated representative

c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

7. The Board finds and concludes, and Respondent agrees, that based upon the above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-22-125.2(5), C.R.S., Respondent shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of Five Thousand Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent shall submit all future applications detailing a change in designated representative and fee to the Board within fourteen (14) days of the previous designated representative ceasing the position.

10. **Other Requirements.** Respondent acknowledges and agrees that, as a condition of this Final Agency Order, Respondent shall:

a. promptly pay all Respondent's own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Respondent enters into this Final Agency Order freely and voluntarily, whether or not Respondent has consulted with legal counsel. Respondent acknowledges its understanding that it has the following rights:

a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to Sections 12-22-125 and 12-22-125.2(2)(a), C.R.S.; and

d. to appeal this Final Agency Order.

Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

12. **Acknowledgments.** Respondent has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Final Agency Order.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent

_____ Dated: 10/1/10
Authorized Representative / Title

Subscribed and sworn to before me in the County of Fulton, State of Georgia, this 1 day of October, 2010 by Daniel Silvernale, authorized representative of UPS Supply Chain Solutions, Inc.

My commission expires: Sept 21, 2013

DALE BANKS NOTARY PUBLIC FULTON COUNTY, GEORGIA COMMISSION EXPIRES SEPT 21 2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 18th day of October, 2010.

State Board of Pharmacy

BY: _____
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of September 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
Satelite Blvd.
Duluth, GA 30097
(via email ups.com)

/s/ John Steele
John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 18th day of October 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
Satelite Blvd.
Duluth, GA 30097

Catie Ranquist
Agent of the Board

BEFORE THE IOWA BOARD OF PHARMACY

Re:	)	Case No. 2010-162
Wholesale Drug License of	)	
UPS SUPPLY CHAIN	)	**STIPULATION**
SOLUTIONS, L.L.C.,	)	**AND CONSENT**
License No. 5820	)	**ORDER**
Respondent	)	

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), The Iowa Board of Pharmacy (hereinafter, the "Board") and UPS Supply Chain Solutions, L.L.C. (hereinafter, "Respondent"), have agreed to settle a contested case currently on file with the Board. The Statement of Charges filed against Respondent on September 13, 2011, and the licensee disciplinary proceeding related to the charges shall be resolved without a hearing, as the Board and Respondent have agreed to the following Stipulation and Consent Order:

1. Respondent's license to operate a wholesale drug business was renewed November 19, 2010, as evidenced by Wholesale Drug License Number 5820, recorded in the permanent records of the Board.

2. Wholesale Drug License Number 5820 issued to and held by Respondent is current and in force until December 31, 2011.

3. The Board has jurisdiction over the parties and the subject matter herein.

4. A Statement of Charges was filed against Respondent on September 13, 2011. The Statement of Charges alleges Respondent violated the pharmacy laws of the State of Colorado and failed to timely report the violation to the Board.

5. The records of the investigation indicate that Respondent has successfully

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OCT 28 2011
IOWA BOARD OF PHARMACY

completed the terms of the Colorado Stipulation and Final Agency Order.

6. Respondent has chosen not to contest the allegations set forth in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline described herein.

7. Upon the Board's approval of this Stipulation and Consent Order, Respondent shall be assessed a civil penalty in the amount of $1000. The civil penalty payment shall be made by check, payable to the Treasurer of Iowa and mailed to the executive director of the Board within 10 days after Respondent's receipt of notice of the Board's approval of this Stipulation and Consent Order. All civil penalty payments shall be deposited into the State of Iowa general fund. Upon the Board's receipt of the civil penalty, this disciplinary proceeding shall be concluded without further order of the Board.

8. The Board does not mandate any further corrective action.

9. Respondent agrees to obey all federal and state laws, rules, and regulations substantially related to the operation of a wholesale drug business.

10. Should Respondent violate or fail to comply with any of the terms or conditions of this Stipulation and Consent Order, the Board may initiate action to revoke or suspend Respondent's Iowa license to operate a wholesale drug business or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011), and 657 Iowa Administrative Code § 36.1.

11. This Stipulation and Consent Order is the resolution of a contested case. By entering into this stipulation, Respondent waives all rights to a contested case

hearing on the allegations contained in the Statement of Charges, and waives any objections to this Stipulation and Consent Order.

12. This Stipulation and Consent Order is a proposed settlement subject to approval by a majority of the full Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either party. If the Board approves this Stipulation and Consent Order, it shall be the full and final resolution of this matter.

13. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Stipulation and Consent Order is voluntarily submitted by UPS Supply Chain Solutions, L.L.C., to the Iowa Board of Pharmacy for its consideration on this 21st day of October 2011.

UPS SUPPLY CHAIN SOLUTIONS, L.L.C.,
Respondent
By DANIEL SILVERNALE, Vice President, Finance and Healthcare Compliance

Subscribed and sworn to before me by Daniel Silvernale, who has stated to me that he is the VP, Finance & Healthcare Compliance of UPS Supply Chain Solutions, L.L.C., and is authorized to sign this Stipulation and Consent Order on behalf of UPS Supply Chain Solutions, L.L.C., on this 21st day of October, 2011.

LINDA P BOWDEN NOTARY PUBLIC FULTON COUNTY, GEORGIA MY COMMISSION EXPIRES AUGUST 20, 2014

Linda P. Bowden
NOTARY PUBLIC IN AND FOR THE STATE OF GEORGIA

This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy on this 11th day of November 2011.

SUSAN FREY, Chairperson
Iowa Board of Pharmacy
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

UPS Supply-settle 9-11.doc

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.
License Numbers: 53-06-002764
53-15-027264

File Number: 53-10-118763
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 23, 2011, charging UPS Supply Chain Solutions Inc., hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true for the purposes of this Consent Order and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of $2,500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-10-118763.**

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 10/9/13

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Wholesaler understands and intends that by signing this Stipulation, Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waiving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

> Subsequent to the adverse actions, Respondent Wholesaler submitted information about steps implemented by Respondent Wholesaler, in the state of Colorado, to ensure that this type of action will not recur, including establishing strategy groups and tactical teams which ensure regulations are met and all locations are compliant. Respondent Wholesaler indicated that a single manager coordinates the local teams to ensure all information is consistently distributed. No patient safety issues were involved in Respondent Wholesaler's actions.
>
> Respondent Wholesaler was cooperative in resolution of this matter. Respondent Wholesaler has been licensed in the state of Michigan since 2008 and has no other complaints against its license.

4. Patricia A. Smeelink, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 8-7-13

AGREED TO BY:

Daniel Silvernale, Vice President
Authorized Representative for
UPS Supply Chain Solutions Inc.
Respondent Wholesaler

Dated: 6/28/13

Approved as to form by:

Max R. Hoffman, Jr.
Attorney for Respondent Wholesaler (P67550)

This is the last page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-10-118763, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

BH/PB

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0062A

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS, INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions, Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.

(2) (a) An investigation of Respondent's pharmacy revealed that numerous technicians worked on various dates in 2010, without being timely registered with the Board. The Respondent assured the technicians that it would take care of ensuring they were properly registered. Respondent subsequently properly registered the technicians. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).

(b) The technicians that worked without being appropriately registered with the Board were: Chelsea Hutchins, Alisha Netherton, Brittany Barger, Lauren Fisher, Karen Millay, Meghan Rae Yates, Michelle Green, Amanda Gracie, Faith Joway, Taylor Parker, Manoj Bhandari, Jonathan Pruitt, Whitney Wilson, Dustin R. Harris, Fabrice Mboya, Lauren Howell, Coco Boards, Benjamin Bickett, Jessica Horlander, Jason Cope, William Robert Bennett Jr, Thomas Hicks, Nimo Muhumed Mohamud, Harold Keith Newcom, Rodrick G Parrish, Johnathan Borho, Antoya Blackburn, Jonathan Graves, and Leilani Roach.

(c) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).

(3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).

(4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.

(5) The Board and Respondent have agreed to address this matter informally by

entering into this Agreed Order, in lieu of the Board filing a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $2900.00 ($100 per technician) payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President
Kentucky Board of Pharmacy

9/12/12
Date

UPS Supply Chain Solutions, Inc.
Respondent

8/14/12
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0061A

KY BOARD OF PHARMACY
RECEIVED
2012 AUG 29 P 1:18

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.

(2) (a) An investigation of Respondent's pharmacy revealed that Sherry Rich worked as a pharmacy technician from April 1, 2010 through November 19, 2010, without being timely registered with the Board. The Respondent assured Ms. Rich that it would take care of ensuring she was properly registered. Respondent subsequently properly registered Ms. Rich with the Board. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).

(b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).

(3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).

(4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.

(5) The Board and Respondent have agreed to address this matter informally by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $125.00 payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky

Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President
Kentucky Board of Pharmacy

8/12/12
Date

UPS Supply Chain Solutions Inc.
Respondent

8/14/12
Date

AGREED BOARD ORDER #L-13-004

RE: IN THE MATTER OF UPS SUPPLY CHAIN SOLUTIONS, INC. (CLASS E NONRESIDENT PHARMACY LICENSE #26160)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of Class E nonresident pharmacy license number 26160 issued to UPS Supply Chain Solutions, Inc. ("Respondent"), 1860 Outer Loop Road, Louisville, Kentucky 40219.

On September 8, 2012, Respondent self-reported to the Board the entry of two Agreed Orders by the Kentucky Board of Pharmacy, as described below in Counts (1) and (2).

By letter dated February 22, 2013, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Section 565.002 (a)(13); and Section 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011), as alleged in the Counts below.

The conduct described in the Kentucky Board of Pharmacy's Agreed Orders is substantially similar to conduct described in:

> Section 565.002(a)(3); and Section 568.002(a) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and
>
> Section 297.3(a)(1) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

COUNTS

(1) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0061A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that from April through November of 2010, the pharmacy allowed an unregistered individual to perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of $125.

(2) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0062A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that, on various dates in 2010, the pharmacy allowed twenty-nine (29) unregistered individuals to

perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of $2900.

An informal conference was held in the office of the Texas State Board of Pharmacy on April 2, 2013. Phillip Vowels, R.Ph., Pharmacist-in-Charge of Respondent; Sue Young, Director, Global Healthcare Compliance, for Respondent; Amy Carney, Regulatory Affairs Manager, for Respondent; Maureen O'Brien, Senior Quality Assurance Manager, for Respondent; Emily Johnson, Legal Counsel for Respondent; Hannah Heck, Legal Counsel for Respondent; and Michelle Williams, Legal Counsel for Respondent, appeared via teleconference. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Stacy E. Martyak, Staff Attorney, was also in attendance.

By signing this Order, Daniel Silvernale, Vice President, for and on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is hereby reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of May, 2013.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Daniel Silvernale, Vice President of UPS Supply Chain Solutions, Inc.

APPROVED AS TO FORM:

Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.
License Number: 53-01-008968

File Number: 53-13-129412
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 27, 2013, charging UPS Supply Chain Solutions Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS HEREBY ORDERED, that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $250.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order made payable to the state of Michigan, and the check or money order shall clearly display the file number **53-13-129412.**

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 4/9/14

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

> Respondent Pharmacy acknowledges the Kentucky Board of Pharmacy disciplinary action which precipitated the Complaint.

4. Harvey Schmidt, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department Licensing and
Regulatory Affairs

Dated: 1-29-14

AGREED TO BY:

UPS Supply Chain Solutions Inc.
Respondent

Dated: 1/21/14

This is the final page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-13-129412, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

PB

Attachment #2

State Of Delaware

Entity Details

5/7/2020 12:25:59PM

File Number: 2170882
Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.
Entity Kind: Corporation
Residency: Domestic
Status: Good Standing

Incorporation Date / Formation Date: 8/29/1988
Entity Type: General
State: DELAWARE
Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY
Address: LITTLE FALLS DRIVE
City: WILMINGTON
State: DE
Phoı

Country:
Postal Code: 19808

UPS Supply Chain Solutions, Inc.
Morris Road
Alpharetta, GA 30005
Phone ~ (
State of Incorporation: Delaware
Date of Incorporation: 8/29/88
FEIN ~ 94-3083515

Name/Title	Work Address	Work Phone	Work Fax	Email
Wesley P. Wheeler **President**	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	(678) 746-8650	ups.com
Thomas Page **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-3836	(678) 746-8650	.com
Stephen Hydrick **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	(678) 746-8650	.com
Seth Bruckner **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	.ps.com
William M. Jacques **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-8718	(678) 746-8650	.com

Parent Company Information:
United Parcel Service of America, Inc.
55 Glenlake Parkway NE
Atlanta, GA 30328
P ~ (404) 828 6022
FEIN ~ 95-1732075
State/Date of Incorporation ~ DE 5/9/30

Attachment #3

Attachment #4

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/5/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Liberty Mutual Insurance Co. Nat'l Ins Northeast
2000 Westwood Dr.
Wausau, WI 54401

www.LibertyMutual.com

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS: CMeCertProduction@LibertyMutual.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Liberty Mutual Fire Insurance Company	23035
INSURER B : LM Insurance Corporation	33600
INSURER C : Liberty Insurance Corporation	42404
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
UPS SUPPLY CHAIN SOLUTIONS, INC.
12380 MORRIS ROAD
ALPHARETTA GA 30005

COVERAGES **CERTIFICATE NUMBER:** 55345265 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY			TB2-C21-004335-500	1/1/2020	1/1/2021	EACH OCCURRENCE	$ 1,000,000
A	☐ CLAIMS-MADE ✓ OCCUR			TB2-C21-092036-570	1/1/2020	1/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$
B				TB5-C21-092036-880	1/1/2020	1/1/2021	MED EXP (Any one person)	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	✓ POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE	$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
A	AUTOMOBILE LIABILITY			AI2-C21-092036-020	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
A	✓ ANY AUTO			AI2-C21-092036-580	1/1/2020	1/1/2021	BODILY INJURY (Per person)	$
A	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS			AI2-C21-092036-940	1/1/2020	1/1/2021	BODILY INJURY (Per accident)	$
B	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			AI5-C21-092036-870	1/1/2020	1/1/2021	PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WA5-C2D-092036-630	1/1/2020	1/1/2021	✓ PER STATUTE ☐ OTH-ER	
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A			WC5-C25-092036-610	1/1/2020	1/1/2021	E.L. EACH ACCIDENT	$ 1,000,000
C	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WA7-C2D-092036-620	1/1/2020	1/1/2021	E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Cargo Liability			YM2-621-092036-030	1/1/2020	1/1/2021	1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Includes Professional Liability for Druggist in the aggregate of $3,000,000 and $1,000,000 per occurence

Address of Operation:
1840 and 1860 Outer Loop Road, Louisville, KY 40219

CERTIFICATE HOLDER

Operation Location: 1840 Outer Loop Road, Louisville, KY 40219

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus OH 43215

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Karyn Lessard

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AGENCY CUSTOMER ID: LM_116

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Liberty Mutual Insurance Co. Nat'l Ins Northeast	UPS SUPPLY CHAIN SOLUTIONS, INC. 12380 MORRIS ROAD ALPHARETTA GA 30005
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability (03/16)

HOLDER: State of Ohio Board of Pharmacy

ADDRESS: 77 South High Street, 17th Floor Columbus OH 43215

If changes/revisions to this certificate are necessary, you may email your request to CMeCertProduction@libertymutual.com.

If you no longer require this certificate and do not need on an annual basis, please email the certificate to our office and instruct us to delete from our database.

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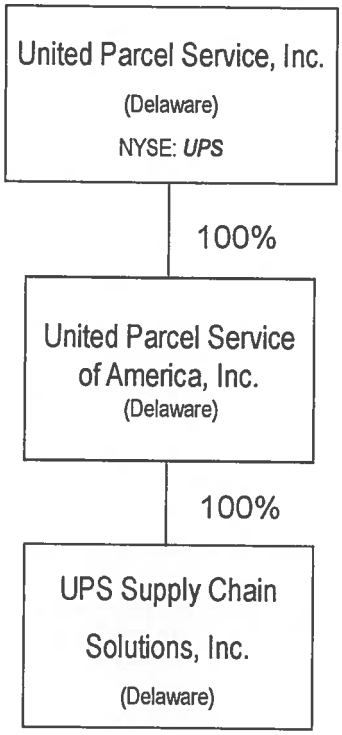
ATTACHMENT

Attachment #5

Organizational Chart
UPS SUPPLY CHAIN SOLUTIONS, INC.



THIS REPORT IS SUBMITTED IN CONFIDENCE AND APPLICABLE EXEMPTIONS TO THE FREEDOM OF INFORMATION ACT ARE TO BE INVOKED TO WITHHOLD IT FROM PUBLIC DISCLOSURE

4Y

*Application is for Great-Grandparent CHOW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☐New Wholesaler or ☒Ownership Change (Provide current license number if making changes: WH 02671
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
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Abraxis BioScience, LLC

Physical Address: 86 Morris Avenue

City: Summit State: NJ Zip Code: 07901

Telephone Number: (908) 393-8220 Fax Number: (908) 393-8250

Toll Free Number: (800) 564-0216

E-mail: ABL@slsny.com Website: www.abraxiskits.com

Facility Manager: Thomas Scalone

Professional qualifications and experience of facility manager: Biologics professional with more than 12 years experience within pharmaceutical and biotech industry. Directory of NA Logistics since 2015 at 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
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Biologics
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Labeler Code: 68817 Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: MCKESSON NRDC
Address: 8313 POLK LANE Olive Branch MS 38654

Name: CARDINAL HEALTH (NLC)
Address: 5995 Commerce Center Drive Groveport OH 43125

Name: ONCOLOGY SUPPLY (ION)
Address: 2811 Horace Shepard Drive Dothan AL 36303

Name: MCKESSON SPEC. CARE DISTRIBUTION
Address: 401 Mason Road La Vergne TN 37086

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Katherine R. Kelly
Print Name of Authorized Person

10/20/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Abraxis BioScience, Inc.

Mailing Address: 86 Morris Avenue

City: Summit State: NJ Zip: 07901

Telephone: (908) 393-8220 Fax: (908) 393-8250

Contact Person: Thomas Scalone

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

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

a) Abraxis BioScience, Inc. 86 Morris Ave., Summit, NJ 07901 100% Sole Owner
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A Abraxis BioScience, Inc. is the 100 percent sole owner

3) What was the price paid per share? N/A

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

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

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

Abraxis BioScience, LLC

Corporate Address: 86 Morris Avenue, Summit, NJ 07901 USA
FEIN: 39-2060751
www.abraxiskits.com

Drug Labeler Code: 68817
Incorporation State: DE
Incorporation Date: 7/13/2007

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
086	86 Morris Avenue Summit, NJ 07901 County: Union				No	(908) 393-8220	(908) 393-8250

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Thomas Scalone	[redacted]W. Riverwoods Dr. New Hope, PA 18938	Director, North America Logistics Operations	No	[redacted]			*Primary except OH*
Robert Max Boehm III	86 Morris Ave. Summit, NJ 07901	DR/Head of Global Logistics & Network Strategy & Excellence	No	[redacted]			*OH only*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Abraxis BioScience, Inc.	86 Morris Ave Summit, NJ 07901	N/A	100	N/A	30-0431753	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Jeffrey Galik	[redacted]Manners Road Ringoes, NJ 08551	Treasurer		[redacted]		[redacted]
Katherine R. Kelly	[redacted]Irving Ave Englewood Cliffs, NJ 07632	Secretary	No	[redacted]		[redacted]
Sophia Park	[redacted]Springfield Avenue Summit, NJ 07901	President	No	[redacted]		[redacted]

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CSC			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
UPS	1860 Outer Loop Louisville, KY 40219					
Exel	DBA DHL Supply Chain 260 Salem Church Rd Mechanicsburg, PA 17050					

Company Particulars

Bond

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107235715

Application/License No. _____

Abraxis Bioscience, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 86 Morris Ave, Summit, NJ 07901 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square , Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 22, 2020 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 22nd day of May, 2020.

APPLICANT/PRINCIPAL
Abraxis Bioscience, LLC

By: _____
Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

By: _____
Surety Company's Representative

Donna M Planeta, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Phil Knower

_____
Witness Brendan Fletcher

Countersigned by:

_____
Nevada Resident Agent Joshua Sanford
*Non-Resident License No. 3159529

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Donna M Planeta of **Short Hills, NJ** , their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law, including the following bond:

Surety Bond No.: 107235715
OR
Project Description: NV Pharmaceutical Wholesaler Bond

Principal: Abraxis Bioscience, LLC
Obligee: Nevada State Board of Pharmacy

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **6th** day of **May, 2019.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **6th** day of **May, 2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of May, 2020.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

Willis Towers Watson

Telephone: 860-241-4437
Website: www.willistowerswatson.com
E-mail: melissa.stanton@willistowerswatson.com

May 22, 2020

Joanna Futyna
215 Carlton Ave
Piscataway, NJ 08854

Re: ***Bond Number: 107235715***
Obligee: Nevada State Board of Pharmacy
Description: NV Pharmaceutical Wholesaler Bond
Commission: 0%

We are pleased to enclose the above referenced bond you requested. This bond was executed based upon the information you provided. We urge you to check all of the information enclosed, including the Power of Attorney, signatures, dates, amounts, description, bond form and any other attachments.

Please be sure to affix the bond with the proper signature and seal.

If a premium is charged, our invoice for this bond is enclosed or will be sent to you under separate cover. Please note the premium payment for this bond is due upon receipt.

Willis Towers Watson negotiates commission rates with certain insurers on a corporate level. If the rate on your placement is lower than the negotiated rate, Willis Towers Watson can collect the difference directly from the insurer. These payments will not increase the cost of your bonds or otherwise impact your premium or rates. Details of these arrangements where there is compensation beyond the base compensation detailed in your commission schedule can be found at: http://www.willis.com/About_Willis/The_Willis_Way/Commission_Rates/.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Melissa Stanton

Cert of Good Standing (Home State)

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

ABRAXIS BIOSCIENCE, LLC
0600314880

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on December 05, 2007.

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

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CTR
STE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of October, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6111834629

Verify this certificate online at

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

UK Resume

Tom Scalone

[redacted] W. Riverwoods Dr. • New Hope, PA 18938
[redacted]

OBJECTIVE

To develop my career in supply chain management as a pharmaceutical/biotechnology industry leader.

PROFILE OVERVIEW

Pharmaceutical, Vaccine, Biologics professional with fourteen years' experience within the healthcare and biotech industry. Proven leader for handing large scale initiatives within the business unit: developed strategy and led implementation for the redesign of $15B US distribution operations, led cold chain shipping strategy redesign for reducing annual costs by $5M while improving customer service. Expertise in distribution and logistics network and supply chain management; enhanced customer experience through consolidated transportation shipping methods; small parcel, LTL / TL, ambient, cold chain, frozen, and ultra-low shipping methods. Recognized for exceptional leadership, detail orientation, and the ability to effectively communicate across multiple levels within the organization and externally. Proven analytical skill expertise used for increasing productivity, reducing costs, enhancing service for the organization: Lean Six Sigma Black Belt Certified.

WORK EXPERIENCE

Abraxis Bioscience, Director North America Logistics Operations, May 2015-Present
86 Morris Ave. Summit NJ 07901

US commercial logistics operation lead supporting 12 billion in revenue and 8 million operating budget

- Distribution network lead supporting pipeline, top line (new markets), and bottom line performance.
- Defining Celgene's global cold chain logistics strategy and CAR-T commercialization strategy.
- Lead for negotiating new service provider agreements with carriers, LSPs, packout/temp providers. Successful reduced year on year spend by greater than 20%.
- Lead for Celgene US serialization logistics readiness; project management, requirements gathering, and industry piloting. Developed international procedural controls for compliance and future business needs. Forward looking initiative to identify internal constraints to fast track the resolution; 00 expiry, portal access, VRS requirements, GS1 requirements.
- Developed lean six sigma tools for continuous improvement operations for global markets. Integrated operations management tier management system to ensure daily accountability and process visibility.
- Management of US commercial distribution operations (insourced/outsourced) and inventory control.
- Completed VAWD certification for insourced warehouse operation, and on-going continuous improvement of distribution operations, compliance, deviation and CAPA management. Current serving as Celgene Corp and subsidiary designated representative.
- Project manager leading Brazil market expansion for Celgene brands. Successfully integrated three partner systems for the full order to cash (O2C) outsourcing activities for controlled substance in country.
- Responsible team of more than 17 individuals; continuously educating and supporting team for effective transition plan approach.
- Experienced in leading transformational initiatives for the organization focused on reducing cost, complexities, or improving compliance. Examples include GPS deployment, temperature monitoring harmonization, biologics deployment. Deploying internal launch capability for same day sales order from PDUFA date.
- Experienced and knowledgeable in international trade requirements and complexities. Recently deployed VAT recovery program for launch pipeline products.
- Regional lead for account management with freight forwarders, carriers, LSPs, 3PLs, packaging solution providers, and regulators. Developed strong close partnerships to meet changing business needs and improve cost basis.
- Lead supply chain launch of first cold chain product, strong partnership with commercial for business case to bypass wholesaler channel and exclusively drop ship.

[redacted] W. Riverwoods Dr. • New Hope, PA 18938
Tom Scalone
[redacted]

- Support for Canada and Mexico affiliate operations; provide ongoing logistics and transportation leadership for new business capabilities.
- Responsible for Recall readiness and capability for US market.
- Developed and set internal standard for cold chain system validation practice for DQ/IQ/OQ/PQ.
- Deployed freight audit program on gainshare agreement model for company.
- Continuously exploring enhanced connectivity (EDI, AWS, SOAP, XML) integration methods for improved connectivity and operational performance.
- Oversight of professional sample management program for compliant and aligned strategic partnerships.
- Strong knowledge with international trade requirements, C-TPAT, AEO, ISA, FTZ

Merck & Co. Inc, Associate Director of Supply Chain, Project Management, Nov 2010-May 2015
2 Merck Drive Whitehouse Station NJ 08889

Project Manager for continuous improvement activities for distribution and logistics global markets.

- Project Manager leading the consolidation and merger of Schering Plough and Merck Distribution Operations in US; project focused on cost reduction by consolidating 7 distribution geographies to three.
- Developed US distribution strategy post merger, from market research, data collection, analysis, business case development, contract negotiation /approval, and execution. Customer enhancement through one order, one delivery, one invoice. Leaned the distribution supply chain to create a hub and spoke inventory replenishment (DRP) model enhancing inventory visibility.
- Collaborated with multiple groups within the organization to meet long term company objectives; eliminated FTE's by outsourcing all Rx distribution to 3rd Party, 3PL, positioned the network for long term growth through capital avoidance, provided oversight for distribution quality harmonization.
- Continuous improvement lead for D&L operations applying operational research techniques, analytical support, productivity/process improvement, training and development of the client relationships: 24 month inventory planning model/capacity utilization, activity based financial forecasting model developed for profit planning.
- Coordinated the implementation of the ERP, SAP, Order to Cash solution post merger and legal entity integration; orchestrated the movement of 52 truck load of inventory between facilities over a 2-week period to pre-position inventory post system blackout.
- Project lead for various transportation cost savings initiatives: 4PL transportation control tower, LTL carrier visibility, ocean/air/ground/small parcel metric review and improvement, controlled substance shipping/handling, freight forwarding, DSCSA/Serialization, NMFC, carrier/customer service level changes, reverse logistics, led cold chain shipping strategy, shipping condition stability data change.
- Led projects spanning multiple sites, geographies, and time zones. Facilitated multiple cross functional teams to drive to meet project goals. Project teams chartered to reduce costs, improve performance, and assure compliance during implementation and process changes.
- Facilitated the tracking and management of project deliverables; value capture, compliance, financial disposition, decommissioning activities, asset sale. Comfort with financial modeling tools for business case development and approval: DCF, NPV, and IRR analysis.
- Certified project manager for large scale initiatives; holding regular meetings, effectively communicating to sponsors, developing risk management and change management plans, managing project schedule, budget, resources, resolving and/or escalating issues. 3PL relationship manager.
- Partnered with field sales team to implement big box retail customer service improvement focused on reducing vaccine product spoilage.
- Partnered with primer wholesalers/distributors to implement revenue enhancement /channel change project opportunities. SCM lead for fair market value (FMV) supporting contractual negotiations.

Merck & Co., Inc. Senior Manufacturing Supervisor, Varicella Operations, Oct 2006-Nov 2010
770 Sumneytown Pike West Point PA 19446

Process Lead in highly automated (DeltaV), fast-paced start-up vaccine manufacturing facility.

Tom Scalone

[redacted] W. Riverwoods Dr. • New Hope, PA 18938
[redacted]

- Department ERP SME; analyzed BOM to reduced material usage variance by 10%, standardized department transactions to occur within 24 hours of operation.
- Used Lean Six Sigma DMAIC methodology to reduce department tubing leak APRs by 50%.
- Redesigned Beadfeeder magnets, reducing robot faults, decreasing process downtime by 15%.
- Developed sample and LIMS tracking system; reduced sample delivery time to 1 business day.
- Varicella potency investigation, deep observation team lead; developed and implemented changes focused on improving product potency; improved robot throughput by 7%, increased robot harvest yield by 5%, leader for standardized work initiatives to reduce process cycle time.
- Supervisory and leadership skills honed to meet organizational objectives; leadership style used as an exemplary labor relations resource for new supervisors.
- Led operations area as a technician trainer with in-depth process technical knowledge.
- Facilitate material flow through supply chain through investigation of potential issues.
- Proven leader for handing large scale investigations problems within Live Viral Vaccine Business unit – developed affected material documentation for $45MM in product, led technician team to analyze Vi-Cell large scale image review investigation.

Merck & Co., Inc. Engineer, Viral Vaccine Technology & Engineering, Jun 2005- Oct 2006
770 Sumneytown Pike West Point PA 19446

Vaccine Technology Support Engineer; supported the start-up of a new facility, from initial engineering lots through demonstration lots and routine manufacturing.

- Led validation of washroom and sterilizers. Authored SOPs for area, developed and implemented a lean business system for sterile equipment, laid the ground work for implementation of bar coding pull/Kanban system.
- Coordinated projects between operations, research, and quality; including growth curves, stability studies, production improvements. Worked closely with vendor relations to necessitate changes to support equipment.
- Developed as a technical leader of the manufacturing process focused on increasing productivity and improving manufacturing consistency.

SKILLS - MS Office Programs • Excel • MS Access • MS Project • PivotTable • SAP • Oracle • OBIEE • SAP BI TraceLink • Minitab • Monte Carlo Sim.

PROFESSIONAL AWARDS, INDUSTRY AFFILIATIONS, AND TRAINING

Conference Speaker, 2016-2019 – LogiPharma USA, IQPC Cold Chain, Serialization, Leading Minds
Pharmaceutical Distribution Security Alliance (PDSA) – Celgene Lead
Celgene Our Values Award, June-2018
TraceLink Solution Innovation Group
APICS CSCP – Certification Mar-2015, CLTD – In Progress
Merck Sigma – Six Sigma Black Belt Certification, Dec-2012
Merck Sigma MPS Award – Supply Chain Management Winner– Oct-2012
Merck MMD President Award Candidate, June-2012
Certified Project Manager – Nov-2011
Certified Six Sigma trainer – Oct-2011
Merck Sigma - Six Sigma Green Belt Certification, Jun-2010
Merck Award for Excellence – Varicella Bulk Manufacturing Process Yield Improvement, Jun-2007

EDUCATION

DeSales University	Masters of Business Administration, Management Focus, September 2019, GPA: 3.91
Drexel University	College of Engineering Degree, June 2009, GPA: 3.86 Masters of Science- Engineering Management, Finance Focus

[redacted] W. Riverwoods Dr. • New Hope, PA 18938
[redacted]

Tom Scalone

Cornell University College of Engineering, May 2005, GPA: 3.30
Bachelor of Science- Biological Engineering, Biomedical Engineering Minor

References provided upon request.

Home State VOL (online)

NJ does not issue official VOLs

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 10/21/2020

Registration Number: 5003843 **Registered as:** Manufacturer and Wholesale

Parent Company Name: CELGENE CORPORATION

Trade Name: ABRAXIS BIOSCIENCE, LLC

Original Issue Date: 12/10/2009 **Expiration Date:** 01/31/2021

Current Issue Date: 11/19/2019

Disciplines: No

Homestate License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737430

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

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

86 MORRIS AVE SUMMIT, NJ 07901-
600 SUPREME DR BENSENVILLE,IL 60106-
620 N 51ST AVE PHOENIX, AZ 85043-

Reg. No.
5003843

CELGENE CORPORATION
ABRAXIS BIOSCIENCE, LLC
86 MORRIS AVE
SUMMIT, NJ 07901-

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

EXPIRES: January 31, 2021

Establishment Copy

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737430

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

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

86 MORRIS AVE SUMMIT, NJ 07901-
600 SUPREME DR BENSENVILLE,IL 60106-
620 N 51ST AVE PHOENIX, AZ 85043-

Reg. No.
5003843

CELGENE CORPORATION
ABRAXIS BIOSCIENCE, LLC
86 MORRIS AVE
SUMMIT, NJ 07901-

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

EXPIRES: January 31, 2021

Office Copy

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737430

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

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ABRAXIS BIOSCIENCE, LLC
86 MORRIS AVE
SUMMIT, NJ 07901-

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

EXPIRES: January 31, 2021

Auditor Copy

Proof of labeler Code

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

in LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through April 09, 2018

You have searched Finished drug products

Search Results: *'68817'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
ABRAXANE	68817-134-50	100 mg/20mL	INJECTION, POWDER, LYOPHILIZED, FOR SUSPENSION	INTRAVENOUS	NDA021660	Abraxis BioScience, LLC	68817-134	Paclitaxel	PACLITAXEL	HUMAN PRESCRIPTION DRUG	02/10/2005	N/A	NDA	1 VIAL, SINGLE-USE in 1 CARTON (68817-134-50) > 20 mL in 1 VIAL, SINGLE-USE	Microtubule Inhibition [PE], Microtubule Inhibitor [EPC]

Showing 1 to 1 of 1 entries Previous 1 Next

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

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

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078991.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

Verified 11/12/20 MS

Flash (correction)

From: compliance@slsnysupport.com
Subject: Abraxis BioScience, LLC - Notice of CORRECTION of Change of Grandparent Ownership
Date: March 2, 2020 at 2:10 PM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: March 02, 2020
To: Nevada State Board of Pharmacy
Re: Abraxis BioScience, LLC, 86 Morris Avenue, Summit, NJ 07901, Permit #: WH02671

Dear Licensing Authority:

State License Servicing, Inc. represents Abraxis BioScience, LLC in the servicing of their state licenses. This letter is to serve as a correction to a flash notice you received on or about January 8, 2020. That notice inaccurately stated that Bristol-Myers Squibb Company is the new **Grandparent** level owner of Abraxis BioScience, LLC. In actuality, Bristol-Myers Squibb Company is the **Great-Grandparent** level owner of the above-mentioned licensee. The direct parent ownership is still Abraxis BioScience, Inc.

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

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

Kind Regards,

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

THIS ELECTRONIC MAIL MESSAGE AND ANY ATTACHMENT IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR INDIVIDUALS NAMED ABOVE.
If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer.
Thank You

Click Here to Respond to this Email

Flash

From: **compliance** compliance@slsnysupport.com
Subject: Abraxis BioScience, LLC - Notice of Change of Grandparent Ownership & Officers
Date: January 8, 2020 at 10:21 AM
To: pharmacy@pharmacy.nv.gov

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: January 08, 2020
To: Nevada State Board of Pharmacy
Re: Abraxis BioScience, LLC, 86 Morris Avenue, Summit, NJ 07901, Permit #: WH02671

Dear Licensing Authority:

State License Servicing, Inc. represents Abraxis BioScience, LLC in the servicing of their state licenses. This letter is to serve as notice of a change of ***Grandparent*** Ownership and Officers. Effective November 18, 2019 the new ***Grandparent*** Ownership is Bristol-Myers Squibb Company. The direct parent ownership is still Abraxis BioScience, Inc.
Along with the change of grandparent ownership, Abraxis BioScience, LLC has also undergone a change of officers. Gary Henningsen, Jonathan Biller, Patrick Flanigan, and Peter Cicala have been removed as Officers. Jeffrey Galik has been added as Treasurer, Katherine R. Kelly has been added as Secretary, and Sophia Park has been added as President. The updated officer list for Abraxis BioScience, LLC is as follows:

Jeffrey Galik – Treasurer
Katherine R. Kelly – Secretary
Sophia Park - President

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

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

Kind Regards,

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

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Click Here to Respond to this Email

IMPORTANT NOTICE

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

Date: 10/21/2020

To: Nevada State Board of Pharmacy

Re: Abraxis BioScience, LLC

License # WH02671

Facility Address: 86 Morris Avenue, Summit, NJ 07901

Dear Sir/Madam:

Please be advised that I represent **Abraxis BioScience, LLC** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order #8052 for your fee in the amount of **$500.00**. As required, the following documents are also being submitted:

- [x] Bond - Payable to State of Nevada
- [x] Certificate of Good Standing from Formation State
- [x] Company Particulars with Personal Info
- [x] Designated Representative's Resume
- [x] Home State License Verification, Board-Sealed
- [x] Home State License/Exemption Letter, Copy
- [x] Proof of Assigned Labeler Code
- [x] Flash and Flash Correction

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slsnysupport.com

Kind regards,

Jennifer Schneider
VP, Client Services

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02586

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Alembic Pharmaceuticals, Inc.

Physical Address: 750 Route 202, Suite 410

City: Bridgewater State: NJ Zip Code: 08807

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

Toll Free Number: _____

E-mail: ALM@slsny.com Website: www.alembicusa.com

Facility Manager: David Craig Salmon

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

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) Labeler Code: 62332

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

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

Name: Alembic Pharmaceuticals Limited
Address: (Formulation Division), Panelav 389350, Gujarat, India

Name: Aleor Dermaceuticals Limited
Address: Arakhaki, Vadodara, 391450 Gujarat, India

Name: Gland Pharma Limited
Address: Hyderabad -500 043, INDIA

Name: SWISS CAPS AG
Address: KIRCHBERG, SWITZERLAND

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

David C Salmon

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

David Craig Salmon

Print Name of Authorized Person

9/18/20

Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Alembic Pharmaceuticals Limited

Mailing Address: C/O State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

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

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

a) Alembic Pharmaceuticals Limited Alembic Road, Vadodara, Gujarat, 390 003 India
Name Business Address

b) No additional Shareholders to disclose.
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. Alembic Pharmaceuticals Limited is the sole owner

3) What was the price paid per share? N/A - there are no shares

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0766320

Application/License No. _____

Alembic Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 750 Route 202, Bridgewater, NJ 08807 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road, Raleigh, NC 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of Twenty Five Thousand ($25,000), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/11/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 11th day of September, 20 20.

APPLICANT/PRINCIPAL

COMPANY
Alembic Pharmaceuticals, Inc.

Cecilia Cardoza
Authorized Representative

SURETY

Harco National Insurance Company

Robyn Rost
Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness
Karla Luongo

Witness Alexis Miranti

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0766320

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

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

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

MICHAEL PARR, ROBYN ROST

Summmit, NJ

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

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

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

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

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

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

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

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 My Comm. Exp. 04-04-2023 NEW JERSEY

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

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

CERTIFICATION

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

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 11, 2020

B31765 USI Insurance Services, LLC

Irene Martins, Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

AT DECEMBER 31, 2019

ASSETS

Bonds (Amortized Value)	$69,147,050
Stocks (Preferred Stocks)	3,667,057
Stocks (Common Stocks)	856,400,268
Cash, Bank Deposits & Short Term Investments	49,896,036
Other Invested Assets	9,504,574
Unpaid Premiums & Assumed Balances	157,529,462
Deferred Premiums, Agents Balances & Installments booked	30,396,949
Reinsurance Recoverable from Reinsurers	27,228,017
Reinsurance - Funds Held by or deposited with reinsured companies	11,368,596
Current Federal & Foreign Income Tax Recoverable & Interest	0
Investment Income Due and Accrued	1,123,975
Receivables from Parent Subsidiaries & Affiliates	895,402
Other Assets	0
TOTAL ASSETS	$1,217,157,385

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$132,364,505
Reinsurance payable on paid losses & loss adjustment expense	19,228,089
Loss Adjustment Expenses	31,596,841
Commissions Payable, Contingent Commissions & Other Similar Charges	5,971,903
Other Expenses (Excluding Taxes, Licenses and Fees)	296,734
Taxes, Licenses & Fees (Excluding Federal Income Tax)	1,228,988
Current federal and foreign income taxes	724,851
Net Deferred Tax Liability	15,645,983
Unearned Premiums	98,148,046
Advance Premium	402,174
Ceded Reinsurance Premiums Payable	83,588,765
Funds held by Company under reinsurance treaties	14,318,856
Amounts Withheld by Company for Account of Others	5,492,288
Payable to Parent Subsidiaries & Affiliates	1,041,121
Other Liabilities	542,490
TOTAL LIABILITIES	$410,591,634
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	132,283,913
Surplus as Regards Policyholders	$806,565,751
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,217,157,385

I, David G Pirrung, President of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2019, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 28th day of February, 2020.

HARCO NATIONAL INSURANCE COMPANY

D - P5

SIGNED AND SWORN to before me on this 6th day of March, 2020.

Sherrie L Major

NOTARY PUBLIC, STATE OF North Carolina

Sherrie L Major
Notary Public
Wake County, NC
My Commission Expires May 21, 2020

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEMBIC PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEMBIC PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TENTH DAY OF AUGUST, A.D. 2012.

Jeffrey W. Bullock, Secretary of State

5197177 8300

SR# 20207405103

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Authentication: 203725806

Date: 09-24-20

Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEMBIC PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2019.

Outdated

Jeffrey W. Bullock, Secretary of State

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SR# 20198272613

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Authentication: 204082233

Date: 11-25-19

Alembic Pharmaceuticals, Inc.

Corporate Address: 750 Route 202, Suite 410, Bridgewater , NJ 08807 USA
FEIN: 46-1378951
www.alembicusa.com

Drug Labeler Code: 62332
Incorporation State: DE
Incorporation Date: 8/10/2012

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
750	750 Route 202 Suite 410 Bridgewater, NJ 08807 County: Somerset	N/A	N/A - Uses 3PL DEA		No	(908) 393-9604	(908) 393-9605

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
David Craig Salmon	Eves Drive Apt. 4F Hillsborough, NJ 08844	President	No				*All States*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Alembic Pharmaceuticals Limited	Alembic Road, Vadodara Gujarat, 390 003 India	N/A	100	N/A	N/A	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Cecilia M. Carfora	Appletree Lane Glen Cove , NY 11542	CFO	No				
David Craig Salmon	Eves Drive Apt. Hillsborough, NJ 08844	President	No				*All States*

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
National Registered Agents			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Life Science Logistics, LLC	1105 E. Northfield Drive Brownsburg, IN 46112					

currently partners

D. Craig Salmon

Foy Glen Ct.♦Apex, NC 27539 (phone) ♦ (cell)

Pharmaceutical executive with an exemplary record and history of accomplishment. Sales and marketing success in brand, generic,and OTC markets. Directed sales and marketing of 2nd largest generic manufacturer in the U.S. then recruited to lead sales and marketing for start up company that grew from $0 to $42 million in annual sales in just four years until the entire product portfolio was sold for $129 million in 2013. Well developed top to top customer relationships. Responsible for day to day operation and performance of the company and achievement of corporate objectives.

Professional Experience

May 26, 2015- Present **Alembic Pharmaceuticals, Inc.,** 750 Route 202, Ste. 410, Bridgewater, NJ, 08807

President, US Operations

Contact: Cecilia Carfora – 609-951-2206

- Responsible for the daily operation of sales and marketing for the company in the U.S.
- Drive profitability, create and manage business strategies to achieve company objectives.
- Supervise daily activities of the supply chain function.
- Manage the regulatory department and its activities with the FDA
- Direct the daily activities of the Finance function.
  - Accruals, rebates, returns, CMS, Medicaid, P&L, receivables and payments.
- 3PL service supervision.
- Manage and oversee outside partnerships, promotions, and agreements.
- Develop new BD strategies for acquisition and growth.
- Supervise all customer relationships, pricing and contracts.
- Maintain top to top customer relationships.

June 1 2009- May 15, 2015 **Fera Pharmaceuticals,** 134 Birch Hill Rd., Locust Valley, New York, 11560

Executive Vice President Sales

Contact: Frank Dellaferra – 516-277-1449

- Direct all commercial (retail and trade) and institutional sales and distribution of the company.
  - -Responsible for all new product launches.
  - -Manage the preservation and growth of the existing product portfolio.
  - -Create and implement strategic plan to ensure company distribution goals are realized.
- Set up, manage, and direct third party logistics for the company (3PL is DLSS).
  - -Direct customer service, warehousing, distribution, and inventory management.
- Implemented field based sales force. (Hired, Trained, Managed)
- Direct all sales ops and oversee company compliance for product sampling program.
- Responsible for contracting and pricing of products with customers.
  - -Negotiated all T's & C's, RFP's, and Product Awards.
  - -Contracts include retail, wholesale and GPO accounts.
  - -Negotiated contracts and managed endcap programs for OTC products..
- Charged with all P&L responsibility for the company.
  - -Company sales grew from $0 in 2009 to $42 million in 2012.
  - -Product portfolio sold for $129 million in June 2013
- Identify BD&L opportunities for product acquisitions and licensing agreements.
- Maintain key contact and top to top relationships with customer base.
- Create marketing sales pieces, target campaigns, and pharmacy marketing programs.
- Direct Get Pop IT program for company sales representatives

7/1/2005-05/31/2009 **Sandoz** (A Division of Novartis),

506 Carnegie Center #400, Princeton, New Jersey, 08540

(Sandoz purchased Eon Labs) ***Vice President Sales*** (Oct 2008-May 2009)

Contact: Peter Goldschmidt – 609-627-5270

- Developed and implemented the commercial sales strategy for the US Market.
- Achieved company revenue targets ($1.8B Budget with over 1,000 skus).
- Member of executive committee that assessed, analyzed, and researched business development deals, future product launches, and portfolio strategy.
- Cultivated top to top relationships with key customers.
- Participated in company planning and strategic direction as member of senior management.
- Directed the following sales and support groups:
  - -National Accounts Directors
  - -Institutional Account Managers
  - -Specialty Sales Representatives
  - -Biologics Sales Department
  - -Customer Service
  - -Contracting and Pricing
  - -Internal Support Staff

Director National Accounts

- Management responsibility for accounts in the wholesale, retail, and mail order classes of trade.
  - New Product Launches.
  - In Line Conversions.
  - Inventory Allocation and Distribution.
- Responsible for **over $400M in annual generic sales**.

12/1/1999 – 7/1/2005 **Eon Labs,**

227-15 North Conduit Avenue Laurelton, New York 11413

Contact: Peter Goldschmidt – 609-627-5270

National Account Manager

- Management responsibility of wholesaler and chain drug store accounts.
- Responsible for hospital GPO and mail order pharmacy contracting.
- Managed care contracting and pricing.
- Manage specialty accounts and Government VA account

Specialty Sales Manager

- Managed the co-promotional sales efforts by Eon Labs and the Mylan Institutional Division for Eon's Cyclosporine product line.
- Developed and conducted sales training for co-promotional partner..
- Forecast and planning for product allocation and launch.
- Promotional sales piece design.

July 1993 – Dec. 1999 **DURA Pharmaceuticals,**

7475 Lusk Boulevard, San Diego, CA 92121

Senior District Sales Manager

CONTACT NUMBER: 858-457-2553

- Promoted to **Senior District Sales Manager May 1997**
- **1998 Manager of the Year (#1 out of 45 district sales managers)**
- **1998 Chairman's Circle (formerly President's Club)**

- **1997 President's Award Winner**
- **1995 President's Club Award Winner**
- **1994 President's Award Winner**
- Extensive knowledge in training and sales promotion of oral and IV anti-infectives, respiratory products, allergy and asthma products, and nasal steroids.
- Hired, trained, and directed a sales force of 10-12 sales representatives.
- Involved in numerous sales force expansions and territory alignments.

July 1992 - July 1993

Sales Representative
Territory: Eastern North Carolina

- **1992 Rookie of the Year**
- **1992 President's Club Award Winner**
- Developed faltering territory into "Top 5" producing territory/Never missed quota.
- Responsible for the marketing and distribution of Dura's prescription pharmaceutical products.
- Marketed medical equipment and devices to durable medical equipment dealers

Education

North Carolina State University, Raleigh, North Carolina
B.A. in Business Management
B.A. in Economics

References Available Upon Request

HOW TO GET VOL (Online)

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 9/21/2020

Registration Number: 5004785 **Registered as:** Manufacturer and Wholesale

Parent Company Name: ALEMBIC PHARMACEUTICALS, INC.

Trade Name:

Original Issue Date: 09/22/2015 **Expiration Date:** 01/31/2021

Current Issue Date: 11/29/2019

Disciplines: No

Home State License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737550

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

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

750 ROUTE 202, STE 410 BRIDGEWATER, NJ 08807-

Reg. No.
5004785

ALEMBIC PHARMACEUTICALS, INC.
C/O STATE LICENSE SERVICING
1751 STATE RTE 17A, STE 3
FLORIDA, NY 10921-

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

EXPIRES: January 31, 2021

Establishment Copy

Proof of Labelercode

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Verified 9/21/20 MS

Current through September 21, 2020

You have searched Finished drug products

Search Results: *'62332'*

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Acetazolamide	62332-349-91	500 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA210423	Alembic Pharmaceuticals Inc.	62332-349	Acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG	02/20/2019
Acetazolamide	62332-349-31	500 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	ANDA210423	Alembic Pharmaceuticals Inc.	62332-349	Acetazolamide	ACETAZOLAMIDE	HUMAN PRESCRIPTION DRUG	02/20/2019
Acyclovir	62332-248-15	50 mg/g	OINTMENT	CUTANEOUS	ANDA209000	Alembic Pharmaceuticals Inc.	62332-248	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	04/16/2018
Acyclovir	62332-248-05	50 mg/g	OINTMENT	CUTANEOUS	ANDA209000	Alembic Pharmaceuticals Inc.	62332-248	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	04/16/2018
Acyclovir	62332-248-30	50 mg/g	OINTMENT	CUTANEOUS	ANDA209000	Alembic Pharmaceuticals Inc.	62332-248	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	04/16/2018
ADAPALENE	62332-549-15	3 mg/g	GEL	TOPICAL	ANDA213508	Alembic Pharmaceuticals, Inc.	62332-549	ADAPALENE	ADAPALENE	HUMAN PRESCRIPTION DRUG	06/22/2020
ADAPALENE	62332-549-45	3 mg/g	GEL	TOPICAL	ANDA213508	Alembic Pharmaceuticals, Inc.	62332-549	ADAPALENE	ADAPALENE	HUMAN PRESCRIPTION DRUG	06/22/2020
ADAPALENE	62332-549-46	3 mg/g	GEL	TOPICAL	ANDA213508	Alembic Pharmaceuticals, Inc.	62332-549	ADAPALENE	ADAPALENE	HUMAN PRESCRIPTION DRUG	06/22/2020

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
amantadine	62332-246-71	100 mg/1	CAPSULE	ORAL	ANDA208966	Alembic Pharmaceuticals Inc.	62332-246	amantadine	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/22/2017
amantadine	62332-246-31	100 mg/1	CAPSULE	ORAL	ANDA208966	Alembic Pharmaceuticals Inc.	62332-246	amantadine	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/22/2017
amantadine	62332-246-91	100 mg/1	CAPSULE	ORAL	ANDA208966	Alembic Pharmaceuticals Inc.	62332-246	amantadine	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/22/2017
amantadine	62332-246-30	100 mg/1	CAPSULE	ORAL	ANDA208966	Alembic Pharmaceuticals Inc.	62332-246	amantadine	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/22/2017
Amlodipine and Valsartan	62332-205-31	5 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-205	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-205-71	5 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-205	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-208-30	10 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-208	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-208-71	10 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-208	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-207-30	5 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-207	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-207-31	5 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-207	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-208-31	10 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-208	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-205-90	5 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-205	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-206-31	10 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-206	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-207-90	5 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-207	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Amlodipine and Valsartan	62332-208-90	10 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-208	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-207-71	5 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-207	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-205-10	5 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-205	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-205-30	5 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-205	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-206-90	10 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-206	Amlodipine and Valsartan	AMLODIPINE BESYLATE, VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-207-10	5 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-207	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-208-10	10 mg/1, 320 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-208	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-206-10	10 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-206	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-206-30	10 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-206	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine and Valsartan	62332-206-71	10 mg/1, 160 mg/1	TABLET, FILM COATED	ORAL	ANDA202713	Alembic Pharmaceuticals Inc.	62332-206	Amlodipine and Valsartan	AMLODIPINE BESYLATE; VALSARTAN	HUMAN PRESCRIPTION DRUG	12/01/2016
Amlodipine besylate and Olmesartran medoxomil	62332-212-91	5 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-212	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-215-90	10 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-215	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-213-91	5 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-213	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Amlodipine besylate and Olmesartran medoxomil	62332-214-91	10 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-214	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-215-30	10 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-215	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-212-90	5 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-212	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-213-90	5 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-213	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-213-30	5 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-213	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-215-91	10 mg/1, 40 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-215	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-212-30	5 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-212	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-214-30	10 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-214	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Amlodipine besylate and Olmesartran medoxomil	62332-214-90	10 mg/1, 20 mg/1	TABLET, FILM COATED	ORAL	ANDA207073	Alembic Pharmaceuticals Inc.	62332-214	Amlodipine besylate and Olmesartran medoxomil	AMLODIPINE BESYLATE; OLMESARTAN MEDOXOMIL	HUMAN PRESCRIPTION DRUG	07/18/2017
Aripiprazole	62332-097-10	2 mg/1	TABLET	ORAL	ANDA202101	Alembic Pharmaceuticals Inc.	62332-097	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/07/2016
Aripiprazole	62332-097-31	2 mg/1	TABLET	ORAL	ANDA202101	Alembic Pharmaceuticals Inc.	62332-097	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/07/2016
Aripiprazole	62332-097-71	2 mg/1	TABLET	ORAL	ANDA202101	Alembic Pharmaceuticals Inc.	62332-097	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/07/2016
Aripiprazole	62332-099-30	10 mg/1	TABLET	ORAL	ANDA202101	Alembic Pharmaceuticals Inc.	62332-099	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/07/2016
Aripiprazole	62332-100-31	15 mg/1	TABLET	ORAL	ANDA202101	Alembic Pharmaceuticals Inc.	62332-100	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/07/2016

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Aripiprazole	62332-100-71	15 mg/1	TABLET	ORAL	ANDA202101	Alembic Pharmaceuticals Inc.	62332-100	Aripiprazole	ARIPIPRAZOLE	HUMAN PRESCRIPTION DRUG	07/07/2016

Showing 1 to 50 of 727 entries

Previous 1 2 3 4 5 ... 15 Next

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

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

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

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

Bill of Sale

INDIA NON JUDICIAL

Government of Gujarat

Certificate of Stamp Duty

सत्यमेव जयते

Certificate No.	:	**IN-GJ844833864589405**
Certificate Issued Date	:	11-Mar-2020 04:27 PM
Account Reference	:	SHCIL (FI)/ gjshcil01/ ELLORA PARK/ GJ-BA
Unique Doc. Reference	:	SUBIN-GJGJSHCIL01084208326481265
Purchased by	:	BHUPENDRA R PARMAR
Description of Document	:	Article 5(c) Agreement - Purchase or Sale of Share, Deb.
Description	:	NA
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ALEMBIC PHARMACEUTICALS LIMITED
Second Party	:	ALEMBIC GLOBAL HOLDING SA
Stamp Duty Paid By	:	ALEMBIC PHARMACEUTICALS LIMITED
Stamp Duty Amount(Rs.)	:	1,50,000 (One Lakh Fifty Thousand only)

S.H.C.I.L. RACE COURSE

MA 000441904 9

VOID VOID VOID

Statutory Alert:

1. The authenticity of this Stamp Certificate should be verified at "www.shcilestamp.com". Any discrepancy in the details on this Certificate and as

SHARE PURCHASE AGREEMENT

THIS SHARE PURCHASE AGREEMENT (this "*Agreement*") is made on this 11th **day of** March, 2020, between:

Alembic Pharmaceuticals Limited, a company having an identification number L24230GJ2010PLC061123, and having its registered office in Alembic Road, Vadodara, Gujarat, India, 390003 (hereinafter referred to as the "**Purchaser**", which term shall, unless repugnant to, or inconsistent with the context, means and include successors-in-interest and permitted assigns) being the **Party of the FIRST PART**.

Alembic Global Holding SA, a company having its principal office in Rue Fritz-Courvoisier 40, 2300 La Chaux-de-Fonds, Switzerland. (hereinafter referred to as the "**Seller**", which term shall, unless repugnant to, or inconsistent with the context, means and include successors-in-interest and permitted assigns) being the **Party of the SECOND PART**.

AND

Alembic Pharmaceuticals Inc., a company having its principal office in 750 Highway 202 Bridgewater, NJ 08807 (hereinafter referred to as the "**Company**", which term shall, unless repugnant to, or inconsistent with the context, means and include successors-in-interest and permitted assigns) being the **Party of the THIRD PART**.

WHEREAS:

A. The Company is engaged in and carries on the business of selling and distribution of pharmaceutical products in the US region and has a requisite infrastructure and qualified task force to carry out the functions of a Distributor ("Business");

B. The Company is a wholly owned subsidiary of the Seller. The Seller is a wholly owned subsidiary of the Buyer.

C. The present Registered Share Capital of the Company is USD 4,120,000 divided into 1,20,000 shares of 1 $ each

D. The Seller is the legal and beneficial owners of 120,000 shares, which represents 100% of the total outstanding shares.

E. The Purchaser is desirous of purchasing from the Seller and the Seller is desirous of selling to the Purchaser all the Shares of the Company held by the Seller comprising 100% of the current share capital of the Company at a Transfer Consideration and in the manner specified in Article 5 of this Agreement free of all Encumbrances, along with the Business of the Company as a going concern, on the terms and conditions and in the manner set out in this Agreement.

F. The Parties have agreed that the transactions and relationship between them shall hereafter be governed by and be conducted in accordance with the terms and conditions of this Agreement.

NOW THEREFORE, in consideration of the above premises and the mutual promises and covenants herein, the mutual benefits to be derived there from and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Definitions and Interpretation

1.1 Definitions. In this Agreement, unless the context otherwise requires or expressly provides, the following words shall have the following meanings respectively:

"Applicable Law"	means any and all national, state, municipal and/ or local legislations, ordinances, regulations, statutes, by-laws and directions, orders and decrees of any government or statutory authority and any other instrument or pronouncement having the force of law as may be issued and as may be in force from time to time;
"Closing"	shall mean closing as defined in Article 5.1.
"Closing Date"	shall mean the date on which the Closing takes place;
"Directors"	shall mean the directors for the time being of the Board of Directors of the Company duly appointed as per the provisions of Applicable Law;
"Encumbrance"	means, as the context may require, any encumbrance including any debenture, mortgage, pledge, charge (fixed or floating), hypothecation, lien, deposit by way of security, bill of sale, claims, call option or right of pre-emption, right to acquire, right of first refusal, right of first offer or similar right, assignment by way of security or trust arrangement for the purpose of providing security or other security interest of any kind (including any retention arrangement), beneficial ownership (including usufruct and similar entitlements), public right, common right, way leave, easement, any provisional or executional attachment and any other direct interest held by any third party, or any agreement to create any of the foregoing and the term Encumber shall be construed accordingly;
"Effective Date"	shall mean 29th February, 2020;
"Person"	shall mean any legal or natural person, an individual, corporation, partnership, limited liability company, companies with unlimited liability, association, trust or other entity or organisation, including a government or political subdivision or an agency or instrumentality thereof;
"Transfer Consideration"	shall mean a sum of USD 16,528,145 (USD Sixteen million five twenty eight hundred one forty five only) payable by the Purchaser to the Sellers in consideration of the transfer of Sale Shares to the Purchaser.
"Sale Shares"	shall mean 120,000 (One Hundred Twenty Thousand) Shares held by the Seller;

1.2 Interpretation. While construing any term or provision in this Agreement:

1.2.1 References to Recitals, Article and Schedules are to the recitals and Article of, and schedules to, this Agreement;

1.2.2 Heading and bold typeface are only for convenience and shall be ignored for the purpose of interpretation;

1.2.3 Words using the singular number also include the plural or singular number, respectively;

1.2.4 The terms "hereof, "hereto" and derivative or similar words refer to this entire Agreement or specified Clauses of this Agreement, as the case may be;

1.2.5 reference to any legislation or law or to any provision thereof shall include references to any such law as it may, after the date hereof, from time to time, be amended, supplemented or re-enacted, and any reference to statutory provision shall include any subordinate legislation made from time to time under that provision; and

1.2.6 Reference to the word "include" shall be construed without limitation.

1.2.7 Unless otherwise stated herein, wherever consent, notice, approval, authorization, or determinations are required under or pursuant to this Agreement from or by any Party, the same shall be valid and effectual only if in writing and under the hands of a duly authorized representative of such Party in this behalf and not otherwise;

1.2.8 Appendix to this Agreement forms an integral part hereof and will be of full force and effect when executed in terms thereof as if they were expressly set out in the body of this Agreement. In case of any inconsistency between the main body of this Agreement and any Appendix, the provisions of this Agreement shall prevail;

2. Sale and Purchase of Transfer Shares

2.1 Subject to the terms and conditions of this Agreement, the Seller hereby agrees to sell and transfer to the Purchaser, and the Purchaser hereby agrees to purchase from the Seller, the Sale Shares, free and clear of all Encumbrances, along with all rights and interest of any nature, now or after the date of this Agreement, accruing or attaching themselves to the Sale Shares, at the Transfer Consideration set out in Article 4 below.

2.2 The Sellers undertake that within thirty (30) days from the date of Closing they shall take all steps as may be required for completing the sale and transfer of the Sale Shares to the Purchaser, subject to the terms and conditions of this Agreement. This Agreement shall come into effect from the Effective Date.

2.3 The Company shall submit to the Purchasers certified true copies of resolution passed by the Board authorizing its authorized representative to execute the Agreement.

3. Condition Subsequent to Closing

3.1 The Parties agree that post execution of the transaction contemplated by this Agreement, the Seller shall carry out the following.

3.1.1 The Sellers shall prepare for delivery to the Buyer the following:-

(a) Original share certificates of Sale Shares.

(b) Share transfer deeds duly executed by the Seller in favor of the Purchaser for the Sale Shares.

3.1.2 The Seller shall prepare for delivery to the buyer the following:-

Complete set of books of accounts of the Company, written up to date, together with statutory registers of the Company required to be maintained under law.

4. Purchase Consideration

4.1 The Purchaser shall, within 30 days of transfer of the Shares, pay to the Seller the Transfer Consideration in a mutually acceptable manner.

4.2 The payment of the Transfer Consideration by the Purchaser shall constitute a full and valid discharge to the Purchaser for the payment of all transfer of Sale Shares.

5. Closing

5.1 The completion of the sale of the shares shall take place on the date of this Agreement, or on such other day and time as the Parties shall mutually agree (**"Closing Date"**).

5.2 Within 30 days of the Closing Date:

5.2.1 The Purchasers shall pay the Transfer Consideration as per Article 4 above.

5.2.2 Simultaneously, the Sellers shall deliver to the Purchaser (i) the share certificates representing the Sale Shares and (ii) the share transfer forms duly executed and stamped by the Seller as the transferors for transferring the Sale Shares to the Purchaser, pursuant to which the Purchaser shall lodge the same with the Company;

5.2.3 On the Purchaser lodging the relevant share certificates and duly executed share transfer forms in relation to the Sale Shares, the Company shall call the meeting of the Board to pass the resolution relating to the following:

a) Approval of the transfer of the Sale Shares to the Purchaser;

b) Entering of the name of the Purchaser as the legal and beneficial owners of the Sale Shares, free and clear of all Encumbrances, in the Register of Members of the Company; and

c) Making the necessary endorsements on the share certificates relating to the Sale Shares indicating the name of Purchaser as the legal and beneficial owner of the Sale Shares evidenced thereunder.

5.2.4 Upon receipt of the Transfer Consideration, the Seller shall do such acts as may be necessary to effectively comply with its obligations under Article

5.2.5 Immediately upon the completion of the steps as set out in Article 5.2.4, the Company shall hand over to the Purchaser, or its authorized representative, (i) the true copies of the resolutions so passed, (ii) the extract of the register of members wherein the name of the Purchasers are recorded as shareholder of the Company and (iii) the share certificates representing the Sale Shares, duly endorsed in the name of the Purchaser.

6. Miscellaneous

6.1 Governing Law and Dispute Resolution

6.1.1 This Agreement shall be governed by and construed in accordance with the laws of Switzerland.

6.2 Expenses

6.2.1 Each Party shall bear its own legal and other related costs in relation to drafting and signing of this Agreement.

6.3 Implementation of the Agreement

6.3.1 Each Party undertakes to carry out its obligations under this Agreement in good faith and to respect the spirit and letter of its provisions.

6.3.2 Each Party warrants and represents to the other Party that it has no outstanding commitments or obligations, which would impede its ability and right to enter into this Agreement and/or fulfill its obligations hereunder except those which have been disclosed at the time of execution of this Agreement.

6.3.3 Each Party agrees to hold the other Party harmless and to indemnify the other Party against all liabilities, losses, costs and damages which either of them may sustain by reason of the breach or alleged breach of any terms of this Agreement.

6.3.4 The Parties agree to enter into and execute any and all such further agreements, documents and the like as may be necessary or beneficial to carry out the purposes of the Agreement.

6.4 Survival of Rights, Duties and Obligations

6.4.1 Termination of this Agreement for any cause shall not release any Party hereto from any liability which at the time of termination has already accrued to the other Party or which thereafter may accrue in respect of any act or omission prior to such termination.

6.5 Language

This Agreement is written in the English language and executed in two (2) counterparts, each of which shall be deemed an original. The English language text of this Agreement shall prevail over any translation thereof.

6.6 Confidentiality:

(a) Sellers agree not to divulge to any Person (other than Purchaser or its Affiliates or any persons employed or designated by such entities) publish or make use of any information of any type whatsoever of a confidential nature relating to the Purchaser or its Affiliates or any information provided by Purchaser or its Affiliates to Sellers on a confidential basis in connection with this Agreement and the transactions contemplated hereby, including, without limitation, all types of trade secrets, marketing plans, management organization information, operating policies or manuals, performance results, other financial, commercial, business or technical information, except (i) such knowledge or information that is in the public domain through no wrongful act by any Seller without the prior written consent of Purchaser or its Affiliates (as the case may be), (ii) as required by applicable law, by an order of a court having

competent jurisdiction or under subpoena from an appropriate government agency. This confidentiality provision has no temporal or geographical limitation.

(b) Sellers and Purchaser hereby confirm that the Confidentiality Agreement continues, and after Closing shall continue, in full force and effect.

6.7 Entire Agreement

6.7.1 This Agreement supersedes all previous representations, understandings or agreements, oral or written between the Parties with respect to the subject matter hereof, and contains the entire understanding of the Parties as to the terms and conditions of their relationship.

6.7.2 Terms included herein may not be contradicted by evidence of any prior oral or written agreement or of a contemporaneous oral or written agreement.

6.7.3 No changes, alterations or modifications hereto shall be effective unless in writing and signed by authorized representatives of both Parties, and if required, upon approval by competent Government authorities.

6.8 **Counterparts**

6.8.1 This Agreement may be signed by facsimile or in any number of counterparts, each of which is an original and all of which, taken together, constitutes one and the same instrument.

IN WITNESS WHEREOF the Parties hereto have set and subscribed their respective hands on the day and the year first hereinbefore written.

Name of the Party	**Witness**
For, **Alembic Pharmaceuticals Limited** Mr Mitanshu Shah Senior Vice President Party of the First Part	
For, **Alembic Global Holding SA** Alembic Global Holding SA Fritz-Courvoisier 40 2300 La Chaux-de-Fonds Mr Kelemen Laszlo Director Party of the Second Part	
For, **Alembic Pharmaceuticals Inc.** Mr Pranav Amin Director Party of the Third Part	

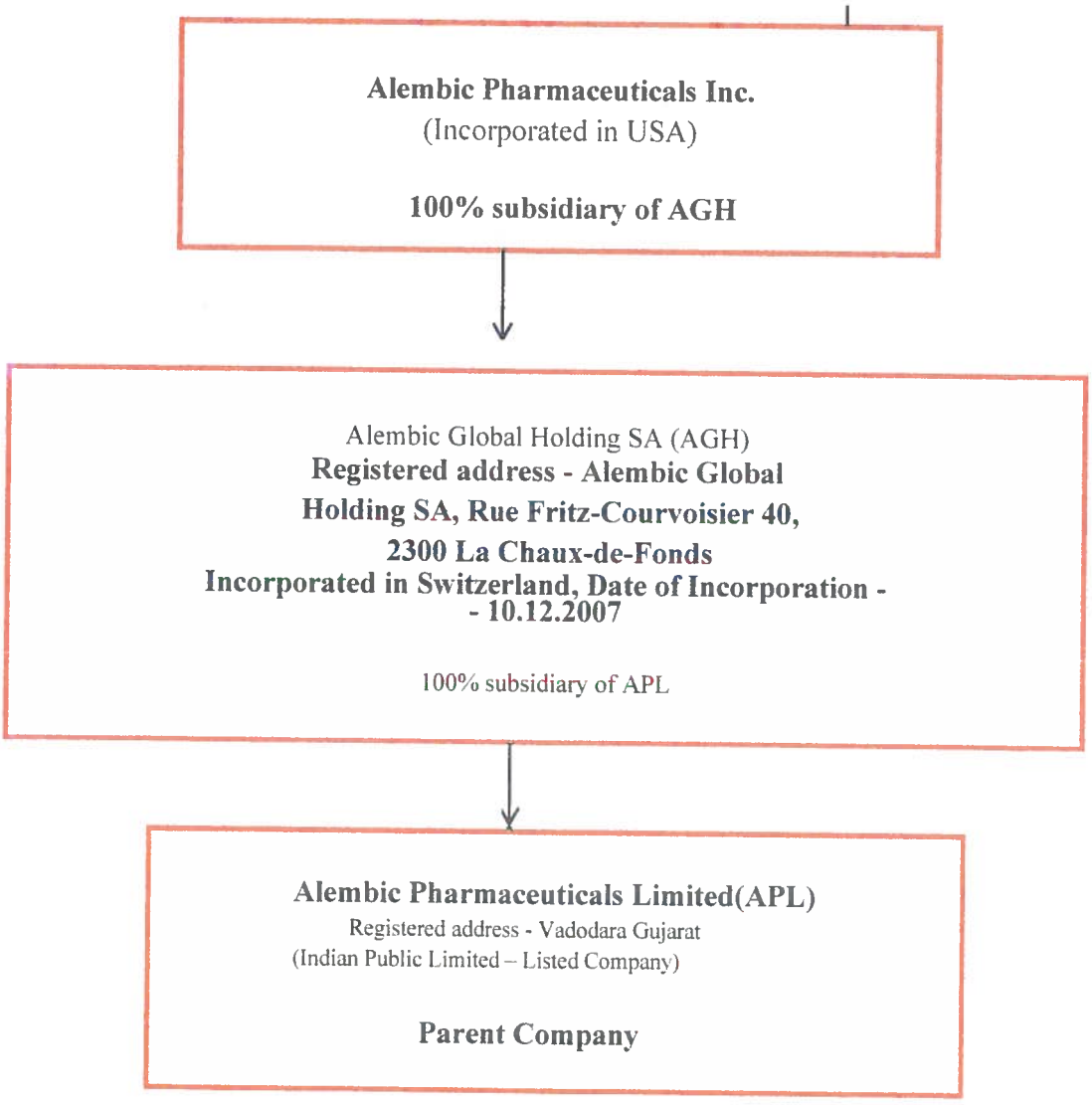
Preclosing org chart

Alembic Touching Lives over 100 years

Alembic Pharmaceuticals Inc

750 Route 202
Suite 410
Bridgewater, NJ 08807
Phone (908) 393-9604 Fax (908) 393-9605

Organization structure for Alembic Pharmaceuticals Inc., USA



Alembic Pharmaceuticals Inc.
(Incorporated in USA)

100% subsidiary of AGH

↓

Alembic Global Holding SA (AGH)
Registered address - Alembic Global Holding SA, Rue Fritz-Courvoisier 40, 2300 La Chaux-de-Fonds
Incorporated in Switzerland, Date of Incorporation - - 10.12.2007

100% subsidiary of APL

↓

Alembic Pharmaceuticals Limited(APL)
Registered address - Vadodara Gujarat
(Indian Public Limited – Listed Company)

Parent Company

org chart

Alembic Pharmaceuticals Inc

750 Route 202
Suite 410
Bridgewater, NJ 08807
Phone (908) 393-9604 Fax (908) 393-9605

ORGANIZATION STRUCTURE OF ALEMBIC PHARMACEUTICALS INC. EFFECTIVE 3.1.2020

Alembic Pharmaceuticals Inc. (Incorporated in USA)
100% subsidiary of APL



Alembic Pharmaceuticals Limited (APL) Registered address - Vadodara Gujarat
(Indian Public Limited – Listed Company) Parent Company

Flash

From: compliance@slsnysupport.com
Subject: Alembic Pharmaceuticals, Inc. - Notice of Ownership Re-Organization
Date: April 16, 2020 at 9:33 AM
To: pharmacy@pharmacy.nv.gov

C

IMPORTANT NOTICE

State License Servicing, Inc.
1751 State Route 17A, Suite 3, Florida, NY 10921
(845) 544-2482 Office, (845) 544-2481 Fax

Date: April 16, 2020
To: Nevada State Board of Pharmacy
Re: Alembic Pharmaceuticals, Inc., 750 Route 202, Suite 410, Bridgewater, NJ 08807, Permit #: WH02586

Dear Licensing Authority:

State License Servicing, Inc. represents Alembic Pharmaceuticals, Inc. in the servicing of their state licenses. This letter shall serve as notice of an ownership re-organization for the above-mentioned licensee.

Previously, the direct owner of Alembic Pharmaceuticals, Inc. was Alembic Global Holding, SA. Effective March 1, 2020 Alembic Global Holding, SA has been eliminated from the ownership structure and the ultimate owner, Alembic Pharmaceuticals Limited, has now taken direct ownership of Alembic Pharmaceuticals, Inc. The current ownership of Alembic Pharmaceuticals, Inc. is as follows:

Alembic Pharmaceuticals Limited – 100%

There has been no change in officers or FEIN. Please refer to the attached organizational charts for depiction of both the previous and current ownership structures for Alembic Pharmaceuticals, Inc.

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

Kind Regards,

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

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owner
articles of formation

भारत सरकार–कॉर्पोरेट कार्य मंत्रालय
कम्पनी रजिस्ट्रार कार्यालय, गुजरात, दादरा एवं नगर हवेली

नाम परिवर्तन के पश्चात नया निगमन प्रमाण–पत्र

कॉर्पोरेट पहचान संख्या : U24230GJ2010PLC061123

मैसर्स ALEMBIC PHARMA LIMITED

के मामले मे, मैं एतदद्वारा सत्यापित करता हूँ कि मैसर्स
ALEMBIC PHARMA LIMITED

जो मूल रुप में दिनांक सोलह जून दो हजार दस को कम्पनी अधिनियम, 1956 (1956 का 1) के अतंर्गत मैसर्स
ALEMBIC PHARMA LIMITED

के रुप में निगमित की गई थी, ने कम्पनी अधिनियम, 1956 की धारा 21 की शर्तों के अनुसार विधियत आवश्यक विनिश्चय पारित करके तथा लिखित रुप में यह सूचित करके की उसे भारत का अनुमोदन, कंम्पनी अधिनियम, 1956 की धारा 21 के साथ पठित, भारत सरकार, कम्पनी कार्य विभाग, नई दिल्ली की अधिसूचना सं.सा.का.नि 507 (अ) दिनांक 24.6.1985 एस.आर.एन B07417561 दिनांक 12/03/2011 के द्वारा प्राप्त हो गया है, उक्त कम्पनी का नाम आज परिवर्तित रुप में मैसर्स
ALEMBIC PHARMACEUTICALS LIMITED

हो गया है और यह प्रमाण–पत्र, कथित अधिनियम की धारा 23(1) के अनुसरण में जारी किया जाता है।

यह प्रमाण–पत्र, मेरे हस्ताक्षर द्वारा अहमदाबाद में आज दिनांक बारह मार्च दो हजार ग्यारह को जारी किया जाता है।

GOVERNMENT OF INDIA - MINISTRY OF CORPORATE AFFAIRS
Registrar of Companies, Gujarat, Dadra and Nagar Havelli

Fresh Certificate of Incorporation Consequent upon Change of Name

Corporate Identity Number : U24230GJ2010PLC061123

In the matter of M/s ALEMBIC PHARMA LIMITED

I hereby certify that ALEMBIC PHARMA LIMITED which was originally incorporated on Sixteenth day of June Two Thousand Ten under the Companies Act, 1956 (No. 1 of 1956) as ALEMBIC PHARMA LIMITED having duly passed the necessary resolution in terms of Section 21 of the Companies Act, 1956 and the approval of the Central Government signified in writing having been accorded thereto under Section 21 of the Companies Act, 1956, read with Government of India, Department of Company Affairs, New Delhi, Notification No. G.S.R 507 (E) dated 24/06/1985 vide SRN B07417561 dated 12/03/2011 the name of the said company is this day changed to ALEMBIC PHARMACEUTICALS LIMITED and this Certificate is issued pursuant to Section 23(1) of the said Act.

Given under my hand at Ahmedabad this Twelfth day of March Two Thousand Eleven.

(KAMAL HARJANI)

सहायक कम्पनी रजिस्ट्रार / Assistant Registrar of Companies

गुजरात, दादरा एवं नगर हवेली

Gujarat, Dadra and Nagar Havelli

कम्पनी रजिस्ट्रार के कार्यालय अभिलेख में उपलब्ध पत्राचार का पता :
Mailing Address as per record available in Registrar of Companies office:

ALEMBIC PHARMACEUTICALS LIMITED
ALEMBIC ROAD,, VADODARA - 390002,
Gujarat, INDIA

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Carlsbad Technology, Inc.

Physical Address: 5922 Farnsworth CT - Buding B

City: Carlsbad State: CA Zip Code: 92008

Telephone Number: (760) 431-8284 Fax Number: (760) 431-7507

Toll Free Number: _____

E-mail: regulatory@carlsbadtech.com Website: www.carlsbadtech.com

Facility Manager: Wen Pin Young - Facility Director

Professional qualifications and experience of facility manager: _____

_____

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☐
(If yes, provide a copy of the certificate) NABP on-site survey conducted on 09/10/20

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: Cardinal Health
Address:

Name: Mckesson Corporation
Address:

Name: Amerisource Bergen
Address:

Name: CVS Pharmacy
Address:

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Janadine Maderazo
Print Name of Authorized Person

09/29/20
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: YSP International Co., Ltd.

Mailing Address: 11al Sec. 1, chung Shan Rd. Tachia

City: Taichung State: Taiwan Zip: 43744

Telephone: _____ Fax: _____

Contact Person: _____

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

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

a) See attachments
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

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

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CARLSBAD TECHNOLOGY INC.

FILE NUMBER:	C1677242
FORMATION DATE:	12/07/1990
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 22, 2020.

ALEX PADILLA
Secretary of State

FSB

Drug Establishments Current Registration Site

SHARE LINKEDIN PRINT EMAIL PRINT

New Search

Search Results for **Carlsbad Technology, Inc.**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Carlsbad Technology, Inc.	1000135190	968263561	ANALYSIS, MANUFACTURE, PACK,	5923 BALFOUR CT, Carlsbad, California (CA) 92008, United States (USA)	12/31/2020
Carlsbad Technology, Inc.	1000135190	079113545	LABEL,	5928 Farnsworth Ct, Carlsbad, California (CA) 92008, United States (USA)	12/31/2020
Carlsbad Technology, Inc.	1000135190	781047246	LABEL, PACK,	5922 FARNSWORTH CT, Carlsbad, California (CA) 92008, United States (USA)	12/31/2020

Showing 1 to 3 of 3 entries

Previous 1 Next

Data Current through Tuesday, May 12, 2020

Return to Drug Firm Annual Registration Status Home Page

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyol Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Verified MS 11/5/20

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

LICENSE NO. WLS 6272
RECEIPT NO. 02270503

VALID UNTIL OCTOBER 01, 2021

CARLSBAD TECHNOLOGY INC
5922 FARNSWORTH COURT
CARLSBAD CA 92008

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

3/18/20

3/18/20 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

WEN PIN YOUNG

[redacted] EASTBOURNE ROAD, SAN DIEGO, CA 92128 [redacted] EXT
[redacted]

OBJECTIVE

EXPERIENCE

04/2015-Present Facility Director, *Carlsbad Technology, Inc.*

11/2007- 03/2015 Operating Director, *Carlsbad Technology, Inc.*

- Pharmaceutical record keeping for manufactured prescription drugs
- Responsible in managing and training personal to comply with cGMP standards.
- Assisted in developing and implementing policies and procedures related to purchasing/sales, manufacturing, and inventory management for generic prescription drugs

10/2001-11/2007 QA Senior Technician, *Carlsbad Technology, Inc.*

4/2001-10/2001 Manufacturing Deputy Supervisor, *Carlsbad Technology, Inc.*

11/2000-4/2001 Production Technician, *Carlsbad Technology, Inc.*

6/2000-11/2000 Facility Technician, *Carlsbad Technology, Inc.*

1996-1999 Production Supervisor, *Genix Biotek, Inc.*

- Supervised production of medical device
- Lyophilization and reagent preparation
- Implemented proper used of equipment and maintenance of equipment

1985-1992 Production Automation /Supervisor, *Leeco Diagnostics, Inc*

- Nouvas automatic assembling machine operator
- Supervised EIA Membrane Coating, R&D Supporting Technician, and Hybridoma Lab Technician
- Responsible for reagent dispersing and label printing

EDUCATION

1972 *Department of Marine Product, China Marine College*

SPECIAL SKILLS

- Intermediate Equipment Operator, Advanced Maintenance and Repair
- Experienced in Research Animal Care
- Computer literacy: Excel, Word

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 72BSBIL4671

Application/License No. _____

Carlsbad Technology, Inc. , doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5923 Balfour Court; Carlsbad, CA 92008 , as
Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company , a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1 Hartford Plaza, Hartford, CT 06105 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 25, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 28th day of September, 2020.

APPLICANT/PRINCIPAL
Carlsbad Technology, Inc.

_____
Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Melissa Haskins
Surety Company's Representative

Melissa Haskins, Attorney-in-fact
print name

HARTFORD FIRE INSURANCE CO. INCORPORATED 1810

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

Shelby Wiggins
Witness Shelby Wiggins

Shantadevie Mahadeo
Witness Shantadevie Mahadeo

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: CONGRUENT RISK & INS SERVICES INC
Agency Code: 72-166107

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Melissa Haskins
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 72BSBIL4671
Naming Carlsbad Technology, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 28, 2020.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

CARLSBAD TECHNOLOGY, INC.
5922 Farnsworth Court, Carlsbad, CA 92008, USA
Tel: (760) 431-8284 Fax: (760) 431-7507

Stockholders, Officers, & Members of the Board of Directors

Name of Facility to be licensed: Carlsbad Technology, Inc.
FEI: 1000135190
Tax ID: 33-0441961
Type of Ownership: Corporation
State of Incorporation: California since 12/07/1990

YSP International Co., Ltd., a British Virgin Islands company, and Yung Zip Chemical Ind. Co. Ltd. (YZ) own 82.6% and 2.82% ownership interest of Carlsbad Technology, Inc., respectively. YSP International is a wholly owned subsidiary of Carlsbad Technology, Inc.'s ultimate parent, Yungshin Global Holding Corporation.

Carlsbad Technology, Inc. Officers:

Name	Title	% of Stock Owned
Hong-Chin Cheng	COO	0%
Wen Pin Young	Facility Director	0%
Chen-Chi Lee	Quality Director	0%

Members of the Board of Directors:
Members of the Board of Directors are not United States citizens and reside overseas in Taiwan.

Name	% of Ownership	Address
Fang Chen Lee	1.95%	1191 Sec. 1, Chung Shan Road, Tachia, Taichung 43744, Taiwan, R.O.C.
Fang Yu Lee	1.91%	
Chi-Li Lee	0.24%	
Weikai Chung	0%	
Fang-Hsin Lee	0%	

Please see the following page for the list of remaining stockholders.

This message may contain confidential information intended only for the use of the addressee(s) named above and may contain information that is legally privileged. If you are not the addressee, or the person responsible for delivering it to the addressee, you are hereby notified that reading, disseminating, distributing or copying this message is strictly prohibited. If you have received this message by mistake, please immediately notify me by phone 760-431-8284 and destroy the original message immediately thereafter, or send to the above mailing address.

CARLSBAD TECHNOLOGY, INC.
5922 Farnsworth Court, Carlsbad, CA 92008, USA
Tel: (760) 431-8284 Fax: (760) 431-7507

List of remaining stockholders:

Name	% of Stock Owned	Address
YSP International CO., LTD.	82.60%	1191 Sec. 1, Chung Shan Road Tachia, Taichung 43744, Taiwan (R.O.C.)
YUNG ZIP CHEMICAL IND. CO., LTD.	2.82%	59 Yuh Shih Road, Youth Industrial District, Dajia, Taichung 43767, Taiwan (R.O.C.)
TIEN-TE LEE BIOMEDICAL FOUNDATION	0.93%	325 Cheng Kung Road, Tachia, Taichung 43744, Taiwan (R.O.C.)
DANNY LEE	1.14%	[redacted] North Fork Ave, Carlsbad, CA 92010
YU-CHIEN HSIAO	0.12%	[redacted] Mill Creek Road, San Diego, CA 92130
SEN-HUEI LEE	0.31%	[redacted] Avenida Fragata, San Marcos, CA 92069
JUNG-FENG LEU	0.14%	[redacted] Foxhall Court, San Marcos, CA 92078
FAN-CHEN LEE	1.95%	Reside in Taiwan
FANG-YU LEE	1.91%	
LING-CHIN LEE	1.54%	
KUO-LIANG HO	0.08%	
WEI-CHEN TANG	0.27%	
WEN-CHIH LEE	0.27%	
WEN-JUNG LEE	0.27%	
CHI-LI LEE	0.24%	
YU-JU LEE	0.24%	
HUNG-JU CHIANG	0.47%	
YI-HSIEN LI	0.47%	
LING-FEN LEE	0.70%	
BAO-CHENG LIN	0.40%	
MIN-JU LIN	1.22%	
MENG-BE LIN	1.22%	
FANG-JEN LEE	0.54%	

***Please note that none of the above are Licensed OK Pharmacists.**

This message may contain confidential information intended only for the use of the addressee(s) named above and may contain information that is legally privileged. If you are not the addressee, or the person responsible for delivering it to the addressee, you are hereby notified that reading, disseminating, distributing or copying this message is strictly prohibited. If you have received this message by mistake, please immediately notify me by phone 760-431-8284 and destroy the original message immediately thereafter, or send to the above mailing address.

NABP
National Association of
Boards of Pharmacy

847/391-4406
Fax: 847/375-1114

1600 Feehanville Dr
Mount Prospect, IL 60056
help@nabp.pharmacy

September 14, 2020

Thomas Wu
Carlsbad Technology, Inc
5922 Farnsworth Court, Suite 101
Building B
Carlsbad, CA 92008

Dear Mr Wu:

On behalf of the National Association of Boards of Pharmacy® (NABP®) and Drug Distributor Accreditation staff, thank you for the hospitality extended to Christine Higgins during the recent survey.

Information provided by the surveyor indicates your facility is operating in compliance with program criteria. NABP will now conduct a final assessment of all application materials, survey findings, and responses to confirm your facility meets Drug Distributor Accreditation criteria. The Accreditation Committee will then render a decision whether to accredit.

Direct questions to vawd@napb.pharmacy or 847/391-4539.

Best Regards,

Dawn Bibbs-Morrissey
Senior Manager, Distribution Programs

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Carlsbad Technology, Inc

located at

5922 Farnsworth Ct, Carlsbad, CA 92008

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

Carmen A. Catizone, Executive Director/Secretary

April 19, 2016 - April 18, 2019

Period of Accreditation

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

CARLSBAD TECHNOLOGY, INC.
5922 Farnsworth Court Suite 101, Carlsbad, CA 92008, USA
Tel: (760) 431-8284 Fax: (760) 431-7507

Description of Operations

Carlsbad Technology, Inc. ("CTI") is a manufacturer/wholesaler of solid dosage form of generic prescription human drugs. The firm was first incorporated in California in 1990 and is wholly owned subsidiary of parent company, Yung Shin Pharmaceutical Industry, Ltd., ("YSP") located in Taiwan. Both companies are FDA-approved prescription drug manufacturers.

CTI Currently manufactures seven (7) abbreviated New Drug Applications, which are distributed to wholesalers throughout the United States of America. CTI also distributes three (3) products from other Manufacturers which includes Schedule IV controlled substances.

Type of Business: Human Drug Prescription Manufacturer/ Wholesaler

Hours of Operation: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Operations: Manufacturing and Distribution

We currently have three buildings adjacent with each other, basically within the same campus. Each building operations are shown below:

Bldg. Name	Address	Operations	Nevada License#
Building A	5923 Balfour Ct. Carlsbad, CA. 92008	Manufacturing/QC lab	N/A
Building B	**5922** Farnsworth Ct. Carlsbad, CA. 92008	Warehouse/additional packaging area/ administrative office	**New Wholesale Distributor**
Building C	5928 Farnsworth Ct. Carlsbad, CA. 92008	Warehouse/Distribution/Receiving/ Controlled Substances (CS)	WH02115

We have a plan to move our finished product receiving and distribution (except CS) to building B (5922). We are applying for a new wholesale drug distributor for the said facility to mitigate any business disruption.

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/13/2018
Amount: $ 515.00
Permit #: WH02115

CARLSBAD TECHNOLOGY, INC.
5922 Farnsworth Court
Suite 101
Carlsbad CA 92008

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler

Expires:10/31/2020

CARLSBAD TECHNOLOGY, INC.
5922 Farnsworth Court
Suite 101
Carlsbad CA 92008

Permit #
WH02115
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Permit Type: Wholesaler
Permit #: WH02115

Expires: 10/31/2020
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

CARLSBAD TECHNOLOGY, INC.
5922 Farnsworth Court
Suite 101
Carlsbad CA 92008

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Innate Pharma, Inc.

Physical Address: 2273 Research Blvd, Suite 350

City: Rockville State: MD Zip Code: 20850

Telephone Number: 240-648-3388 Fax Number: N/A

Toll Free Number: N/A

E-mail: Jennifer.butler@innate-pharma.com Website: Innate-Pharma.com

Facility Manager: Jennifer R. Butler

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
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment C

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

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

Name: See Attachment D
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

Jennifer R Butler

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

Jennifer R. Butler

Print Name of Authorized Person

9/28/2020

Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Innate Pharma, SA

Mailing Address: 2273 Research Blvd, Suite 350

City: Rockville State: MD Zip: 20850

Telephone: 240-648-3388 Fax: N/A

Contact Person: Jennifer R. Butler

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

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

a) Innate Pharma, SA, 117, Avenue de Luminy - BP 30191, 13 009 Marseille France (100%)
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $.01

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

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment E

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following: N/A

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration. See Attachment C
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

See Attachment G

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

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

Attachment A

Resident State License and Verification

DISTRIBUTOR REGISTRATION

Maryland Board of Pharmacy

4201 Patterson Avenue
Baltimore, Maryland 21215

Innate Pharma Inc
2273 Research Blvd
Suite 350
Rockville MD 20850

STATE OF MARYLAND
DEPARTMENT OF HEALTH

108353

THE MARYLAND STATE BOARD OF PHARMACY CERTIFIES THAT
Innate Pharma Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2021)

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. PERM. NO.	EXPIRATION DATE
D06782	05/31/2021

SIGNATURE OF BEARER

108353

State of Maryland

108353

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT Innate Pharma Inc
IS A REGISTERED Active
Distributor (exp.: 05/31/2021)

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D06782	05/31/2021

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

SIGNATURE OF BEARER

Distributor Change of Information

A Distributor must report changes in their names, addresses, place of employment or other contact information in order to receive renewal notices, newsletters and other important information. A copy of a legal document, such as a Marriage Certificate, must accompany name changes.

To report changes, submit a completed Change of Information form. The form may be downloaded from the Board's website at http://dhmh.maryland.gov/pharmacy/Pages/ChangeRequest.aspx, or contact the Board to have the form sent to you.

Return the completed form by mail, fax or email to:

Maryland Board of Pharmacy
P.O. Box 2051
Baltimore, Maryland 21203-2051
Toll Free: (800)-542-4964 Fax: (410) 358-6207
Email: dhmh.mdbop@maryland.gov

Details

Demographic Information

Name: Innate Pharma Inc

Address Information

Address: 2273 Research Blvd
Suite 350

City: Rockville **State:** MD **Zip:** 20850

Maryland License\Permit Information

Number:	D06782	**Type:**	Distributor	**Status:**	Active
Original Issued:	6/8/2020	**Date Renewed:**		**Expires:**	5/31/2021

Specialty Information

No Speciality Information

Related Documents

Attachment B

Facility Manager's Resume

Jennifer Roy Butler

[redacted] Hunt Country Lane ▪ Vienna, VA 22182 ▪ [redacted] ▪ +1 (240) [redacted]

SUMMARY OF WORK EXPERIENCE

2019–Present	**Innate Pharma:** Executive Vice President, US – General Manager
2017–2019	**Tessa Therapeutics:** Chief Business Officer, Chief Commercial Officer, Head of US
2006-2017	**AstraZeneca/MedImmune:** Global Commercial Head / Immuno-Oncology, Corporate Strategy, Regional Sales (Primary Care), Global Strategic Marketing (Oncology / RIA), US and Global Market Research (Oncology / RIA / Infectious Disease)
2005-2006	**Emergent BioSolutions:** US BioThrax® Sales, Global Market Research, Sr. Manager
2003-2004	**Insight Strategy Advisors:** Associate
2000-2002	**Merrill Lynch & Co.:** Equity Capital Markets, Analyst
1998-2000	**Thomson Financial / The Carson Group:** Biotechnology Group, Sr. Analyst

WORK EXPERIENCE

INNATE PHARMA, US-HQ: Rockville, MD, Global-HQ: Marseilles, France — 2019-Present

Public, commercial-stage biotechnology company with focus to harness the immune system to fight cancer

Executive Vice President, US – General Manager

- Hired to establish initial US operations; built rare, hem-oncology organization to initially support commercialization of Lumoxiti ®, FDA-approved product acquired thru business development, as well as future pipeline products
- Oversee all US strategy and operations, including medical affairs, commercial and support functions including legal, HR, IT and finance, and accountable for US P&L
- Member of Executive Committee and Commercial Operations Committee
- Member of roadshow team to raise $79mn in Nasdaq dual-listing in October 2019

TESSA THERAPEUTICS, Singapore, SG — 2017-2019

Private, clinical-stage biotechnology company with focus in virus specific T-cell therapies in oncology

Chief Business Officer, Chief Commercial Officer and Head of US

- Responsible for designing and executing business development strategy in alignment with Company's corporate strategy and key priorities
- Responsible for global commercialization strategy for product portfolio
- Responsible for US-operations; work closely with HQ in Singapore to attract and retain US talent (10 hired)
- Responsible for project management team located in Singapore (6 team members); introduced collaboration software

ASTRAZENECA/MEDIMMUNE, Gaithersburg, MD — 2006-2017

Global Commercial Head of Immuno-Oncology, Bladder, Head & Neck & New Indications — 2016-2017

- Led global commercial team preparing for first IO launches with IMFINZI®/durvalumab (PD-L1) and tremelimumab (CTLA-4) for non-lung indications (IMFINZI® approval in post platinum bladder cancer)
- Senior commercial representative on Joint Commercial Committee for Celgene collaboration

Commercial Business Director, Primary Care/Respiratory Team, U.S. — 2015–2016

- Led 8 managers and 80 sales specialists; accountable for sales performance of AZ's primary care portfolio across diabetes, respiratory, and cardiovascular with both primary care physicians and specialists
- Responsibilities included regional business planning and resourcing, execution of brand strategy, driving coaching and selling excellence, and fostering career development for managers and sales specialists

Global Commercial Head of Benralizumab (anti-IL5r) and Tralokinumab (anti-IL13) **2013–2015**

- Led 4-person global commercial team in US and UK preparing late stage respiratory portfolio for launch of three phase 3 programs and one phase 2 program across asthma, COPD and idiopathic pulmonary fibrosis
- Led commercial efforts to create distinctive device development and packaging for self-administration
- Responsible for commercial brand strategy and pre-launch planning including co-positioning alongside broader AZ respiratory portfolio; led commercial analysis and strategy for each phase 3 investment decision

Sr. Director, Global Strategic Marketing, Respiratory, Inflammatory, Autoimmune **2012–2013**

- Oversaw RIA portfolio at MedImmune; led 7-person team in US and UK driving commercial input into 15 clinical stage programs (six Phase 2b programs) and 8 research programs across Asthma, COPD, Lupus, RA, MS, IPF, Psoriasis, and Psoriatic Arthritis
- Portfolio included co-development and co-commercialization deal with Amgen on 5 assets across respiratory and inflammation/autoimmunity

Director, Global Strategic Marketing, Oncology **2009–2010, 2011–2012**
Assoc. Director, Global Strategic Marketing, Oncology and Emerging Strategies

- Drove global commercial input and strategy for oncology pipeline portfolio across several tumor types as member of product development teams; expertise in both hematological and solid malignancies, including ADCs and IO
- Provided market analytics to drive key assumptions in oncology forecast models for pipeline and business
- Supported emerging strategies projects such as biosuperiors, regional biologics strategies, and vaccine strategy

Director, Corporate Strategy **2010–2011**

- Selected to join and build first corporate strategy department within MedImmune
- Project lead on strategic projects, including analyses to determine enterprise direction, planning, and execution involving environmental scanning, industry benchmarking, functional planning, and enterprise scorecards
- Led cross-functional projects that related to corporate imperatives, several with focus on R&D initiatives including annual R&D early clinical portfolio business plans (pre-Phase III programs)

Associate Director, Market Research, US and Global **2006–2009**
Senior Manager, Market Research, US and Global Manager, Market Research, US and Global

- Led in-line market research globally for RSV and Influenza franchises with budget >$4mn. Managed team of in-line brand market research managers and analysts (4 persons)
- Developed and executed market research pre-launch plan for motavizumab (next generation Synagis®- failed to receive FDA approval) including global brand naming, positioning, pricing, HCP segmentation, message development, concept development and core visual aide development
- Managed pipeline market research studies for rheumatology, asthma and infectious disease programs

EMERGENT BIOSOLUTIONS, Gaithersburg, MD **2005-2006**

Biopharmaceutical company with focus in biodefense products

Senior Manager, Domestic Markets Manager, Domestic Markets

- Led domestic sales activities for BioThrax® including lead development, sales calls and conference strategy
- Developed sales forecasts and sales/marketing expense estimates for pipelines products used
- Worked with CFO in-support of valuation activities for IPO and attended sell-side analyst briefings

Senior Market Research Analyst

- Responsible for competitive intelligence, market assessments, and revenue forecasts for commercial and biodefense portfolio (10 products in development) as well as business development (major acquisition in 2005)

INSIGHT STRATEGY ADVISORS, New York, NY **2003 -2004**
Healthcare consulting firm providing commercial development strategy expertise to biopharma companies

Associate
- Responsibilities included work plan development, conducting primary and secondary research, as well as final deliverable development to provide strategic and actionable recommendations for biopharmaceutical clients
- Projects spanned from U.S. market analysis and strategies across stakeholder to building European business strategy

MERRILL LYNCH & CO., EQUITY CAPITAL MARKETS, New York, NY **2000-2002**

Analyst
- Analyzed and targeted institutional investors prior to deal launch, during roadshows and through pricing and allocation process for both equity and equity-linked bookrun transactions
- Authored first weekly report (U.S. Healthcare Equity Market Overview) for healthcare investment banking and research teams to analyze main themes influencing equity/equity-linked issuance

THOMSON FINANCIAL/THE CARSON GROUP, New York, NY **1998–2000**
Financial information services firm focused on corporate strategic intelligence and investor relations solutions

Senior Analyst, Carson Transaction Services Development Team–Sales
- Leveraged client relationships through company's investment banking division to cross-sell additional offerings

Senior Analyst, Biotechnology Team
- Advised senior management of biotechnology companies on factors contributing to daily stock fluctuations and market valuations; tracked institutional investor activity; briefed clients on capital markets environment

EDUCATION

UNIVERSITY OF PENNSYLVANIA, Philadelphia, PA **1998**
Bachelor of Arts, Biological Basis of Behavior, Physiology of Neural Systems Concentration
- Captain, Women's Indoor and Outdoor Track & Field; Track & Field record holder in 5 events

UNITED STATES COAST GUARD ACADEMY, New London, CT (transferred to University of Pennsylvania)
Candidate for Bachelor of Science, Marine and Environmental Science
- Class Treasurer; Track & Field record holder in 12 events; 2-time Division III Track & Field All-American

ADDITIONAL

Extracurricular: Hiking, scuba diving, boating and fishing.
- Co-Founder/Former Co-President of University of Pennsylvania Women's Track & Field Alumnae Association
- Member of Healthcare Businesswomen's Association
- Volunteer Coach / Manager for Great Falls-Reston Youth Soccer
- Leadership with Heart Podcast: Episode 6 "Interview with Jennifer Butler: Leaders with Heart Know That They Cannot Do It Alone" (2018)

LINKEDIN: https://www.linkedin.com/in/jennifer-butler-92416a39/

REFERENCES AVAILABLE UPON REQUEST

Attachment C

FDA Registration

De : CDER Electronic Drug Registration and Listing
À : Yves BOBINNEC
Objet : RE: Labeler code request for help
Date : mardi 29 octobre 2019 15:43:38
Pièces jointes : image001.png

Hello,

The below email was sent to the contact email (jennifer.hall-it@innate-pharma.com) on September 30, 2019.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 30-SEP-2019
Labeler DUNS: 117202909
Labeler Name: Innate Pharma, Inc
Labeler Code: 73380

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please review and reconcile your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U S commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, or any drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be reactivated at any time upon validation of the information and Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please read Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Regards
eDRLS Staff (ES)

From: Yves BOBINNEC <Yves.BOBINNEC@innate-pharma.fr>
Sent: Monday, October 28, 2019 5:58 AM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
Subject: RE: Labeler code request for help

Dear Sir or Madam

I have submitted a Labeler code request for our US branch through the portal on 23 Sep. I was hoping I could get the Labeler code by now. Would it be possible to have an idea about the date I could get a reply?

Many thanks in advance for your help

Kind regards,

Yves Bobinnec

SUBMISSION ACCEPTED	8f83ccbf-50c1-8466-e053-2a95a90a54f6	8f83ccbf-50c2-8466-e053-2a95a90a54f6	cd2438650917.97385.4621@direct	1	NDC/NHRIC LABELER CODE REQUEST	Yves Bobinnec	23-SEP-2019 07.38.55

De : CDERdirect [mailto:CDERdirect@fda.hhs.gov]
Envoyé : vendredi 11 octobre 2019 17:52
À : Yves BOBINNEC; CDERdirect
Objet : RE: Labeler code request for help

Dear Yves Bobinnec,

If an NDC/NHRIC Labeler Code Request submission is successful (Submission Accepted), allow 30 days to receive the assignment notification via email to the contact email address in the request.

To check the status after 30 days, you can send an email to: eDRLS@fda.hhs.gov

Thank you for contacting **CDERdirect@fda.hhs.gov**. If you have additional inquiries, feel free to contact us via email for further assistance. Thank you

Very Respectfully,

Tier 2 Support(LW)
CDERdirect Helpdesk Team
CDERdirect@fda.hhs.gov

From: Yves BOBINNEC <Yves.BOBINNEC@innate-pharma.fr>
Sent: Friday, October 11, 2019 11:18 AM
To: CDERdirect <CDERdirect@fda.hhs.gov>
Subject: Labeler code request for help

Dear CDER Direct helpdesk,

I have submitted a Labeler code request for our US branch through the portal on 23 Sep. I was hoping I could get the Labeler code by now. Would it be possible to have an idea about the date I could get a reply?

Many thanks in advance for your help

Kind regards,

Yves Bobinnec

SUBMISSION ACCEPTED	8f83ccbf-50c1-8466-e053-2a95a90a54f6	8f83ccbf-50c2-8466-e053-2a95a90a54f6	cd2438650917.97385.4621@direct	1	NDC/NHRIC LABELER CODE REQUEST	Yves Bobinnec	23-SEP-2019 07.38.55

Yves BOBINNEC, PhD
Senior Director, Regulatory CMC

innate pharma
117 avenue de Luminy, 13009 Marseille, France
Direct line: +33 4 84 90 32 47 | www.innate-pharma.com

Ce message et toutes les pièces jointes sont établis à l'intention exclusive de ses destinataires et sont susceptibles de contenir des informations confidentielles. A moins d'en être le destinataire, il vous est interdit de copier, employer ou révéler à une autre personne le contenu de ce message. Si vous recevez ce message par erreur, merci d'en avertir immédiatement l'expéditeur par retour d'e-mail et de détruire ce message immédiatement ainsi que les pièces jointes.
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Ce message et toutes les pièces jointes sont établis à l'intention exclusive de ses destinataires et sont susceptibles de contenir des informations confidentielles. A moins d'en être le destinataire, il vous est interdit de copier, employer ou révéler à une autre personne le contenu de ce message. Si vous recevez ce message par erreur, merci d'en avertir immédiatement l'expéditeur par retour d'e-mail et de détruire ce message immédiatement ainsi que les pièces jointes.
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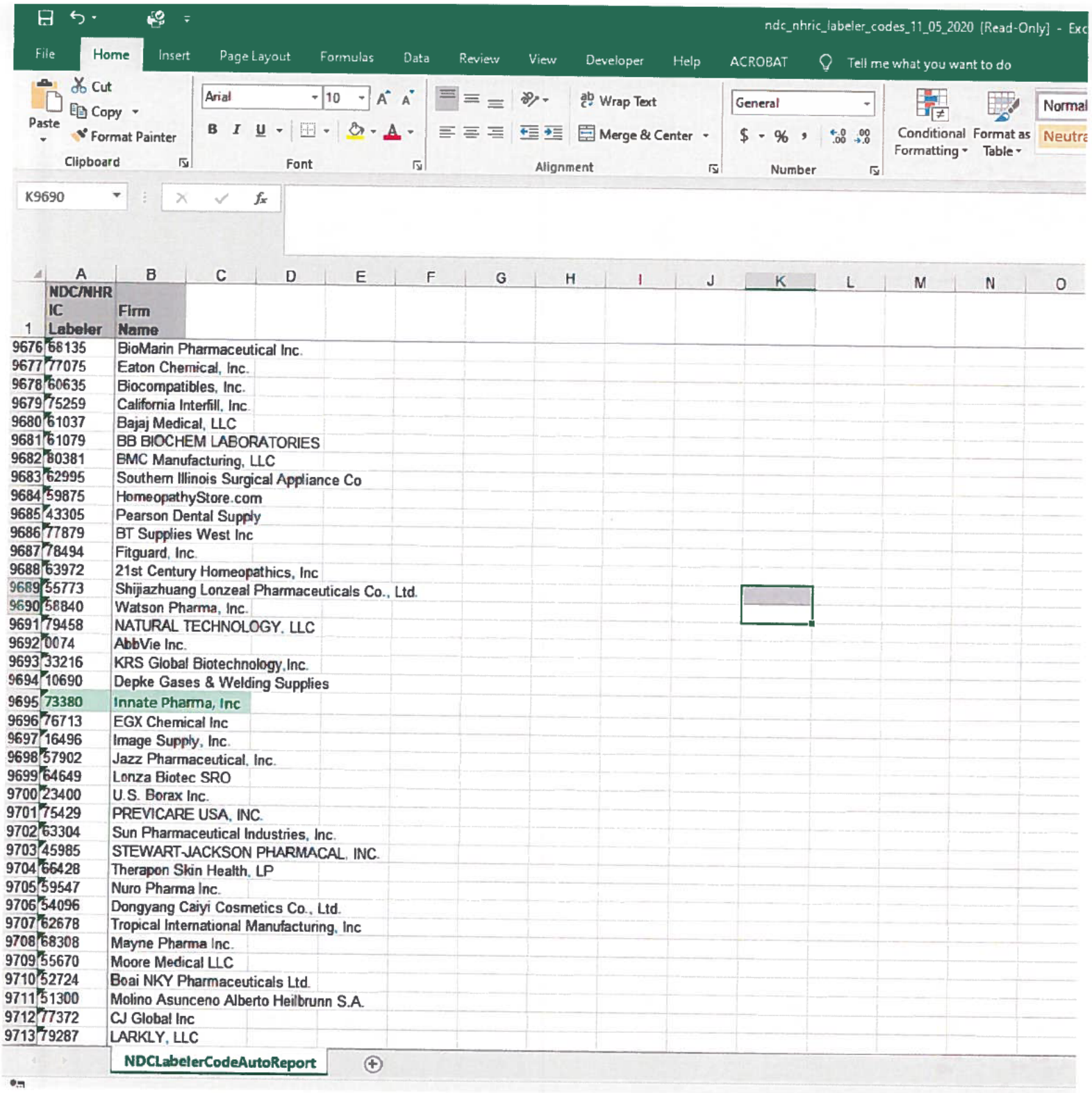
Verified
11/9/20
MS



ndc_nhric_labeler_codes_11_05_2020 [Read-Only] - Exc

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Cut Copy Format Painter Paste Clipboard

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General Number

Conditional Formatting Format as Table Normal Neutra

K9690

	A	B
1	NDC/NHRIC Labeler	Firm Name
9676	68135	BioMarin Pharmaceutical Inc.
9677	77075	Eaton Chemical, Inc.
9678	60635	Biocompatibles, Inc.
9679	75259	California Interfill, Inc.
9680	61037	Bajaj Medical, LLC
9681	61079	BB BIOCHEM LABORATORIES
9682	80381	BMC Manufacturing, LLC
9683	62995	Southern Illinois Surgical Appliance Co
9684	59875	HomeopathyStore.com
9685	43305	Pearson Dental Supply
9686	77879	BT Supplies West Inc
9687	78494	Fitguard, Inc.
9688	63972	21st Century Homeopathics, Inc
9689	55773	Shijiazhuang Lonzeal Pharmaceuticals Co., Ltd.
9690	58840	Watson Pharma, Inc.
9691	79458	NATURAL TECHNOLOGY, LLC
9692	0074	AbbVie Inc.
9693	33216	KRS Global Biotechnology,Inc.
9694	10690	Depke Gases & Welding Supplies
9695	73380	Innate Pharma, Inc
9696	76713	EGX Chemical Inc
9697	16496	Image Supply, Inc.
9698	57902	Jazz Pharmaceutical, Inc.
9699	64649	Lonza Biotec SRO
9700	23400	U.S. Borax Inc.
9701	75429	PREVICARE USA, INC.
9702	63304	Sun Pharmaceutical Industries, Inc.
9703	45985	STEWART-JACKSON PHARMACAL, INC.
9704	66428	Therapon Skin Health, LP
9705	59547	Nuro Pharma Inc.
9706	54096	Dongyang Caiyi Cosmetics Co., Ltd.
9707	62678	Tropical International Manufacturing, Inc
9708	68308	Mayne Pharma Inc.
9709	55670	Moore Medical LLC
9710	52724	Boai NKY Pharmaceuticals Ltd.
9711	51300	Molino Asunceno Alberto Heilbrunn S.A.
9712	77372	CJ Global Inc
9713	79287	LARKLY, LLC

NDCLabelerCodeAutoReport

Attachment D

Nature of Business

Innate Pharma, Inc. (Innate) is a virtual manufacturer of prescription drugs. Innate will use contract manufacturers to produce its product and a third party logistics provider to ship. Innate will not physically handle product at its business office. Provided below is the contact information for the third parties that will be utilized:

Contract Manufacturers:

BSP Pharmaceuticals SpA
Via Appia, km. 65,561, Latina Scalo, 04013 Latina LT, Italy
FDA Registration #: 3007255826

Boehringer Ingelheim
RCV GmbH & Co KG. Dr.-Boehringer-Gasse 5-11, A-1121 Vienna, Austria
FDA Registration #: 3003433722

Third Party Logistics Provider:
Integrated Commercialization Solutions, LLC (ICS)
420 International Blvd., Ste 500
Brooks, KY 40109

Attachment E

Corporate Officer and Director Information

Innate Pharma, Inc.
2273 Research Blvd., Suite 350
Rockville, MD 20850

Mondher Mahjoubi
President

Jennifer R. Butler
Vice-President and Corporate Secretary and Treasurer

Attachment F

Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNATE PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNATE PHARMA, INC." WAS INCORPORATED ON THE THIRD DAY OF MARCH, A.D. 2008.

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





4513104 8300

SR# 20206513318

Authentication: 203382681

Date: 07-31-20

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

Exhibit G

Surety Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 404240772

Application/License No. _____

Innate Pharma, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
2273 Research Boulevard, Rockville, MD 20850, as
(Address of Applicant/Principal)
PRINCIPAL, and Liberty Mutual Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of MA
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2850 Golf Road , Rolling Meadows, IL 60008 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 23, 2020.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of September, 2020.

APPLICANT/PRINCIPAL

Innate Pharma, Inc.

By: _____
Authorized Representative

Jennifer R. Butler EVP, US - General Manager

SURETY COMPANY

Liberty Mutual Insurance Company

By: _____
Surety Company's Representative

Sharon A. Foulk, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness Ursell L. Peterson

_____
Witness RUSSELL A. PETERSON

SIGNED and SEALED in the presence of:

_____
Witness Mark Krause

_____
Witness Karen E Socha

Countersigned by:

N/A

_____
Nevada Resident Agent

Posted February 20, 2020

SURETY ACKNOWLEDGMENT (ATTY-IN-FACT)

State of Illinois

County of Cook

I, Renee N Schremser, Notary Public, do hereby certify that Sharon A. Foulk Attorney-in-Fact, of the Liberty Mutual Insurance Company who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered said instrument, for and on behalf of the Liberty Mutual Insurance Company for the uses and purposes therein set forth.

Given under my hand and notarial seal at my office in the City of Rolling Meadows in said County, this 23nd day of September 2020.

Renee N. Schremser

Notary Public Renee N Schremser

My Commission expires: 01/30/2024

RENEE N SCHREMSER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 30, 2024

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees. To confirm the validity of this Power of Attorney call 610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

Liberty Mutual. SURETY

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

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, William T. Krumm of the city of Rolling Meadows, state of IL its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bond:

Principal Name: Innate Pharma, Inc.

Obligee Name: Nevada State Board of Pharmacy

Surety Bond Number: 404240772 **Bond Amount:** See Bond Form

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 12th day of December, 2018.

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

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 12th day of December, 2018, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

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

By: _____
Teresa Pastella, Notary Public

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

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 23rd day of September, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Meridian Bioscience Corporation

Physical Address: 3471 River Hills Drive

City: Cincinnati State: OH Zip Code: 45244

Telephone Number: 513-271-3700 Fax Number: 513-271-3702

Toll Free Number: 800-696-0739

E-mail: Charles.Thornton@meridianbioscience.com Website: www.meridianbioscience.com

Facility Manager: Charles G. Thornton

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: Clinics and Distributors.

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate) N/A

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment C

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

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

Name: See Attachment D
Address:

Name:
Address:

Name:
Address:

Name:
Address:

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

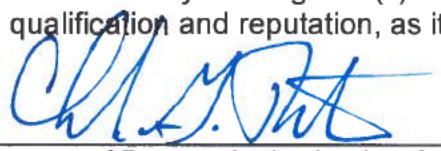
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

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

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

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



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

Charles G. Thornton
Print Name of Authorized Person

Sept 24, 2020
Date

Board Use Only	Date Processed:_____	Amount: 200.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Ohio

Parent Company if any: Meridian Bioscience Inc.

Mailing Address: 3471 River Hills Drive

City: Cincinnati State: OH Zip: 45244

Telephone: 513-271-3700 Fax: 513-271-3702

Contact Person: Charles G. Thornton

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

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

a) Meridian Bioscience Inc., 3471 River Hills Drive, Cincinnati, OH 45244
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? $404.43

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

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment E

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following: N/A

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration. See Attachment C
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only". See Attachment G

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

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

Attachment A

Regarding the Resident State License and Online Verification

An application is currently pending with the resident state licensing agency, the Ohio Board of Pharmacy. Upon issuance, a copy of the license and online verification will be provided to your office.

Ohio | eLicense Ohio Professional Licensure

License Look Up

11/5/2020 2:18 PM

Meridian Bioscience Corporation

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Wholesaler - Category 2
License Number	0130000281
License Issue Date	10/16/2020
License Expiration Date	06/30/2021
License Effective Date	10/16/2020
Street Address	3471 River Hills Dr
City	Cincinnati
State	OH
Zipcode	45244-3023
Country	United States
Board Action	No

Current date & time: **11/5/2020 2:18 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Ohio | eLicense Ohio Professional Licensure

License Look Up

11/5/2020 2:18 PM

Meridian Bioscience Corporation

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Wholesaler - Category 2
License Number	0130000281
License Issue Date	10/16/2020
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License Effective Date	10/16/2020
Street Address	3471 River Hills Dr
City	Cincinnati
State	OH
Zipcode	45244-3023
Country	United States
Board Action	No

Current date & time: **11/5/2020 2:18 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Attachment B

Facility Manager's Resume

CHARLES G. THORNTON

[redacted] Derby Place Road • Batavia, OH 45103

[redacted] - Cell

- Over 30 years of technical, clinical, quality, and regulatory experience in diagnostics ranging from R&D of nucleic acid amplification technologies, to development of laboratory-developed tests (LDTs) and *in vitro* diagnostic (IVD) assays, to design and management of clinical trials for validating IVD regulated products, including Companion Diagnostics (CDx), as well as experience as an FDA scientific reviewer.
- Broad Quality Management System (QMS) experience, including *Quality System Regulation* requirements, especially Design Controls, ISO 13485, and clinical laboratory quality system requirements. Expertise in applicable parts of Title 21 of the Code of Federal Regulations (CFR) for medical devices and protection of human subjects, as well as Title 42 CFR Part 493 (CLIA '88). Extensive global premarket and postmarket compliance experience with medical devices.
- Strong scientific and technical background in molecular diagnostics and immunodiagnostics; specializing in the diagnostics of infectious diseases.

PROFESSIONAL EXPERIENCE

Meridian Bioscience, Inc ◊ Cincinnati, OH **8/17 – Present**

Vice President, Regulatory Affairs and Quality Assurance

Meridian Bioscience designs, develops and manufactures in vitro diagnostic tests to detect and identify pathogens based on immunodiagnostic and molecular diagnostics assays.

- Responsible for the management of a team of quality and regulatory staff at medical device facilities in Cincinnati, OH; Billerica, MA; Quebec City, Canada, and Milan, Italy. The US and Canadian facilities are FDA registered establishments and manufacture Class 1 and Class 2 IVDs; all facilities are ISO 13485:2016 certified.
    - Oversight of global premarket strategies and global postmarket activities to ensure quality and regulatory compliance of Meridian's IVD instruments, software and assays.

OpGen, Inc ◊ Gaithersburg, MD **12/15 – 8/17**

Vice President, Quality Assurance & Regulatory Affairs;
Chief Compliance Officer & Member of the OpGen Executive Committee

OpGen develops in vitro diagnostics tools and clinical laboratory solutions to identify microorganisms and detect antibiotic-resistant infections using molecular diagnostic and bioinformatic technologies.

- Responsible for the management of a team of quality and regulatory staff at an FDA registered establishment in Woburn, MA; this facility was also ISO 13485:2003 certified and manufactured Class 1 and Class 2 blood culture IVDs.
    - Oversight of FDA responses, premarket strategies and postmarket activities to ensure quality and regulatory compliance.
    - Drive improvements in the QMS in response to complaints, nonconformances, CAPAs, supplier issues, audits and inspections.
    - Review and oversight of promotional literature and advertising activities.
- Responsible for the management of a team of quality and regulatory staff at a CLIA Certified, high complexity clinical laboratory in Gaithersburg, MD.
    - Oversight of improvements in the QMS to expand CLIA certifications to include New York State.
- Responsible for building-out an FDA/13485 compliant medical device QMS in the Gaithersburg facility to enable design, development and manufacture of IVDs (independent of CLIA QMS).
    - Oversight of transition of Woburn IVD manufacturing facility into the Gaithersburg facility.
- Responsible for development of the corporate ethics and compliance program at OpGen.
    - Member of the Executive Committee.

OncoPlex Diagnostics (a NantOmics, LLC company) ◊ Rockville, MD **12/14 – 12/15**

Director, In Vitro Diagnostics & Regulatory Affairs

In May 2015 NantOmics, LLC (Culver City, CA), acquired OncoPlex Diagnostics (Rockville, MD). OncoPlex Diagnostics is a CAP Accredited/CLIA Certified clinical laboratory that has commercialized a proprietary mass spectrometer assay for proteomic analysis of malignancies from laser microdissected FFPE tissue.

- Responsible for the regulatory strategy to bring the proteomics assay into compliance with medical device regulations in the event that the LDT Framework was implemented, or for the purposes of pursuing CDx labeling.
- Tasked with leading the creation of the Design Control system for integration into the existing CLIA QMS, including development of SOPs, forms, and templates to support regulatory submissions for IVD labeling of Class III devices, as well as the additional requirements required for medical device manufacturers.
- In charge of leading efforts to modify promotion and labeling activities in advance of the LDT Framework.

Precision for Medicine ◊ Bethesda, MD **1/14 – 12/14**

Director, In Vitro Diagnostics and Quality

Precision for Medicine is a strategic consulting firm focused on providing guidance for clinical development of IVDs, Companion Diagnostics (CDx), preparation of regulatory submissions, and commercialization planning.

- Responsible for leading a team to integrate a CLIA certified laboratory as a value-added service into a biorepository and manufacturing facility that was ISO 9001:2008 and ISO 13485:2003 certified.
- Tasked with developing the GCP quality system for the IVD clinical trials service: including development of SOPs, forms, templates and the quality system in support of regulatory submissions for clinical validation of IVD devices.
- Additional responsibilities include regulatory and clinical strategies for IVD and CDx products, general regulatory activities such as proposal development, review of Pre-Subs, risk analysis documents, submissions and responses to FDA.

Food & Drug Administration ◊ Silver Spring, MD **7/12 – 1/14**

Scientific Reviewer – CDRH/OIR/DMD

The Division of Microbiology Devices (DMD) in the Office of In Vitro Diagnostics and Radiological Devices (OIR) within the Center for Devices & Radiological Health (CDRH) at the Food & Drug Administration (FDA) is responsible for regulatory oversight of in vitro diagnostic microbiology devices used in clinical laboratories.

- Responsible for scientifically evaluating premarket submissions (i.e., 510(k) submissions) of *in vitro* diagnostic devices for clearance prior to full commercialization.
- Responsible for scientific reviews in the "Pre-Submission Program;" evaluation of post-market submissions (e.g., 30-Day PMA Supplements).
- Member of several project teams involved in device reclassification efforts (e.g., up-classification & down-classification).
- Lead reviewer for Inter-Center consult with CDER regarding a CDx for anti-microbial susceptibility testing.

Reviewer – CDRH/OC/BIMO

The Division of Bioresearch Monitoring (BIMO) in the Office of Compliance (OC) within CDRH at the FDA is responsible for regulatory oversight of clinical investigations to ensure the protection of human subjects and the integrity of data submitted to FDA.

- Rotated through BIMO on a Detail and worked on complaint handling, inspection assignments for PMAs, IRBs, Sponsors and Clinical Investigators, as well as review of no action indicated (NAI), voluntary action indicated (VAI) and official action indicated (OAI) establishment inspection reports.

Awards and certifications while at FDA:

- Successful completion of CDRH training program: *Reviewer Certification Program.*
- *Group Recognition Award* – Member of a *de novo* down-classification team (Class III to Class II down classification project).

Thermo Fisher Scientific ◊ Middletown, VA 12/11 – 7/12

Thermo Fisher Scientific supplies a broad array of instruments, equipment, software, services, consumables and reagents to the scientific community. In 2009 Thermo Fisher acquired BRAHMS with the intention of bringing several biomarker assays into the IVD market in the United States.

Manager, Clinical Studies

- Responsible for implementing Good Clinical Practice within the Quality System at the Middletown, VA facility.
- Responsible for developing the clinical strategy for the clinical validation of several biomarker-based assays for 510(k) submissions.

QIAGEN ◊ Gaithersburg, MD 9/08 – 12/11

QIAGEN is the world's leader in sample processing technologies in the biotechnology industry. QIAGEN is expanding into the IVD market in the United States with several new molecular diagnostic assays.

Manager, Clinical Affairs

- Involved as the clinical lead on project teams responsible for commercializing IVDs; interfaced with R&D, Manufacturing, Quality, Marketing, and Regulatory groups to advance projects.
- Responsible for planning, writing, compiling and developing protocols for multi-center clinical trials for the validation of nucleic acid amplification-based IVDs for the detection and differentiation of respiratory virus (Class 2), and Herpes virus (Class 3) assays; this also involved multi-center reproducibility studies and method correlation studies. Responsible for:
    - Case Report Form planning and development, and clinical database construction for capturing CRF and clinical trial results data.
    - Pre-investigational site development, including Confidentiality and Investigator Agreements, contracts, and Informed Consent review.
    - Clinical trial execution, including investigational site set-up, Clinical Study Binder development, study logs, and study tracking documentation, site training, site validation, site monitoring, and site close-out.
- Review of pre-IDE submissions for Class 3 IVDs.
- Involved with preparation of clinical reports for FDA submissions.

Consultant ◊ Damascus, MD 12/07 – 9/08

- Proposal development for Passen Enterprises for adapting portable oxygen sensing devices.
- Participated in Stop TB Partnership's Retooling Task Force and Global Laboratory Initiative in support of the introduction of new diagnostic tools and the strengthening of lab capacity in Tanzania for USAID.
- Due diligence regarding a biotech-startup investment for Health Care Professionals of Howard County.

Integrated Research Technology, LLC ◊ Baltimore, MD 6/98 – 11/07

Integrated Research Technology, LLC (IRT) was spun-off from Quest Diagnostics Incorporated in June 1998 to commercialize specimen-processing methods for improved recovery of mycobacteria.

- *In November 2007 the investors ceased to fund IRT's operations.*

Senior Scientific Director

- Co-founded IRT & invented methods that were the foundation of IRT while employed by Quest Diagnostics.
- Successfully designed and directed the development, OEM manufacture, and evaluation of three specimen-processing kits for the detection of tuberculosis.
- Planned, implemented, & successfully conducted several clinical trials in Viet Nam and Botswana in conjunction with the Centers for Disease Control & Prevention, and in Spain with several industrial collaborators, and managed a clinical trial sponsored by IRT in India – the clinical trial in India required the services of a Contract Research Organization to manage 20 investigators at 8 sites across India.
- Responsible for day-to-day operations at IRT including managing technologists, budgeting, planning, & administration of business, intellectual property & trademark matters.

Quest Diagnostics Incorporated ◊ Baltimore, MD 9/92 – 6/98

Quest Diagnostics is the largest clinical service laboratory in the United States.

Department Head, Molecular Biology & Genetics

- Originally hired by Maryland Medical Laboratory (prior to merger with Quest Diagnostics) to implement PCR-based assays for genetic and infectious diseases in the clinical laboratory.
- Invented and patented methods for the isolation of mycobacteria using zwitterionic detergents (primarily C_{18}-carboxypropylbetaine [CB-18]), and novel methods for decontamination of clinical specimens using lytic enzymes.
- Managed and directed technologists during the development and validation of these novel methods on a variety of specimen types from both human and veterinary sources for use with different detection methods.
- Invented and patented two additional pieces of intellectual property: one defensive-patent for using carboxybetaines as disinfectants, and one novel use for carboxybetaines as therapeutic adjuvants.

Life Technologies, Inc. ◊ Gaithersburg, MD 5/89 – 8/92

Life Technologies, Inc. was the largest supplier of reagents and research products to the life sciences market prior to its acquisition by Invitrogen.

Staff Scientist

Research Products Division - Amplification Group ***7/90 – 8/92***

- Responsible for the development of two products that focused on PCR applications.
  - ✧ Uracil DNA glycosylase (UDG): UDG prohibits the contamination of fresh samples with products from previous PCR reactions ("carryover prevention").
  - ✧ EXPRESSAMP™ – a kit for Expression-PCR: This kit permitted the researcher to immediately perform *in vitro* transcription and translation with PCR products.
- Defined product specifications, developed assays for future manufacture and quality control, and wrote product reports and applications literature.

Molecular Diagnostics Division - R&D Group ***5/89 – 6/90***

- Involved with designing and implementing experiments that examined the feasibility of novel nucleic acid amplification schemes.
- Focused on the development of a novel amplification strategy referred to as Ligation Activated Transcription (LAT) Amplification (a retroviral scheme).

Awards while at Life Technologies:

- ✸ David L. Coffin Award for Outstanding Technical Innovation: Honorable Mention – 1992; "Improved Polymerase Chain Reaction Process".

- ✸ Outstanding Contribution Award, Life Technologies, Inc. April, 1991; "Efforts to Facilitate the Release of Uracil DNA Glycosylase"
- ✸ Outstanding Contribution Award, Life Technologies, Inc. August, 1990; "Contributions to Development of Ligation Activated Transcription Amplification"

Vollum Institute for Advanced Biomedical Research ◊ Portland, OR **1987 - 1989**

Postdoctoral Fellow

- Constructed a shuttle vector to facilitate mutagenesis and expression.
- Performed site-directed mutagenesis on a voltage-dependent ion channel from the yeast *Saccharomyces cerevisiae.*

EDUCATION

M.B.A., George Washington University, Washington, D.C. **1990 - 1994**
Finance and Investments

Ph.D., Case Western Reserve University, Cleveland, OH. **1980 – 1987**
Department of Biochemistry, School of Medicine.
Thesis Advisors: Drs. Harland G. Wood and David R. Samols.
Thesis: Transcarboxylase and the Transcarboxylase Operon of *Propionibacterium shermanii.*
- Isolated, characterized, and sequenced a 7.2kb genomic fragment and characterized expression of the transcarboxylase operon by S1 mapping, northern blotting and western blotting.

B.S., State University of New York at Stony Brook, NY **1976 – 1980**
Department of Biochemistry, with Honors

Marist College, Poughkeepsie, NY **1975 - 1976**
Arlington High School-Marist College Bridge Year Program

POSITIONS HELD, PROFESSIONAL ASSOCIATIONS & CERTIFICATIONS

Adjunct Assistant Professor **2000 - Present**
University of Maryland at Baltimore, School of Medicine, Baltimore, MD
Department of Medical and Research Technology

FDA/CDRH/OIR **12/2013**
CDRH training program: *Reviewer Certification Program.*

Regulatory Affairs Professionals Society
Regulatory Affairs Certification (RAC) – Current. **11/2015**
Medical Device Certificate **12/2018**

Memberships:

American Society of Microbiology (ASM)
Regulatory Affairs Professionals Society (RAPS)
American Society for Quality (ASQ)

ADDENDUM

PATENTS

Thornton, C. G. *Methods for Processing Mycobacteria*. U.S. 5,658,749; and International Publication Number: WO 95/27076

Thornton, C. G., and K. M. MacLellan. *Compositions and Methods for Enzymatic Decontamination*. U.S. 5,985,593

Thornton, C. G., and K. A. Nash. *Long Chain Carboxybetaines in Antimicrobial Formulations*. U.S. 6,242,486, and International Publication Number: WO 98/16234

Thornton, C. G. *Betaines as Adjuvants to Susceptibility Testing and Antimicrobial Therapy*. U.S. 6,406,880, and International Publication Number: WO 98/50576

Thornton, C. G. *Improvements to Diagnostic Assays that Use Mycobacteriophages*. In prosecution.

COPYRIGHTS

Thornton, C. G. *Cb18database™ Validation Software v1.0*. This is an integrated Microsoft Access-Excel-Power Point application package designed to collect and automatically analyze data during clinical evaluation of the CB-18® TB Culture Kit with LYTIC DECON® II. This application is designed to compare the diagnostic results of two specimen-processing methods when using split specimens (e.g., NALC-NaOH vs. CB-18 processing).

Thornton, C. G. *Cb18database™ Validation Software v2.0*. This is also an integrated Microsoft Access-Excel-Power Point application package designed to facilitate clinical evaluations; however, this application is designed for use with protocols that use only the CB-18® Culture Kit with LYTIC DECON® II and the resulting sediments are split for analysis by different diagnostic techniques (e.g., smear, culture, and nucleic acid amplification).

PUBLICATIONS

Samols, D., C. G. Thornton, V. Murtif, G. K. Kumar, F. C. Haase, and H. G. Wood. 1988. Evolutionary conservation among biotin enzymes. Jour. Biol. Chem. **263**:6461-6464.

Bebee, R. L., C. G. Thornton, J. L. Hartley, and A. Rashtchian. 1992. Contamination-free polymerase chain reaction: endonuclease cleavage and cloning of dU-PCR products. Focus **14**(2):53-56.

Thornton, C. G., J. L. Hartley, and A. Rashtchian. 1992. Utilizing uracil DNA Glycosylase (UDG) to control carryover contamination in PCR: characterization of residual UDG activity following thermocycling. Biotechniques **13(2)**:180-184.

Thornton, C. G. and A. Rashtchian. 1992. Expression-PCR: A rapid method for the *in vitro* expression of PCR products. Focus **14(3)**:86-89.

Rashtchian, A., C. G. Thornton, and G. Heidecker. 1992. A novel method for site-directed mutagenesis based on PCR using uracil DNA glycosylase. PCR Methods and Appl. **2(2)**:124-130.

Thornton, C. G., G. K. Kumar, F. C. Haase, N. B. Phillips, S. B. Woo, V. M. Park, W. Magner, B. C. Shenoy, H. G. Wood, and D. Samols. 1993. Primary structure of the monomer of the 12S subunit of transcarboxylase as deduced from DNA and characterization of the product expressed in *Escherichia coli*. Jour. Bacteriol. **175(17)**:5301-5308.

Thornton, C. G., G. K. Kumar, B. C. Shenoy, F. C. Haase, N. F. B. Phillips, V. M. Park, W. J. Magner, D. P. Hejlik, H. G. Wood, and D. Samols. 1993. Primary structure of the 5S subunit transcarboxylase as deduced from the genomic DNA sequence. FEBS Lett. **330(2)**:191-196.

Jackson, J. B., J. Drew, H. J. Lin, P. Otto, J. W. Bremer, F. B. Hollinger, S. M. Wolinsky, and The ACTG PCR Working Group [*including* C. Thornton], and The ACTG PCR Virology Laboratories [*including* C. Thornton]. 1993. Establishment of a quality assurance program for human immunodeficiency virus type 1 DNA polymerase chain reaction assays by the AIDS clinical trials group. Jour. Clin. Microbiol. **31(12)**:3123-3128.

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Attachment C

Proof of FDA Registration

Thornton, Charles

From: edrls@fda.hhs.gov
Sent: Monday, August 24, 2020 8:47 AM
To: Thornton, Charles
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 24-AUG-2020
Labeler DUNS: 092815364
Labeler Name: Meridian Bioscience Corporation
Labeler Code Assigned: 80231

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

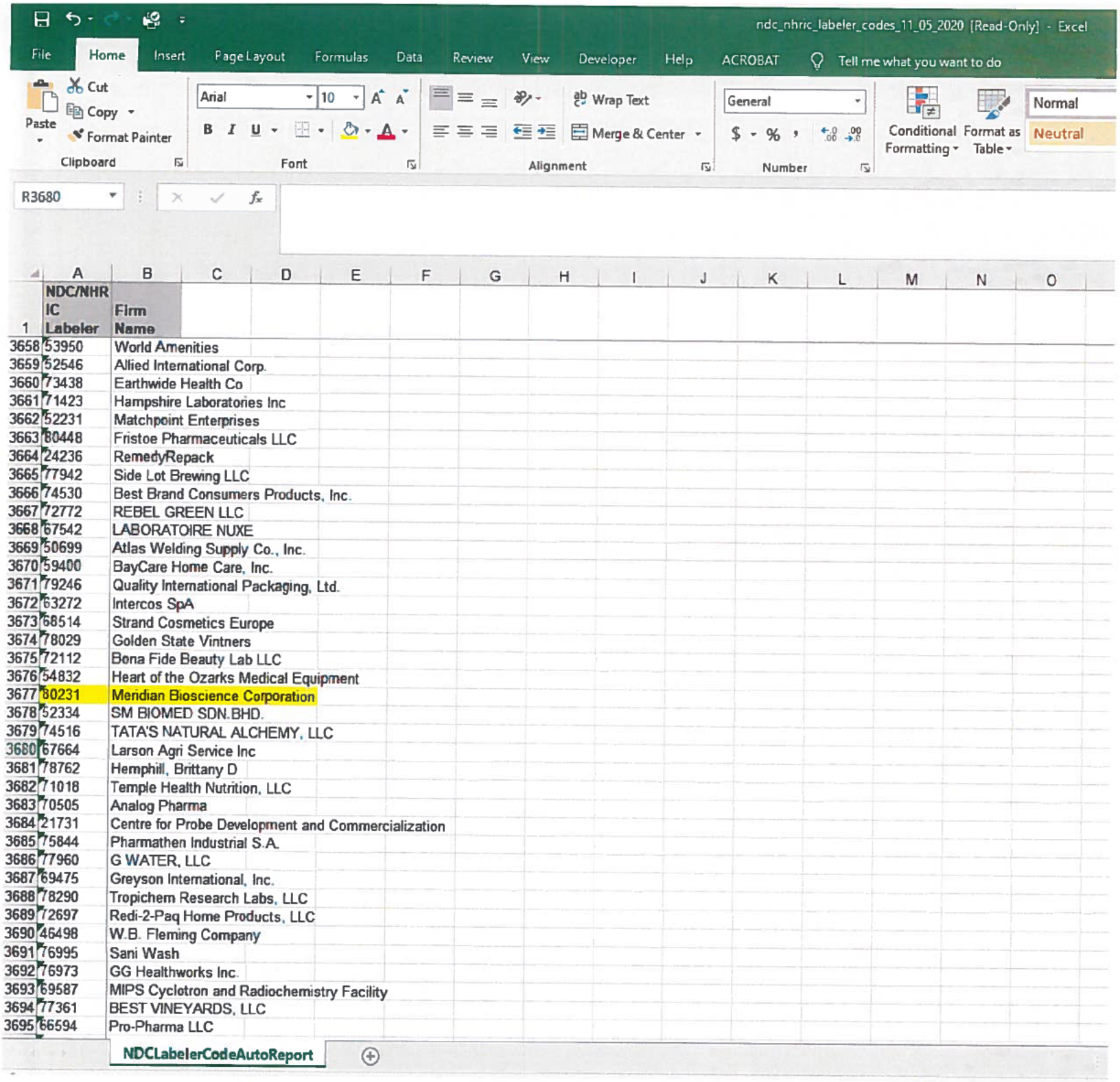
For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Verified 11/5/20 MS



	A	B
1	NDC/NHRIC Labeler	Firm Name
3658	53950	World Amenities
3659	52546	Allied International Corp.
3660	73438	Earthwide Health Co
3661	71423	Hampshire Laboratories Inc
3662	52231	Matchpoint Enterprises
3663	80448	Fristoe Pharmaceuticals LLC
3664	24236	RemedyRepack
3665	77942	Side Lot Brewing LLC
3666	74530	Best Brand Consumers Products, Inc.
3667	72772	REBEL GREEN LLC
3668	67542	LABORATOIRE NUXE
3669	50699	Atlas Welding Supply Co., Inc.
3670	59400	BayCare Home Care, Inc.
3671	79246	Quality International Packaging, Ltd.
3672	63272	Intercos SpA
3673	68514	Strand Cosmetics Europe
3674	78029	Golden State Vintners
3675	72112	Bona Fide Beauty Lab LLC
3676	54832	Heart of the Ozarks Medical Equipment
3677	80231	Meridian Bioscience Corporation
3678	52334	SM BIOMED SDN.BHD.
3679	74516	TATA'S NATURAL ALCHEMY, LLC
3680	67664	Larson Agri Service Inc
3681	78762	Hemphill, Brittany D
3682	71018	Temple Health Nutrition, LLC
3683	70505	Analog Pharma
3684	21731	Centre for Probe Development and Commercialization
3685	75844	Pharmathen Industrial S.A.
3686	77960	G WATER, LLC
3687	69475	Greyson International, Inc.
3688	78290	Tropichem Research Labs, LLC
3689	72697	Redi-2-Paq Home Products, LLC
3690	46498	W.B. Fleming Company
3691	76995	Sani Wash
3692	76973	GG Healthworks Inc.
3693	69587	MIPS Cyclotron and Radiochemistry Facility
3694	77361	BEST VINEYARDS, LLC
3695	66594	Pro-Pharma LLC

Attachment D

Nature of Business

Meridian Bioscience Corporation (Meridian) is a virtual manufacturer of prescription drugs and medical devices. Meridian will utilize contract manufacturers to produce its products and a third party logistics provider to distribute. Accordingly, Meridian will not physically handle product at its business office. The information for each of Meridian's third parties is provided below.

Third Party Distributor:

Integrated Commercialization Solutions, LLC
420 International Blvd., Suite 500
Brooks, KY 40109

Contract Manufacturers:

Taro Pharmaceutical Industries Ltd.
14 Hakitor Street, Haifa Bay, 2624761, Israel (ISR)
FDA Registration #: 3002808385

Exalenz Bioscience Ltd.
4 HaMaayan Street, Modiin, 7177872, Israel (ISR)
FDA Registration #: 3005772418

Attachment E

Corporate Officer and Director Information

Meridian Bioscience Corporation
3471 River Hills Drive
Cincinnati, OH 45244

Corporate Officers:

Jack Kenny
Chief Executive Officer and Director

Bryan Baldasare
Executive Vice President, Chief Financial Officer, Chief Accounting Officer, Secretary

Tony Serafini-Lamanna
Executive Vice President, Diagnostics

Directors:

David C. Phillips
James M. Anderson
Anthony P. Bihl, III
Dwight (Dee) E. Ellingwood
Jack Kenny
John C. McIlwraith
John M. Rice
Catherine A. Sazdanoff
Felicia Williams

Attachment F

Ohio Certificate of Good Standing

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MERIDIAN BIOSCIENCE CORPORATION, an Ohio corporation, Charter No. 969749, having its principal location in Cincinnati, County of Hamilton, was incorporated on February 28, 1997 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th day of September, A.D. 2020.

Ohio Secretary of State

Validation Number: 202025902264

Attachment G

Surety Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107224420

Application/License No. _____

Meridian Bioscience Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3471 River Hills Drive, Cincinnati, OH 45244 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183-6014 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 16, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 16th day of September, 2020.

APPLICANT/PRINCIPAL
Meridian Bioscience Corporation

Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

Surety Company's Representative

Lisa M. Wilmot, , Attorney-in-fact
print name

NV Non-Resident Agent License No. 992604

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Lisa M. Wilmot** of **TOLEDO**, **Ohio**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January, 2019.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **17th** day of **January, 2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of September, 2020.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

■ New Wholesaler or □ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

□ Publicly Traded Corporation – Pages 1,2,3,4
■ Partnership - Pages 1,2,3,7,8
□ Non Publicly Traded Corporation – Pages 1,2,3,5,6
□ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Mylan Specialty L.P.

Physical Address: 781 Chestnut Ridge Road, 3rd Floor

City: Morgantown State: West Virginia Zip Code: 26505

Telephone Number: 304-554-4519 Fax Number: 304-285-6407

Toll Free Number: N/A

E-mail: deneen.fumich@mylan.com Website: www.mylan.com

Facility Manager: Deneen Fumich

Professional qualifications and experience of facility manager: WV registered Pharmacist with 13 years as PIC for large retail chain and over 15 years within the Pharmaceutical Supply chain as SR. Manager Distribution Compliance for all Mylan manufacturing sites, virtual companies and warehouses

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
□ Poisons or Chemicals
Controlled Substances (include copy of DEA)
□ Other: _____
■ Hypodermic Devices
□ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ■
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ■ No ☐
(If yes, provide a copy of your FDA registration) Virtual Manufacturer

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

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

Name: Mylan Pharmaceuticals Inc.
Address: 2898 Manufacturers Road, Greensboro, NC 27406

Name: Meda Pharmaceuticals Inc.
Address: 781 Chestnut Ridge Road, EOB 256, Morgantown, WV 26505

Name: DPT Laboratories, LTD.
Address: 307 E. Josephine Street, San Antonio, Texas 78215

Name: Mylan Technologies Inc.
Address: 110 Lake St., St. Albans, VT 05478

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

Deneen Fumich

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

Deneen Fumich

Print Name of Authorized Person

9/25/2020

Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: Dey Inc. (General Partner) %: 1

Name: Dey Limited Partner LLC (Limited Partner) %: 99

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Mylan Specialty L.P.

Mailing Address: 781 Chestnut Ridge Road

City, State Zip Code: Morgantown, WV 26505

Telephone Number: 304-554-4519 Fax Number: 304-285-6407

Contact Person: Deneen Fumich

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

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration. See Nature of Business
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

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

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

LIMITED POWER OF ATTORNEY FOR STATE LICENSING APPLICATIONS

Mylan Specialty L.P. ("Mylan Specialty"), acting through its authorized officer named below, hereby appoints Ms. Deneen Fumich, Mylan Specialty's true and lawful attorney-in-fact (the "Agent") for the limited purpose of executing state licensing applications.

This Power of Attorney shall be construed narrowly as a Limited Power of Attorney that allows the Agent to act on Mylan Specialty's behalf only as described herein. The listing of specific powers is intended to limit or restrict the powers granted in this Power of Attorney.

This Power of Attorney shall become effective immediately and may be revoked by Mylan Specialty at any time by providing written notice to the Agent.

Mylan Specialty L.P.

By: _____
Harry O'Grady
Vice President, Finance of Dey, Inc. as General Partner of Mylan Specialty L.P.

NEW JERSEY
COUNTY OF Somerset, TO-WIT

The foregoing instrument was acknowledged before me this 4th day of December, 2012.

PENNY MARIE DIETRICH
NOTARY PUBLIC
STATE OF NEW JERSEY
County of Somerset
Commission # 2384354
My Commission Expires April 06, 2014

My commission expires: Apr 6, 2014

_____
NOTARY PUBLIC

I, Deneen Fumich, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature. I accept this appointment as the Agent to Mylan Specialty for the limited purposes set forth herein.

_____
DENEEN FUMICH, an inidvidual

WEST VIRGINIA
COUNTY OF MONONGALIA, TO-WIT

The foregoing instrument was acknowledged before me this 6th day of December, 2012.

My commission expires: Sept 7, 2022

Official Seal
Notary Public, State Of West Virginia
Heather Neil
1478 Bison Street
Fairmont WV 26554
My commission expires September 7, 2022

_____
NOTARY PUBLIC

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MYLAN SPECIALTY L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

2366093 8300

SR# 20207989509

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

Authentication: 203921196

Date: 10-22-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MYLAN SPECIALTY L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2020.

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





2366093 8300

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Authentication: 202437984

Date: 02-21-20

Outdated

State of West Virginia

Board of Pharmacy

DRUG MANUFACTURER PERMIT

July 1, 2020 - June 30, 2021 Date Issued: 6/4/2020

Mylan Specialty L.P.

781 Chestnut Ridge Road, 3rd Floor
Morgantown, WV 26505

LICENSE # MR0551054

Mylan
Better Health for a Better World

MYLAN SPECIALTY L.P.

Ownership and Officers

Partnership Name: Mylan Specialty L.P.

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

OFFICERS OF MYLAN SPECIALTY L.P.

President and Treasurer **John Miraglia** 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800	**Vice President** **Alan Weiner** 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800	**Secretary** **Thomas Salus** 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800
Vice President **Patrick Weaver** 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800		**Assistant Secretary** **Kevin Macikowski** 1000 Mylan Boulevard Canonsburg, PA 15317 724.514.1800

Mylan Specialty L.P. Locations:

Mylan Specialty L.P.
(Headquarters)
1000 Mylan Boulevard
Canonsburg, PA 15317

Mylan Specialty L.P.
(Sales)
781 Chestnut Ridge Road, 3rd Floor
Morgantown, WV 26505

FEIN 68-0318628
Date of Formation: 12/30/1993
State of Formation: Delaware

Parent Partner Companies: **Dey, Inc. and Dey Limited Partner LLC**
1000 Mylan Boulevard
Canonsburg, PA 15317
Date of Formation: 12/30/1993

OFFICERS OF THE PARTNERS:

Dey Inc. (General Partner – ownership 1%)

John Miraglia, President & Treasurer
Alan Weiner, Vice President
Thomas Salus, Secretary
Kevin Macikowski, Assistant Secretary

Dey Limited Partner LLC (Limited Partner – ownership 99%)

John Miraglia, President & Treasurer
Alan Weiner, Vice President
Thomas Salus, Secretary
Kevin Macikowski, Assistant Secretary

Mylan Specialty L.P.'s immediate parent companies are Dey, Inc. (general partner, 1% owner) and Dey Limited Partner LLC (limited partner, 99% owner). All directors, nominees and executive officers as a group own no direct percentage of Mylan Specialty L.P., Dey Limited Partner LLC or Dev. Inc.

DENEEN M. FUMICH
[redacted] Taylor Way, Morgantown, WV 26508 • [redacted] • [redacted]

OBJECTIVE

Obtain a position where I can maximize my expertise of over 15 years within the manufacturing and supply chain distribution compliance with emphasis on overseeing, developing and implementing policies, standard operating procedures and efficiencies for Controlled Substance, State Requirements and Drug Take Back.

EDUCATION

West Virginia University • December 1992

- Bachelor of Science, School of Pharmacy
  - President and Treasurer Lambda Kappa Sigma
  - National Honor Society
  - Who's Who

West Virginia Northern Community College • May 1984

- Associate of Applied Science, Medical Laboratory Technician
  - President, MLT Club
  - National Honor Society

EXPERIENCE

Mylan Pharmaceuticals Inc., Senior Manager Distribution Compliance
• July 2005 – Present

- Mylan's Internal Drug Take Back Committee:
  - A member of PPSWG since July 28, 2013. Current activities include:
    - 3 years member on the Communications, Industry Relations and Policy "CIRP" Committee providing ideas and concerns for Mylan with development of state/municipality rules
    - Complete and attest to all Compliance updates that impact Mylan companies
    - Oversee and manage the invoicing by verifying the IMS and self-reporting data is accurate compared what is captured by PPSWG
    - Successfully participate and influencer on the Sharps Cost Allocation Remediation meetings representing Mylan's best interest
    - Two (2) years as Board of Director for Med-Project overseeing program costs, Compliance, communications with State Regulators and have participated on-site with State regulators rulemaking process (California)
  - Collaborating internally for cost effective programs which include:
    - Presentations and meetings with internal stakeholders and external stake-holder, Inmar and the Leavitt Partners Drug Take Back
    - Assisted Head of RA Distribution compliance with the background and set up for a possible DEA National Take Back Program

- State Licensing Distribution Compliance
  - 2008 was responsible for 55 licenses and 1 company, and at present now direct the maintenance and completion of over 400 State Licenses
  - Developed and maintain direct relationships with Boards of Pharmacy
  - Implemented a State Monitoring Program for legislative and state agency changes
  - Analyze and prepare impact analysis, and develop strategy and timeline to implement state changes.
  - Created and direct State Compliance Reporting programs for Suspicious orders, suspect

products, Theft/Loss (controlled substance, non-controlled, and samples), and changes within Ownership, Officers, designated representatives, addresses and phone numbers, and monthly state arcos reports
- Strategized, analyzed state requirements and prepared timelines for
  - 10 acquisitions and integrations of companies and sites
  - 5 site closings
- Excellent SOP writing skills with 6 existing state SOP's and ghost writing for VAWD and Suspicious order monitoring
- Implemented and oversee Puerto Rico Product Registration
- Collaboration and Team with internal stakeholders: Regulatory Legal, Contract Legal, Securities Legal, Customer Relations and Sales, Supply Chain and Distribution
- Guide and Assist legal with state opioid reporting and taxes
- Developed and oversee on-site and virtual audits for US & Puerto Rico internal sites and for external state licensing/Puerto Rico Registered vendors regarding state compliance requirements and security of information with outside vendors

- Controlled Substance and Suspicious Order Monitoring
  - 2012 Initiated the companies SOM program and developed requirements for the system and SOPs
  - Involved with developing and initiating Mylan's written and electronic Know Your Customers questionnaire.
  - Developed, initiated and maintain format for State licensing investigation and recommendation for the Know Your Customer Questionnaire
  - Actively involved with Controlled Substance loss investigations and DEA Form 106
  - Assist with DEA 222 questions internally and externally
  - Actively participated in DEA visits and inspections of new cages/vaults
  - Observed and participated with import/export of Controlled Substances and issues.

- Other Historical Activities
  - Assisted with Risk Evaluation Mitigation Strategy programs for Isotretinoin and Clozapine
  - Submitting AWP/WAC applications to NJ, IL and TX

Academic Detailer, WVU School of Pharmacy • September 2004 – July 2005
- Detailing physicians cost savings of generic utilization on behalf of a grant program sponsored by WV PEIA.

Rite Aid Pharmacy • August 1992 – September 2004
- Pharmacist – In – Charge during my entire career
- Managed 2 staff pharmacist and 11 technicians filling 900 to 1100 prescriptions a day
- Responsible for Pharmacy Compliance with Federal and State Agencies
- Responsible for all ordering of legend and controlled substances, inventory management, storage and storage conditions, document retention

Pharmacy Technician/Intern • May 1986 – August 1992

Physician's Medical Laboratory Technician• May 1984 – May 1986

SKILLS

- Excellent with all Microsoft programs: Word, Excel, PowerPoint, Outlook
- Excellent with Adobe Acrobat Professional creating forms and documents
- Excellent with Access creating tables and reports
- Developed a Sharps Team room for routing of renewals, documenting approvals, record retention and license retrieval
- Power user of the BuzzeoPDMA SOM program and dashboard
- Author and Approver in Documentum (D2)
- MTC Tester and Approver

National Drug Code Directory

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TWEET (HTTPS://TWITTER.COM/INTENT/TWEET?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
CIMDUO	49502-450-93	300 mg/1; 300 mg/1	TABLET, FILM COATED	ORAL	NDA022141	Mylan Specialty L.P.	49502-450	Lamivudine and Tenofovir Disoproxil Fumarate	LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIPTION DRUG	05/25/2018	N/A	NDA	1 BOTTLE, PLASTIC in 1 CARTON (49502-450-93) > 30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC
EMSAM	49502-900-05	6 mg/24h	PATCH	TRANSDERMAL	NDA021336	Mylan Specialty L.P.	49502-900	selegiline	SELEGILINE	HUMAN PRESCRIPTION DRUG	02/27/2006	N/A	NDA	5 POUCH in 1 CARTON (49502-900-05) > 1 PATCH in 1 POUCH (49502-900-11) > 24 h in 1 PATCH
EMSAM	49502-901-30	9 mg/24h	PATCH	TRANSDERMAL	NDA021336	Mylan Specialty L.P.	49502-901	selegiline	SELEGILINE	HUMAN PRESCRIPTION DRUG	02/27/2006	N/A	NDA	30 POUCH in 1 CARTON (49502-901-30) > 1 PATCH in 1 POUCH (49502-901-01) > 24 h in 1 PATCH
EMSAM	49502-900-30	6 mg/24h	PATCH	TRANSDERMAL	NDA021336	Mylan Specialty L.P.	49502-900	selegiline	SELEGILINE	HUMAN PRESCRIPTION DRUG	02/27/2006	N/A	NDA	30 POUCH in 1 CARTON (49502-900-30) > 1 PATCH in 1 POUCH (49502-900-01) > 24 h in 1 PATCH
EMSAM	49502-902-30	12 mg/24h	PATCH	TRANSDERMAL	NDA021336	Mylan Specialty L.P.	49502-902	selegiline	SELEGILINE	HUMAN PRESCRIPTION DRUG	02/27/2006	N/A	NDA	30 POUCH in 1 CARTON (49502-902-30) > 1 PATCH in 1 POUCH (49502-902-01) > 24 h in 1 PATCH
Epinephrine	49502-101-02	15 mg/.3mL	INJECTION	INTRAMUSCULAR	NDA019430	Mylan Specialty L.P.	49502-101	Epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	12/15/2016	N/A	NDA AUTHORIZED GENERIC	2 CONTAINER in 1 CARTON (49502-101-02) > 1 SYRINGE, GLASS in 1 CONTAINER (49502-101-01) > .3 mL in 1 SYRINGE, GLASS

Labeler Code 49502

Verified 11/10/20 MS

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Epinephrine	49502-102-92	3 mg/ 3mL	INJECTION	INTRAMUSCULAR	NDA019430	Mylan Specialty L.P.	49502-102	Epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	12/15/2016	N/A	NDA AUTHORIZED GENERIC	2 CONTAINER in 1 CARTON (49502-102-92) > 1 SYRINGE, GLASS in 1 CONTAINER (49502-102-01) > 3 mL in 1 SYRINGE, GLASS
EPIPEN	49502-500-92	3 mg/ 3mL	INJECTION	INTRAMUSCULAR	NDA019430	Mylan Specialty L.P.	49502-500	epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	12/22/1987	N/A	NDA	2 CONTAINER in 1 CARTON (49502-500-92) > 1 SYRINGE, GLASS in 1 CONTAINER > 3 mL in 1 SYRINGE, GLASS
EPIPEN	49502-500-02	3 mg/ 3mL	INJECTION	INTRAMUSCULAR	NDA019430	Mylan Specialty L.P.	49502-500	epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	12/22/1987	N/A	NDA	2 CONTAINER in 1 CARTON (49502-500-02) > 1 SYRINGE, GLASS in 1 CONTAINER (49502-500-01) > 3 mL in 1 SYRINGE, GLASS
EPIPEN JR	49502-501-92	15 mg/ 3mL	INJECTION	INTRAMUSCULAR	NDA019430	Mylan Specialty L.P.	49502-501	epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	12/22/1987	N/A	NDA	2 CONTAINER in 1 CARTON (49502-501-92) > 1 SYRINGE, GLASS in 1 CONTAINER > 3 mL in 1 SYRINGE, GLASS
EPIPEN JR	49502-501-02	15 mg/ 3mL	INJECTION	INTRAMUSCULAR	NDA019430	Mylan Specialty L.P.	49502-501	epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	12/22/1987	N/A	NDA	2 CONTAINER in 1 CARTON (49502-501-02) > 1 SYRINGE, GLASS in 1 CONTAINER (49502-501-01) > 3 mL in 1 SYRINGE, GLASS
Perforomist	49502-605-61	20 ug/2mL	SOLUTION	RESPIRATORY (INHALATION)	NDA022007	Mylan Specialty L.P.	49502-605	formoterol fumarate dihydrate	FORMOTEROL FUMARATE	HUMAN PRESCRIPTION DRUG	10/01/2007	N/A	NDA	60 POUCH in 1 CARTON (49502-605-61) > 1 VIAL in 1 POUCH (49502-605-95) > 2 mL in 1 VIAL
Perforomist	49502-605-05	20 ug/2mL	SOLUTION	RESPIRATORY (INHALATION)	NDA022007	Mylan Specialty L.P.	49502-605	formoterol fumarate dihydrate	FORMOTEROL FUMARATE	HUMAN PRESCRIPTION DRUG	10/01/2007	N/A	NDA	5 POUCH in 1 CARTON (49502-605-05) > 1 VIAL in 1 POUCH > 2 mL in 1 VIAL
Perforomist	49502-605-30	20 ug/2mL	SOLUTION	RESPIRATORY (INHALATION)	NDA022007	Mylan Specialty L.P.	49502-605	formoterol fumarate dihydrate	FORMOTEROL FUMARATE	HUMAN PRESCRIPTION DRUG	10/01/2007	N/A	NDA	30 POUCH in 1 CARTON (49502-605-30) > 1 VIAL in 1 POUCH > 2 mL in 1 VIAL
Pretomanid	49502-476-28	200 mg/1	TABLET	ORAL	NDA212862	Mylan Specialty L.P.	49502-476	Pretomanid	PRETOMANID	HUMAN PRESCRIPTION DRUG	11/07/2019	N/A	NDA	28 TABLET in 1 BOTTLE (49502-476-28)
SEMGLEE	49502-195-80	100 [iU]/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA210605	Mylan Specialty L.P.	49502-195	insulin glargine	INSULIN GLARGINE	HUMAN PRESCRIPTION DRUG	08/31/2020	N/A	BLA	1 VIAL in 1 CARTON (49502-195-80) > 10 mL in 1 VIAL
SEMGLEE	49502-196-75	100 [iU]/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA210605	Mylan Specialty L.P.	49502-196	insulin glargine	INSULIN GLARGINE	HUMAN PRESCRIPTION DRUG	08/31/2020	N/A	BLA	5 SYRINGE in 1 CARTON (49502-196-75) > 3 mL in 1 SYRINGE
SYMFI	49502-475-93	600 mg/1 300 mg/1 300 mg/1	TABLET, FILM COATED	ORAL	NDA022142	Mylan Specialty L.P.	49502-475	Efavirenz Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ, LAMIVUDINE, TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIPTION DRUG	04/25/2018	N/A	NDA	1 BOTTLE, PLASTIC in 1 CARTON (49502-475-93) > 30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
SYMFI LO	49502-425-93	400 mg/1 300 mg/1 300 mg/1	TABLET, FILM COATED	ORAL	NDA208255	Mylan Specialty L.P.	49502-425	Efavirenz Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ LAMIVUDINE TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIPTION DRUG	03/13/2018	N/A	NDA	1 BOTTLE, PLASTIC in 1 CARTON (49502-425-93) > 30 TABLET, FILM COATED in 1 BOTTLE, PLASTIC
TOBI Podhaler	49502-346-24	28 mg/1	CAPSULE	ORAL RESPIRATORY (INHALATION)	NDA201688	Mylan Specialty L.P.	49502-346	Tobramycin	TOBRAMYCIN	HUMAN PRESCRIPTION DRUG	09/24/2020	N/A	NDA	224 PACKAGE in 1 BOX, UNIT-DOSE (49502-346-24) > 56 BLISTER PACK in 1 PACKAGE > 4 CAPSULE in 1 BLISTER PACK
YUPELRI	49502-806-77	175 ug/3mL	SOLUTION	RESPIRATORY (INHALATION)	NDA210598	Mylan Specialty L.P.	49502-806	revefenacin	REVEFENACIN	HUMAN PRESCRIPTION DRUG	12/03/2018	N/A	NDA	7 POUCH in 1 CARTON (49502-806-77) > 1 VIAL, SINGLE-DOSE in 1 POUCH > 3 mL in 1 VIAL, SINGLE-DOSE
YUPELRI	49502-806-93	175 ug/3mL	SOLUTION	RESPIRATORY (INHALATION)	NDA210598	Mylan Specialty L.P.	49502-806	revefenacin	REVEFENACIN	HUMAN PRESCRIPTION DRUG	12/03/2018	N/A	NDA	30 POUCH in 1 CARTON (49502-806-93) > 1 VIAL, SINGLE-DOSE in 1 POUCH (49502-806-32) > 3 mL in 1 VIAL, SINGLE-DOSE
YUPELRI	49502-806-87	175 ug/3mL	SOLUTION	RESPIRATORY (INHALATION)	NDA210598	Mylan Specialty L.P.	49502-806	revefenacin	REVEFENACIN	HUMAN PRESCRIPTION DRUG	12/03/2018	N/A	NDA	7 POUCH in 1 CARTON (49502-806-87) > 1 VIAL, SINGLE-DOSE in 1 POUCH (49502-806-33) > 3 mL in 1 VIAL, SINGLE-DOSE

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Previous 1 Next

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

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

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

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

Mylan
Seeing
is believing
781 Chestnut Ridge Road, 3rd Floor
Morgantown, WV 26505
Phone 304.554.4519
Fax 304.285.6407
Web mylanspecialty.com

Nature of Business

Mylan Specialty ("Mylan"), located at 781 Chestnut Ridge Road 3rd Floor, Morgantown, WV, is a specialty pharmaceutical company focused on the development, manufacturing, and marketing of prescription drug products for the treatment of respiratory diseases, life-threatening allergic reactions, short-acting analgesic drugs and psychiatric disorders.

The hours of operation are Monday through Friday, 8am to 5pm. Mylan, a virtual manufacturer, will be contracting with third party manufacturers which have the required equipment necessary to comply with good manufacturing practice to produce its products. Accordingly, Mylan will never actually physically manufacture or distribute any legend, device or controlled substance product and therefore, Mylan will not be inspected by the Food and Drug Administration (FDA), State of West Virginia Board of Pharmacy or qualify for VAWD accreditation.

Pursuant to 21CFR § 1301.11, Mylan Specialty does not propose to engage in the physical manufacturing, distribution, importation, or exportation of controlled substances and, therefore, is exempt from federal DEA registration. However, Mylan Specialty does sell controlled substances, CII-CIV

Mylan has contracted with a licensed third party logistic provider, an affiliate company, to warehouse and distribute its products to wholesalers, hospitals, pharmacies, community pharmacies and home health care agencies. Below is the contact information for Mylan's third party logistic provider:

Mylan Pharmaceuticals Inc.
2898 Manufacturers Road
Greensboro, NC 27406
Robert Teper, Designated Representative
336.691.7300
VAWD Registration # 15419-44460
DEA Distributor Registration # RM[redacted]
NC In State Registration # 372
NC Controlled Substance Registration # NC-PM0130093

Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations

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TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=ORANGE BOOK: APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/OB/SEARCH_PRODUCT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/OB/SEARCH_PRODUCT.CFM&TITLE=ORANGE BOOK: APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/OB/SEARCH_PRODUCT.CFM&DESCRIPTION=ORANGE BOOK: APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS)
EMAIL (MAILTO:?SUBJECT=ORANGE BOOK: APPROVED DRUG PRODUCTS WITH THERAPEUTIC EQUIVALENCE EVALUATIONS&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/OB/SEARCH_PRODUCT.CFM)
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Mkt. Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	Route	Strength	TE Code (https://www.fda.gov/Drugs/Develo
RX	ALBUTEROL SULFATE	ACCUNEB	N020949 (results_product.cfm?Appl_Type=N&Appl_No=020949#18729)	SOLUTION	INHALATION	EQ 0.021% BASE	AN
RX	ALBUTEROL SULFATE	ACCUNEB	N020949 (results_product.cfm?Appl_Type=N&Appl_No=020949#18728)	SOLUTION	INHALATION	EQ 0.042% BASE	AN
RX	ALPROSTADIL	MUSE	N020700 (results_product.cfm?Appl_Type=N&Appl_No=020700#18532)	SUPPOSITORY	URETHRAL	0.125MG	
RX	ALPROSTADIL	MUSE	N020700 (results_product.cfm?Appl_Type=N&Appl_No=020700#18533)	SUPPOSITORY	URETHRAL	0.25MG	
RX	ALPROSTADIL	MUSE	N020700 (results_product.cfm?Appl_Type=N&Appl_No=020700#18534)	SUPPOSITORY	URETHRAL	0.5MG	
RX	ALPROSTADIL	MUSE	N020700 (results_product.cfm?Appl_Type=N&Appl_No=020700#18535)	SUPPOSITORY	URETHRAL	1MG	
RX	AZELASTINE HYDROCHLORIDE	ASTELIN	N020114 (results_product.cfm?Appl_Type=N&Appl_No=020114#18097)	SPRAY, METERED	NASAL	EQ 0.125MG BASE/SPRAY	AB
RX	AZELASTINE HYDROCHLORIDE	ASTEPRO	N022203 (results_product.cfm?Appl_Type=N&Appl_No=022203#31418)	SPRAY, METERED	NASAL	EQ 0.1876MG BASE/SPRAY	AB
RX	AZELASTINE HYDROCHLORIDE; FLUTICASONE PROPIONATE	DYMISTA	N202236 (results_product.cfm?Appl_Type=N&Appl_No=202236#28761)	SPRAY, METERED	NASAL	EQ 0.125MG BASE/SPRAY; 0.05MG/SPRAY	
RX	BUTABARBITAL SODIUM	BUTISOL SODIUM	N000793 (results_product.cfm?Appl_Type=N&Appl_No=000793#16877)	TABLET	ORAL	30MG	
RX	CARISOPRODOL	SOMA	N011792 (results_product.cfm?Appl_Type=N&Appl_No=011792#17000)	TABLET	ORAL	250MG	AB
RX	CARISOPRODOL	SOMA	N011792 (results_product.cfm?Appl_Type=N&Appl_No=011792#16999)	TABLET	ORAL	350MG	AA
RX	CROMOLYN SODIUM	GASTROCROM	N020479 (results_product.cfm?Appl_Type=N&Appl_No=020479#18338)	CONCENTRATE	ORAL	100MG/5ML	AA
RX	EPINEPHRINE	EPIPEN	N019430 (results_product.cfm?Appl_Type=N&Appl_No=019430#17734)	INJECTABLE	INTRAMUSCULAR, SUBCUTANEOUS	0.3MG/DELIVERY	AB
RX	EPINEPHRINE	EPIPEN JR.	N019430 (results_product.cfm?Appl_Type=N&Appl_No=019430#17735)	INJECTABLE	INTRAMUSCULAR, SUBCUTANEOUS	0.15MG/DELIVERY	AB
Mkt. Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	Route	Strength	TE Code (https://www.fda.gov/Drugs/Develo

Mkt. Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	Route	Strength	TE Code (https://www.fda.gov/Drugs/Develo
RX	ESTRADIOL	ELESTRIN	N021813 (results_product.cfm?Appl_Type=N&Appl_No=021813#19438)	GEL, METERED	TRANSDERMAL	0.06% (0.87GM/ACTIVATION)	
RX	FELBAMATE	FELBATOL	N020189 (results_product.cfm?Appl_Type=N&Appl_No=020189#18159)	SUSPENSION	ORAL	600MG/5ML	AB
RX	FELBAMATE	FELBATOL	N020189 (results_product.cfm?Appl_Type=N&Appl_No=020189#18157)	TABLET	ORAL	400MG	AB
RX	FELBAMATE	FELBATOL	N020189 (results_product.cfm?Appl_Type=N&Appl_No=020189#18158)	TABLET	ORAL	600MG	AB
RX	FORMOTEROL FUMARATE	PERFOROMIST	N022007 (results_product.cfm?Appl_Type=N&Appl_No=022007#19590)	SOLUTION	INHALATION	0.02MG/2ML	
RX	HYDROCORTISONE ACETATE	CORTIFOAM	N017351 (results_product.cfm?Appl_Type=N&Appl_No=017351#17201)	AEROSOL, METERED	RECTAL	10%	
RX	HYDROCORTISONE ACETATE; PRAMOXINE HYDROCHLORIDE	EPIFOAM	A086467 (results_product.cfm?Appl_Type=A&Appl_No=086467#26622)	AEROSOL, METERED	TOPICAL	1%; 1%	BX
RX	HYDROCORTISONE ACETATE; PRAMOXINE HYDROCHLORIDE	PROCTOFOAM HC	A086195 (results_product.cfm?Appl_Type=A&Appl_No=086195#26608)	AEROSOL, METERED	TOPICAL	1%; 1%	BX
RX	LEVALBUTEROL HYDROCHLORIDE	LEVALBUTEROL HYDROCHLORIDE	A077800 (results_product.cfm?Appl_Type=A&Appl_No=077800#24955)	SOLUTION	INHALATION	EQ 0.0103% BASE	AN
RX	LEVALBUTEROL HYDROCHLORIDE	LEVALBUTEROL HYDROCHLORIDE	A077800 (results_product.cfm?Appl_Type=A&Appl_No=077800#24956)	SOLUTION	INHALATION	EQ 0.021% BASE	AN
RX	LEVALBUTEROL HYDROCHLORIDE	LEVALBUTEROL HYDROCHLORIDE	A077800 (results_product.cfm?Appl_Type=A&Appl_No=077800#24957)	SOLUTION	INHALATION	EQ 0.042% BASE	AN
RX	LEVALBUTEROL HYDROCHLORIDE	LEVALBUTEROL HYDROCHLORIDE	A078309 (results_product.cfm?Appl_Type=A&Appl_No=078309#25606)	SOLUTION	INHALATION	EQ 0.25% BASE	AN
RX	MESALAMINE	ROWASA	N019618 (results_product.cfm?Appl_Type=N&Appl_No=019618#17781)	ENEMA	RECTAL	4GM/60ML	AB
RX	MESALAMINE	SFROWASA	N019618 (results_product.cfm?Appl_Type=N&Appl_No=019618#17782)	ENEMA	RECTAL	4GM/60ML	AB
RX	NABILONE	CESAMET	N018677 (results_product.cfm?Appl_Type=N&Appl_No=018677#17534)	CAPSULE	ORAL	1MG	
RX	OLSALAZINE SODIUM	DIPENTUM	N019715 (results_product.cfm?Appl_Type=N&Appl_No=019715#17899)	CAPSULE	ORAL	250MG	
RX	OXYMETHOLONE	ANADROL-50	N016848 (results_product.cfm?Appl_Type=N&Appl_No=016848#17148)	TABLET	ORAL	50MG	
RX	PENICILLAMINE	DEPEN	N019854 (results_product.cfm?Appl_Type=N&Appl_No=019854#17970)	TABLET	ORAL	250MG	
RX	POLYETHYLENE GLYCOL 3350; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM SULFATE ANHYDROUS	COLYTE WITH FLAVOR PACKS	N018983 (results_product.cfm?Appl_Type=N&Appl_No=018983#17642)	FOR SOLUTION	ORAL	240GM/BOT; 2.98GM/BOT; 6.72GM/BOT; 5.84GM/BOT; 22.72GM/BOT	AA
RX	SULFANILAMIDE	AVC	N006530 (results_product.cfm?Appl_Type=N&Appl_No=006530#16903)	CREAM	VAGINAL	15%	
RX	TOBRAMYCIN	TOBI PODHALER	N201688 (results_product.cfm?Appl_Type=N&Appl_No=201688#28569)	POWDER	INHALATION	28MG	
RX	TOBRAMYCIN	TOBI	N050753 (results_product.cfm?Appl_Type=N&Appl_No=050753#20696)	SOLUTION	INHALATION	300MG/5ML	AN
RX	TORSEMIDE	DEMADEX	N020136 (results_product.cfm?Appl_Type=N&Appl_No=020136#18111)	TABLET	ORAL	5MG	AB
RX	TORSEMIDE	DEMADEX	N020136 (results_product.cfm?Appl_Type=N&Appl_No=020136#18112)	TABLET	ORAL	10MG	AB
RX	TORSEMIDE	DEMADEX	N020136 (results_product.cfm?Appl_Type=N&Appl_No=020136#18113)	TABLET	ORAL	20MG	AB

Mkt. Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	Route	Strength	TE Code (https://www.fda.gov/Drugs/Develo

Mkt. Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	Route	Strength	TE Code (https://www.fda.gov/Drugs/Develo
RX	TORSEMIDE	DEMADEX	N020136 (results_product.cfm?Appl_Type=N&Appl_No=020136#18114)	TABLET	ORAL	100MG	AB
RX	ZOLPIDEM TARTRATE	EDLUAR	N021997 (results_product.cfm?Appl_Type=N&Appl_No=021997#19580)	TABLET	SUBLINGUAL	5MG	AB
RX	ZOLPIDEM TARTRATE	EDLUAR	N021997 (results_product.cfm?Appl_Type=N&Appl_No=021997#19581)	TABLET	SUBLINGUAL	10MG	AB
Mkt. Status	Active Ingredient	Proprietary Name	Appl. No.	Dosage Form	Route	Strength	TE Code (https://www.fda.gov/Drugs/Develo

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019075920

Application/License No. Pending

Mylan Specialty L.P., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
781 Chestnut Ridge Road, 3rd Floor, Morgantown, WV 26505, as
(Address of Applicant/Principal)
PRINCIPAL, and Liberty Mutual Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Massachusetts
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street, Boston, MA 02116 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/31/2020.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of September, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Paige M. Turner, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Brad Miller

Witness James M Stubblefield

Countersigned by:

Nevada Resident Agent
Paige M. Turner, Nevada Non-Resident Agent License #219320
(License Copy Atttached)

Liberty Mutual SURETY

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

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

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Paige M. Turner all of the city of Kansas City, state of Missouri each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

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

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

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

By: _____
Teresa Pastella, Notary Public

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

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 23rd day of September, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

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

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

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property, Surety

PAIGE M TURNER

7411 HIGHWAY HH
ODESSA, MO 64076-6175

is authorized to transact business as described above

License No: 219320 Issue Date: 05-01-2006 Expiration Date: 06-01-2021

Generated by Sircon 168891420

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

PAIGE M TURNER
7411 HIGHWAY HH, ODESSA, MO 64076-6175

LICENSE NUMBER: 219320

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property, Surety

Issue Date: 05-01-2006 Expiration Date: 06-01-2021

Generated by Sircon 168891420

Liberty Mutual.
SURETY

As part of its business continuity efforts during the pendency of the COVID-19 pandemic, Liberty Mutual Insurance Company ("LMIC") on behalf of itself and the companies listed below has authorized its Attorneys-in-Fact to affix its corporate seal for surety obligations in a digital format in lieu of its traditional raised seal to any bond issued on its behalf by any such Attorney-in-Fact:

Liberty Mutual Insurance Company
Liberty Mutual Fire Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company
Safeco Insurance Company of America
American States Insurance Company

LMIC agrees and affirms on behalf of itself and the other companies listed herein, that the digital corporate seal referenced above has the same binding effect when affixed to a bond or a Power of Attorney document as if it were a raised corporate seal.

Effective this 23rd day of March, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

LIMITED POWER OF ATTORNEY FOR STATE LICENSING APPLICATIONS

Mylan Specialty L.P. ("Mylan Specialty"), acting through its authorized officer named below, hereby appoints Ms. Deneen Fumich, Mylan Specialty's true and lawful attorney-in-fact (the "Agent") for the limited purpose of executing state licensing applications.

This Power of Attorney shall be construed narrowly as a Limited Power of Attorney that allows the Agent to act on Mylan Specialty's behalf only as described herein. The listing of specific powers is intended to limit or restrict the powers granted in this Power of Attorney.

This Power of Attorney shall become effective immediately and may be revoked by Mylan Specialty at any time by providing written notice to the Agent.

Mylan Specialty L.P.

By: _____
Harry O'Grady
Vice President, Finance of Dey, Inc. as General Partner of Mylan Specialty L.P.

NEW JERSEY
COUNTY OF Somerset, TO-WIT

The foregoing instrument was acknowledged before me this 4th day of December, 2012.

PENNY MARIE DIETRICH
NOTARY PUBLIC
STATE OF NEW JERSEY
County of Somerset
Commission # 2384354
My Commission Expires April 06, 2014

My commission expires: Apr 6, 2014

Penny Marie Dietrich
NOTARY PUBLIC

I, Deneen Fumich, hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature. I accept this appointment as the Agent to Mylan Specialty for the limited purposes set forth herein.

Deneen Fumich
DENEEN FUMICH, an inidvidual

WEST VIRGINIA
COUNTY OF MONONGALIA, TO-WIT

The foregoing instrument was acknowledged before me this 6th day of December, 2012.

My commission expires: Sept 7, 2022

Official Seal
Notary Public, State Of West Virginia
Heather Neil
1478 Bison Street
Fairmont WV 26554
My commission expires September 7, 2022

Heather Neil
NOTARY PUBLIC

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH N/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 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Oncopeptides, Inc.

Physical Address: 200 Fifth Avenue, Suite 1030

City: Waltham State: MA Zip Code: 02451

Telephone Number: 781-493-2960 Fax Number: N/A

Toll Free Number: N/A

E-mail: Licensing@oncopeptides.com Website: https://oncopeptides-us.com/en/

Facility Manager: Daniel Moynihan III

Professional qualifications and experience of facility manager:
See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

Daniel Moynihan

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

Daniel Moynihan III

Print Name of Authorized Person

9/24/20

Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Oncopeptides AB

Mailing Address: 200 Fifth Avenue, Suite 1030

City: Waltham State: MA Zip: 02451

Telephone: 7814932960 Fax: _____

Contact Person: Daniel Moynihan III

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

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

a) N/A
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

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

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500
Boston, MA 02114

Tel: 617-973-0949
TTY : 617-973-0988
www.mass.gov/dph/boards

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

May 6, 2020

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To whom it may concern:

Please be advised that **ONCOPEPTIDES, INC. (MA0000618)**, located at **200 FIFTH AVENUE, SUITE 1030, WALTHAM MA, 02451** has an active MCSR as a Drug Distributor and is in good standing. The current registration has an issue date of **04/06/2020** and expires on **04/06/2021**.
This Facility was last Reviewed by the Drug Control Program on **04/06/2020** and has met all of the requirements for the Virtual Drug Manufacturer Controlled Substances Registration.

As of the date on this letter, there has been no disciplinary action issued by the Drug Control Program for this registrant.

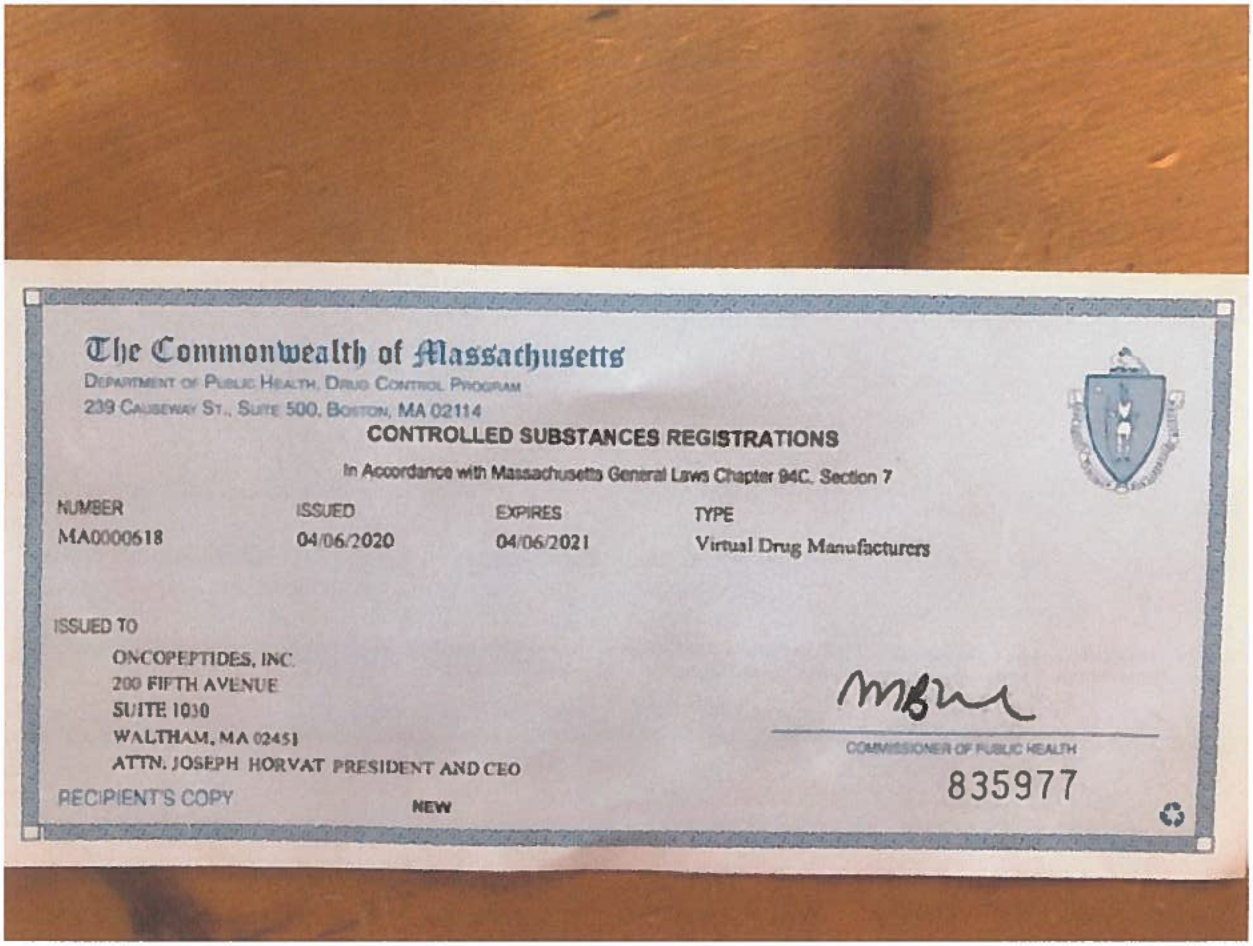
Please note that the licensing authority for Drug Manufacturers and Distributors in Massachusetts is the Drug Control Program (DCP) and not the Massachusetts Board of Pharmacy.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Signed,

Ryan Walker, MPA
Director, MCSR
Massachusetts Department of Public Health

Online Licensure Verification Services: https://www.mass.gov/service-details/registration-verification-for-mcsr . The Information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Division of Health Professions Licensure and its licensing boards. Facilities are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement'. Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000618	04/06/2020	04/06/2021	Virtual Drug Manufacturers

ISSUED TO

ONCOPEPTIDES, INC
200 FIFTH AVENUE
SUITE 1030
WALTHAM, MA 02451
ATTN. JOSEPH HORVAT PRESIDENT AND CEO

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

835977

State Of Delaware

Entity Details

10/2/2020 10:36:29AM

File Number: 6843926
Entity Name: ONCOPEPTIDES, INC.
Entity Kind: Corporation
Residency: Domestic
Status: Good Standing

Incorporation Date / Formation Date: 4/13/2018
Entity Type: General
State: DELAWARE
Status Date: 4/18/2019

Registered Agent Information

Name: THE CORPORATION TRUST COMPANY
Address: CORPORATION TRUST CENTER 1209 ORANGE ST
City: WILMINGTON
State: DE
Phone: 302-658-7581

Country:
Postal Code: 19801

Tax Information

Last AnnualReport Filed: 2019
Annual Tax Assessment: $175

Tax Due: $ 0
Total Authorized Shares: 1000

Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	Stock Corporation	3	4/13/2018	7:42 PM	4/13/2018

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONCOPEPTIDES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

6843926 8300

SR# 20201327906

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

Authentication: 202442991

Date: 02-24-20

out-dated

oncopeptides

Description of Operations

Oncopeptides, Inc. ("Oncopeptides ") is a privately-held Virtual Manufacturer located in Waltham, MA. Oncopeptides's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors and Specialty Pharmacies by their Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

THIRD-PARTY LOGISTICS

Oncopeptides' products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Cardinal Health dba Specialty Pharmaceutical Services. Oncopeptides will utilize the following Cardinal Health facility for distribution of product:

Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services
15 Ingram Blvd.
LaVergne, TN 37086

CONTRACT MANUFACTURERS

Oncopeptides uses the following contract manufacturer(s) to produce product:

Cenexi
Rue de la Papyree 2-6
1420 Braine l'Alleud
Belgium
FEIN: 3007388138
DUNS: 370088959

PCI/Anderson Brecon
4545 Assembly Drive
Rockford, IL 611.09
FEIN: 1421377
DUNS: 153217022

PRODUCTS

As a virtual manufacturer, Oncopeptides does not manufacture, distribute or store product at their Massachusetts facility. At no time do contract manufacturers own Oncopeptides' products, contract with Oncopeptides' customers, invoice or sell Oncopeptides products. Oncopeptides products are not controlled substances.

LABELER CODE: 73657

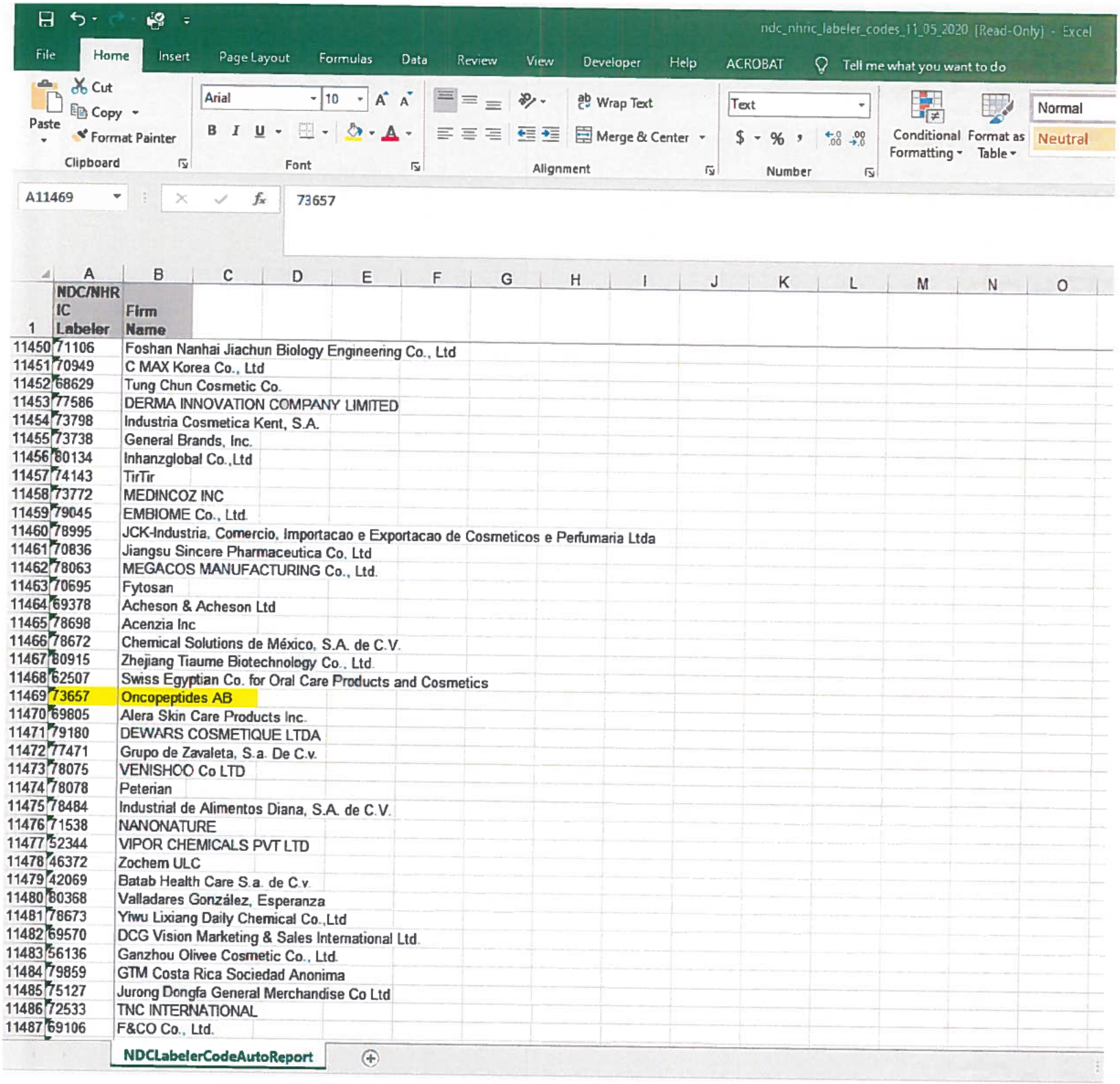


Product List

Melflufen

Labeler Code: 73657

73657-020-01



ndc_nhric_labeler_codes_11_05_2020 [Read-Only] - Excel

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

Cut Copy Format Painter Paste Clipboard

Arial 10 Font

Wrap Text Merge & Center Alignment

Text $ % Number

Conditional Formatting Format as Table

Normal Neutral

A11469 73657

	A	B
1	NDC/NHRIC Labeler	Firm Name
11450	71106	Foshan Nanhai Jiachun Biology Engineering Co., Ltd
11451	70949	C MAX Korea Co., Ltd
11452	68629	Tung Chun Cosmetic Co.
11453	77586	DERMA INNOVATION COMPANY LIMITED
11454	73798	Industria Cosmetica Kent, S.A.
11455	73738	General Brands, Inc.
11456	80134	Inhanzglobal Co.,Ltd
11457	74143	TirTir
11458	73772	MEDINCOZ INC
11459	79045	EMBIOME Co., Ltd.
11460	78995	JCK-Industria, Comercio, Importacao e Exportacao de Cosmeticos e Perfumaria Ltda
11461	70836	Jiangsu Sincere Pharmaceutica Co, Ltd
11462	78063	MEGACOS MANUFACTURING Co., Ltd.
11463	70695	Fytosan
11464	69378	Acheson & Acheson Ltd
11465	78698	Acenzia Inc
11466	78672	Chemical Solutions de México, S.A. de C.V.
11467	80915	Zhejiang Tiaume Biotechnology Co., Ltd.
11468	62507	Swiss Egyptian Co. for Oral Care Products and Cosmetics
11469	73657	Oncopeptides AB
11470	69805	Alera Skin Care Products Inc.
11471	79180	DEWARS COSMETIQUE LTDA
11472	77471	Grupo de Zavaleta, S.a. De C.v.
11473	78075	VENISHOO Co LTD
11474	78078	Peterian
11475	78484	Industrial de Alimentos Diana, S.A. de C.V.
11476	71538	NANONATURE
11477	52344	VIPOR CHEMICALS PVT LTD
11478	46372	Zochem ULC
11479	42069	Batab Health Care S.a. de C.v.
11480	80368	Valladares González, Esperanza
11481	78673	Yiwu Lixiang Daily Chemical Co.,Ltd
11482	69570	DCG Vision Marketing & Sales International Ltd.
11483	56136	Ganzhou Olivee Cosmetic Co., Ltd.
11484	79859	GTM Costa Rica Sociedad Anonima
11485	75127	Jurong Dongfa General Merchandise Co Ltd
11486	72533	TNC INTERNATIONAL
11487	69106	F&CO Co., Ltd.

NDCLabelerCodeAutoReport

Elaine Stash

From: Nicholas Holsman <nicholas.holsman@oncopeptides.com>
Sent: Thursday, March 19, 2020 3:09 PM
To: Elaine Stash
Subject: Fwd: Labeler Code

Begin forwarded message:

From: Mette Palm <mette.palm@oncopeptides.com>
Date: March 17, 2020 at 3:27:34 AM PDT
To: Ylva Winberg <ylva.winberg@oncopeptides.com>
Cc: Sarah Donovan <sarah.donovan@oncopeptides.com>, Nicholas Holsman <nicholas.holsman@oncopeptides.com>, Brian Corcoran <brian.corcoran@oncopeptides.com>
Subject: RE: Labeler Code

Dear Ylva
This is the NDC code we have received from the FDA (5 first digits in the NDC) called labeler code. I can reach out to PCI with this information.
/Mette

Mette Palm
Senior Regulatory Manager
Oncopeptides AB
Mob: +46 72 599 99 48

Personal Data and GDPR

From: Ylva Winberg <ylva.winberg@oncopeptides.com>
Sent: Tuesday, 17 March 2020 11:09
To: Mette Palm <mette.palm@oncopeptides.com>
Cc: Sarah Donovan <sarah.donovan@oncopeptides.com>; Nicholas Holsman <nicholas.holsman@oncopeptides.com>; Brian Corcoran <brian.corcoran@oncopeptides.com>
Subject: Sv: Labeler Code

Hi Mette,
Should Oncopeptides or PCI apply for the NDC code?

Current Date: 21-FEB-2020
Labeler DUNS: 632402728
Labeler Name: Oncopeptides AB
Labeler Code: 73657

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number

above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Kind Regards / Med vänlig hälsning
Ylva Winberg
Commercial Supply Chain Manager
Oncopeptides AB
Cell: +46 72 599 99 52

Personal Data and GDPR

Från: Mette Palm <mette.palm@oncopeptides.com>
Skickat: den 17 mars 2020 08:31
Till: Nicholas Holsman <nicholas.holsman@oncopeptides.com>; Brian Corcoran <brian.corcoran@oncopeptides.com>; Ylva Winberg <ylva.winberg@oncopeptides.com>
Kopia: Sarah Donovan <sarah.donovan@oncopeptides.com>
Ämne: RE: Labeler Code

Dear Team
Please find NDC code information enclosed.
/Mette

Mette Palm
Senior Regulatory Manager
Oncopeptides AB
Mob: +46 72 599 99 48

Personal Data and GDPR

From: Nicholas Holsman <nicholas.holsman@oncopeptides.com>
Sent: Monday, 16 March 2020 16:36
To: Mette Palm <mette.palm@oncopeptides.com>; Brian Corcoran <brian.corcoran@oncopeptides.com>; Ylva Winberg <ylva.winberg@oncopeptides.com>
Cc: Sarah Donovan <sarah.donovan@oncopeptides.com>
Subject: RE: Labeler Code

Team,
Was there on an update on getting a labeler code?
Please let us know if we can assist.
Thanks Nick

Nicholas Holsman
Executive Director, Commercial Operations

oncopeptides

OWNERSHIP

Oncopeptides, Inc. is a virtual manufacturer of pharmaceuticals that is privately held and incorporated in Delaware. Oncopeptides, Inc. is wholly-owned subsidiary of Oncopeptides, AB, which is publicly traded on the Nasdaq Stockholm exchange (ONCO).

COMPANY INFORMATION

200 Fifth Avenue, Suite 1030
Waltham, MA 02451
(781) 493-2960
Tax ID: 82-5207829

CORPORATE OFFICERS

Marty Duvall, Chief Executive Officer
200 Fifth Avenue, Suite 1030
Waltham, MA 02451

Daniel Moynihan III, Secretary; Vice President, US Legal and Compliance
200 Fifth Avenue, Suite 1030
Waltham, MA 02451

Kwame Boateng, Treasurer
200 Fifth Avenue, Suite 1030
Waltham, MA 02451

DANIEL J. MOYNIHAN, III
[redacted] Blacksmith Drive
Needham, MA 02492
[redacted]

BACKGROUND SUMMARY

Accomplished international life science compliance and legal leader with a broad background that includes:

- Head of Legal and Compliance for Oncopeptides, Inc., a Swedish-based oncology company. Responsible for implementing legal and compliance framework in support of company's first product launch.
- Chief Compliance Officer for Akcea Therapeutics, a global rare disease biotechnology company. Selected as the company's first Chief Compliance Officer to support the commercial launch of two gene-silencing products in the U.S. and Europe. Responsible for developing and implementing all elements of company's compliance program, including: global risk assessment; compliance risk management strategy; Board of Directors and leadership team compliance committees; and healthcare professional contracting. Serve as company's subject matter expert on all healthcare legal matters.
- Global Compliance Officer for MilliporeSigma, the life science business of Merck KGaA. Promoted by Merck senior leadership to lead newly created international compliance team dedicated to the company's $7b life science business. Responsible for developing and implementing sector-specific compliance program, including: post-acquisition due diligence; data-driven global risk assessment; building diverse global team of compliance professionals; creation of Compliance Committee comprised of members of the global Life Science Executive Team; Board of Directors reporting; third-party due diligence; policies and processes; internal investigations; training; auditing and monitoring; and Sunshine Act and state physician payment reporting.
- U.S. Chief Compliance Officer for EMD Serono responsible for all aspects of bio-pharmaceutical compliance matters, including: Corporate Integrity Agreement implementation and resolution; Compliance Committee and Board of Directors reporting; healthcare professional contracting; Corporate Integrity Agreement management certifications, Board of Directors resolutions and annual reports; Independent Review Organization transaction and systems reviews; Sunshine Act and state physician payment reporting; auditing and monitoring; internal investigations; training; and Office of Inspector General and Independent Review Organization relationships.
- A range of senior legal positions, including division counsel for an international company handling all aspects of bio-pharmaceutical legal matters, including: commercial agreements with customers, distributors, and vendors; sales and marketing; antitrust; litigation; business development; and employment issues.
- Demonstrated ability to work collaboratively and effectively at all levels of matrixed international organizations to implement practical, business-focused compliance and legal solutions that enable business teams to compete effectively while adhering to the highest ethical standards.

EXPERIENCE

Oncopeptides, Inc. Waltham, MA 2020 - present
Vice President, Head of US Legal and Compliance

Serve as Head of Legal and Compliance responsible for all legal and compliance matters in preparation for commercial launch of the company's first product.

- Responsible for all legal matters, including commercial contracting, distribution agreements, advertising and promotional review, human resources, corporate governance, and healthcare professional contracting.

- Obtained leadership team alignment to implement a cross-functional Compliance Committee comprised of senior executives.
- Established compliance framework, including policies and processes for engaging healthcare professionals as consultants and speakers, healthcare professional fair market value infrastructure, handling of unsolicited requests for medical information, sales conduct, and promotional and medical material review.

Akcea Therapeutics, Boston, MA 2018 - 2020
Chief Compliance Officer

Serve as Chief Compliance Officer responsible for developing and implementing an international compliance program for rare disease biotechnology company with operations in 11 countries.

- Obtained alignment of Board of Directors and leadership team to implement a cross-functional Executive Compliance Committee comprised of global senior executives.
- Extensive interactions with Board of Directors Compliance Committee, including regular, formal briefings and informal consultations.
- Conducted global compliance risk assessment which considered internal and external factors to establish company-specific risk map; obtained alignment on risk assessment with Board of Directors and Executive Compliance Committees.
- Developed comprehensive, multi-year compliance risk management strategy informed by results of global compliance risk assessment; obtained alignment on strategy with Board of Directors and Executive Compliance Committees.
- Serve as company subject matter expert on all healthcare legal matters including advertising and promotion, payer interactions, healthcare professional interactions, patient support center operations, press releases, and investor communications.
- Core member of U.S. launch team that introduced rare disease product into competitive environment.

MilliporeSigma, Billerica, MA 2016 - 2018
Global Compliance Officer

Served as Global Compliance Officer responsible for developing and implementing an international compliance program for $7b life science business with 19,000 employees and more than 300,000 products.

- Selected by Merck KGaA senior leadership to lead first international sector-specific compliance team focused on the company's life science business.
- Built global compliance team by promoting and recruiting high-performing compliance professionals with forensic accounting, white-collar criminal defense and internal audit expertise in China, India, Europe, and the Americas.
- Obtained alignment of the Board of Directors to implement a sector-specific Compliance Committee comprised of global business unit leads, regulatory, supply chain operations, legal, human resources, and finance and chaired by the Global Compliance Officer.
- Conducted comprehensive post-acquisition due diligence comprised of document review, transaction sampling and stakeholder interviews in key jurisdictions in connection with recent $17b acquisition.
- Led sophisticated global sector-specific risk assessment which considered the internal and external environment in more than 90 countries coupled with a comprehensive set of company data resulting in a tailored view of the key risks associated with Merck's life science business.
- Developed practical, sector-specific compliance strategy aligned with business leadership based upon outcomes of post-acquisition due diligence and global risk assessment processes.

- Employed knowledge of risks associated with global business partners to develop standardized methodology for conducting third-party due diligence reviews for the life science sector and with broader applicability to Merck's cross-sector business partner risk management process.
- Contributed life science sector compliance perspective to help shape Merck's cross-sector compliance program as a core member of the global Compliance Leadership Team.
- Enhanced global network of outside counsel, accounting and management professionals through request for proposal process to select strategic global anti-corruption counsel.

EMD Serono, Inc., Rockland, MA 2004 – 2016
Chief Compliance Officer, 2010 – 2016
Associate General Counsel, 2004 - 2010

Served as U.S. Chief Compliance Officer responsible for comprehensive compliance program for $1.6b biopharmaceutical commercial and research company encompassing four product lines. Played key role in shaping organization's compliance environment as a member of U.S. Leadership Team and Merck global Compliance Leadership Team.

- Timely, successful implementation and resolution of extensive addendum to company's Corporate Integrity Agreement requiring fundamental redesign of core policies and procedures as well as introduction of critical new business processes.
- Chaired Compliance Committee comprised of senior commercial, medical, legal, research, and financial executives and regularly updated and advised company Executive Committee and Board of Directors regarding the compliance program and external enforcement environment.
- Rebuilt compliance team to meet evolving compliance landscape by recruiting high-performing compliance professionals with forensic accounting, white collar criminal defense, and monitoring expertise; emphasis on development and succession planning resulted in a member of my team assuming Chief Compliance Officer role upon my promotion to global MilliporeSigma position.
- Designed and obtained broad business support for comprehensive set of policies and processes to engage healthcare professionals as consultants, speakers, and researchers that incorporate external fair market value determination and annual compensation limits.
- Employed lessons learned from implementation of critical U.S. compliance initiatives to provide strategic direction to Merck global compliance team on matters including transparency reporting, healthcare professional contracting, and promotional review.
- Fielded comprehensive, real-world training program to employees and key external vendors encompassing the PhRMA Code, the Anti-Kickback Statute, the False Claims Act, drug safety, anti-bribery, careful communication, and drug promotion.
- Served as core member of Merck global pharmaceutical policy project team and global lead on policy regarding Merck pharmaceutical operations in the U.S.
- Applied extensive knowledge of Sunshine Act and state physician payment reporting obligations to lead cross-functional team to design, build, and maintain aggregate spend reporting system.
- Enhanced internal investigation capabilities and timeliness of resolution of investigations by implementing dedicated investigation team guided by practical investigation protocol.
- Applied broad industry experience to design and implement comprehensive internal auditing and monitoring program that analyzed: healthcare professional consulting, speaking and research activities; educational grants, charitable contributions and independent medical grants; and sales force interactions with healthcare professionals.
- Advanced company's interests through positive relationships with Office of Inspector General and Independent Review Organization.
- Led external benchmarking exercise to calibrate compliance program upon conclusion of Corporate Integrity Agreement and obtained alignment of the Compliance Committee and the Board of Directors to maintain existing approach subject to a limited number of enhancements and adjustments.

Served as division counsel responsible for $300m biotechnology business unit comprised of three therapeutic areas. Played key role in shaping business strategy as core member of division leadership team and business advisor to EMD Serono senior leadership team.

- In recognition of being a high potential executive, selected as member of EMD Serono's inaugural Talent and Succession Management Program; one of ten non-sales employees to receive annual President's Award.
- As subject matter expert on FDA promotional rules, drafted comprehensive, practical promotional review policy for business users resulting in increased efficiency and higher quality promotional materials.
- Lead lawyer in designing and implementing novel exclusive distribution model for core product line that achieved critical business need to establish competitive price to end users while maintaining profit margins.
- Played key role in filling gap in product pipeline as lead attorney on first EMD Serono-led in-licensing of late stage compound from international biotech company; deal included stock purchase by Merck KGaA and clearance of sophisticated competition issues by Federal Trade Commission in 30 days.
- Drafted and negotiated all types of commercial agreements necessary to provide business infrastructure and drive revenue.
- Applied broad antitrust counseling and transactional expertise, including Robinson-Patman Act, Sherman Act, and Hart-Scott-Rodino Act, helping to effectively structure business transactions with distributors and competitors.
- Resolved high-profile commercial, employment, and product liability disputes in state and federal courts to minimize financial exposure and executive distraction.
- Managed employment law issues including employee relations, restructurings/reductions in force, and separation and temporary employment agreements to help business achieve efficient structure while mitigating company exposure.

Genuity Inc., Woburn, MA and London, England 1998 – 2003

General Counsel – Genuity Europe, 2001- 2002

Counsel, Asst. General Counsel, Assoc. General Counsel, 1998 - 2001

Served as division general counsel for European operations and $750m Internet infrastructure business unit. Relocated from Massachusetts to London to assemble and lead Genuity's European-based legal team and contribute to European leadership team. Received rapid, successive promotions over three year period in recognition of strong work ethic and proven ability to help achieve business results.

- Designed and implemented pan-European corporate restructuring and integration that streamlined governance of 33 legal entities in 12 countries.
- Developed standardized, local-language sales contracts for four key countries, which reduced time to close sales.
- Provided primary support for network services division responsible for majority of company's revenue. This included negotiation of complex customer and vendor agreements with leading Internet service providers, enterprise customers, and infrastructure providers.
- Active contributor to Genuity's initial public offering, including S-1 drafting, underwriter's due diligence, and internal restructuring which generated over $2b in capital to fund business growth.
- Managed corporate real estate, facilities, and environmental legal issues associated with office leasing and construction of corporate headquarters campus to meet space requirements for rapidly expanding business operations.

Palmer & Dodge LLP, Boston, MA 1996 - 1998

Business Law Associate

Piper & Marbury/Pettit & Martin, Washington, DC 1991 - 1996
Associate, 1993 - 1996; **Law Clerk,** 1991 - 1993

EDUCATION

Catholic University of America, Washington, DC 1993
J.D.
Graduated in top five percent
Senior Staff Member, Catholic University Law Review
Recipient, American Jurisprudence Award in Criminal Law

College of the Holy Cross, Worcester, MA 1988
B.A. in Economics
Recipient, Presidential Service Award

svb
Silicon Valley Bank

Application and Agreement for Standby Letter of Credit

TO: SILICON VALLEY BANK

A. APPLICATION

DATE	FOR BANK USE ONLY	LETTER OF CREDIT NO.
7/15/2020		

APPLICANT HEREBY REQUESTS THAT SILICON VALLEY BANK ("SVB") ISSUE ITS IRREVOCABLE STANDBY LETTER OF CREDIT (THE "CREDIT") ON SUBSTANTIALLY THE TERMS BELOW AND, UNLESS OTHERWISE SPECIFIED BELOW IN SPECIAL INSTRUCTIONS, FORWARD THE CREDIT BY THE FOLLOWING MEANS TO BENEFICIARY DIRECTLY OR THROUGH A BANK OR BANKS SELECTED BY SVB:

☐ S.W.I.F.T. ☑ COURIER ☐ OTHER_____

Applicant: *(name & street address; P.O. Box not accepted)*
ONCOPEPTIDES, INC.
200 FIFTH AVENUE, SUITE 1030
WALTHAM, MA 02451

☐ **Applicant is requesting the Credit for account of Account Party** *(check only if the party to be named in the Credit as account party, customer, applicant or the like is different from Applicant or if the party whose obligation to be supported by the Credit is different from Applicant)*

Beneficiary: *(name & street address; P.O. Box not accepted)*
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: DAVE WUEST

☐ **Applicant and Account Party are jointly and severally obligated hereunder** *(check if applicable)*

Account Party: *(if applicable) (name & street address; P.O. Box not accepted)*

Amount:
(in words) TWENTY FIVE THOUSAND EXACTLY
(in figures) $25,000.00

Advising Bank: *(used mostly for international beneficiaries; if left blank, SVB may select; else state "None" or specify name & street address)*

Currency: *(in U.S. Dollars unless otherwise specified)*

Foreign Exchange Contract No.: *(if applicable)*

Place of Expiration: Unless otherwise specified herein, the Credit is to expire at SVB's issuing office or, if confirmation is requested herein, at the confirming bank's office.

Expiration Date: 1 YEAR FROM ISSUE DATE *(MM/DD/YYYY)*. If the Expiration Date is more than one year after issuance, SVB may at its option include an annual automatic extension provision.

☑ Auto annual extension with at least 60 days' prior notice of non-extension and a **final expiration date of** OPEN-ENDED *(MM/DD/YYYY)*. *(check & complete if applicable)*

Drawing condition(s): *(check & complete only one of the following. Applicant must sign & approve SVB's draft Credit prior to issuance)*

☑ Issue the Credit substantially in the form and with the wording attached to this Application. The attached specimen is approved by Applicant. *(label the attached specimen as an attachment to this specific Application)*

☐ A statement worded as follows indicating it is signed by Beneficiary (if an individual) or its authorized officer: *(please quote below the exact wording of the drawing statement; attach additional signed sheet(s), if necessary, & label as attachments to this specific Application)*

Additional Requirements and/or Special Instructions: *(if any) (attach additional signed sheet(s), if necessary, and label as attachments to this specific Application)*

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svb
Silicon Valley Bank

Application and Agreement for Standby Letter of Credit

Purpose: *(insert brief description of the purpose for the Credit, for example: to support tenant obligations of Applicant to Beneficiary under a lease agreement)*

TO SUPPORT BUSINESS LICENSING FOR THE STATE OF NEVADA.

Transferability: *(if not checked, the Credit will not be transferable)*

☑ The Credit is to be transferable, with transfer charges for: ☐ Applicant's account ☐ Beneficiary's account

Agreement and Signature(s): The opening of the Credit is subject to the terms of the following Agreement, which are incorporated herein by reference. By executing this Application, Applicant (and the above named Account Party, if applicable) hereby acknowledges and agrees to the same and to the Schedule of Fees referred to in the following Agreement, as such Schedule may be amended by SVB from time to time.

Print or Type Name of Applicant: SAME AS ABOVE		**Print or Type Name of Account Party:** *(required only if Applicant & Account Party are designated as jointly & severally obligated hereunder)*	
Authorized Applicant Signature: *(must be a signer on the latest borrowing certificate)*		**Authorized Account Party Signature:**	
Name: Joseph Horvat	**Title:** CEO	**Name:**	**Title:**
Authorized Applicant Signature: *(must be a signer on the latest borrowing certificate)*		**Authorized Account Party Signature:**	
Name:	**Title:**	**Name:**	**Title:**

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B. AGREEMENT

In consideration of SVB in its discretion issuing the Credit, each of Applicant and, if Applicant and Account Party are designated as jointly and severally obligated hereunder, Account Party (in which case Applicant and Account Party are collectively referenced herein, jointly and severally, as "Applicant"), agrees as follows:

1. Applicant agrees to pay to SVB, on demand, the amount of each draw on the Credit, together with interest accrued on any such amount calculated for each day such amount remains outstanding at a variable rate equal to SVB's Prime Rate plus 5% per annum; provided that if the Credit provides for the acceptance of a time draft or incurrence of a deferred payment obligation and if SVB notifies Applicant of such acceptance or incurrence at least one Business Day in advance of the maturity of such time draft or deferred payment obligation, then reimbursement shall be due one Business Day in advance of its maturity. The term "Prime Rate" means the fluctuating per annum rate announced from time to time by SVB as its "Prime Rate," such rate to be adjusted from time to time by SVB; provided that if the Prime Rate shall at any time be less than zero it shall be treated as zero for purposes of this Agreement. In addition, Applicant agrees to pay to SVB, on demand, all commissions, charges, fees, taxes, costs and expenses (including reasonable attorneys' fees) assessed against or incurred by SVB or any of its correspondents in connection with the Credit, this Application and Agreement, the administration of the Credit (including any amendments, modifications and extensions thereof), and the enforcement by SVB of its rights hereunder, including such fees and expenses as may be set forth from time to time in SVB's then current "Schedule of Fees." All such amounts are non-refundable upon payment (including in the instance a related Credit is cancelled prior to its expiration date) and, if not paid when due, shall bear interest at the variable rate set forth in the first sentence of this Section. Unless otherwise specified in SVB's then current "Schedule of Fees," all accrual computations of any commissions, fees or interest under this Agreement shall be based on a 360-day year for the actual number of days elapsed (including the first day and the last day, in the case of commissions and fees, and including the first day but excluding the last day, in the case of interest). All computations of commissions and fees based upon the available or face amount of the Credit at any time shall be calculated by reference to the greatest amount for which SVB may be contingently liable under any circumstances under the Credit at such time or thereafter, including, if the Credit by its terms provides for scheduled increases in the amount of the Credit, the amount of each such increase that has not yet taken effect. Applicant irrevocably authorizes SVB to charge any accounts maintained by Applicant with SVB and to make advances against any lines of credit extended by SVB to Applicant for payment of all such amounts set forth in this Application and Agreement. Applicant acknowledges that SVB is not obligated to charge such accounts or to make any such advances and the failure for whatever reason of SVB to do so will not relieve Applicant of its obligation to pay such amounts, including interest.

2. All amounts payable hereunder are payable in U.S. Dollars and in immediately available funds. If the Credit is issued in a foreign currency, unless SVB agrees otherwise in writing in its sole discretion, Applicant will pay the U.S. Dollar equivalent of the foreign currency amounts paid by SVB under the Credit at the then-prevailing rate of exchange in San Francisco, California, for sales of the foreign currency for transfer to the country issuing such foreign currency, as determined by SVB.

3. Applicant will indemnify and hold SVB and its affiliates, officers, directors, employees, agents and correspondents (collectively, the "Indemnified Parties") harmless from and against any and all claims, losses, liabilities, costs (including reasonable attorneys' fees) and damages (collectively, "Losses") arising out of or relating to (i) the Credit, any demand for payment, other presentation or request under the Credit, or the transaction(s) supported by the Credit, (ii) this Application and Agreement, (iii) any action or inaction of any Indemnified Party with respect to any of the foregoing, (iv) any act or omission, whether rightful or wrongful, of any present or future de jure or de facto government or governmental authority or any other cause beyond SVB's control with respect to any of the foregoing or (v) any indemnity or other undertaking that Applicant requests or authorizes SVB to issue to induce any other financial institution (including any branch or affiliate of SVB) to issue its own letter of credit, demand guarantee, or other undertaking in connection with the Credit, in each case other than such as are found in a final, non-appealable judgment by a court of competent jurisdiction to result directly from the gross negligence or willful misconduct of such Indemnified Party. If the beneficiary of the Credit or any transferee thereof ("Beneficiary") is a financial institution which, in reliance upon the Credit, has issued or is to issue its own letter of credit, guarantee or similar undertaking to a third party at Applicant's request (whether such request is communicated directly by Applicant or through SVB to such Beneficiary), Applicant will (i) reimburse SVB for all amounts paid by SVB to such Beneficiary (whether or not the Credit has expired) and (ii) indemnify each Indemnified Party for any Losses (including fees paid to such Beneficiary) arising out of or in connection with the Credit and such letter of credit, guarantee or other undertaking. Applicant will remain liable under this Application and Agreement and in respect of the Credit until each such Beneficiary expressly releases SVB from its obligations under the Credit.

4. (a) If any law or regulation or the interpretation thereof by any court or administrative or governmental authority shall (i) impose any reserve or similar requirement against letters of credit issued or assets held by, or deposits in or for the account of, SVB or (ii) impose on SVB any insurance premium or other condition regarding the Credit, and the result shall be to increase the costs of issuing or maintaining the Credit over that which SVB assumed in determining its pricing relating to the Credit, then Applicant shall pay to SVB from time to time upon demand such additional amounts as are sufficient to compensate SVB for such increased cost.

(b) If SVB determines that the introduction or effectiveness of, or any change in, any treaty, international agreement, law, rule or regulation or compliance with any directive, guideline or request from any central bank or other governmental or quasi-governmental authority (whether or not having the force of law), or any change in the interpretation of any of the foregoing, in each case after the date hereof, affects the amount of capital, liquidity, insurance or reserves

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(including special deposits, deposit insurance or similar requirements) to be maintained by SVB or any corporation controlling SVB, or otherwise increases the costs of, or reduces the amount received or receivable by, SVB or any corporation controlling SVB, and SVB determines that the amount of such capital, liquidity, insurance or reserve or other increased cost or reduction, as the case may be, is increased or reduced by or based upon the existence of this Agreement or the Credit (excluding in each case any increased costs resulting from any taxes), then Applicant shall pay to SVB, promptly upon demand from time to time, such additional amounts as SVB may demand to compensate for the increase or reduction, as the case may be; provided that SVB computes all amounts due under this paragraph on a reasonable basis. (i) All requests, rules, guidelines or directives promulgated by the Bank for International Settlements, the Basel Committee on Banking Supervision (or any successor or similar authority) or the United States of America or foreign regulatory authorities, in each case pursuant to Basel III, and (ii) the Dodd-Frank Wall Street Reform and Consumer Protection Act and all requests, rules, guidelines or directives thereunder or issued in connection therewith shall, in each case, be deemed to be a change in law for purposes of this Section, regardless of the date enacted, adopted or issued. Failure or delay on the part of SVB to demand compensation pursuant to this Section shall not constitute a waiver of SVB's right to demand such compensation; provided that the Applicant shall not be required to compensate SVB pursuant to this Section for any increased costs or reductions incurred more than 180 days prior to the date that SVB notifies the Applicant of the introduction, effectiveness or change, as the case may be, giving rise to such increased costs or reductions and of SVB's intention to claim compensation therefor; provided, further, that, if the introduction, effectiveness or change, as the case may be, giving rise to such increased costs or reductions is retroactive, then the 180-day period referred to above shall be extended to include the period of retroactive effect thereof. As used herein, "Business Day" means any day that is not a Saturday, Sunday or other day on which commercial banks are authorized or required to close in San Francisco, California, or at such other place where SVB is obligated to honor a presentation or otherwise act under the Credit or this Agreement.

5. SVB may place a hold on any account pledged as collateral and may hold the collateral for up to 30 days following the expiration of the Credit and the payment by Applicant of its obligations hereunder.

6. (a) The obligation of Applicant hereunder to reimburse SVB for drawings under the Credit is absolute, irrevocable and unconditional under any and all circumstances and irrespective of any dispute, claim, set-off, counterclaim or defense which Applicant may have against SVB or any affiliated Person (as defined below), whether in connection with the Credit, this Application and Agreement or otherwise, including any of the same based upon or arising out of: (i) any lack of validity or enforceability of the Credit or any document issued or provided in connection with the Credit or this Application and Agreement; (ii) any allegation by Applicant or any other Person that any demand, statement or any other document presented under the Credit is forged, fraudulent, invalid or insufficient in any respect, or that any statement therein is inaccurate or incomplete in any respect or that variations in punctuation, capitalization, spelling or format were contained in the drafts or any statements presented in connection with any drawing; (iii) any amendment or waiver of or consent to departure from the terms of the Credit; (iv) the existence of any dispute, claim, set-off, counterclaim or defense or other right which Applicant or any other Person may have at any time against any Beneficiary (or any Person for whom any Beneficiary may be acting); (v) the presentation of a draft or other instrument by an assignee, transferee or successor-in-interest of the original or any subsequent Beneficiary; (vi) any exchange, release or non-perfection of any lien securing the obligations of Applicant hereunder or the release of any guarantor of such obligations; (vii) any delay, default or fraud in connection with the underlying transaction giving rise to the issuance of the Credit; (viii) any delay in giving or failure to give notice of any kind; (ix) any errors, omissions, neglect, default or delay in transmission of any messages by SVB, any affiliated Person or any advising bank in connection with the Credit; (x) the invalidity or insufficiency of any endorsements relating to the Credit; or (xi) any other circumstance that might, but for the provisions of this Section, constitute a legal or equitable discharge of or defense to the obligation of Applicant hereunder to reimburse SVB for drawings under the Credit. As used herein, "Person" means any natural person, corporation, limited liability company, trust, joint venture, association, company, partnership, government (including any subdivision, agency, court, central bank, or other entity exercising executive, legislative, judicial, taxing, regulatory or administrative powers or functions of or pertaining to government (including any supranational bodies such as the European Union or the European Central Bank)) or other entity.

(b) Nothing contained herein shall constitute a waiver by Applicant of any rights Applicant may have against SVB resulting from SVB's gross negligence or willful misconduct; provided that Applicant expressly agrees that (i) its right to exercise any such rights is conditioned upon Applicant having first made all payments required to be made by Applicant hereunder; (ii) it shall not constitute gross negligence or willful misconduct, and SVB in its discretion, (A) may honor any presentation that substantially or reasonably complies with the terms and conditions of the Credit even if the Credit requires strict or literal compliance by Beneficiary; (B) may honor a nonnegotiable or informal or unmarked demand or a demand by Beneficiary presented electronically even if the Credit requires that Beneficiary's demand be in the form of a draft and state that it is drawn under the Credit; (C) may honor a presentation without regard to any non-documentary conditions in the Credit; (D) may honor a presentation up to the amount available under the Credit against a draft or other documents claiming an amount in excess of the amount available; (E) may honor any presentation after the expiration date of the Credit (x) if presentation on or prior to such expiration date was prevented by an interruption of business or other cause beyond the control of SVB or strikes or lockouts, or (y) notwithstanding that a presentation was made on or prior to such expiration date and dishonored, if subsequently SVB or any court or other finder of fact determines such presentation should have been honored; (F) shall not be responsible for errors in interpretation of technical terms or in translation (and SVB may transmit Credit terms without translating them); (G) may replace a purportedly lost, stolen or destroyed original Credit with a replacement marked as such or waive a requirement for its presentation; (H) unless the Credit specifies the means of payment, may make any payment under the Credit by any means it chooses, including by wire transfer of immediately available funds, (I) may select SVB or any subsidiary, affiliate or branch thereof or any other bank to act as advising, transferring, confirming and/or nominated bank under the law and practice of the place where it is located (if the application for the Credit requested or authorized such advice,

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transfer, confirmation and/or nomination, as applicable); (J) may amend the Credit to reflect any change of address or other contact information of any Beneficiary; (K) shall not be obligated to examine, and may disregard for purposes of determining compliance of any presentation with the terms and conditions of the Credit, (x) any presented document not called for by the terms and conditions of the Credit and (y) that portion, if any, of any presented document called for by the terms and conditions of the Credit that contains data not called for by the terms and conditions of the Credit, regardless of whether such data conflicts with data in the Credit or any other presented document; (L) shall not be responsible for any other action or inaction taken or suffered by SVB under or in connection with the Credit, that is required or permitted under any applicable domestic or foreign law or letter of credit practice; and (M) may purchase or discount any accepted draft or deferred payment obligation incurred under the Credit without affecting the amount or timing of the reimbursement due from Applicant; and (iii) in no event shall SVB or any affiliated Person have any liability to Applicant or any other Person for any action taken, or any failure to act, with respect to the Credit or this Application and Agreement if done in good faith.

(c) Applicant will notify SVB in writing of any objection Applicant may have to SVB's issuance or amendment of the Credit, SVB's honor or dishonor of any presentation under the Credit, or any other action or inaction taken by SVB under or in connection with this Application and Agreement or the Credit. Applicant's notice of objection must be delivered to SVB within one week after Applicant receives notice of the action or inaction it objects to. Applicant's failure to give notice of objection within such period shall automatically waive Applicant's objection. Applicant's acceptance or retention beyond such period of any original documents presented under the Credit, or of any property for which title is conveyed by such documents or for which payment is made (in whole or in part) under such Credit, shall ratify SVB's honor of the applicable presentation(s).

(d) Applicant's ultimate responsibility for the final text of the Credit shall not be affected by any assistance SVB may provide such as drafting or recommending text, and Applicant assumes all risks that: (i) any non-documentary conditions stated in the Credit will be ignored when presentment is made, or may cause the Credit to be interpreted by a court as a dependent guarantee; (ii) any ambiguous or inconsistent provisions may be interpreted in a manner not intended by Applicant; (iii) any permitted payment or other action at a foreign location may invoke the application of foreign laws or rules; and (iv) the Credit does not satisfy Applicant's needs or intentions. SVB may, without incurring any liability to Applicant or impairing its entitlement to payment under this Application and Agreement, honor the Credit despite notice from Applicant of, and without any duty to inquire into, any purported defense to honor or any claim against any Beneficiary or any other Person.

(e) If the Credit is issued in transferable form, SVB shall have no duty to determine the identity of anyone appearing in any transfer request, draft or other document as transferee, or the validity or correctness of any transfer made pursuant to documents that appear on their face to be substantially in accordance with the terms and conditions of the Credit.

(f) Except as may be provided in the Credit or otherwise agreed to in writing by SVB in its sole discretion, SVB shall have no duty to (i) issue or refrain from issuing notice of (A) its election not to extend the Credit, (B) if the Credit by its terms permits it to do so, its election to terminate the Credit prior to its stated expiration date, or (C) its election not to reinstate the amount of any drawing under the Credit or (ii) otherwise amend or modify the Credit. If the Credit by its terms provides for automatic renewal or extension unless SVB notifies the Beneficiary of SVB's election not to renew or extend the Credit and if Applicant desires that SVB give such notice, then Applicant's request that SVB give such notice shall be given to SVB at least 30 days prior to the date that Applicant wishes that SVB give such notice (but SVB shall have no obligation to accede to such request).

(g) If Applicant or any other Person seeks to restrain any presentation under or honor of the Credit or takes any other action that has a similar effect or if any court shall do any of the foregoing or extend the term of the Credit, then, in each case, Applicant shall, at SVB's request, provide SVB with a bond or other collateral of a type and value reasonably satisfactory to SVB as security for all the Applicant's obligations (absolute or contingent) with respect to the Credit.

(h) SVB shall not be liable in contract, tort, or otherwise for any punitive, exemplary, consequential, indirect or special damages (including for any consequences of forgery or fraud by any Beneficiary or any other Person). Any claim by Applicant under or in connection with the Credit or this Application and Agreement shall be reduced by an amount equal to the sum of (i) the amount (if any) saved by Applicant as a result of the breach or other wrongful conduct complained of (such as where SVB's erroneous payment of the Credit results in Applicant's obtaining valuable property) and (ii) the amount (if any) of the loss that would have been avoided had Applicant taken reasonable steps to mitigate such loss.

7. Each Applicant waives: (i) any right at law or in equity to require SVB to (A) proceed against any Person, including any other Applicant or any guarantor, (B) proceed against or exhaust any collateral held for the obligations of Applicant hereunder, (C) pursue any other remedy in SVB's power or (D) make any presentment, demand for performance, or give any notice of nonperformance, protest, notice of protest or notice of dishonor in connection with such Applicant's obligations hereunder; and (ii) any defense arising by reason of (A) the incapacity, lack of authority, death or disability of, or other defense available to, Applicant or any other Person, including the insolvency or bankruptcy of any Applicant or any other Person, or any stay in connection with any such proceeding, or the failure of Beneficiary to file or enforce a claim against the estate (in administration, bankruptcy, or any other proceeding) of any Applicant or any other Person or (B) any act or omission by SVB which directly or indirectly results in or aids the discharge or release of any party obligated hereunder, any other Person, or any collateral. Each Applicant represents that each of the above waivers are made with full knowledge that events giving rise to any defense waived may adversely affect rights which Applicant otherwise may have against the other Applicant, SVB or other Persons or against any collateral.

8. Applicant represents and warrants to SVB that: (i) this Application and Agreement has been duly authorized, executed and delivered by Applicant and constitutes the valid and binding obligation of Applicant, enforceable against Applicant in accordance with its terms; (ii) Applicant's execution, delivery and performance of this Application and Agreement and its obtaining of

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the Credit do not contravene any charter provision, by-law, resolution, contract or other undertaking binding on or affecting Applicant or any of Applicant's properties, do not violate any applicable domestic or foreign law, rule or regulation (including any Anti-Corruption Law or Anti-Terrorism Law, each as defined below) or any order, writ, judgment, decree, award or permit of any arbitration tribunal, court or other governmental authority applicable to Applicant or any of Applicant's properties, and do not require any notice, filing or other action to or by any governmental authority (other than those that have been made or obtained and are in full force and effect); (iii) Applicant and the parties with whom Applicant conducts business are reputable and are not using SVB as a conduit for money laundering or other illicit purposes; (iv) none of Applicant's transactions supported by the Credit is prohibited by any applicable law, regulation, rule, order, or judgment; (v) neither Beneficiary, Applicant nor any of their respective employees is a national of a designated blocked country or "Specially Designated National," "Blocked entity," "Specially Designated Terrorist," "Specially Designated Narcotics Trafficker," or "Foreign Terrorist Organization," as defined by the United States Office of Foreign Assets Control or any successor; (vi) any and all necessary import, export or other licenses for the import, export or shipping of any and all goods shipped under or pursuant to or in connection with the Credit have been obtained and all foreign and domestic governmental regulations in regard to the shipment of any such property or the financing thereof have been and will be complied with; (vii) the financial statements received by SVB from Applicant or disclosed in Applicant's periodic and current reports filed with the U.S. Securities and Exchange Commission (or any successor thereto), if applicable, present fairly its financial condition as of the dates and for the periods therein indicated, in accordance with generally accepted accounting principles, consistently applied, and since the date of its most recent audited annual financial statements there has been no material adverse change in such financial condition or its business or assets; (viii) no other information furnished by it to SVB is or shall be materially false or misleading when furnished; (ix) there is no pending or threatened action or investigation which is reasonably likely to materially adversely affect Applicant's financial condition, business or assets or which purports to affect the validity or enforceability of this Application and Agreement, any other agreement supporting or securing this Application and Agreement, or the Credit; (x) under laws in effect on the date hereof, Applicant will not be required to make any deduction or offset from any payment it may make hereunder, and if it learns of any change requiring any such deduction or offset it will promptly notify SVB thereof; and (xi) Applicant is not an investment company within the meaning of the Investment Company Act of 1940 or, directly or indirectly, controlled by or acting on behalf of any party which is such an investment company. As used herein, (i) "Anti-Corruption Laws" mean, at any time, all laws, rules and regulations of any jurisdiction concerning or relating to bribery or corruption" and (ii) "Anti-Terrorism Laws" mean, at any time, all laws, rules and regulations of the United States of America relating to economic or trade sanctions, terrorism, narcotics trafficking or money laundering, including the Patriot Act, the Trading with the Enemy Act, the International Emergency Economic Powers Act, U.S. Executive Order No. 13224 of September 23, 2001 Blocking Property and Prohibiting Transactions With Persons Who Commit, Threaten To Commit, or Support Terrorism, and the laws administered from time to time by the Office of Foreign Assets Control of the United States Department of the Treasury.

9. Applicant will (i) comply with all foreign and domestic laws, rules and regulations now or hereafter applicable to Applicant, its properties, the Credit or transactions related to the Credit, except where the failure to do so could not reasonably be expected to have a material adverse effect in the business, operations, or condition (financial or otherwise) of Applicant or a material impairment of the prospect of repayment of any portion of the obligations under this Application and Agreement, (ii) deliver to SVB, upon request from time to time, (x) unless Applicant is required to file, and timely files (without giving effect to any extension), regular annual and quarterly financial statements with the U.S. Securities and Exchange Commission (or any successor thereto) pursuant to the United States Securities Exchange Act of 1934, as amended, financial statements, and (y) such other information concerning Applicant's financial condition, business and prospects as SVB may reasonably request, (iii) permit SVB to inspect Applicant's books and records on reasonable notice during regular business hours, (iv) comply with all Anti-Corruption Laws and Anti-Terrorism Laws applicable to it, its subsidiaries and its and their respective directors, officers, employees and agents from time to time and not cause the Credit to be issued or used (x) to fund, finance or facilitate any activities, business or transaction of or with any Person that is the target of any Anti-Terrorism Law or in any country or territory that is the subject of any Anti-Terrorism Law or (y) in furtherance of an offer, payment or giving of money or anything else of value to any Person in violation of any Anti-Corruption Law, and (v) promptly upon obtaining knowledge of the occurrence of any Event of Default or any event which with notice or lapse of time or both would constitute an Event of Default, notify SVB thereof in writing, specifying the nature thereof and the action Applicant proposes to take with respect thereto.

10. Each of the following shall constitute an "Event of Default" under this Application and Agreement: (i) Applicant fails to pay or perform any of Applicant's obligations hereunder or there occurs a default under any other agreement between Applicant and SVB; (ii) there occurs a material impairment in the perfection or priority of SVB's lien on any collateral or if the value of such collateral falls below the aggregate amount of Applicant's obligations under this Agreement (including undrawn amounts under the Credit); (iii) there occurs a material adverse change in the business, operations, or condition (financial or otherwise) of Applicant or a material impairment of the prospect of repayment of any portion of the obligations under this Agreement; (iv) a petition is filed by or against Applicant for any relief under any bankruptcy or other law relating to the relief of debtors; (v) any governmental authority, receiver or court takes possession of or exercises control over any substantial part of the property of Applicant; (vi) any court order, injunction or other legal process is issued restraining or seeking to restrain any draw or payment under the Credit; (vii) Applicant's (A) merger or consolidation with any third party unless Applicant is the survivor, (B) division or sale, lease or other conveyance of all or substantially all of its assets or business, or (C) agreement to do any of the foregoing; (viii) the occurrence of a Change in Control. As used herein, "Change of Control" means (A) a "Change of Control" as defined in any outstanding loan or credit agreement between Applicant and SVB, or (B) if there is no such agreement, (1) if Applicant is a publicly held Person, that (x) any Person or two or more Persons acting in concert shall have acquired beneficial ownership (within the meaning of Rule 13d-3 under the United States Securities Exchange Act of 1934), directly or indirectly, of voting stock of Applicant (or other securities convertible into or exchangeable for such voting stock) representing 25% or more of

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the combined voting power of all voting stock of Applicant (on a fully diluted basis), (y) during any period of up to 24 consecutive months, commencing on or after the date of this Agreement, a majority of the members of the board of directors of Applicant shall not be continuing directors, or (z) any Person or two or more Persons acting in concert shall have acquired, by contract or otherwise, or shall have entered into a contract or arrangement that upon consummation will result in its or their acquisition of power to exercise, directly or indirectly, a controlling influence over the management or policies of Applicant; and (2) if Applicant is not an individual or a publicly held Person, (x) a sale (whether of stock or other assets), merger or other transaction involving Applicant shall have occurred (whether in one transaction or a series of related transactions), as a result of which those Persons who held 100% of the voting stock of Applicant immediately prior thereto do not hold (either directly or indirectly) more than 50% of the voting stock of Applicant (or the surviving or resulting entity thereof) after giving effect thereto, or (y) a division or sale of all or substantially all of the assets of Applicant shall have occurred (whether in one transaction or a series of related transactions); or (ix) Applicant's repudiation of, or assertion of the unenforceability of any provision of, this Application and Agreement or any separate security agreement or other agreement or undertaking supporting this Application and Agreement, or any court or other governmental authority shall issue any order, ruling or determination that this Application and Agreement or such other agreement or undertaking is not in full force and effect. Upon the occurrence of an Event of Default, unless SVB shall otherwise elect, any and all obligations and liabilities of Applicant to SVB, whether absolute or contingent (including the obligation to reimburse past or future drawings under the Credit), shall become due and payable without notice or demand and SVB may exercise all rights, powers and remedies available to it, at law, in equity or otherwise. In addition, if Applicant's obligations hereunder are not fully secured by cash deposited with SVB, then, upon the occurrence of an Event of Default, Applicant will deposit with SVB, as cash security for Applicant's obligations hereunder, an amount equal to the undrawn amount of the Credit, Applicant hereby being automatically deemed to have granted to SVB a first priority perfected security interest in such cash and to have irrevocably authorized SVB to debit such cash on account of any future drawings. All rights and remedies of SVB and all obligations of Applicant under or in connection with this Application and Agreement and any other documents delivered in connection herewith are cumulative and in addition to those provided or available at equity, by law or under any other agreement.

11. Applicant understands that the final form of the Credit may vary from the wording specified in the Application, and Applicant authorizes SVB to make such changes not materially inconsistent with the Application as SVB deems necessary or appropriate. If Applicant includes in the Application any language describing events or conditions that would not be possible for SVB to verify solely from the documents required to be presented under the Credit, Applicant acknowledges and agrees that SVB has no obligation to verify compliance with such requirements or conditions. Applicant acknowledges and agrees that (i) SVB and its affiliates offer a wide range of financial and related services, which may at any time include back-office processing services on behalf of financial institutions, letter of credit beneficiaries, and other customers; (ii) some of these customers may be Applicant's counter-parties or competitors; and (iii) SVB and its affiliates may perform more than one role in relation to the Credit.

12. (a) This Application and Agreement and all other agreements and instruments required by SVB in connection herewith shall be governed by, subject to and construed in accordance with (i) the law governing any outstanding loan or credit agreement between Applicant and SVB, or (ii) if there is no such agreement, the internal laws of the State of New York applicable to contracts made and to be performed in such State (including New York General Obligations Law Section 5-1401) and applicable federal laws of the United States of America. The Credit and the rights and duties of SVB thereunder and the obligations of Applicant with respect thereto shall, unless the Credit otherwise expressly so provides, be subject to the International Standby Practices 1998, International Chamber of Commerce Publication No. 590 – ISP98 (or such later revision thereof as may be published by the Institute of International Banking Law & Practice), and any rights and remedies granted to SVB therein shall be in addition to, and not in limitation of, those expressly provided herein. If the law of a state or country other than the State of New York has expressly been chosen to govern the Credit, Applicant shall be obligated to reimburse SVB for payments made under the Credit if such payment is justified under New York law or such other law.

(b) Applicant and SVB each submit to the exclusive jurisdiction of (i) the jurisdiction submitted to under any outstanding loan or credit agreement between Applicant and SVB, or (ii) if there is no such agreement, the State and Federal courts in the State of New York.

(c) This Application and Agreement shall be binding upon Applicant and its successors and assigns when executed and delivered by Applicant, and shall inure to the benefit of and be enforceable by SVB and its successors and assigns. Applicant shall not transfer or otherwise assign any of its rights or obligations under this Application and Agreement without SVB's prior written consent. SVB may transfer or otherwise assign its rights and obligations under this Application and Agreement, in whole or in part, without the consent of Applicant. SVB may grant participations in its rights and obligations under this Application and Agreement or the Credit, in whole or in part, without the consent of Applicant; provided that (i) SVB's obligations under this Application and Agreement shall remain unchanged, (ii) SVB shall remain solely responsible to Applicant for the performance of such obligations and (iii) Applicant shall continue to deal solely and directly with SVB in connection with SVB's rights and obligations under this Application and Agreement. Applicant acknowledges that information pertaining to Applicant as it relates to this Application and Agreement or the Credit may be disclosed to actual or prospective participants, transferees or assignees.

(d) None of the terms of this Application and Agreement may be waived, terminated or amended orally, by course of dealing, or otherwise, except in a writing signed by the party against whose interest the term is waived, terminated or amended; provided that the signature of Applicant shall also be binding upon each of its affiliates that at any time is bound by any of the provisions of this Application and Agreement. Forbearance, failure or delay by SVB in the exercise of a right or remedy shall not constitute a waiver, nor shall any exercise or partial exercise of any right or remedy preclude any further exercise of that or any other right or remedy. Any waiver or consent by SVB shall be effective only in the specific instance and for the specific purpose for which it is given.

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(e) This Application and Agreement constitutes the entire agreement between the parties hereto concerning the subject matter hereof and supersedes all prior or simultaneous agreements, written or oral, with respect to the subject matter hereof.

13. Applicant agrees that SVB may issue or amend the Credit or otherwise act on instructions received by facsimile transmission (a "Faxed Application") or scanned image transmitted by email (a "Scanned Application"). Applicant accepts all risks that any Faxed Application or Scanned Application is not genuine, accurate or authorized.

14. TO THE EXTENT PERMITTED BY LAW, APPLICANT AND SVB EACH WAIVE THEIR RIGHT TO A JURY TRIAL OF ANY CLAIM OR CAUSE OF ACTION ARISING OUT OF THE CREDIT, THIS APPLICATION AND AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY, INCLUDING CONTRACT, TORT, BREACH OF DUTY AND ALL OTHER CLAIMS. THIS WAIVER IS A MATERIAL INDUCEMENT FOR BOTH PARTIES TO ENTER INTO OR RELY UPON THIS AGREEMENT. EACH PARTY HAS REVIEWED THIS WAIVER WITH ITS COUNSEL.

WITHOUT INTENDING IN ANY WAY TO LIMIT THE PARTIES' CHOICE OF LAW, SUBMISSION TO JURISDICTION OR AGREEMENT TO WAIVE THEIR RESPECTIVE RIGHT TO A TRIAL BY JURY, if the above waiver of the right to a trial by jury is not enforceable under the laws of the State of California (as finally determined by a court of competent jurisdiction in such State), the parties hereto agree that any and all disputes or controversies of any nature between them arising at any time shall be decided by a reference to a private judge, mutually selected by the parties (or, if they cannot agree, by the Presiding Judge of the Santa Clara County, California Superior Court) appointed in accordance with California Code of Civil Procedure Section 638 (or pursuant to comparable provisions of federal law if the dispute falls within the exclusive jurisdiction of the federal courts), sitting without a jury, in Santa Clara County, California; and the parties hereby submit to the jurisdiction of such court. The reference proceedings shall be conducted pursuant to and in accordance with the provisions of California Code of Civil Procedure Sections 638 through 645.1, inclusive. The private judge shall have the power, among others, to grant provisional relief, including without limitation, entering temporary restraining orders, issuing preliminary and permanent injunctions and appointing receivers. All such proceedings shall be closed to the public and confidential and all records relating thereto shall be permanently sealed. If during the course of any dispute, a party desires to seek provisional relief, but a judge has not been appointed at that point pursuant to the judicial reference procedures, then such party may apply to the Santa Clara County, California Superior Court for such relief. The proceeding before the private judge shall be conducted in the same manner as it would be before a court under the rules of evidence applicable to judicial proceedings. The parties shall be entitled to discovery, which shall be conducted in the same manner as it would be before a court under the rules of discovery applicable to judicial proceedings. The private judge shall oversee discovery and may enforce all discovery rules and orders applicable to judicial proceedings in the same manner as a trial court judge in such jurisdiction. The parties agree that the selected or appointed private judge shall have the power to decide all issues in the action or proceeding, whether of fact or of law, and shall report a statement of decision thereon pursuant to California Code of Civil Procedure Section 644(a). Nothing in this paragraph shall limit the right of any party at any time to exercise self-help remedies, foreclose against collateral, or obtain provisional remedies. The private judge shall also determine all issues relating to the applicability, interpretation, and enforceability of this paragraph.

15. The Applicant named on the face page of this Application and Agreement has the sole right to give instructions and make agreements and amendments with respect to this Application and Agreement and the Credit; provided that if Applicant and Account Party are designated as jointly and severally obligated hereunder, (i) such Applicant irrevocably agrees that Account Party has the sole right to give instructions and make agreements and amendments with respect to this Application and Agreement and the Credit and that such Applicant shall automatically be deemed to be in accord therewith and bound thereby and (ii) each Applicant and Account Party agrees that its obligations hereunder are primary, waives all discharge defenses available to a secondary obligor, and forgoes negotiation of a separate guaranty and security agreement providing for secondary liability to SVB.

16. Applicant and any other party hereto may execute this Application by electronic means and each party hereto recognizes and accepts the use of electronic signatures and records by any other party hereto in connection with the execution and storage hereof. Any references herein to "written" or "in writing" shall be deemed to include all modes of representing or reproducing words in visible form, including in the form of an "Electronic Record" as such term is defined in the Electronic Transactions Law (2003 Revision) of the Cayman Islands (the "Cayman Islands Electronic Transactions Law"). Any requirements herein as to delivery of any document include delivery in the form of an Electronic Record. Any requirements as to execution or signature can be satisfied in the form of an "Electronic Signature" as such term is defined in the Cayman Islands Electronic Transactions Law; provided, however, that Section 8 and 19(3) of such law shall not apply.

17. U.S. Federal laws require all financial institutions to obtain, verify and record information that identifies each Person who opens an account. Issuing the Credit is considered to be opening an account and will require compliance with these Federal laws. Applicant hereby acknowledges and agrees that it shall promptly submit documentation acceptable to SVB that complies with Customer Due Diligence Requirements for Financial Institutions (31 CFR 1010, 1020, 1023, 1024 and 1026) (the "CDD Attestation"), and provide SVB with prompt written notice of any changes to the information set out in the CDD Attestation. Applicant understands and acknowledges that SVB relies on such true, accurate and up-to-date beneficial ownership information to meet SVB's regulatory obligations to obtain, verify and record information about the beneficial owners of its legal entity customers. Applicant further agrees to provide SVB with any other documents requested by SVB if deemed necessary by SVB to enable SVB to comply with applicable law, including the Patriot Act, the Bank Secrecy Act and the rules and regulations promulgated thereunder.

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TwoLabs PHARMA SERVICES

oncopeptides

September , 302020

Via Fed Ex
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

To Whom It May Concern:

On behalf of Oncopeptides, Inc., attached is Oncopeptides, Inc.'s application for Out-Of-State Wholesalers.

Oncopeptides is a pharmaceutical company focused on the development of targeted therapies for difficult-to-treat hematological diseases. The company is focusing on the development of the lead product candidate melflufen, a first in class peptide-drug conjugate (PDC) that targets aminopeptidases and rapidly releases alkylating agents into tumor cells.

Oncopeptides, Inc. is a "Virtual Manufacturer". Their product is manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. Therefore, at no time does Oncopeptides, Inc. physically manufacture or distribute product. Oncopeptides Inc.'s product is not a controlled substance. Accordingly, Oncopeptides, Inc. is not required to obtain a DEA registration. At the time of this filing, Oncopeptides, Inc. is licensed in Massachusetts.

I hope this narrative is helpful as you review Oncopeptides, Inc.'s application. If you have a question regarding this application, please contact me at [redacted], or via email at cheryl.midian@twolabs.com. Please also address all written communication to me. My address is [redacted] Cadogan Place, New Albany, OH 43054.

Thank you in advance for your consideration.

Cheryl Midian
Licensing Analyst

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02630

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Rhodes Pharmaceuticals L.P.

Physical Address: 498 Washington Street

City: Coventry State: RI Zip Code: 02816

Telephone Number: (401) 262-9400 Fax Number: (401) 262-9401

Toll Free Number: N/A

E-mail: RPL@slsny.com Website: www.rhodespharma.com

Facility Manager: Vincent Francis Mancinelli II

Professional qualifications and experience of facility manager: Senior level pharmaceutical executive with more than 22 years of leadership experience in a multi-national, Fortune 500 company. Strong pharmaceutical and technical operations experience including supply chain managment.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

RPC-0498-NV

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Labeler Code: 42858
(If yes, provide a copy of your FDA registration) Yes ☒ No ☐

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

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

Name: Purdue Pharmaceuticals LP
Address: 4701 Purdue Drive, Wilson, NC 27893

Name: Cambrex dba Halo Pharmaceuticals
Address: 30 N. Jefferson Road, Whippany, NJ 07981

Name: TEVA Pharmaceuticals Israel
Address: 5 Basel Street, Detach Tikva Israel 49131

Name: Frontida
Address: 1100 Orthodox Street, Philadelphia, PA 19124

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

RPL-0498-NV

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

Vincent J. Mancinelli II

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

Vincent Francis Mancinelli II

Print Name of Authorized Person

02/24/2020

Date

Board Use Only	Date Processed:	Amount: 500.00

RPL-0498-NV

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: Rhodes Associates L.P. %: 100%

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Rhodes Pharmaceuticals L.P.

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City, State Zip Code: Florida, NY 10921

Telephone Number: (845) 544-2482 Fax Number: (845) 544-2481

Contact Person: Jennifer Schneider

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

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

Rhodes
PHARMACEUTICALS

Officer List

Vincent Francis Mancinelli II, President ✓
Robert J. Thebeau, VP, Sales and Marketing ✓
David S. Fogel, VP, Finance
James Patrick Doyle, VP & General Counsel
David R. Lundie, COO

Vincent Mancinelli II
Vincent Francis Mancinelli II, President

5/1/2020
Date

498 Washington Street, Coventry, RI 02816
Phone: (401) 262-9400 Fax: (401) 262-9401

U.S. Department of Health and Human Services

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
APTENSIO XR	42858-401-45	10 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA205831	Rhodes Pharmaceuticals L.P.	42858-401	(methylphenidate hydrochloride)	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/17/2015	N/A	NDA

Verified
8/17/20
MS

State of Rhode Island
Department of Health

RHODES PHARMACEUTICALS LP

Address Information

498 WASHINGTON ST
COVENTRY RI 02816

License Information

License No:	MNF00152	**Profession:**	Pharmacy	**License Type:**	Drug Manufacturer-In State
License Status:	Active	**Issue Date:**	12/31/2019	**Expiration Date:**	9/30/2021
Secondary License Type:					

Specialty Information

No Specialty Information

Disciplinary Action

Disclaimer: The individual license information on the Licensee Lookup displays only the current license status (e.g., Active, Active Probation, Suspended, Revoked) For the disciplinary history of any individual licensee, please click on the link for the specific profession and then on the Disciplinary Actions link available on each professional board's webpage.

See Board Disciplinary Listings at http://www.health.ri.gov/lists/disciplinaryactions

CLOSE THIS WINDOW TO RETURN TO THE SEARCH RESULTS.

State of Rhode Island
Department of Health

RHODES PHARMACEUTICALS L.P.

Address Information

498 WASHINGTON ST

COVENTRY RI 02816

License Information

License No:	WSL00153	**Profession:**	Pharmacy	**License Type:**	Drug Wholesaler-In State
License Status:	Active	**Issue Date:**	1/9/2020	**Expiration Date:**	9/30/2021
Secondary License Type:					

Specialty Information

No Specialty Information

Disciplinary Action

Disclaimer: The individual license information on the Licensee Lookup displays only the current license status (e.g., Active, Active Probation, Suspended, Revoked). For the disciplinary history of any individual licensee, please click on the link for the specific profession and then on the Disciplinary Actions link available on each professional board's webpage.

See Board Disciplinary Listings at http://www.health.ri.gov/lists/disciplinaryactions

CLOSE THIS WINDOW TO RETURN TO THE SEARCH RESULTS.

The Stevenson Group
Fort Lee, NJ

Vincent F. Mancinelli II

Sagewood Drive. Venetia, PA 15367
Home Phone: /Cell Phone: (
ne.com

SUMMARY

Dynamic, successful and results driven **senior level pharmaceutical executive** with more than 22 years of leadership experience in a multi-national, Fortune 500 company. Demonstrated ability to build and lead diverse teams in a regulated, rapidly changing, fast-paced international environment. Strong pharmaceutical and technical operations experience. Proven ability to solve problems, reduce operating costs, improve product quality and improve business processes while building partnerships with key business decision makers and achieving sustainable competitive advantages. Specific areas of expertise include:

- Operations Management
- Cost Reduction and Lean Operations
- Product Development and Pharmaceutical Technology
- Quality Assurance and Compliance
- Regulatory Affairs
- Strategic Planning and Execution
- Business Unit Development
- Supply Chain Management

PROFESSIONAL EXPERIENCE

RHODES PHARMACEUTICALS, Coventry, RI 2010-Present
President

Lead the development and commercial operation of the Rhodes Pharmaceuticals business. In collaboration with other Independent Associated Companies (IACs), specifically Rhodes Technologies Inc. and Purdue Pharmaceuticals L.P., utilize the worldwide existing Intellectual Property, API and finished dosage capabilities. Develop, expand, and execute an emerging portfolio of generic products. Develop and execute the commercial marketing and sales strategy for Rhodes Pharmaceuticals. Motivate, develop and expand the current business team. Functional responsibility for the business bottom line results, sales, marketing and responsible for product development, technical services and regulatory functions including timely and successful ANDA files.

MYLAN, INC., Canonsburg, PA 2007-2009
Head of North American Technical Operations and General Manager
Reported to the President of North America and the Head of Global Technical Operations. Responsible for all technical operations of a $2.1 billion combined business located in the United States, Puerto Rico and Canada. Profit and loss responsibility for all pharmaceutical operations including a $162 million research and development function. Led a multi-disciplined staff through nine direct reports and four indirect reports with a functional expense/capital budget of $559 million and cost of goods sold (COGS) budget of $949 million. Accountable for

operations at eight manufacturing/packaging sites and one distribution center with a workforce of more than 3500 employees.

- Led team successfully in development of operational strategies and site objectives aligned with corporate goals and experienced record revenues.
- Launched 27 generic products in United States and eight in Canada in calendar year 2008 resulting in a company record.
- Effectively managed increased oral solid production from 12.4 billion doses in 2007 to approximately 19 billion doses in 2009 while reducing product standard conversion costs by 5%, maintaining customer service levels at 98% and meeting all expense and capital budget commitments each year.
- Key contributor to the global manufacturing site rationalization team, finished dosage form rationalization team and supply network committee.
- Led execution of reduction in force of Puerto Rican facility while transforming site to a global manufacturer and supplier of high potency products.
- Oversaw closure of Canadian manufacturing sites including all elements of product transfers and designing future organization.
- Introduced and implemented operational excellence program across all sites in North America to achieve a 44% reduction in lead times and approximately $19 million reduction in COGS.

Head of North American Technical Operations and General Manager (continued)

- Led the identification and design of key performance indicators for each business unit and conducted monthly reviews to evaluate sites and ensure competiveness in marketplace.
- Facilitated site expansions of Mylan Technologies Pharmaceutical Labeling Division and Mylan Pharmaceuticals.

UDL LABORATORIES, INC., Rockford, IL 2001-2007

Executive Vice President and General Manager (2005-2007)

Reported to Mylan's CEO and COO. Profit and loss accountability for premier supplier of unit dose multi-source pharmaceuticals to the institutional and long-term care market place. Responsible for management and leadership of all aspects of multi-site company of approximately 285 employees.

- Spearheaded expansion of facilities and increased product portfolio resulting in largest unit dose product line in the United States.
- Led expansion into retail market with design and introduction of patient compliance packages.
- Integrated Mylan-Bertek, Sugar Land, Texas manufacturing facility, which focused on burn and wound care products, with existing UDL business.
- Achieved highest revenues in company history.

Vice President, Quality and Regulatory Affairs (2002-2005)

Reported to President of UDL Laboratories. Overall responsibility for the management of all Quality, Compliance and Regulatory Affairs activities with a staff of over 50 employees. Accountable for new product development, labeling, engineering and tech services.

- Developed, reviewed and implemented Corporate Quality Policies as key team member.
- Directed design and qualifications/validation strategy for building expansion and commissioning of new equipment.
- Defined and implemented a restructuring of the Quality, Regulatory and Compliance teams to better service the business unit.

- Engaged site in a continuous improvement program which resulted in numerous successful FDA and DEA inspections.

Executive Director, Quality and Regulatory Affairs (2001-2002)
Reported to President of UDL. Directed all operational functions associated with Quality, Regulatory Affairs and Compliance.

- Conducted a risk assessment of the existing Quality and Regulatory Affairs operations.
- Developed systems to assure compliance with federal regulations and Mylan corporate policies.

MYLAN PHARMACEUTICALS, INC., Morgantown, WV 1986-2001
Director, Regulatory Affairs (2000-2001)
Managed all Regulatory Affairs activities related to Chemistry, Manufacturing and Controls (CMC) aspects of generic products.

- Supervised the planning, preparation, review and submission of Abbreviated New Drug Applications (ANDA's), CMC amendments and supplements and provided regulatory guidance to manufacturing and QA/QC personnel regarding proposed changes to approved applications.
- Interacted directly with FDA personnel on project issues and during inspections.

Director, Product Development (1997-2000)
Directed Product Development activities related to generic oral solids.

- Coordinated, planned and supervised the development and commercial launch of immediate release and modified release generic oral solid dosage form projects.
- Identified and evaluated potential new products for acceptance into the Mylan development program.
- Interacted directly with FDA during pre-approval inspections for new products.
- Authored regulatory and technical documentation to support regulatory submissions, supplements and comment letter responses.

MYLAN PHARMACEUTICALS CAREER PROGRESSION

Associate Director, Quality Assurance (1995-1997)
Manager, Quality Assurance (1993-1995)
Assistant Manager, Quality Assurance (1992-1993)
Assistant Manager, Product Development (1990-1992)
Senior Formulations Chemist, Product Development (1989-1990)
Formulations Chemist, Product Development (1987-1989)
Formulator, Product Development (1987-1987)
Chemist, Bioanalytical/Pharmacokinetics Laboratory (1986-1987)

EDUCATION

Bachelor of Arts in Biology, Magna Cum Laude, West Virginia University, Morgantown, West Virginia

Graduate studies in Pharmaceuticals, West Virginia University, Morgantown, West Virginia

PATENTS

US Patent #6,780,436 "Solid Oral Pharmaceutical Formulation of Modified Release That Contains an Acid Labile Benzimidazole Compound"

EU Patent #1086694 "Solid Oral Pharmaceutical Formulation of Modified Release That Contains an Acid Labile Benzimidazole Compound"

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RHODES PHARMACEUTICALS L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RHODES PHARMACEUTICALS L.P." WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2007.



Jeffrey W. Bullock, Secretary of State

4403565 8300

SR# 20206327290

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

Authentication: 203322794

Date: 07-21-20

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K13519031

Application/License No. _____

Purdue Pharmaceuticals L.P. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4701 Wilson Drive, Wilson, NC 27893 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 436 Walnut Street, Philadelphia, PA 19106-3703 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 08, 2018 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 8th day of March, 2018.

APPLICANT/PRINCIPAL

Purdue Pharmaceuticals L.P.

Authorized Representative

SURETY COMPANY

Westchester Fire Insurance Company

Surety Company's Representative

Jessica Iannotta, Attorney-in-fact
print name
NV Non Resident Producer, License No. 3155198

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Kelly O'Malley

Witness Annette Leuschner

Countersigned by:

N/A

Nevada Resident Agent

Power of Attorney

WESTCHESTER FIRE INSURANCE COMPANY

Know all men by these presents: That WESTCHESTER FIRE INSURANCE COMPANY, a corporation of the Commonwealth of Pennsylvania pursuant to the following Resolution, adopted by the Board of Directors of the said Company on December 11, 2006, to wit:

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

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such persons written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

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

Does hereby nominate, constitute and appoint Annette Leuschner, April D Perez, James P Holland, Jessica Iannotta, Kelly O'Malley, Kristin S Bender, Marisol Mojica, Theresa Giraldo all of the City of MORRISTOWN, New Jersey, each individually if there be more than one named, its true and lawful attorney-in-fact, to make, execute, seal and deliver on its behalf, and as its act and deed any and all bonds, undertakings, recognizances, contracts and other writings in the nature thereof in penalties not exceeding SEVENTY MILLION DOLLARS & ZERO CENTS ($70,000,000.00) and the execution of such writings in pursuance of these presents shall be as binding upon said Company, as fully and amply as if they had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office.

IN WITNESS WHEREOF, the said Stephen M. Haney, Vice-President, has hereunto subscribed his name and affixed the Corporate seal of the said WESTCHESTER FIRE INSURANCE COMPANY this 3 day of October 2017

WESTCHESTER FIRE INSURANCE COMPANY

Stephen M. Haney

Stephen M. Haney, Vice President

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF PHILADELPHIA ss.

On this 3 day of October, 2017 before me, a Notary Public of the Commonwealth of Pennsylvania in and for the County of Philadelphia came Stephen M. Haney, Vice-President of the WESTCHESTER FIRE INSURANCE COMPANY to me personally known to be the individual and officer who executed the preceding instrument, and he acknowledged that he executed the same, and that the seal affixed to the preceding instrument is the corporate seal of said Company; that the said corporate seal and his signature were duly affixed by the authority and direction of the said corporation, and that Resolution, adopted by the Board of Directors of said Company, referred to in the preceding instrument, is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at the Cityof Philadelphia the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KAREN E. BRANDT, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Sept. 26, 2018

Karen E Brandt

Notary Public

I, the undersigned Assistant Secretary of the WESTCHESTER FIRE INSURANCE COMPANY, do hereby certify that the original POWER OF ATTORNEY, of which the foregoing is a substantially true and correct copy, is in full force and effect.

In witness whereof, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of the Corporation, this 8th day of March 2018.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

THIS POWER OF ATTORNEY MAY NOT BE USED TO EXECUTE ANY BOND WITH AN INCEPTION DATE AFTER OCTOBER 03, 2019.

DocuGard #04546 contains a security pantograph, blue background, heat-sensitive ink, coin-reactive watermark, and microtext printing on border.

HEAT SENSITIVE SHIELD FADES WITH HEAT OR TOUCH

WESTCHESTER FIRE INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2016

ADMITTED ASSETS

BONDS	$1,492,813,519
SHORT - TERM INVESTMENTS	34,890,369
STOCKS	450,903
REAL ESTATE	0
CASH ON HAND AND IN BANK	19,880,440
PREMIUM IN COURSE OF COLLECTION*	69,254,246
INTEREST ACCRUED	14,505,011
OTHER ASSETS	132,649,982
TOTAL ASSETS	$1,764,444,470

LIABILITIES

RESERVE FOR UNEARNED PREMIUMS	$200,260,562
RESERVE FOR LOSSES	851,003,190
RESERVE FOR TAXES	16,081,016
FUNDS HELD UNDER REINSURANCE TREATIES	5,666,051
OTHER LIABILITIES	(11,412,992)
TOTAL LIABILITIES	1,061,597,827

CAPITAL: 70,000 SHARES, $71.43 PAR VALUE	5,000,100
CAPITAL: PAID IN	304,543,059
AGGREGATE WRITE-INS FOR SPECIAL SURPLUS FUNDS	113,661,643
SURPLUS (UNASSIGNED)	279,641,841
SURPLUS TO POLICYHOLDERS	702,846,643
TOTAL	$1,764,444,470

(*EXCLUDES PREMIUM MORE THAN 90 DAYS DUE.)

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2016.

Sworn before me this March 22, 2017

Senior Vice President

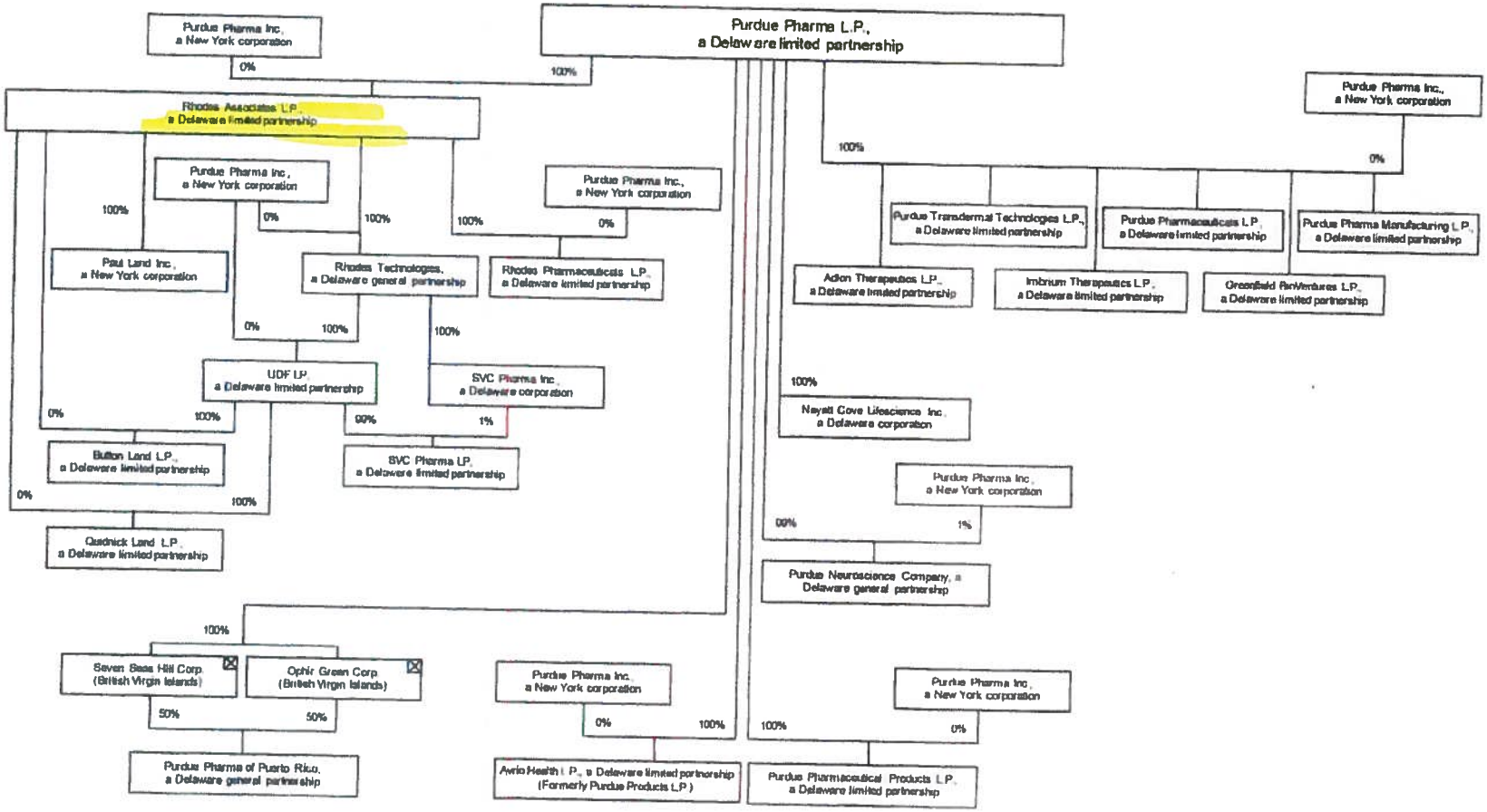
Diane Wright
Notary Public

August 8, 2019
My commission expires

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Diane Wright, Notary Public
City of Philadelphia, Philadelphia County
My Commission Expires Aug. 8, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Appendix A:

Purdue Pharma L.P. (and subsidiaries)



SURETY RIDER

To be attached to and form a part of

Bond No. K13519031

dated effective March 8, 2018
(MONTH-DAY-YEAR)

executed by Purdue Pharmaceuticals L.P. , as Principal,
(PRINCIPAL)

and by Westchester Fire Insurance Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to ~~changing~~

Adding the Principal name to the bond as follows:

Rhodes Pharmaceuticals L.P.
498 Washington Street
Coventry, RI 02816

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective February 26, 2020
(MONTH-DAY-YEAR)

Signed and Sealed August 27, 2020
(MONTH-DAY-YEAR)

Rhodes Pharmaceuticals L.P.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Westchester Fire Insurance Company
(SURETY)

By: _____
April D. Perez, Attorney-In-Fact

WESTCHESTER FIRE INSURANCE COMPANY

S-0443/GEEF 10/99

CHUBB

Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Annette Audinot, Kristin S. Bender, Jessica Iannotta, Kelly O'Malley and April D. Perez of Morristown, New Jersey; Megan Schlueter of Raleigh, North Carolina ----------

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

In Witness Whereof, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 2nd day of October, 2019.

Dawn M. Chloros

Dawn M Chloros Assistant Secretary

Stephen M Haney Vice President

STATE OF NEW JERSEY

County of Hunterdon ss

On this 2nd day of October, 2019, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

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

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

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company may be affixed by facsimile on such Written Commitment or written appointment or delegation.

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

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

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

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this August 27, 2020

Dawn M. Chloros

Dawn M Chloros Assistant Secretary

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

DocuSign Envelope ID: CCF7D358-9B25-47C6-8B4C-6EAB7BF6431E

WESTCHESTER FIRE INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

December 31, 2019

(in thousands)

ASSETS		*LIABILITIES AND SURPLUS TO POLICYHOLDERS*	
Cash and Short Term Investments	$ (17,346)	Outstanding Losses and Loss Expenses	$ -
United States Government, State and Municipal Bonds	106,879	Reinsurance Payable on Losses and Expenses	-
Other Bonds	56,172	Unearned Premiums	-
Stocks	28	Ceded Reinsurance Premiums Payable	-
Other Invested Assets	6,008	Other Liabilities	100,006
TOTAL INVESTMENTS	151,741	TOTAL LIABILITIES	100,006
Investments in Affiliates	-	Capital Stock	5,000
Premiums Receivable	-	Paid-In Surplus	59,856
Other Assets	92,830	Unassigned Funds	79,709
		SURPLUS TO POLICYHOLDERS	144,565
TOTAL ADMITTED ASSETS	$ 244,571	TOTAL LIABILITIES AND SURPLUS	$ 244,571

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners, At December 31, 2019, investments with a carrying value of $12,787,328 were deposited with government authorities as required by law.

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2019.

Subscribed before me this April 14 2020

John Taylor

D2[redacted]

Senior Vice President

Diane Wright

Notary Public

August 8, 2023

My commission expires

Commonwealth of Pennsylvania - Notary Seal
Diane Wright, Notary Public
Philadelphia County
My commission expires August 8, 2023
Commission number 1235745

Member, Pennsylvania Association of Notaries

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Validus Pharmaceuticals LLC

Physical Address: 119 Cherry Hill Road Suite 310

City: Parsippany State: New Jersey Zip Code: 07054

Telephone Number: 973-265-2777 ext. 101 Fax Number: 973-265-2770

Toll Free Number: 866-982-5438

E-mail: Dhofmann@validuspharma.com Website: Validuspharma.com

Facility Manager: John Kinney

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate) 3PL for Validus Pharmaceuticals attached copy

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) Attached FDA Drug Code list Labeler: 30698

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

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

Name: AmerisourceBergen
Address: 1300 Morris Drive, Chesterbrook, PA 19087-5594

Name: McKesson
Address: One Post St. San Francisco CA 94104

Name: Cardinal Health
Address: 7200 Cardinal Place, Dublin OH 43017

Name: Smith Drug Company
Address: 9098 Fairforest Road, Spartanburg SC 29301

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

John Kinney, CEO
Print Name of Authorized Person

10/5/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Type of Partnership: General _____ Limited ✓

List names of 4 largest partners and percentage of ownership:

Name: Massachusetts Mutual Life Insurance %: 48.12%

Name: Wood Creek Venture %: 30%

Name: CM Life Insurance Co. %: 12.03%

Name: State Street Bank %: 9.85%

Partnership Name: Validus Pharmaceuticals LLC

Mailing Address: 119 Cherry Hill Road, Suite 310

City, State Zip Code: Parsippany New Jersey 07054

Telephone Number: 973-265-2777 ext 101 Fax Number: 973-265-2770

Contact Person: Diane Hofmann or John Kinney

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

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of $25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

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

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

Validus
PHARMACEUTICALS

119 Cherry Hill Road, Suite 310
Parsippany, NJ 07054
973-265-2777
973-265-2770 Fax

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

Validus Pharmaceuticals LLC is a Virtual Manufacturing Company; we are the holders of the NDAs shipping under labeler number 30698. Validus is formed under the laws of the State of Delaware and holds a letter of good standing.

Validus has an office located at 119 Cherry Hill Road (Suite 310), Parsippany New Jersey. Validus employees twenty employees. Validus has highly qualified Regulatory and Quality Departments all employees are trained under SOP's.

Validus only ships Rx Drugs to Wholesale Distributors through our 3PL, Saddle River Marketing Concepts. All Rx drugs are held at our warehouse. Saddle River Marketing Concepts is NABP Drug Distributor and hold a license in the State of Nevada.

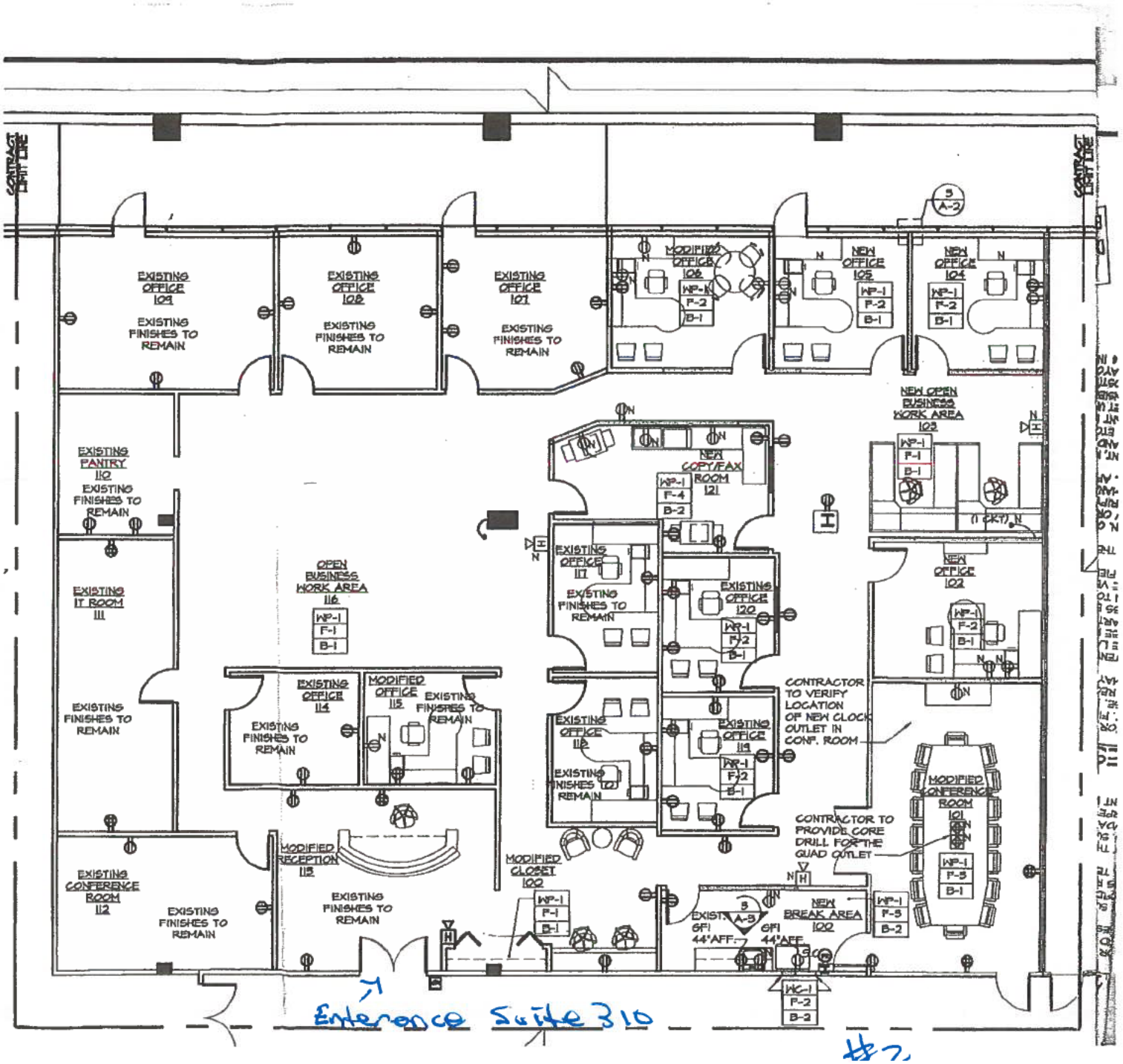
Supporting Documents Attached

1. Check #11845 Payable to: Nevada State Board of Pharmacy $500.00
2. Office layout for 119 Cherry Hill Road, Suite 310, Parsippany, NJ 07054
3. Letter of Good Standing from Delaware dated September 2, 2020
4. New Jersey License # 5003510 expiration January 31, 2021
5. New Jersey Statement dated August 25, 2020 showing No Disciplines on License # 5003510.
6. State of New Jersey Routine Inspection June 10, 2016
7. FDA assigned labeler code number (30698) dated March 23, 2007
8. Rx Drugs – Listed on National Drug Code Directory from FDA
9. Pharmaceutical Wholesaler Surety Bond

3PL Saddle River Marketing Concepts (warehouse for Validus Pharmaceuticals) Documents

1. NABP Accredited Drug Distributor – Period of Accreditation 5/15/2018 – 05/14/2021
2. Nevada State Board of Pharmacy – Permit # WHO1089

Validus Pharmaceutical
Office Layout
Location: 119 Cherry Hill Road
Suite 310
Parsippany NJ 07054



#7

Page 1
Professional Qualifications

John P. Kinney, Jr
Wyckoff, NJ [redacted]

PROFESSIONAL EXPERIENCE:

Validus Pharmaceuticals **Chief Executive Officer**	**(2018-present)**
SANDOZ PHARMACEUTICALS (NOVARTIS) **Head (Exec. Director) – North America Anti-Infective Business Unit**	**(2015-2017)**
PRICEWATERHOUSE COOPERS **Commercial Director – Pharmaceutical and Life Sciences Practice**	**(2013-2015)**
MYLAN **Vice President – Marketing**	**(2011-2012)**
GENENTECH/ROCHE **Director –New Product Launch and Metabolic Transformation**	**(2007-2011)**
ROCHE	**(1993-2007)**
Director – Tamiflu Brand Team Relaunch	(2005-2007)
Manager –Strategic Marketing and Analytics – Hepatitis/Obesity/Osteoporosis	(2002-2005)
Manager – Finance	(2000-2002)
Director – Technical Operations/Quality Management	(1993-2000)

EDUCATION:

MBA – Marketing and Finance, New York University, Stern School of Business

MS – Biology and Biochemistry, Seton Hall University

BS – Chemistry, Penn State University

Validus Pharmaceuticals LLC

Corporate Officers

CEO
John Kinney

COO
Emile Williams

Interim Secretary
John Kinney

Interim General Council
Christine Chiarello

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALIDUS PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALIDUS PHARMACEUTICALS LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2007.

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





4337564 8300

SR# 20207069485

Authentication: 203582145

Date: 09-02-20

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

#3

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737990

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

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

119 CHERRY HILL RD.- STE 310 PARSIPPANY. NJ 07054-

Reg. No.
5003510

VALIDUS PHARMACEUTICALS LLC
VALIDUS PHARMACEUTICALS LLC
ATTN: DIANE HOFMANN
119 CHERRY HILL RD - STE 310
PARSIPPANY. NJ 07054-

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

EXPIRES: January 31, 2021

Establishment Copy

#4

SA

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 8/25/2020

Registration Number: 5003510 **Registered as:** Manufacturer an

Parent Company Name: VALIDUS PHARMACEUTICALS LLC

Trade Name: VALIDUS PHARMACEUTICALS LLC

Original Issue Date: 06/25/2007 **Expiration Date:** 01/31/2021

Current Issue Date: 12/26/2019

Disciplines: No

New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
Food and Drug Safety Program
P.O. Box 369, Trenton, NJ 08625-0369

REPORT OF INSPECTION

ASSIGNMENT #

License/ID #	Category	Sub-Category	Activity Type	Evaluation
5003510	Wholesale		Routine Inspection	

Name of Owner(s), Partnership or Corporation	Trade Name	E-mail Address
Validus Pharmaceuticals LLC		gwalljasper@validuspharma.com

Establishment Location (Street Address)	City	Zip Code	County	Telephone No.
119 Cherry Hill Road, Suite 310	Parsippany	07054	Morr	973-265-2777

Establishment Mailing Address (if different)	Changes	Revised Information:

Name of Inspecting Official	REHS Lic. #	Est. Code:	Total Hours:	Reinspection on or After:
Charlotte Chang	B-154105	460	3.5	

TIME/ACTIVITY REPORT *(Codes: 1-Travel, 2-Inspection, 3-Administration, 4-Personal)*

Date	Code	Began	Ended	Date	Code	Began	Ended	Date	Code	Began	Ended
06-08-16	1	0900	1000	"	2	1000	1115	06-10-16	3	1245	1400

Item NJAC 8:21-	Remarks *R = Repeat Violation from the previous inspection*

Answer the following questions by checking the appropriate box. Explain "No" answers on continuation sheet(s)

Note: **No violations were observed at the time of inspection.**

Note: **This facility serves as a virtual office. No product is stored at this facility. This facility utilizes a 3PL, Saddle River Marketing, for storage and distribution of product.**

The Rules at NJAC 8:21.1 et seq. apply to both Prescription and OTC drugs.

8:21-3A.7 Personnel requirements YES NO N/A

1. Do personnel employed by the wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State licensing requirements?

8:21-3A.8 Facility

Facilities at which drugs are stored, warehoused, handled, held, offered, marketed, or displayed

1. Of suitable size and construction to facilitate cleaning, maintenance, and proper operations
2. Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions
3. Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened
4. Maintained in a clean and orderly condition
5. Free from infestation by insects, rodents, birds, or vermin of any kind

8:21-3A.9 Security

1. Facility shall be secured from unauthorized entry
2. Entry into areas where drugs are held shall be limited to authorized personnel

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Item	Remarks

3. Access from outside premises is kept to a minimum and be well controlled

4. The outside perimeter of the premises shall be well-lighted.

5. All facilities shall be equipped with an alarm system to detect entry after hours.

6. Facilities shall be equipped with a security system that will provide suitable protection against theft and diversion. When applicable, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records. YES NO N/A

8:21-3A.10 Storage

1. All drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).

1(b). If no storage requirements are established for a drug, is the drug held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

2. Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs shall be utilized to document proper storage of prescription drugs.

3. Is a record being maintained for prescription drugs that records the date, time, thermometer temperature, and the initials of the person recording the data?

8:21-3A.11 Minimum requirements for maintenance of drug distribution records
Examination of materials

1. All **incoming merchandise** of drugs are examined for damage and accuracy

   Upon receipt, each outside shipping container shall be visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to the contents.

2. All **outgoing shipments** of drugs are examined for damage and accuracy

   Each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.

8:21-3A.12 Returned, damaged and outdated drugs

Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.

Any drugs whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier.

If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, then the drug shall be destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the wholesale drug distributor shall consider, among other things, the conditions under which the drug has been held, stored, or shipped before or during its return and the condition of the drug and its container, carton, or labeling, as a result of storage or shipping.

1. Damaged, outdated, deteriorated, misbranded or adulterated drugs are physically separated from other prescription drugs

Item	Remarks

8:21-3A.13 Recordkeeping YES NO N/A

Wholesale drug distributors shall establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs. These records shall include the following information:

1. Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped
2. Identify and quantity of drugs received and distributed/disposed, date of receipt and distribution/disposal
3. A complete and accurate annual record of all stock of drugs on hand
4. An ongoing listing of all retail and wholesale establishments with whom they do business

8:21-3A.14 Due diligence

Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:

1. Copies of all state and Federal regulatory licenses and registrations
2. The wholesaler distributor's most recent facility inspection reports
3. A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formally known
4. A list of corporate officers and managerial employees and designated representative
5. A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable
6. At least annually, a wholesale distributor that purchases prescription drugs from another wholesale distributor shall update the information set forth in (1-5) above
7. No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.
8. No purchase or acquisition shall be permitted from a firm that has not provided complete information as set forth in (1-5) above

8:21-3A.15 Recordkeeping - Availability of records and inventories

1. Records are stored at the firm or are easily retrievable by computer

Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. **Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within 2 working days of a request** by an authorized official of a Federal, State, or local law enforcement agency.

2. Records are stored for 3 years.

Item	Remarks

Inventories and records shall be made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation

8:21-3A.16 Policies and procedures – Recordkeeping YES NO N/A

1. Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs
2. Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories
3. Firm has a procedure where oldest stock is distributed first
4. Firm has a procedure for handling recalls/withdrawals of drugs
5. Firm has a procedure for handling return of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years' after disposition of the outdated drugs
6. Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster.

8:21-3A.17 List of responsible persons

1. A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of prescription drugs is maintained at the firm
2. Description of duties and qualifications of personnel is maintained at the firm

8:21-3A.19 Salvage; reprocessing

1. Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211.

REPORT OF INSPECTION / INVESTIGATION
(CONTINUED)

Item	Remarks

REPORT OF INSPECTION / INVESTIGATION
(CONTINUED)

Item	Remarks

REPORT OF INSPECTION / INVESTIGATION
(CONTINUED)

Item	Remarks

Signature of Inspecting Official	Name of Person Receiving Copy of Report
Charlotte Chang	**Gina Walljasper**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Food and Drug Administration
Rockville, Maryland 20857

Mar 23, 2007

VALIDUS PHARMACEUTICALS INC
2001 RT 46 EAST STE 310
PARSIPPANY NJ 07054

The Food and Drug Administration (FDA) has assigned the following Labeler Code Number to your firm:

30698

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list every drug in commercial distribution within 5 days after the beginning of operation.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products. If you have any questions, please contact the Quality Control Team (301) 210-2840.

Sincerely,

Paul M. Loebach
Public Health Analyst
Office of Compliance
(Drug Registration and Listing)

Verified
11/10/20
MS

#7

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
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Search Results: *'30698'*

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CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Pa De
ANZEMET	30698-120-05	50 mg/1	TABLET, FILM COATED	ORAL	NDA020623	Validus Pharmaceuticals LLC	30698-120	dolasetron mesylate	DOLASETRON MESYLATE	HUMAN PRESCRIPTION DRUG	09/11/1997	N/A	NDA	5 TA FILM in 1 (306 05)
ANZEMET	30698-121-05	100 mg/1	TABLET, FILM COATED	ORAL	NDA020623	Validus Pharmaceuticals LLC	30698-121	dolasetron mesylate	DOLASETRON MESYLATE	HUMAN PRESCRIPTION DRUG	09/11/1997	N/A	NDA	5 TA FILM in 1 (306 05)
Bumex	30698-631-01	1 mg/1	TABLET	ORAL	NDA018225	Validus Pharmaceuticals LLC	30698-631	Bumetanide	BUMETANIDE	HUMAN PRESCRIPTION DRUG	02/28/1983	N/A	NDA	100 1 BC (306 01)
Bumex	30698-630-01	.5 mg/1	TABLET	ORAL	NDA018225	Validus Pharmaceuticals LLC	30698-630	Bumetanide	BUMETANIDE	HUMAN PRESCRIPTION DRUG	02/28/1983	N/A	NDA	100 1 BC (306 01)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Pa De
Bumex	30698-632-01	2 mg/1	TABLET	ORAL	NDA018225	Validus Pharmaceuticals LLC	30698-632	Bumetanide	BUMETANIDE	HUMAN PRESCRIPTION DRUG	02/28/1983	N/A	NDA	100 1 BC (306 01)
Demerol	30698-335-01	50 mg/1	TABLET	ORAL	NDA005010	Validus Pharmaceuticals LLC	30698-335	Meperidine Hydrochloride	MEPERIDINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/10/1942	N/A	NDA	100 1 BC PLA (306 01)
Demerol	30698-337-01	100 mg/1	TABLET	ORAL	NDA005010	Validus Pharmaceuticals LLC	30698-337	Meperidine Hydrochloride	MEPERIDINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/10/1942	N/A	NDA	100 1 BC PLA (306 01)
DRISDOL	30698-493-01	1.25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA003444	Validus Pharmaceuticals LLC	30698-493	ergocalciferol	ERGOCALCIFEROL	HUMAN PRESCRIPTION DRUG	04/01/2018	N/A	NDA	100 CAF LIQU FILL BOT PLA (306 01)
EQUETRO	30698-419-12	100 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021710	Validus Pharmaceuticals LLC	30698-419	Carbamazepine	CARBAMAZEPINE	HUMAN PRESCRIPTION DRUG	12/10/2004	N/A	NDA	120 CAF EXT REL BOT (306 12)
EQUETRO	30698-421-12	200 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021710	Validus Pharmaceuticals LLC	30698-421	Carbamazepine	CARBAMAZEPINE	HUMAN PRESCRIPTION DRUG	12/10/2004	N/A	NDA	120 CAF EXT REL BOT (306 12)
EQUETRO	30698-423-12	300 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA021710	Validus Pharmaceuticals LLC	30698-423	Carbamazepine	CARBAMAZEPINE	HUMAN PRESCRIPTION DRUG	12/10/2004	N/A	NDA	120 CAF EXT REL BOT (306 12)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Pa De
HIPREX	30698-277-01	1 g/1	TABLET	ORAL	NDA017681	Validus Pharmaceuticals LLC	30698-277	Methenamine Hippurate	METHENAMINE HIPPURATE	HUMAN PRESCRIPTION DRUG	09/09/1976	N/A	NDA	100 1 BC (306 01)
Lasix	30698-060-01	40 mg/1	TABLET	ORAL	NDA016273	Validus Pharmaceuticals LLC	30698-060	FUROSEMIDE	FUROSEMIDE	HUMAN PRESCRIPTION DRUG	04/24/1978	N/A	NDA	100 1 BC (306 01)
Lasix	30698-060-10	40 mg/1	TABLET	ORAL	NDA016273	Validus Pharmaceuticals LLC	30698-060	FUROSEMIDE	FUROSEMIDE	HUMAN PRESCRIPTION DRUG	04/24/1978	N/A	NDA	100(in 1 (306 10)
Lasix	30698-060-50	40 mg/1	TABLET	ORAL	NDA016273	Validus Pharmaceuticals LLC	30698-060	FUROSEMIDE	FUROSEMIDE	HUMAN PRESCRIPTION DRUG	04/24/1978	N/A	NDA	500 1 BC (306 50)
Lasix	30698-066-05	80 mg/1	TABLET	ORAL	NDA016273	Validus Pharmaceuticals LLC	30698-066	FUROSEMIDE	FUROSEMIDE	HUMAN PRESCRIPTION DRUG	04/24/1978	N/A	NDA	50 T 1 BC (306 05)
Lasix	30698-066-50	80 mg/1	TABLET	ORAL	NDA016273	Validus Pharmaceuticals LLC	30698-066	FUROSEMIDE	FUROSEMIDE	HUMAN PRESCRIPTION DRUG	04/24/1978	N/A	NDA	500 1 BC (306 50)
Lasix	30698-067-01	20 mg/1	TABLET	ORAL	NDA016273	Validus Pharmaceuticals LLC	30698-067	FUROSEMIDE	FUROSEMIDE	HUMAN PRESCRIPTION DRUG	04/24/1978	N/A	NDA	100 1 BC (306 01)
Lasix	30698-067-10	20 mg/1	TABLET	ORAL	NDA016273	Validus Pharmaceuticals LLC	30698-067	FUROSEMIDE	FUROSEMIDE	HUMAN PRESCRIPTION DRUG	04/24/1978	N/A	NDA	100(in 1 (306 10)
Lopressor	30698-458-01	50 mg/1	TABLET	ORAL	NDA017963	Validus Pharmaceuticals LLC	30698-458	metoprolol tartrate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	05/05/2014	N/A	NDA	100 1 BC (306 01)
Lopressor	30698-459-01	100 mg/1	TABLET	ORAL	NDA017963	Validus Pharmaceuticals LLC	30698-459	metoprolol tartrate	METOPROLOL TARTRATE	HUMAN PRESCRIPTION DRUG	05/05/2014	N/A	NDA	100 1 BC (306 01)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Pa De
Lotensin	30698-448-01	10 mg/1	TABLET	ORAL	NDA019851	Validus Pharmaceuticals LLC	30698-448	benazepril hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/21/1991	N/A	NDA	100 1 BC (306 01)
Lotensin	30698-449-01	20 mg/1	TABLET	ORAL	NDA019851	Validus Pharmaceuticals LLC	30698-449	benazepril hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/21/1991	N/A	NDA	100 1 BC (306 01)
Lotensin	30698-450-01	40 mg/1	TABLET	ORAL	NDA019851	Validus Pharmaceuticals LLC	30698-450	benazepril hydrochloride	BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/21/1991	N/A	NDA	100 1 BC (306 01)
Lotensin HCT	30698-452-01	10 mg/1, 12.5 mg/1	TABLET	ORAL	NDA020033	Validus Pharmaceuticals LLC	30698-452	benazepril hydrochloride and hydrochlorothiazide	BENAZEPRIL HYDROCHLORIDE; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	05/30/1992	N/A	NDA	100 1 BC (306 01)
Lotensin HCT	30698-453-01	20 mg/1, 12.5 mg/1	TABLET	ORAL	NDA020033	Validus Pharmaceuticals LLC	30698-453	benazepril hydrochloride and hydrochlorothiazide	BENAZEPRIL HYDROCHLORIDE; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	05/30/1992	N/A	NDA	100 1 BC (306 01)
Lotensin HCT	30698-454-01	20 mg/1, 25 mg/1	TABLET	ORAL	NDA020033	Validus Pharmaceuticals LLC	30698-454	benazepril hydrochloride and hydrochlorothiazide	BENAZEPRIL HYDROCHLORIDE; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	05/30/1992	N/A	NDA	100 1 BC (306 01)
Marplan	30698-032-01	10 mg/1	TABLET	ORAL	NDA011961	Validus Pharmaceuticals LLC	30698-032	isocarboxazid	ISOCARBOXAZID	HUMAN PRESCRIPTION DRUG	07/01/1959	N/A	NDA	100 1 BC PLA (306 01)
Norpramin	30698-007-01	10 mg/1	TABLET, SUGAR COATED	ORAL	NDA014399	Validus Pharmaceuticals LLC	30698-007	desipramine hydrochloride	DESIPRAMINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/20/1964	N/A	NDA	100 SUC COA BOT (306 01)
Norpramin	30698-011-01	25 mg/1	TABLET, SUGAR COATED	ORAL	NDA014399	Validus Pharmaceuticals LLC	30698-011	desipramine hydrochloride	DESIPRAMINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/20/1964	N/A	NDA	100 SUC COA BOT (306 01)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Pa De
Norpramin	30698-015-01	50 mg/1	TABLET, SUGAR COATED	ORAL	NDA014399	Validus Pharmaceuticals LLC	30698-015	desipramine hydrochloride	DESIPRAMINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/20/1964	N/A	NDA	100 SUC COA BOT (306 01)
Norpramin	30698-019-01	75 mg/1	TABLET, SUGAR COATED	ORAL	NDA014399	Validus Pharmaceuticals LLC	30698-019	desipramine hydrochloride	DESIPRAMINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/20/1964	N/A	NDA	100 SUC COA BOT (306 01)
Norpramin	30698-020-01	100 mg/1	TABLET, SUGAR COATED	ORAL	NDA014399	Validus Pharmaceuticals LLC	30698-020	desipramine hydrochloride	DESIPRAMINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/20/1964	N/A	NDA	100 SUC COA BOT (306 01)
Norpramin	30698-021-50	150 mg/1	TABLET, SUGAR COATED	ORAL	NDA014399	Validus Pharmaceuticals LLC	30698-021	desipramine hydrochloride	DESIPRAMINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/20/1964	N/A	NDA	50 T SUC COA BOT (306 50)
Parlodel	30698-201-01	5 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA017962	Validus Pharmaceuticals LLC	30698-201	bromocriptine mesylate	BROMOCRIPTINE MESYLATE	HUMAN PRESCRIPTION DRUG	04/28/2014	N/A	NDA	100 CAF GEL COA BOT (306 01)
Parlodel	30698-201-30	5 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA017962	Validus Pharmaceuticals LLC	30698-201	bromocriptine mesylate	BROMOCRIPTINE MESYLATE	HUMAN PRESCRIPTION DRUG	04/28/2014	N/A	NDA	30 C GEL COA BOT (306 30)
Parlodel	30698-202-01	2.5 mg/1	TABLET	ORAL	NDA017962	Validus Pharmaceuticals LLC	30698-202	bromocriptine mesylate	BROMOCRIPTINE MESYLATE	HUMAN PRESCRIPTION DRUG	04/28/2014	N/A	NDA	100 1 BC (306 01)
Parlodel	30698-202-30	2.5 mg/1	TABLET	ORAL	NDA017962	Validus Pharmaceuticals LLC	30698-202	bromocriptine mesylate	BROMOCRIPTINE MESYLATE	HUMAN PRESCRIPTION DRUG	04/28/2014	N/A	NDA	30 T 1 BC (306 30)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBIL5748

Application/License No. _____

Validus Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 119 Cherry Hill Road, Suite 310, Parsippany New Jersey 07054 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 15 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of October, 20 20.

APPLICANT/PRINCIPAL

Authorized Representative

Cir Valides.

SIGNED and SEALED in the presence of:

Diane Hofmann
Witness

DIANE HOFMANN
My Comm. Exp. 5-28-2023
NOTARY PUBLIC
No. 2374118
NEW JERSEY

Witness

SURETY COMPANY

Surety Company's Representative

Savita Atwal, Attorney-in-fact
print name

HARTFORD FIRE INSURANCE CO.
INCORPORATED 1810

SIGNED and SEALED in the presence of:

Jessica Ciccone
Witness

Witness

Countersigned by:

Paul Ricks
Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: BIS IMPROVED INSURANCE AGENCY
Agency Code: 13-651741

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Savita Atwal
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 13BSBIL5748
Naming Validus Pharmaceuticals LLC as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of October 2, 2020.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NABP ACCREDITED
DRUG DISTRIBUTOR

Saddle River Marketing Concepts

located at

600 Valley Health Plz, Paramus, NJ 07652

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

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

05/15/2018 - 05/14/2021
Period of Accreditation

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/10/2020
Amount: $ 525.00
Permit #: WH01089

SADDLE RIVER MARKETING CONCEPTS, INC.
600 Valley Health Plaza
Paramus NJ 07652

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Permit #
WH01089
Active

Wholesaler

Expires:10/31/2022

SADDLE RIVER MARKETING CONCEPTS, INC.
600 Valley Health Plaza
Paramus NJ 07652

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Permit Type: Wholesaler
Permit #: WH01089

Expires: 10/31/2022
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

SADDLE RIVER MARKETING CONCEPTS, INC.
600 Valley Health Plaza
Paramus NJ 07652

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

3PL
#2

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Telephone Number: [redacted] Fax Number: _____

Toll Free Number: _____

E-mail: Elaine.Stutman@McKesson.com Website: www.mckesson.com

Facility Manager: Michael Charles McKay (Charlie)

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: see attached letter regarding 3PL services for HHS
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV19951055144

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Michele Lau
Print Name of Authorized Person

10/15/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia

Parent Company if any: see attached, ultimate parent McKesson Corporation

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 6651 Gate Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: 904.332.4179 Fax: 904.332.3349

Contact Person: Elaine Stutman

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 7.7.1994

Registration number issued: 2417015

Stock Exchange: MCK

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

Include with the application for a publicly traded corporation

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

List of officers and directors.

M. CHARLIE MCKAY

[redacted]Lauren Pines Drive, York, SC 29745

[redacted]

Charlie.McKay@McKesson.com

EXPERIENCE

McKesson MEDICAL SURGICAL, East Coast

East Region Director of Operations **January 2017 to Present**

- Drive performance of East business to achieve customer, workforce and financial success.
- Align seven Distribution Centers with ILEAD and ICARE principles.
- Assist strategy development for business and acquisitions (MSD, Moore, PCS) to ensure customer, workforce, and business success.
- Develop strategy for sophisticated customer acquisitions (HCD, QMES/Adapt, US Med, Ascension), to position for smooth transition and successful relationship.
- Lead fiscal and capital planning for the East business.
- Support distribution center leadership and teams to best position them for performance excellence.

McKesson MEDICAL SURGICAL, Illinois

Multi-Site Distribution Center Leader **February 2011 to January 2017**

- Led four McKesson distribution centers: Glendale Heights, Moore Medical, Elgin and Cypress Medical.
- Transformed a struggling Glendale Heights business (150 FTE'S) into a sustained winning culture evidenced by top-of-class Employee Opinion Survey (89 engagement score) and 50% improvement in employee retention.
- Led the Glendale Heights team to win the 2015 MMS DC of the year award.
- Earned the 2016 DC Leader of the year award.
- Developed team and succession plan to ensure ongoing business success.

CYPRESS MEDICAL, McHenry, Illinois

Director of Operations **June 2007 to February 2011**

- Led integration of Cypress Medical operations to align with McKesson ICARE shared principles and procedural standards.
- Developed Cypress distribution strategy, determined facility design and drove consolidation of four distribution centers into one. This effort included staffing, key decision making of warehouse management system (WMS) selection, facility design, process flow, and plan execution.
- Redesigned inventory management process, resulting in a $200K reduction in damaged product and $300K reduction in inventory write offs annually.

McKesson MEDICAL SURGICAL, Glendale Heights, Illinois

Distribution Center Manager **May 2002 to June 2007**

- Motivated and challenged a team of eight supervisors, 93 material handlers, and 25 private fleet drivers.
- Led team through Acute Care divestiture and return of Primary Care

Warehouse Operations Manager **March 2000 to May 2002**

- Jump started a failing business with an immediate sense of team, leadership, professionalism and accountability.
- Developed private fleet initiatives with transportation manager.

Bayer Chemical (AGFA Film Division), Des Plaines, Illinois

Physical Logistics Operations Manager **September 1995 to March 2000**

- Directed a two-shift operation with 45 employees (hourly crew, administration and supervision), overseeing inventory control, order processing and warehouse management.
- Selected to serve as Interim National Distribution Center Manager in Dayton, New Jersey and led a struggling union team to quickly recover from a poorly implemented systems conversion that had resulted in a 90% loss in distribution center throughput and daily revenue.

OWENS & MINOR, Hanover Park, Illinois

Account Manager **December 1994 to September 1995**

- Provided on-site account service to Lutheran General Hospital and its related medical group (which represented $12 to $16M in annual sales).

Baxter Healthcare, McGaw Park, Illinois

Distribution Supervisor **June 1985 to September 1994**

- Progressed from an entry level employee to DC supervisor and led the logistics of the Chicago Value Link business serving major urban hospitals with same day "Just in Time" stockless distribution to every critical department at prestigious hospitals such as Northwestern Memorial and Children's Memorial



State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005004

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

MCKESSON MEDICAL-SURGICAL INC
MICHAEL CHARLES MCKAY
1125 SYCAMORE RD
MANTENO, IL 60950

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

This official status of this license can be verified at www.idfpr.com

15270497

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4401475

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

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

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

September 29, 2020

Bernard J. Logan, Interim Clerk of the Commission

CERTIFICATE NUMBER : 20200929149827 69

McKesson Medical-Surgical Inc.
Officer Listing

Title	Name	Address	Phone	DOB
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	[redacted]	[redacted]
VP & Treasurer; Director	Timothy Skansi	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	[redacted]	[redacted]
VP & Secretary; Director	Michele Lau	1 Post Street San Francisco, CA 94104	[redacted]	[redacted]

Ownership Information

McKesson Medical-Surgical Inc. (Federal ID 94-2640465), located 1125 Sycamore Road Manteno, IL 60950 is 100% owned by

McKesson Medical-Surgical Inc., (Federal ID 94-2640465), 9954 Mayland Drive Suite 4000 Richmond, VA 23233 which is 100% owned by

McKesson Medical-Surgical Holdings Inc., (Federal ID 13-3734754), 9954 Mayland Drive Suite 4000 Richmond, VA 23233 which is 100% owned by

McKesson Medical-Surgical Top Holdings Inc., (Federal ID 59-2280364), 6651 Gate Parkway, Jacksonville, FL 32256 which is 100% owned by:

McKesson Corporation, (Federal ID 94-3207296), 6535 N. State Highway 161, Irving, TX 75039 – a publicly held company

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions.***

In 2013, **McKesson** entered into a consent order with the Virginia Board of Pharmacy based on the discovery of McKesson product in a non-McKesson warehouse that did not have proper security or temperate controls. Without McKesson's knowledge, an independent courier had placed McKesson customer returns in a warehouse used by the courier. After a default on the lease, McKesson was informed that its product was in the warehouse, but when McKesson attempted to retrieve the product, the owner of the warehouse denied entry. The Virginia Board was informed of the issue and ultimately held McKesson responsible for the courier's activity. A $4,000 penalty was assessed against McKesson's Landover, Maryland distribution center (this facility closed as of May 31, 2012).

In 2014 **McKesson** disclosed to the Michigan Board of Pharmacy final agency orders from Colorado, Georgia and Oklahoma that were issued between 2009 and 2012. , The Michigan Board of Pharmacy subsequently filed a complaint alleging that it is a violation of Michigan pharmacy law for a licensee to be the subject of administrative action in another state and asked McKesson to prove compliance with the agency orders in Colorado, Georgia, and Oklahoma. McKesson promptly supplied proof of compliance to the Michigan Board of Pharmacy. The Michigan Board of Pharmacy determined that McKesson had accepted responsibility in Colorado, Georgia, and Oklahoma and taken corrective measures to prevent re-occurrences of the issues that gave rise to those agency orders and the matter was resolved via consent order, pursuant to which McKesson accepted a reprimand and a fine.

In 2014, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning its Landover, Maryland distribution center (the "Landover DC") that had closed in May 2012. The Final Consent Order resolved allegations that, from January 2008 – November 2009, McKesson's Landover DC purchased approximately $2.95 million of prescription drugs/devices from a wholesale distributor that was not licensed in Maryland. McKesson paid a $30,000 fine in November 2014.

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant

additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a $2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland

facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and

Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On July 31, 2019 **McKesson Medical-Surgical Inc.** received a citation from the California Board of Pharmacy regarding it's Urbancrest, OH location for failure to report a new Designated Representative within 30 days of change. No fine was assessed.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. he suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid in June 2020.

Pending Actions

The Georgia Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Delaware Board of Pharmacy issued a proposed consent order and **McKesson Corporation** is responding but have not finalized any agreement with the state.

The Illinois Department of Financial and Professional Regulation informed **McKesson Corporation** that the state would be seeking disciplinary action against Illinois licensed facilities. Please note that for the above-referenced pending actions, no final action has been taken and all relate directly to reciprocal discipline related to the DEA Settlement Agreement.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: McKesson Specialty Distribution LLC

Physical Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Telephone Number: Pending Fax Number: Pending

Toll Free Number: Pending

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: Remcel Pineda

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: Health Departments & Clinics

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☑ Other: [redacted]
☑ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

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

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

Name: New facility - no purchases yet.
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20041313052

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

Michele Lau

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

Michele Lau — Print Name of Authorized Person

9/2/20 — Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Corporation

Corporation Name: McKesson Specialty Distribution LLC

Mailing Address: 6535-6555 State Hwy 161

City: Irving State: TX Zip: 75039

Telephone: 972-446-4800 Fax:

Contact Person: Maria Spencer

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 7/7/1994

Registration number issued: 2417015

Stock Exchange: NYSE - MCK

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

Include with the application for a publicly traded corporation

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

List of officers and directors.

McKesson Specialty Distribution LLC
FEIN: 20-1858098

Delaware Limited Liability Company incorporated on 11/04/2004.

Parent Company:
McKesson Corporation
6535 N. State Highway 161, Irving, TX 75039
FEIN: 94-3207296

Corporate Officers
Kirk Kaminsky, President
6535 North State Highway 161, Irving, TX 75039
SSN: [redacted]
DOB: [redacted]

Todd Baldanzi, Vice President and Treasurer
6535 North State Highway 161, Irving, TX 75039
SSN: [redacted]
DOB: [redacted]

Michele Lau, Vice President and Secretary
One Post Street, San Francisco, CA 94104
SSN: [redacted]
DOB: [redacted]

Application Contact:
Beatrix Erdei, Sr. Manager, Compliance and Regulatory Affairs
Phone: 415-983-9247
Email: mckessonlicensing@mckesson.com
6651 Gate Parkway, Regulatory Affairs/McKesson, Jacksonville, FL 32256

Description of Operation
[redacted]

CONFIDENTIAL

State Of Delaware

Entity Details

9/2/2020 12:50:36PM

File Number:	3877194	Incorporation Date / Formation Date:	11/4/2004
Entity Name:	MCKESSON SPECIALTY DISTRIBUTION LLC		
Entity Kind:	Limited Liability Company	Entity Type:	General
Residency:	Domestic	State:	DELAWARE
Status:	Good Standing	Status Date:	11/4/2004

Registered Agent Information

Name:	CORPORATION SERVICE COMPANY		
Address:	251 LITTLE FALLS DRIVE		
City:	WILMINGTON	Country:	
State:	DE	Postal Code:	19808
Phone:	302-636-5401		

McKESSON

Attachment

Home State License

The applicant is applying for the resident state license. We will provide this license as soon as we receive them.

McKesson Corporation
6535 N. State Highway 161
Irving, TX 75039

www.mckesson.com

REMCEL PARUNGAO PINEDA

[redacted]SW Jenkins Rd Beaverton Oregon 97005 I C:[redacted] I Remcel.Pineda@Mckesson.com

Summary

Analytically minded with a continuous passion for problem solving with the opportunity to improve network relationships with customers and internal stakeholders, processes, and KPI metrics while maintaining and improving upon the existing compliance program.

Accomplishments

- Part of a team that led Portland DC to be the only DC to reach an LPH average of 100.
- Increased nightshift Lead's utilization by 30% that resulted an increase in our LPH.
- Led Portland DC decrease excessive breaks and lunch by 50% that resulted in decrease of OT and increase in LPH.
- Supported the Anchorage DC through flyaway and assisted in daily operations, identifying process improvements and building morale of associates.

Education

Bachelor of Science in Business Administration Major in Management
Holy Angel University

Experience

Operations Manager — June 2019 to Current

McKesson Corporation – Wilsonville Oregon

- Plans, organizes, and directs warehouse and selected office functions to ensure order fulfillment with 100% customer satisfaction.
- Development of supervisory team
- Leads warehouse employees and supervisors
- Maintain a positive morale, work standards and developing teams
- Trains and manages performance of supervisors and other direct reports.
- Builds teamwork among DC management team, sales team, and employees.
- Ensures warehouse operations comply with federal, state, local and company policies.

Operations Supervisor — May 2016 to May 2019

McKesson Corporation – Tolleson Arizona

- Collaborated with nightshift Supervisors to assist in the development of their skills and knowledge.
- Improved nightshift/dayshift performance by identifying and eliminating unnecessary processes, collaborating with Leads on effective ways on leading the team, collaborating with inventory and other Supervisors.
- Manages the personal development of associates through folder talks, individual development plans cross-training and outlining steps to achieve personal and team goals.
- Assisted in projects such as Cage/Vault/Bio box remodeling to improve performance.
- Led dayshift operations to its highest level by focusing on improving efficiency, productivity and quality to ensure deadlines and goals were met daily.
- Assisted in Reclamation project of organizing, cleaning and reducing unsaleable items to stay compliant with policies and procedures. (RUV's, RIV's, UU's and Inmar)

Warehouse Worker Lead — Oct 2015 to Apr 2016

McKesson Corporation – Tolleson Arizona

- Led dayshift operations to its highest level by focusing on improving efficiency, productivity and quality to ensure deadlines and goals were met daily.
- Collaborated with other Leads to set daily work lineups based on productivity, skills and knowledge.
- Collaborated with Trainer to ensure training materials are up to date to match the changes in operations.
- Took the lead in overseeing the warehouse when Supervisor is not present, ensuring that operations are running well.

Material Handler — June 2012 to Sept 2015

Mckesson Corporation – Tolleson Arizona

- Efficiently handled the full order filling process from picking, packing and shipping.
- Cross-trained all throughout the warehouse: line selection, case selection, bio box selection, DEA selection, double checking, replenishment and shipping.

Technical Skills

- ACUMAX/AS400
- Customer Relationship Management Software
- Proficient in Microsoft Office Products and Windows Environment
- Computer Troubleshooting of Software / Hardware

- **Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

Oncology Rx Care Advantage, L. P., a wholly-owned subsidiary of McKesson Corporation entered into a consent agreement with the State of Maine with respect to a delay in filing of a PIC Change Application and error therein.

In March 2016, Illinois Board of Pharmacy notified **Biologics, Inc.** that it would investigate the action because it was not notified within 30 days. A consent order was signed and fee of $2,000.00 was paid. Biologics is currently in good standing with the Illinois Board of Pharmacy.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a $2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location

a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In February 2017, in response to California Board of Pharmacy fine **McKesson Specialty Distribution LLC** was fined by the Florida Business and Professional Regulation, Division of Drugs, Devices, and Cosmetics for failing to operate in compliance with applicable state law. McKesson paid the $1,500 fine. The fine is related to a non-disciplinary action.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In April 2017 the Hawaii Regulated Industries Complaints Office (RICO) received a request for Investigation from the Hawaii Board of Pharmacy after **Oncology Rx Care Advantage, LP** (Oncology Rx) reported disciplinary action taken by the State of Maine. Like most state boards of pharmacy, the Hawaii Board of Pharmacy can reciprocally discipline based on orders from other states under Hawaii Revised Statutes 43 6B-19 (13). This error, which the Hawaii Board never alleged to be intentional, has since been corrected. Oncology Rx paid $500 as an administrative fine.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora,

Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House,

Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

In December of 2018, **MPCS** finalized a Consent Agreement with the Florida Agency for Health Care Administration ("AHCA") concerning a Final Audit Report ("Report") from AHCA indicating that it determined that MPCS was overpaid for claims which were in whole or in part not covered by Florida Medicaid. Upon review of additional documentation submitted by MPCS, AHCA agreed to accept payment of three hundred four dollars and eighty-five cents ($304.85) in full settlement of any alleged overpayment, fine, and costs arising from the above-referenced Report. Specifically, MPCS agreed to pay a total overpayment of one hundred eight dollars and eighty-four cents ($108.84), a fine of twenty-one dollars and seventy-seven cents ($21.77), and costs of one hundred seventy-four dollars and twenty-four cents ($174.24) to resolve any and all issues related to any alleged overpayments. MPCS tendered payment of three hundred four dollars and eighty-five cents ($304.85) on November 13, 2018, and the parties fully executed the Consent Agreement as of December 3, 2018.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to

both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. he suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid on July 1, 2020.

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: McKesson Specialty Distribution LLC

Physical Address: 271 Omega Parkway

City: Shepherdsville State: KY Zip Code: 40165

Telephone Number: Pending Fax Number: Pending

Toll Free Number: Pending

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: Phyllis Black

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: Health Departments & Clinics

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

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

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

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

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

Name: New facility - no purchases yet.
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20041313052

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Michele Lau
Print Name of Authorized Person

9/2/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Corporation

Corporation Name: McKesson Specialty Distribution LLC

Mailing Address: 6535-6555 State Hwy 161

City: Irving State: TX Zip: 75039

Telephone: 972-446-4800 Fax:

Contact Person: Maria Spencer

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 7/7/1994

Registration number issued: 2417015

Stock Exchange: NYSE - MCK

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

Include with the application for a publicly traded corporation

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

List of officers and directors.

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

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

LICENSE/PERMIT: Third Party Logistic

NUMBER: TPL00350

EFFECTIVE DATE: 09/29/2020

EXPIRATION DATE: 06/30/2021

Issued to:
MCKESSON SPECIALTY DISTRIBUTION LLC

271 OMEGA PARKWAY
SHEPHERDSVILLE, KY 40165

License/Permit must be posted in public view.

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

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

REGULATORY AFFAIRS/MCKESSON
6651 GATE PARKWAY
JACKSONVILLE, FL 32256

mckessonlicensing@mckesson.com

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number TPL00350

MCKESSON SPECIALTY DISTRIBUTION LLC

271 OMEGA PARKWAY
SHEPHERDSVILLE, KY 40165

Kentucky Board of Pharmacy

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

License Information

Expiration Date	6/30/2021
Effective Date	9/29/2020
Status of Permit	Active
Board Action	No

Case Number(s)

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

Phyllis Black

[redacted]Roman Way

Newburgh, NY

[redacted]

OBJECTIVE: Utilize my leadership skills, distribution knowledge and experience to drive a team towards meeting expectations and goals.

Core Competencies

- Strategic Planning
- Training and Development
- Inventory Control & Reduction
- AS400, LM & SAP knowledge
- 3 PL Procurement Proficiency
- Project Management & Process Improvement
- FDA, DEA, OSHA, HazMat knowledge
- Team Building & Management
- Power Equipment Certified
- Microsoft Office proficiency

Professional Experience:

McKesson Pharmaceutical-NY, Metro **June 2018-Current**

Day Operation Supervisor

- Manage the daily activities of the distribution center on the day shift of the receiving, returns, DEA, and automation departments, which included a total of 65 total associates.
- Responsible for posting LMR numbers, LMR reports, and coaching associates when needed
- Prepare a daily roster placing associates in the areas needed for the daily business
- Manage attendance and payroll
- Manage associates quarterly reviews and provide feedback.
- Responsible for on-time afternoon deliveries and Hot Shot deliveries

McKesson Pharmaceutical- Boston, Ma **Sept 2016-June 2018**

Night Operation Supervisor

- Manage the daily activities of a distribution center with a concentration on the night shift in the areas of controlled substances and over-the-counter medicines, which included over 20 non-union employees and 2 leads.
- Proven ability to stay in compliance with DEA, FDA, OSHA, State, and Federal Regulations.
- Responsible for maintaining oversight on training all new-hires in the proper procedures for picking.
- Manage the DPMO program, identifying possible opportunities for retraining or process improvement.
- Serve as a liaison between DC inventory operations, making sure inventory adjustments are accurately complete and adhere to SOX compliance.
- Work in tandem with operations to build relationships, motivate, and manage direct reports.

Alcon Novartis Company-Sinking Spring, Pa **2014-Sept 2016**
Manufacturing Company of Eye Health Care Tools for Precision Cataract Surgeries

Warehouse Supervisor

- Supervise 12 warehouse associates and coordinate 3rd Party Logistics of around 30 daily Sterilizer shipments from Chester, NY and South Plainfield, NJ
- Order and manage all warehouse supplies within two locations; (off site warehouse) to ensure no impact to manufacturing production
- Prepare daily International shipments to Belgium
- Create and manage all SOP's, making sure employees are current with all training and following all strict GMP guidelines and regulations
- Prepare for FDA, TUV, and GCA audits and manage corrective actions on outcomes
- Administer associate's objectives, reviews, and maintain records
- Manage attendance and payroll
- Manage CYC Counts; make sure we are in SOX Compliance

McKesson Pharmaceutical – New Castle, PA **1998 – 2014**

Warehouse Lead

- Trained and mentored Operation Managers (OMDP) candidates, associates transitioning onto dayshift, and cross train associates
- Create SOP's as well as training materials. Intricately involved with inventory, QC department, operations, and improve processes that have impact on daily adjustments and inventory levels
- Planned and monitored staffing schedules and resources to handle workload on a daily basis, monitor quality of work, sets deadlines to ensure timely completion of work
- Researches and analyzes production problems to determine root causes. Identifies appropriate solutions considering all relevant facts as well as operational, human resource, and financial impact of decision
- Monitor and balance DEA and ARCOS (Automation of Reports and Consolidated Order Systems) reports and inventory to ensure 98%-99% service level daily
- Monitor incoming inventory (receiving process) to ensure trucks are on time, on the correct day, with correct product, and product is not damaged
- Flyaway support on numerous occasions to several of the DC's within the North East and South Region for business conversion, sharing process improvement practices, complete Six Sigma projects, and training new associates

Six Sigma Green belt Projects ($975,503 total savings)

- FY11: RX layout reconfiguration - $50,000 savings
- FY09: Labor Hours per Dose Optimization resulting $400,000, Emergency Replenishment Reduction - $10,000 savings, Over the Counter (OTC) optimization - $29,669 in savings
- FY08: RX Carton section - $5,000 savings, Pick accuracy Translation - $6,749 savings, Work Control Optimization - $26,264, Increase lines per hour (LPH) - $137,668
- FY07: McKesson Out Date (MOD) stock rotation - $238, 653 savings
- FY05: 53210 Reduction - $49,500 savings, Emergency Replenishment Reduction - $22,000 savings

H1N1 Specialty Distribution – Memphis, TN

Sept 2009 – April 2010
Inventory Supervisor

- Managed cold chain distribution H1N1 vaccine, 130 million doses distributed on behalf of the CDC
- Lead training sessions and created SOP's for 400 new employees learning multiple functions
- Identified and implemented H1N1distribution process improvements in the picking process, receiving process, returns process, internal error reduction, and labor hours per dose optimization
- Zero cold chain integrity errors and 98% customer service levels at all times for the entire project
- Managed reports within TECSYS, and SAP for accounting ledger
- Managed inventory adjustments and conducted research to reconcile accounting ledger for 100% inventory accuracy

Education & Awards:

University of Phoenix- Arizona

BS in Business Integrated Supply Chain and Operations Management, 2010

- Dean's List 2008-2010

Axia University – Arizona

Associate of Science Degree, Business, 2007

- Dean's List 2006-2007

I CARE Winner, 2008: McKesson Pharmaceutical -New Castle, Pa

I CARE Winner, 2020: McKesson Pharmaceutical -New York, Metro

McKesson Specialty Distribution LLC
FEIN: 20-1858098

Delaware Limited Liability Company incorporated on 11/04/2004.

Parent Company:
McKesson Corporation
6535 N. State Highway 161, Irving, TX 75039
FEIN: 94-3207296

Corporate Officers
Kirk Kaminsky, President
6535 North State Highway 161, Irving, TX 75039
SSN: [redacted]
DOB: [redacted]

Todd Baldanzi, Vice President and Treasurer
6535 North State Highway 161, Irving, TX 75039
SSN: [redacted]
DOB: [redacted]

Michele Lau, Vice President and Secretary
One Post Street, San Francisco, CA 94104
SSN: [redacted]
DOB: [redacted]

Application Contact:
Beatrix Erdei, Sr. Manager, Compliance and Regulatory Affairs
Phone: 415-983-9247
Email: mckessonlicensing@mckesson.com
6651 Gate Parkway, Regulatory Affairs/McKesson, Jacksonville, FL 32256

Description of Operation
[redacted]

CONFIDENTIAL

State Of Delaware

Entity Details

9/2/2020 12:50:36PM

File Number: 3877194
Incorporation Date / Formation Date: 11/4/2004
Entity Name: MCKESSON SPECIALTY DISTRIBUTION LLC
Entity Kind: Limited Liability Company
Entity Type: General
Residency: Domestic
State: DELAWARE
Status: Good Standing
Status Date: 11/4/2004

Registered Agent Information

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
Country:
State: DE
Postal Code: 19808
Phone: 302-636-5401

- **Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.**

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

Oncology Rx Care Advantage, L. P., a wholly-owned subsidiary of McKesson Corporation entered into a consent agreement with the State of Maine with respect to a delay in filing of a PIC Change Application and error therein.

In March 2016, Illinois Board of Pharmacy notified **Biologics, Inc.** that it would investigate the action because it was not notified within 30 days. A consent order was signed and fee of $2,000.00 was paid. Biologics is currently in good standing with the Illinois Board of Pharmacy.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a $2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location

a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In February 2017, in response to California Board of Pharmacy fine **McKesson Specialty Distribution LLC** was fined by the Florida Business and Professional Regulation, Division of Drugs, Devices, and Cosmetics for failing to operate in compliance with applicable state law. McKesson paid the $1,500 fine. The fine is related to a non-disciplinary action.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In April 2017 the Hawaii Regulated Industries Complaints Office (RICO) received a request for Investigation from the Hawaii Board of Pharmacy after **Oncology Rx Care Advantage, LP** (Oncology Rx) reported disciplinary action taken by the State of Maine. Like most state boards of pharmacy, the Hawaii Board of Pharmacy can reciprocally discipline based on orders from other states under Hawaii Revised Statutes 43 6B-19 (13). This error, which the Hawaii Board never alleged to be intentional, has since been corrected. Oncology Rx paid $500 as an administrative fine.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora,

Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House,

Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

In December of 2018, **MPCS** finalized a Consent Agreement with the Florida Agency for Health Care Administration ("AHCA") concerning a Final Audit Report ("Report") from AHCA indicating that it determined that MPCS was overpaid for claims which were in whole or in part not covered by Florida Medicaid. Upon review of additional documentation submitted by MPCS, AHCA agreed to accept payment of three hundred four dollars and eighty-five cents ($304.85) in full settlement of any alleged overpayment, fine, and costs arising from the above-referenced Report. Specifically, MPCS agreed to pay a total overpayment of one hundred eight dollars and eighty-four cents ($108.84), a fine of twenty-one dollars and seventy-seven cents ($21.77), and costs of one hundred seventy-four dollars and twenty-four cents ($174.24) to resolve any and all issues related to any alleged overpayments. MPCS tendered payment of three hundred four dollars and eighty-five cents ($304.85) on November 13, 2018, and the parties fully executed the Consent Agreement as of December 3, 2018.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to

both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. he suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid on July 1, 2020.

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medical Specialties Distributors, LLC

Physical Address: 18543 E Gale Ave

City: City of Industry State: CA Zip Code: 91748

Telephone Number: 800-944-1266 Fax Number: n/a

Toll Free Number: 800-967-6700

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: Terrance Light

Professional qualifications and experience of facility manager:
Biomed Manager with Medical Specialties Distributors and McKesson since Sept 2006 through current.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: clinical/surgical centers, nursing homes, home healthcare providers

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: Please see attached.
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Michele Lau, VP and Secretary
Print Name of Authorized Person

2/27/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Medical-Surgical Minnesota Supply Inc.

Corporation Name: Medical Specialties Distributors, LLC

Mailing Address: 6651 Gate Parkway, Attn: Regulatory Affairs/McKesson

City: Jacksonville State: FL Zip: 32256

Telephone: 714-470-8144 Fax: N/A

Contact Person: Danna Sturgill

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 09.13.2005

Registration number issued: 100784139

Stock Exchange: N/A

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

Include with the application for a publicly traded corporation

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

List of officers and directors.

McKESSON

November 02, 2020

Re: Application Deficiency

To Whom It May Concern:

Please find the attached requested information in regards to the applicant Medical Specialties Distributors, LLC located at 18543 E Gale Ave, City of Industry, CA 91748.

If you have any questions or need additional information please feel free to reach out to me at my contact information below.

Sincerely,

Danna Sturgill
McKesson Medical-Surgical Inc.
Sr. Associate Regulatory Affairs Specialist
Cell [redacted]
Email: Danna.Sturgill@Mckesson.com

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

4029095 8300

SR# 20208242992

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

Authentication: 204016374

Date: 11-05-20

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

TL

TERRANCE LIGHT

BIOMEDICAL FACILTIES AND BIOMED MANAGMENT

OBJECTIVE

Attain Position where my many years of Biomedical Management, and Biomedical facilities management can be used to strengthen a willing business or corporation.

SKILLS

I have to areas of influence that I believe makes me a neeed asset for any Company. Organization and Diplomacy. Organization allows a smooth running business, and as a people leader, being able to communicate both POSITIVES and NEGATIVES with staff which insights best work habits among the staff, as well as desired communication between peers and senior management.

EXPERIENCE

BIOMED MANGER • MSD / MCKESSON • SEPT 11, 2006 – CURRENT

- Managing multiple locations of Staff up to 22 people in a high output, high demand Biomedical repair facility
- Peer training over 6 different locations in Organization and Best Work practices for High Productivity
- ISO 9001 / 13485:2003 proficient
- Managing DME Legend devices to conform with all FDA / Pharmacy board regulations. HMDR Exemptee License and Pharm Board Designated Rep License Holder

INO SUPERVISER / ASSISTANT MANGER • MEDIQ PRN / HILL ROM • OCT 2001 – SEPT 2006

- Managing Logistics Program for Nitric Oxide delivery system "InoMax". Including but not limited to Vent service and repair, Dispensing and setup delivery, Storage, and scheduling of "ON DEMAND" care
- Managing DME products to conform with all FDA / Pharmacy board regulations. HMDR Exemptee License and Pharm Board Designated Rep License Holder
- Assistant to Manager for 3 locations and staff of 18. San Diego, Anaheim and Orange County.
- PM and Repair of DME (both legend and not) Devices

WAREHOUSE LEAD / ASSEMBLY • MEDIQ PRN • NOV 1998 – OCT 2001

- Warehouse lead for 3 people, charged with assuring Shipping / Receiving and warehouse were running as required
- Assembly of Sequential units and Air Blenders.

EDUCATION

AREA OF STUDY – ARCITECTUAL ENGINEERING • RIO HONDO

- General Education with focus to Architectural Engineering




TERRANCEMLIGHT @MCKESSON.COM

[redacted]

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 7378 ISSUE DATE JUNE 04, 2018

MEDICAL SPECIALTIES DISTRIBUTORS LLC

18543-18545 E GALE AVE
CITY OF INDUSTRY CA 91748

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
TERRANCE MICHAEL LIGHT EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

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Renewal License

Wholesale Drug Permit

BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

LICENSE NO. WLS 7378
RECEIPT NO. 00158735

VALID UNTIL JUNE 01, 2020

MEDICAL SPECIALTIES DISTRIBUTORS LLC
18543 E GALE AVE
CITY OF INDUSTRY CA 91748

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

04/11/19

04/11/19 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (12/31/05) WLS

Medical Specialties Distributors LLC

	Vendor List
1	Abbott
2	Alcor
3	Alcor
4	B. Braub
5	Baxter
6	Cardinal Health
7	Cardinal Health
8	Circadiance
9	CME America
10	Fisher and Paykel
11	Fresenius
12	Graesby
13	Hospira
14	ICU Medical
15	Intrapump
16	Masimo
17	Moog Medical
18	Nellcor
19	Ormed
20	Repro-Med
21	Resmed
22	Respironics
23	Ross
24	Smith's Medical
25	Vivo
26	Walkmed
27	Zyno Medical

STATE OF NEVADA
DEPARTMENT OF TAXATION

POST IN CONSPICUOUS PLACE

MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072 4721

IN ACCORDANCE WITH TITLE 32 OF NEVADA REVISED STATUTES, PURSUANT TO PROPER APPLICATION DULY FILED AND PAYMENT OF APPROPRIATE PRESCRIBED FEES/SECURITY, THE ABOVE NAMED IS HEREBY GRANTED THE FOLLOWING LISTED PERMIT (SALES/USE TAX) OR CERTIFICATE (USE TAX) FOR BUSINESS ACTIVITIES CONDUCTED WITHIN THE STATE OF NEVADA.

PERMIT OR CERTIFICATE	REGISTRATION #	DATE OF ISSUE
SALES/USE TAX	033432050-01	12/19/05

LOCATION: MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072 4721

The above listed permit or certificate shall be considered valid unless canceled, suspended or revoked for good cause in accordance with Title 32.

This document is not transferable and IS NOT issued in lieu of any locally required business license, permit or registration.

THIS DOCUMENT IS NOT ISSUED IN LIEU OF A NEVADA STATE BUSINESS LICENSE.

JIM GIBBONS
Governor
THOMAS R. SHEETS
Chair, Nevada Tax Commission
DINO DICIANNO
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: http://tax.state.nv.us
1550 College Parkway, Suite 115
Carson City, Nevada, 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Bldg, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702)486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada, 89502
Phone: (775)688-1295 Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada, 89074
Phone: (702)486-2300 Fax: (702) 486-3377

MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072-4721

Correspondence ID: 0800003366216
Taxpayer ID: 1003201555
Date: 12/09/2008

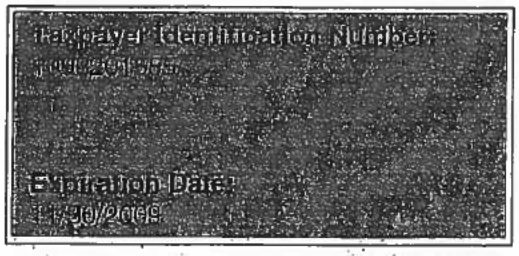
Dear Taxpayer:
Your Business License registration application has been processed and the taxpayer identification number assigned to you is 1003201555. Please use this number on any correspondence with the Department of Taxation. Please review your attached license. You should advise the Department of Taxation promptly of any changes to your business information or of any additional locations. This license is renewed annually and you will receive a renewal notice in the mail prior to your license expiration. Entities no longer in business in this state must submit a written statement to the Department at least 10 days before their anniversary date in order to avoid the annual fee and a penalty for non-payment.

For more information on filing and payment options, including on-line payment and account inquiries, visit our website at http://tax.state.nv.us. To pay your taxes online or view your account online you will need to register your business by answering a few simple questions on our website. Your pre-approved authorization code is: 401E6247-E9F5-46EA-BA80-0E21A49B9AFD.

NEVADA STATE BUSINESS LICENSE

State of Nevada
Department of Taxation

MEDICAL SPECIALTIES DISTRIBUTORS LLC



In accordance with Title 32 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada. Pursuant to NRS 360.780.5, it shall be considered valid until the expiration date listed above unless suspended or revoked for good cause in accordance with Title 32.

This document is not transferable and is not issued in lieu of any locally required business license, permit or registration.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 070022483

Application/License No. _____

McKesson Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Post Street, San Francisco, CA 94104 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 71 Stevenson St, Suite 600, San Francisco, CA 94105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2016 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 15th day of September, 20 16.

APPLICANT/PRINCIPAL
McKesson Corporation

By: _____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY
Liberty Mutual Insurance Company

By: Heidi Bockus
Surety Company's Representative

Heidi Bockus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:
Heidi Bockus
Nevada ~~Resident Agent~~ Nonresident Agent License #503307
Heidi Bockus

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7240835

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

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Heidi Bockus; Krista M. Lee

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

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 14th day of January, 2016.

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

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

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 14th day of January, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

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

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15th day of Sep., 2016.

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

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

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

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2015 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for selling hypodermic needles and syringes, classified as dangerous devices to an entity not licensed by the board. McKesson paid $5,000 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that its distribution center failed to timely notify the state of California when their designated

representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since July 1, 2016 fully licensed. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for

administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah

has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

Michele Lau, VP and Secretary

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medical Specialties Distributors, LLC

Physical Address: 2159 S. Shiloh, Suite 3

City: Garland State: TX Zip Code: 75041

Telephone Number: 972-506-9100 Fax Number: 972-506-0300

Toll Free Number: 800-967-6700

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: William T. Martin

Professional qualifications and experience of facility manager:
Biomed Manager with Medical Specialties Distributors and McKesson

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: clinical/surgical centers, nursing homes, home healthcare providers

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: Please see attached.
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Michele Lau, VP and Secretary
Print Name of Authorized Person

2/27/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Medical-Surgical Minnesota Supply Inc.

Corporation Name: Medical Specialties Distributors, LLC

Mailing Address: 6651 Gate Parkway, Attn: Regulatory Affairs/McKesson

City: Jacksonville State: FL Zip: 32256

Telephone: 714-470-8144 Fax: N/A

Contact Person: Danna Sturgill

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 09.13.2005

Registration number issued: 100784139

Stock Exchange: N/A

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

Include with the application for a publicly traded corporation

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

List of officers and directors.

McKESSON

November 02, 2020

Re: Application Deficiency

To Whom It May Concern:

Please find the attached requested information in regards to the applicant Medical Specialties Distributors, LLC located at 2159 S. Shiloh, Suite 3, Garland, TX 75041.

If you have any questions or need additional information please feel free to reach out to me at my contact information below.

Sincerely,

Danna Sturgill
McKesson Medical-Surgical Inc.
Sr. Associate Regulatory Affairs Specialist
Cell [redacted]
Email: Danna.Sturgill@Mckesson.com

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

4029095 8300

SR# 20208242992

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

Authentication: 204016374

Date: 11-05-20

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.state.tx.us/fdlicense.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Food and Drug Licensing Group at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: https://reglicensing.questionpro.com. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

MCKESSON MEDICAL-SURGICAL INC ATTN REG AFFAIRS-TED RUNGE
9954 MAYLAND DR STE 4000
HENRICO VA 23233

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

MEDICAL SPECIALTIES DISTRIBUTORS LLC

2159 S SHILOH RD STE 3
GARLAND, TX 75041

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002405
Expires: May 8, 2021

NON-TRANSFERABLE

Commissioner

509670

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 070022483

Application/License No. _____

McKesson Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Post Street, San Francisco, CA 94104 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 71 Stevenson St, Suite 600, San Francisco, CA 94105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2016 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 15th day of September, 20 16.

APPLICANT/PRINCIPAL
McKesson Corporation

By: _____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY
Liberty Mutual Insurance Company

By: Heidi Bockus
Surety Company's Representative

Heidi Bockus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:
Heidi Bockus
Nevada ~~Resident Agent~~ Nonresident Agent License #503307
Heidi Bockus

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7240835

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

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Heidi Bockus; Krista M. Lee

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

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 14th day of January, 2016.

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

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

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 14th day of January, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

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

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15th day of Sep, 2016.

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

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

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

LMS_12873_122013

WILLIAM MARTIN

[redacted] CREEKVIEW CIRCLE CRANDALL,TX 75114
PHONE:[redacted] OR [redacted]

Looking to join a challenging team and career-oriented position in the field of Biomed Equipment which offers immense opportunities based on skills, professional expertise, target achievements and rise to challenges through dedication and commitment

EXPERIENCE

DATES FROM: JULY 2012 – TO STILL EMPLOYED AT MSD/MCKESSON

BIOMED MANAGER-GARLAND- MSD /MCKESSON

Currently managing a large volume [ISO 13485-2016] certified Bio medical repair facility and field service operation covering the southwest region. Support CI projects and facilitate technical training to support career advancement of staff. Cross functional management including, Equipment service contracts, Vendor management, Fixed assets support, QA policy support and equipment management.

DATES FROM APRIL,1982 TO FEB 2012

BIOMED MANAGER, UNIVERSAL HOSPITAL SERVICES

Oversee the operations of the Dallas Center of Excellence which supports 21 UHS District offices. The Dallas COE is one of the 6 locations that is ISO 9001:2008 an ISO 13485:23 certified.

This includes technical support strategy for cost effective service delivery, technical training for UHS personnel, cost of service analysis, costing support, and sales support & business development to maintain and grow our rental and biomedical services business. Monitored and evaluated modality costs of service, changes in volume and geography to proactively manage cost effective service and delivery. Monitored and evaluated service activities and performance of UHS personnel to assure a standard quality of service is provided to our customers. Assist in assuring quality procedures and updates to equipment maintenance are being implemented and adhered to. Assist in identifying and validating

EDUCATION

1982

UNITED ELECTRONIC INSTITUTE/NATIONAL EDUCATION CENTER

2 YEAR COURSE -BIOMEDICAL ELECTRONIC

SKILLS

- Effective Leader
- Coaching, mentoring, training development
- Relationship Building / customer Service
- Client account management
- Maintenance Scheduling
- Operational Improvement
- Service Prioritization
- Troubleshooting and Diagnostics

ACTIVITIES

I enjoy refurbishing old medical equipment, such as walkers, wheel chairs and other devices and donating them to the needy. Another passion using my metal detector out looking for antiques.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2015 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for selling hypodermic needles and syringes, classified as dangerous devices to an entity not licensed by the board. McKesson paid $5,000 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that its distribution center failed to timely notify the state of California when their designated

representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since July 1, 2016 fully licensed. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for

administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah

has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

Michele Lau, VP and Secretary

Medical Specialties Distributors LLC

	Vendor List
1	Abbott
2	Alcor
3	Alcor
4	B. Braub
5	Baxter
6	Cardinal Health
7	Cardinal Health
8	Circadiance
9	CME America
10	Fisher and Paykel
11	Fresenius
12	Graesby
13	Hospira
14	ICU Medical
15	Intrapump
16	Masimo
17	Moog Medical
18	Nellcor
19	Ormed
20	Repro-Med
21	Resmed
22	Respironics
23	Ross
24	Smith's Medical
25	Vivo
26	Walkmed
27	Zyno Medical

STATE OF NEVADA
DEPARTMENT OF TAXATION

POST IN CONSPICUOUS PLACE

MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072 4721

IN ACCORDANCE WITH TITLE 32 OF NEVADA REVISED STATUTES, PURSUANT TO PROPER APPLICATION DULY FILED AND PAYMENT OF APPROPRIATE PRESCRIBED FEES/SECURITY, THE ABOVE NAMED IS HEREBY GRANTED THE FOLLOWING LISTED PERMIT (SALES/USE TAX) OR CERTIFICATE (USE TAX) FOR BUSINESS ACTIVITIES CONDUCTED WITHIN THE STATE OF NEVADA.

PERMIT OR CERTIFICATE	REGISTRATION #	DATE OF ISSUE
SALES/USE TAX	033432050-01	12/19/05

LOCATION: MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072 4721

The above listed permit or certificate shall be considered valid unless canceled, suspended or revoked for good cause in accordance with Title 32.

This document is not transferable and IS NOT issued in lieu of any locally required business license, permit or registration.

THIS DOCUMENT IS NOT ISSUED IN LIEU OF A NEVADA STATE BUSINESS LICENSE.

JIM GIBBONS
Governor
THOMAS R. SHEETS
Chair, Nevada Tax Commission
DINO DICIANNO
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: http://tax.state.nv.us
1550 College Parkway, Suite 115
Carson City, Nevada, 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Bldg, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702)486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada, 89502
Phone: (775)688-1295 Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada, 89074
Phone: (702)486-2300 Fax: (702) 486-3377

MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072-4721

Correspondence ID: 0800003366216
Taxpayer ID: 1003201555
Date: 12/09/2008

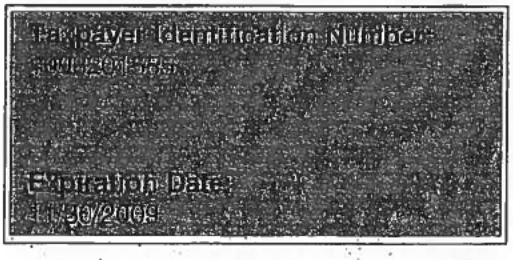
Dear Taxpayer:
Your Business License registration application has been processed and the taxpayer identification number assigned to you is 1003201555. Please use this number on any correspondence with the Department of Taxation. Please review your attached license. You should advise the Department of Taxation promptly of any changes to your business information or of any additional locations. This license is renewed annually and you will receive a renewal notice in the mail prior to your license expiration. Entities no longer in business in this state must submit a written statement to the Department at least 10 days before their anniversary date in order to avoid the annual fee and a penalty for non-payment.

For more information on filing and payment options, including on-line payment and account inquiries, visit our website at http://tax.state.nv.us. To pay your taxes online or view your account online you will need to register your business by answering a few simple questions on our website. Your pre-approved authorization code is: 401E6247-E9F5-46EA-BA80-0E21A49B9AFD.

NEVADA STATE BUSINESS LICENSE

State of Nevada
Department of Taxation

MEDICAL SPECIALTIES DISTRIBUTORS LLC



In accordance with Title 32 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada. Pursuant to NRS 360.780.5, it shall be considered valid until the expiration date listed above unless suspended or revoked for good cause in accordance with Title 32.

This document is not transferable and is not issued in lieu of any locally required business license, permit or registration.

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medical Specialties Distributors, LLC

Physical Address: 4815 Executive Park CT # 103

City: Jacksonville State: FL Zip Code: 32216

Telephone Number: 904 523-7941 Fax Number: n/a

Toll Free Number: 800-967-6400

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: Jaye Sablon

Professional qualifications and experience of facility manager:
Biomed Manager with Medical Specialties Distributors and Moore Medical

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: clinical/surgical centers, nursing homes, home healthcare providers

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: Please see attached.
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Michele Lau, VP and Secretary
Print Name of Authorized Person

2/27/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Medical-Surgical Minnesota Supply Inc.

Corporation Name: Medical Specialties Distributors, LLC

Mailing Address: 6651 Gate Parkway, Attn: Regulatory Affairs/McKesson

City: Jacksonville State: FL Zip: 32256

Telephone: 714-470-8144 Fax: N/A

Contact Person: Danna Sturgill

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 09.13.2005

Registration number issued: 100784139

Stock Exchange: N/A

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

Include with the application for a publicly traded corporation

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

List of officers and directors.

McKESSON

November 02, 2020

Re: Application Deficiency

To Whom It May Concern:

Please find the attached requested information in regards to the applicant Medical Specialties Distributors, LLC located at 4815 Executive Park CT # 103 Jacksonville, FL 32216.

If you have any questions or need additional information please feel free to reach out to me at my contact information below.

Sincerely,

Danna Sturgill
McKesson Medical-Surgical Inc.
Sr. Associate Regulatory Affairs Specialist
Cell ([redacted]
Email: Danna.Sturgill@Mckesson.com

HOME STATE LICENSE

The Florida Department of Business and Professional Regulation does not regulate medical devices and does not issue a state license. Please see explanation attached.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

4029095 8300

SR# 20208242992

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

Authentication: 204016374

Date: 11-05-20

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 070022483

Application/License No. _____

McKesson Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Post Street, San Francisco, CA 94104 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 71 Stevenson St, Suite 600, San Francisco, CA 94105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2016 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 15th day of September, 2016.

APPLICANT/PRINCIPAL
McKesson Corporation

By: _____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY
Liberty Mutual Insurance Company

By: Heidi Bockus
Surety Company's Representative

Heidi Bockus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:
Heidi Bockus
Nevada ~~Resident Agent~~ Nonresident Agent License #503307
Heidi Bockus

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7240835

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

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Heidi Bockus; Krista M. Lee

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

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 14th day of January, 2016.

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

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

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 14th day of January, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

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

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

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

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

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

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15th day of Sep, 20 16.

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

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

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

LMS 12873_122013

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

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



Jeffrey W. Bullock, Secretary of State

4029095 8300

SR# 20201454023

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

Authentication: 202451034

Date: 02-24-20

STATE OF NEVADA
DEPARTMENT OF TAXATION

POST IN CONSPICUOUS PLACE

MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072 4721

IN ACCORDANCE WITH TITLE 32 OF NEVADA REVISED STATUTES, PURSUANT TO PROPER APPLICATION DULY FILED AND PAYMENT OF APPROPRIATE PRESCRIBED FEES/SECURITY, THE ABOVE NAMED IS HEREBY GRANTED THE FOLLOWING LISTED PERMIT (SALES/USE TAX) OR CERTIFICATE (USE TAX) FOR BUSINESS ACTIVITIES CONDUCTED WITHIN THE STATE OF NEVADA.

PERMIT OR CERTIFICATE	REGISTRATION #	DATE OF ISSUE
SALES/USE TAX	033432050-01	12/19/05

LOCATION: MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072 4721

The above listed permit or certificate shall be considered valid unless canceled, suspended or revoked for good cause in accordance with Title 32.

This document is not transferable and IS NOT issued in lieu of any locally required business license, permit or registration.

THIS DOCUMENT IS NOT ISSUED IN LIEU OF A NEVADA STATE BUSINESS LICENSE.

JIM GIBBONS
Governor
THOMAS R. SHEETS
Chair, Nevada Tax Commission
DINO DICIANNO
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: http://tax.state.nv.us
1550 College Parkway, Suite 115
Carson City, Nevada, 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Bldg, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702)486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada, 89502
Phone: (775)688-1295 Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada, 89074
Phone: (702)486-2300 Fax: (702) 486-3377

MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072-4721

Correspondence ID: 0800003366216
Taxpayer ID: 1003201555
Date: 12/09/2008

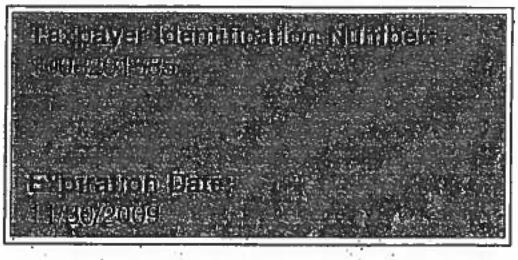
Dear Taxpayer:
Your Business License registration application has been processed and the taxpayer identification number assigned to you is 1003201555. Please use this number on any correspondence with the Department of Taxation. Please review your attached license. You should advise the Department of Taxation promptly of any changes to your business information or of any additional locations. This license is renewed annually and you will receive a renewal notice in the mail prior to your license expiration. Entities no longer in business in this state must submit a written statement to the Department at least 10 days before their anniversary date in order to avoid the annual fee and a penalty for non-payment.

For more information on filing and payment options, including on-line payment and account inquiries, visit our website at http://tax.state.nv.us. To pay your taxes online or view your account online you will need to register your business by answering a few simple questions on our website. Your pre-approved authorization code is: 401E6247-E9F5-46EA-BA80-0E21A49B9AFD.

NEVADA STATE BUSINESS LICENSE

State of Nevada
Department of Taxation

MEDICAL SPECIALTIES DISTRIBUTORS LLC



In accordance with Title 32 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada. Pursuant to NRS 360.780.5, it shall be considered valid until the expiration date listed above unless suspended or revoked for good cause in accordance with Title 32.

This document is not transferable and is not issued in lieu of any locally required business license, permit or registration.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2015 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for selling hypodermic needles and syringes, classified as dangerous devices to an entity not licensed by the board. McKesson paid $5,000 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that its distribution center failed to timely notify the state of California when their designated

representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since July 1, 2016 fully licensed. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for

administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah

has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

Michele Lau, VP and Secretary

Employees handle drugs

Name	Reports To	Start Date	Line Detail 1	Line Detail 2	Organization Name
Jaye Sablon	0_Jeffrey_D_Broge	9/16/2019	Manager, BioMed	Jacksonville, FL, USA - 4815 Executiv	Jaye Sablon Department
Timothy Trythall	3_Jaye_Sablon	2/17/2020	Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Abiezel Maldonado Garcia	3_Jaye_Sablon	12/29/2019	Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Adedokun Joseph	3_Jaye_Sablon	11/4/2019	Associate Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Amy Race	3_Jaye_Sablon	11/4/2019	Associate Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Anyeli Tigreros	3_Jaye_Sablon	12/16/2019	Associate Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Arlene Tirado	3_Jaye_Sablon	12/16/2019	Associate Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Brian Merrill	3_Jaye_Sablon	11/3/2019	Sr. Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Christian Padron	3_Jaye_Sablon	11/3/2019	Associate Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Christopher Jackson	3_Jaye_Sablon	10/14/2019	Associate Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Diana Velasquez	3_Jaye_Sablon	11/11/2019	Associate Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Edsel Ortiz	3_Jaye_Sablon	11/3/2019	Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Eliezer Ortiz	3_Jaye_Sablon	11/3/2019	Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
James R McIntosh	3_Jaye_Sablon	11/1/2019	Lead Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Jean-Timothee I Laflamme	3_Jaye_Sablon	11/3/2019	Sr. Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Jeffrey Sar	3_Jaye_Sablon	11/25/2019	Sr. Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Joseph Moore	3_Jaye_Sablon	10/14/2019	Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Joshua Cordle	3_Jaye_Sablon	11/25/2019	Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Margarita Padron	3_Jaye_Sablon	11/3/2019	Associate Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Paula Dingle	3_Jaye_Sablon	12/16/2019	Sr. Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Richard Trythall	3_Jaye_Sablon	10/14/2019	Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Robert Dunbar	3_Jaye_Sablon	11/3/2019	Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	
Ryan Williamson	3_Jaye_Sablon	11/25/2019	Sr. Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Sharlyne Marshall	3_Jaye_Sablon	12/15/2019	Sr. Utility Tech	Jacksonville, FL, USA - 4815 Executiv	
Yoel Acosta-Perez	3_Jaye_Sablon	11/11/2019	Associate Biomed Tech	Jacksonville, FL, USA - 4815 Executiv	

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Medical Specialties Distributors, LLC

Physical Address: 378 Page Street, Ste. 101

City: Stoughton State: MA Zip Code: 02072

Telephone Number: 781-344-6000 Fax Number: n/a

Toll Free Number: 800-967-6400

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: Philip Russo

Professional qualifications and experience of facility manager:
MSD, Regulatory Affairs Supervisor 2012-2018, Biomed Manager August 2018 to present

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: clinical/surgical centers, nursing homes, home healthcare providers

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: Please see attached.
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Michele Lau, VP and Secretary
Print Name of Authorized Person

2/27/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Medical-Surgical Minnesota Supply Inc.

Corporation Name: Medical Specialties Distributors, LLC

Mailing Address: 6651 Gate Parkway, Attn: Regulatory Affairs/McKesson

City: Jacksonville State: FL Zip: 32256

Telephone: 714-470-8144 Fax: N/A

Contact Person: Danna Sturgill

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 09.13.2005

Registration number issued: 100784139

Stock Exchange: N/A

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

Include with the application for a publicly traded corporation

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

List of officers and directors.

McKESSON

November 02, 2020

Re: Application Deficiency

To Whom It May Concern:

Please find the attached requested information in regards to the applicant Medical Specialties Distributors, LLC located at 378 Page Street, Ste. 101, Stoughton, MA 02072.

If you have any questions or need additional information please feel free to reach out to me at my contact information below.

Sincerely,

Danna Sturgill
McKesson Medical-Surgical Inc.
Sr. Associate Regulatory Affairs Specialist
Cell [redacted]
Email: Danna.Sturgill@Mckesson.com

Include with the application for a non-publicly traded corporation continued

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

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

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

Submit fingerprints – Please refer to Fingerprint Submission Instructions

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

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

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

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

Name	Title	Contact Address	FEIN
Stanton J. McComb	President	9954 Mayland Drive, Suite 4000 Richmond, VA 23233 Tel: [redacted]	n/a
Timothy Skansi	VP & Treasurer	9954 Mayland Drive, Suite 4000 Richmond, VA 23233 Tel: [redacted]	n/a
Michele Lau	VP & Secretary	1 Post Street, San Francisco, CA 94104 Tel: 415-983-8457	n/a
Medical Specialties Distributors, LLC	Operating Entity	6535 North State Highway 161, Irving, TX 75039 Tel: [redacted]	DE, 20-3585845
McKesson Medical-Surgical Minnesota Supply Inc.	Sole member of Medical Specialties Distributors, LLC	6535 North State Highway 161, Irving, TX 75039 Tel: 917-446-4800	MN, 41-1261653
McKesson Medical-Surgical Holdings Inc.	100% Owner of McKesson Medical-Surgical Minnesota Supply Inc.	9954 Mayland Drive, Suite 4000, Richmond, VA, 23233 Tel: 917-446-4800	DE, 13-3734754
McKesson Medical-Surgical Top Holdings Inc.	100% Owner of McKesson Medical-Surgical Holdings Inc.	4345 Southpoint Blvd., Jacksonville, FL, 32216 Tel: 917-446-4800	FL, 59-2280364
McKesson Corporation	100% Owner of McKesson Medical-Surgical Top Holdings Inc.	6535 North State Highway 161, Irving, TX 75039 Tel: 917-446-4800	DE, 94-3207296

The Massachusetts Board of Registration in Pharmacy does not regulate medical devices and does not issue a state license. Please see explanation attached.

Facility has not been inspected in the last 2 years.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

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





4029095 8300

SR# 20208242992

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

Authentication: 204016374

Date: 11-05-20

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

PHILIP G RUSSO

[redacted] [redacted] Raynham, MA 02767

CAREER PROFILE

Branch Biomedical Manager for Medical Specialties Distributors, LLC, July 2018 to present.
Regulatory Affairs Supervisor for Medical Specialties Distributors, LLC, with 10 years' experience in pharmacy licensing and medical recalls, an additional 11 years' as a Materials Supervisor, buyer and Inventory Control Lead for 7 facilities across the country.

Core Competencies

- ✓ **Self-motivated individual;** with exceptional leadership, organizational, and supervisory skills, encompassing key values of integrity, honest appreciation, teamwork, and results-orientated with an eye toward continuous improvement.
- ✓ **Problem solver;** responds rapidly and appropriately to changing circumstances. Evaluate problems, makes decisions to bring about positive change and refocus on new priorities.
- ✓ **Special projects and strategic insight into operations;** effectively manage and prioritize multiple responsibilities. Ensure adherence to policies and procedures to achieve objectives in safety, quality, and cost.
- ✓ **Focus on results;** identify and resolve problems using creativity and available resources. Manage problems and follow through toward a satisfactory conclusion.

Professional Experience

Medical Specialties Distributors, LLC July 2018 to present
➢ Branch Manager Biomedical Repair and Rental facility

- Oversee staff of 17 employees.
- Manage the daily work load of Customer and Company owned devices.
- Ensure all ISO Policies and Procedures are followed properly.
- Investigate and document all customer complaints.

Medical Specialties Distributors, LLC 2008 –JULY 2018
➢ Regulatory Affairs Supervisor

- Manage the Licensing Coordinator Staff daily.
- Procure and maintain all required State Pharmacy Permits for 4 business units encompassing 20 locations.
- Responsible for customer product complaint investigations.
- Acquired VAWD Accreditation in 5 distribution centers.
- Improve processes and policies in support of organizational goals
- Monitor adherence to the board of pharmacy rules, regulations and procedures as it relates to distribution

Medical Specialties Distributors, LLC 1996-2008
➢ Materials Supervisor

- Managed buyers to achieve maximum fill rate and control inventory value
- Corporate lead for semi-annual physical inventory
- ERP Super User for system transition in 2000

PHILIP G RUSSO

[redacted] [redacted] Raynham, MA 02767

Education/Accomplishments

- Milton High School – General Education Diploma
- Northeast Institute of Industrial Technology-Certificate in HVAC
- Massachusetts Notary Public
- Florida Certified Drug Representative

Skills

- Microsoft Office 365
- Prophet 21 ERP
- Onetrack 2.0

References

Supplied upon request

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 070022483

Application/License No. _____

McKesson Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Post Street, San Francisco, CA 94104 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 71 Stevenson St, Suite 600, San Francisco, CA 94105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2016 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of September, 2016.

APPLICANT/PRINCIPAL
McKesson Corporation

By: _____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY
Liberty Mutual Insurance Company

By: Heidi Bockus
Surety Company's Representative

Heidi Bockus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

Keith M. Lee
Witness

Countersigned by:
Heidi Bockus
Nevada ~~Resident Agent~~ Nonresident Agent License #503307
Heidi Bockus

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7240835

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Heidi Bockus; Krista M. Lee

all of the city of Seattle, state of WA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 14th day of January, 2016.

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 14th day of January, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15th day of Sep., 2016.

By: _____
Gregory W. Davenport, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

LMS_12873_122013

Medical Specialties Distributors LLC

	Vendor List
1	Abbott
2	Alcor
3	Alcor
4	B. Braub
5	Baxter
6	Cardinal Health
7	Cardinal Health
8	Circadiance
9	CME America
10	Fisher and Paykel
11	Fresenius
12	Graesby
13	Hospira
14	ICU Medical
15	Intrapump
16	Masimo
17	Moog Medical
18	Nellcor
19	Ormed
20	Repro-Med
21	Resmed
22	Respironics
23	Ross
24	Smith's Medical
25	Vivo
26	Walkmed
27	Zyno Medical

STATE OF NEVADA
DEPARTMENT OF TAXATION

POST IN CONSPICUOUS PLACE

MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072 4721

IN ACCORDANCE WITH TITLE 32 OF NEVADA REVISED STATUTES, PURSUANT TO PROPER APPLICATION DULY FILED AND PAYMENT OF APPROPRIATE PRESCRIBED FEES/SECURITY, THE ABOVE NAMED IS HEREBY GRANTED THE FOLLOWING LISTED PERMIT (SALES/USE TAX) OR CERTIFICATE (USE TAX) FOR BUSINESS ACTIVITIES CONDUCTED WITHIN THE STATE OF NEVADA.

PERMIT OR CERTIFICATE	REGISTRATION #	DATE OF ISSUE
SALES/USE TAX	033432050-01	12/19/05

LOCATION: MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072 4721

The above listed permit or certificate shall be considered valid unless canceled, suspended or revoked for good cause in accordance with Title 32.

This document is not transferable and IS NOT issued in lieu of any locally required business license, permit or registration.

THIS DOCUMENT IS NOT ISSUED IN LIEU OF A NEVADA STATE BUSINESS LICENSE.

JIM GIBBONS
Governor
THOMAS R. SHEETS
Chair, Nevada Tax Commission
DINO DICIANNO
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: http://tax.state.nv.us
1550 College Parkway, Suite 115
Carson City, Nevada, 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Bldg, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702)486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada, 89502
Phone: (775)688-1295 Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada, 89074
Phone: (702)486-2300 Fax: (702) 486-3377

MEDICAL SPECIALTIES DISTRIBUTORS LLC
800 TECHNOLOGY CENTER DR
STOUGHTON MA 02072-4721

Correspondence ID: 0800003366216
Taxpayer ID: 1003201555
Date: 12/09/2008

Dear Taxpayer:
Your Business License registration application has been processed and the taxpayer identification number assigned to you is 1003201555. Please use this number on any correspondence with the Department of Taxation. Please review your attached license. You should advise the Department of Taxation promptly of any changes to your business information or of any additional locations. This license is renewed annually and you will receive a renewal notice in the mail prior to your license expiration. Entities no longer in business in this state must submit a written statement to the Department at least 10 days before their anniversary date in order to avoid the annual fee and a penalty for non-payment.

For more information on filing and payment options, including on-line payment and account inquiries, visit our website at http://tax.state.nv.us. To pay your taxes online or view your account online you will need to register your business by answering a few simple questions on our website. Your pre-approved authorization code is: 401E6247-E9F5-46EA-BA80-0E21A49B9AFD.

NEVADA STATE BUSINESS LICENSE

State of Nevada
Department of Taxation

MEDICAL SPECIALTIES DISTRIBUTORS LLC

Taxpayer Identification Number:
[redacted]
Expiration Date:
11/30/2009

In accordance with Title 32 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada. Pursuant to NRS 360.780.5, it shall be considered valid until the expiration date listed above unless suspended or revoked for good cause in accordance with Title 32.

This document is not transferable and is not issued in lieu of any locally required business license, permit or registration.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2015 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for selling hypodermic needles and syringes, classified as dangerous devices to an entity not licensed by the board. McKesson paid $5,000 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that its distribution center failed to timely notify the state of California when their designated

representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since July 1, 2016 fully licensed. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for

administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah

has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

Michele Lau, VP and Secretary

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and **non-transferable checks only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: McKesson Medical-Surgical Inc. dba MSD

Physical Address: 520 Lindbergh Drive

City: Moon Township State: PA Zip Code: 15108

Telephone Number: 412-893-1437 Fax Number: n/a

Toll Free Number: 800-967-6700

E-mail: mckessonlicensing@mckesson.com Website: www.mckesson.com

Facility Manager: Brooke Nichole McGee

Professional qualifications and experience of facility manager:
2007- July 15,2019 McKesson Patient Care Solutions 600 Lindbergh Dr Moon Twp. PA 15108 Specialty Account Coordinato
7/15/19- Current McKesson Biomed 520 Lindbergh Drive Moon Twp. PA 15108 Biomed Manager

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: clinical/surgical centers, nursing homes, home healthcare providers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: OTC devices
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Please see attached.
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michele Lau, VP and Secretary — 2/27/2020

Print Name of Authorized Person — Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: McKesson Medical-Surgical Holdings Inc.

Corporation Name: Medical Specialties Distributors Inc. dba MSD

Mailing Address: 6651 Gate Parkway, Attn: Regulatory Affairs/McKesson

City: Jacksonville State: FL Zip: 32256

Telephone: 714-470-8144 Fax: N/A

Contact Person: Danna Sturgill

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 02/27/1980

Registration number issued: 0203641-6

Stock Exchange: N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

McKESSON

November 02, 2020

Re: Application Deficiency

To Whom It May Concern:

Please find the attached requested information in regards to the applicant McKesson Medical-Surgical Inc. dba MSD located at 520 Lindbergh Drive Moon Township, PA 15108.

If you have any questions or need additional information please feel free to reach out to me at my contact information below.

Sincerely,

Danna Sturgill
McKesson Medical-Surgical Inc.
Sr. Associate Regulatory Affairs Specialist
Cell [redacted]
Email: Danna.Sturgill@Mckesson.com

Certificate of Registration

Certificate No. 6000009519
(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:
Devices

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG PA 17101
(717) 787-4179

MCKESSON MEDICAL-SURGICAL INC. DBA MSD
520 LINDBERGH DRIVE
MOON TOWNSHIP, PA 15108

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: February 22, 2019
Expiration Date: The Last Day of March, 2021

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL SPECIALTIES DISTRIBUTORS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4029095 8300

SR# 20208242992

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204016374

Date: 11-05-20

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate(s): **6000009519** issued: 2/22/2019 11:26:00 AM expires: 3/31/2021

McKesson Medical-Surgical Inc. dba MSD 520 Lindbergh Drive; Moon Township, PA 15108

Back to DD&C Home

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Assembly Version 4.0.18274.4
Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

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McKesson Medical-Surgical Inc. dba MSD 520 Lindbergh Drive; Moon Township, PA 15108

Back to DD&C Home

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Assembly Version 4.0.18274.4
Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Medical Specialties Distributors, LLC
FEIN: 20-3585845
State of Formation: Delaware

OFFICERS

Stanton J. McComb, President
Timothy Skansi, VP & Treasurer
Michele Lau, VP & Secretary

BROOKE MCGEE

[redacted]4th St, Beaver Falls PA 15010
Cell: [redacted]
Brooke.mcgee@mckesson.com

Summary

Healthcare Administration /Revenue cycle / Compliance Reimbursement
Operations / Accounts Receivable / Internal and External Auditing / Contracting/ Accounts Receivable Leadership

Dynamic, AR strategist with a 12+-year record of achievement and demonstrated success driving departmental growth. Adept at driving growth of company revenues and improving client relations. Tenacious in building new business, securing customer loyalty, and forging strong relationships with external business partners.

My personal goal is to remain on the cutting edge, driving new business through customer satisfaction and establishing partnerships to increase revenue and productivity, by way of utilizing my education and work experience within the healthcare industry.

Highlights

Medicare & Medicaid Regulations and Standards
Healthcare Compliance
Revenue Cycle
Accounts receivable professional
Auditing of claims
Expert in customer relations
Effective communication skills
Complex problem solving
Effective time management

Accomplishments

Researched and resolved billing problems that had been previously missed. Reduced timely filing write off's. Reduced the open invoice cycle time from 120 days to 60 days or less by developing new dispute reporting procedures. Produced 95% more account reporting data than required by taking on additional duties. Productivity above daily average expected along with collecting on high dollar accounts.

Experience

McKesson Patient Care Solutions - January 2007 to Present

Reimbursement Team Coordinator / Specialty Accounts
Moon Township, PA

- Analyzing data to be shared with various department leaders to increase cash collections
- High-level reporting to Senior Leadership utilizing excel.
- Capturing and conducting analytics related to regulatory Compliance and quality standards.
- Coordinates and evaluates reporting and recommendations to the operations team based off of monitoring outcomes and findings within the data.
- Cross-Functional Team Training - billers, first tier and collection specialist leading and assisting collectors with highly specialized/sensitive patient accounts. high dollar claims analysis Weekly / Monthly Reporting - Aging AR, Production, Cash Collected.
- Insurance AR Summary and Weekly Collection Specialist Assignment Reports
- Auditing aged claims for compliance with current regulations and standards - both accuracy and compliance
- Applying DME and A/R knowledge to assist collectors in reviewing aged claims
- Researching billing requirements Notifying front end / intake of which DME products are covered and approved for full reimbursement Medicare, Medicaid and Commercial Insurance
- Contract Compliance Ensure compliance within all regulatory compliance areas - HIPAA, Stark, JCAHO, Fraud / Abuse Notify patients of payment responsibilities, past due and payor benefits

  Previous positions held: *Inside Sales Representative, Private Pay Collections Representative, Medicaid Reimbursement Specialist Liaison promoted to Specialty Team Coordinator.*

Venturi Staffing Partners - January 2006 to January 2007
Placement Coordinator / Account Manager
Wexford, PA

- Recruited, retained, trained and hired all employees as the Human Resource Manager.
- Formulated and implemented hiring forms and processes to ensure each client's needs/qualifications were met.
- Interviewed, Counseled, Terminations and Pre-Employment Drug
- Testing Internal and External customer service Team Building with local colleges and schools
- Extended offers to candidates
- Attended job fairs and other recruitment events
- Worked with Management in the selection process to facilitate the hiring process on site visits with all external clients and quality control management.

Keystone Signs and Graphics - January 2005 to January 2007
Director of Business Development
Monaca, PA

- Distributed invoices / completed signs and graphics.
- Administrative business functions.
- Excellent Customer Satisfaction.
- Calculated figures such as discounts, percentage allocations and credits.
- Opened and assigned new client accounts.
- Verified details of transactions, including funds received and total account balances.

Education

Community College of Beaver County - December 2003
Liberal Arts
Beaver County, PA

Pittsburgh Institute of Aeronautics (PIA) - December 1999
Associate of General Studies
Pittsburgh, PA

Training Courses

- McKesson ILEAD
- Early Career 099 Curriculum
- Emerging Leadership 100 Curriculum
- Lean Six Sigma BMGI Yellow Belt Training
- 360 Degree Feedback

Skills

Administrative, Accounts Receivable, Auditing, benefits, billing, Counseling, clients, Customer Satisfaction, customer service, diabetic, payroll, graphics, hiring, Human Resource Management, Human Resource Information Systems, Insurance, Team Building, Leadership, regulatory compliance, Organizational skills, Patient Care, presentations, processes, quality control, Recruiting, Reporting, Researching, wound care product experience, MS Office (Excel, Word, Power Point, Publisher)

Medical Specialties Distributors LLC

	Vendor List
1	Abbott
2	Alcor
3	Alcor
4	B. Braub
5	Baxter
6	Cardinal Health
7	Cardinal Health
8	Circadiance
9	CME America
10	Fisher and Paykel
11	Fresenius
12	Graesby
13	Hospira
14	ICU Medical
15	Intrapump
16	Masimo
17	Moog Medical
18	Nellcor
19	Ormed
20	Repro-Med
21	Resmed
22	Respironics
23	Ross
24	Smith's Medical
25	Vivo
26	Walkmed
27	Zyno Medical

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

MCKESSON MEDICAL-SURGICAL INC.

Nevada Business Identification # NV19951055144

Expiration Date: February 29, 2012

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 18, 2011

ROSS MILLER
Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

You may verify this Nevada State Business License online at www.nvsos.gov under the Nevada Business Search.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson's Landover DC purchased approximately $2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a $15,000 fine in June 2015.

In 2015 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy for selling hypodermic needles and syringes, classified as dangerous devices to an entity not licensed by the board. McKesson paid $5,000 fine. The fine is related to a non-disciplinary action.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a $2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Packaging Services, a business unit of McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that McKesson Packaging Services

failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since February 2, 2016 fully licensed. McKesson paid a $500 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid $400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Minnesota Supply Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy related to the fact that its distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since July 1, 2016 fully licensed. McKesson paid $200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state

until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid $1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia

facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the McKesson Medical-Surgical Inc. distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's

report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On July 31, 2019 **McKesson Medical-Surgical Inc.** received a citation from the California Board of Pharmacy regarding it's Urbancrest, OH location for failure to report a new Designated Representative within 30 days of change. No fine was assessed.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

Michele Lau, VP and Secretary

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 070022483

Application/License No. _____

McKesson Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Post Street, San Francisco, CA 94104 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 71 Stevenson St, Suite 600, San Francisco, CA 94105 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 15, 2016 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of September, 2016.

APPLICANT/PRINCIPAL
McKesson Corporation

By: _____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY
Liberty Mutual Insurance Company

By: Heidi Bockus
Surety Company's Representative

Heidi Bockus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

Keith M. Lee
Witness

Countersigned by:
Heidi Bockus
Nevada ~~Resident Agent~~ Nonresident Agent License #503307
Heidi Bockus

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.
This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7240835

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American Fire & Casualty Company and The Ohio Casualty Insurance Company are corporations duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Heidi Bockus; Krista M. Lee

all of the city of Seattle, state of WA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 14th day of January, 2016.

American Fire and Casualty Company
The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 14th day of January, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American Fire and Casualty Company, Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires March 28, 2017
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Gregory W. Davenport, the undersigned, Assistant Secretary, of American Fire and Casualty Company, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15th day of Sep., 2016.

By: Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

LMS_12873_122013

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☑ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: O&M Halyard, Inc.

Physical Address: 500 Independence Ave.

City: Mechanicsburg State: PA Zip Code: 17055

Telephone Number: 717-591-2246 Fax Number: _____

Toll Free Number: _____

E-mail: GM-Licensing@owens-minor.com Website: www.halyardhealth.com

Facility Manager: Deverick Walton

Professional qualifications and experience of facility manager: Highly-effective, results-driven Supply Chain leader, with experience at various management levels. See attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Practitioners ☑ Hospitals ☑ Wholesalers
☑ Other: Dentists

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Hypodermic Devices
☐ Veterinary Legend Drugs
☑ Other: Medical Devices (RX & Non-Rx) & OTC

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: (N/A At this time)
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Michael Lowry

Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael Lowry

Print Name of Authorized Person

8/24/20

Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia

Parent Company if any: Owens & Minor, Inc.

Corporation Name: O&M Halyard, Inc.

Mailing Address: 9120 Lockwood Blvd

City: Mechanicsville State: VA Zip: 23116

Telephone: 662-342-1953 Fax: _____

Contact Person: Sarah Golas

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 1926

Registration number issued: 54-1701843

Stock Exchange: OMI / $16.81 a share, subject to change.

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Certificate of Registration

Certificate No. 6000010185
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Devices

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

O&M HALYARD, INC.
500 INDEPENDENCE AVENUE
MECHANICSBURG, PA 17055

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: August 20, 2020
Expiration Date: The Last Day of September, 2021

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That O&M Halyard, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on November 14, 2017;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

July 14, 2020

Bernard J. Logan, Interim Clerk of the Commission

CERTIFICATE NUMBER : 2020071414697478

Legal Entity: O&M Halyard, Inc.

Corporate Business Address: 9120 Lockwood Blvd. Mechanicsville, VA 23116
Facility Address: 500 Independence Ave. Mechanicsburg, PA 17055

Date of Incorporation: November 14, 2017
FEIN: 82-3402664

Sole Owner: Owens & Minor, Inc. – 100% ownership

Executive Officers of O&M Halyard, Inc., are:

Name and title: Christopher Lowery -President
Address: [redacted] **Windward Pkwy. Alpharetta, GA 30004**

Name and title: Nicholas J. Pace – Executive VP, General Counsel & Corp. Secretary Address: [redacted] **Lockwood Blvd. Mechanicsville, VA 23116**

Name and title: Michael W. Lowry – Chief Financial Officer
Address: [redacted] **Lockwood Boulevard, Mechanicsville, VA 23116**

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-Q

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the quarterly period ended September 30, 2020
OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____
Commission file number 1-9810

Owens & Minor, Inc.

(Exact name of Registrant as specified in its charter)

Virginia (State or other jurisdiction of incorporation or organization)			**54-1701843** (I.R.S. Employer Identification No.)
9120 Lockwood Boulevard (Address of principal executive offices)	**Mechanicsville**	**Virginia**	**23116** (Zip Code)
Post Office Box 27626, Richmond, Virginia (Mailing address of principal executive offices)			**23261-7626** (Zip Code)

Registrant's telephone number, including area code (804) 723-7000

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $2 par value per share	OMI	New York Stock Exchange

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "larger accelerated filer", "accelerated filer", "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☒
Non-accelerated filer	☐ (Do not check if a smaller reporting company)	Smaller reporting company	☒
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The number of shares of Owens & Minor, Inc.'s common stock outstanding as of October 29, 2020, was 73,512,279 shares.

Deverick V. Walton

Creating Cultures Of Continuous Improvement to Deliver Results

[redacted]

Associate Director of Operations and Supply Chain

Skills & Highlights Include:

- ✓ A highly-effective, results-driven Supply Chain leader, with experience at various management levels.
- ✓ Balances continuous improvement and business alignment to drive sustainable results.
- ✓ Excellent communication and cross-functional facilitation skills to coordinate business strategies and lead high-performance work teams.
- ✓ Primary focus on continuous improvement, organizational development and strategic planning to achieve full-potential business objectives.
- ✓ Proven leader of high-performance teams , individuals, and leaders. Core belief in driving a culture of autonomy and accountability to maximize diverse pools of talent.

Areas of Strength & Proficiency

- ➲ Cross-Functional Team Leadership
- ➲ Cost Transformation Programs
- ➲ Financial Analysis and Metrics
- ➲ Plant Operations Management
- ➲ Quality & Regulatory Compliance
- ➲ Occupational Safety Compliance
- ➲ Supply Chain Management
- ➲ Value Stream Mapping
- ➲ Strategy Deployment

Professional Experience

Owens & Minor/Halyard Health – *Alpharetta, GA* **November 2014 - Present**

GLOBAL OPERATIONS CATEGORY LEADER

- A Fortune 500 Healthcare Logistics and Manufacturing company with annual revenues of $9.3 Billion.
- Global Supply Chain Leader of Product Categories representing over $650M in annual sales.
- Manage supply footprint with manufacturing and distribution facilities in US, Europe, Latin America, and Asia.
- Developed Manufacturing Footprint Analysis Process to identify product supply opportunities with benefits in Cost, Service, and Quality. Initial footprint changes identified will deliver over $5M in annual savings.
- Key member of a task team to identify supply chain improvement opportunities. Team focused on improved organizational and management systems, resulting in CCC reduction from 122 to 75 days over 3-year period.
- Led a $25M capital asset investment initiative to establish internal manufacturing capacity and capability for a new and innovative product commercialization.

Kimberly-Clark Corporation – *Various Locations* **August 1997 – October 2014**

OPEX/CONTINOUS IMPROVEMENT TEAM LEADER (2011 – 2014, Roswell, Ga)

- Led implementation of a LEAN and Cost Transformation system within Kimberly-Clark's Professional (B2B) manufacturing sector.
- Trained and mentored all OPEX Leaders in 9 plants globally with over 3.3 Billion dollars of revenue.
- Standardized operations by integrating Lean, TPS, Six Sigma, and Kaizen Event methodologies. Developed "CI Playbook" to ensure consistent and sustainable performance.
- Over 2 year period, consolidated product supply team delivered over $136M in cost savings through plant transformations, product design changes, contract manufacturing, and negotiated savings.

BUSINESS UNIT PRODUCT SUPPLY LEADER (2009 – 2011, Roswell, Ga)

- Responsible for product supply leadership within Partnership Products B2B Business with annual sales over $95 million and COGS over $50 million.
- Developed 3-year supply chain plan which allowed for 20% sales growth by increasing capacity and strategically sourcing products. Increased GP Margin from 35% to 40% and delivered $1.5MM in annual cost savings

- Introduced and led Strategy Deployment Process for KCP Global Product Supply in 2010, 2011 and 2012. Delivered 40% increase in YOY Cost Savings in 2011.
- Led footprint improvement project to install a new winder asset in skincare products manufacturing facility, which delivered over $1MM in sourcing savings for the KCP Wiper business.

PLANT PRODUCT SYSTEM OPERATIONS LEADER (2007 – 2009, Everett, Wa)

- Focus Factory Plant Manager within one of Kimberly-Clark's largest manufacturing pulp and paper facilities.
- Managed product system with an annual operating budget of $72MM, manufacturing paper and finished good paper products for B2B and Consumer products markets.
- Implemented structured problem solving program, resulting in improvements such as capacity increases, improved product flow, and reduced waste.
- In union facility, drove culture change with team-based process improvements projects that generating increase in OEE by 28%.
- Promoted total production maintenance initiatives (TPM), resulting in longer equipment life, fewer unscheduled breakdowns, and reduced labor and equipment repair costs.

CONVERTING BUSINESS TEAM LEADER (2004 – 2007, Owensboro, Ky)

- Responsible for the operation of five paper towel converting assets to support business-to-business customers.
- Managed five crews, consisting of 82 operations associates. Team included 3 engineering support positions (2 mechanical, 1 electrical).

TEAM LEADER/OPERATIONS CONSULTANT (1997 – 2004, LaGrange, Ga/Corinth, Ms/Ft. Worth, TX)

- Managed business teams consisting of 35 to 50 operations associates in ISO certified facilities.
- Provided operations team with reliable cost analysis, quarterly forecasts and counsel to maintain effective cost control.
- Key member of implementation team to achieve ISO 9002 certification in Health Care manufacturing facility.

Cargill, Inc – *Portland, OR/Toledo, OH* **May 1996 – July 1997**

PRODUCTION SUPERVISOR

- An international provider of food, agricultural and risk management products and services with annual revenues over $71 billion.
- Coordinated the transport of grain products at an international export facility.

Education

Bachelor of Science, Alcorn State University, 1996

- Major: Economics
- Concentration: Agriculture
- GPA: 3.5 (Magna Cum Laude)

Professional Development

- "Strengthening the Pipeline" Executive Leadership Program, Executive Leadership Council – 2014
- Lean Certification, Kimberly-Clark – 2012
- Green Belt Certification, Kimberly-Clark – 2012
- Culture of Accountability Training – 2010
- Seven Habits of Highly Effective People Certification – 2000

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Sharp Clinical Services, Inc.

Physical Address: 2400 Baglyos Circle

City: Bethlehem State: PA Zip Code: 18020

Telephone Number: 484.765.9900 Fax Number: 484.765.9897

Toll Free Number: N/A

E-mail: info@sharpclinical.com Website: www.sharpservices.com

Facility Manager: John Morrison

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers
☑ Other: Clinical Trial

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☑ Controlled Substances (include copy of DEA)
☐ Other: _____
☑ Hypodermic Devices
☑ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: AmerisourceBergen
Address: 31 Phoenix Drive, West Deptford, NJ 08086.

Name: Hanna's Pharmaceutical Supply Co., Inc.
Address: 2505 West Sixth Street, Wilmington, DE 19805

Name: Cinigen CTS Inc
Address: 3 Crescent Dr #110, Philadelphia, PA 19112

Name: Myoderm Medical Supplies
Address: 48 E Main St, Norristown, PA 19401

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Frank Li

Print Name of Authorized Person

25 Jun 2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: LIDG Healthcare plc

Corporation Name: Sharp Clinical Services, Inc.

Mailing Address: 2400 Baglyos Circle

City: Bethlehem State: PA Zip: 18020

Telephone: 484.765.9900 Fax: 484.765.9897

Contact Person: Arlinda L Box Dutton

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 3 Dec 2019

Registration number issued: 5189077

Stock Exchange: LIDG.L

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHARP CLINICAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHARP CLINICAL SERVICES, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5189077 8300

SR# 20204274352

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202964560

Date: 05-20-20

Certificate of Licensure

Certificate No. 8000002880
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

SHARP CLINICAL SERVICES, INC.
2400 BAGLYOS CIRCLE
BETHLEHEM, PA 18020

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: May 31, 2017
Expiration Date: The Last Day of May, 2021

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Corporate Officers

Frank Lis, President

Stephen Hreshko, Director of Finance

Walter Tyrrell, Chief Financial Officer

Sharp Clinical Services, Inc.
2400 Baglyos Circle, Bethlehem, PA 18020
T + 1 484-765-9900 www.sharpservices.com

PART OF UDG HEALTHCARE PLC

Sharp

List of Personnel that Handle Drugs Daily

Logistics Personnel

Heber	Aviles
Alassane	Barry
Trudy	Druckenmiller
Rachel	Fantauzzi
Todd	Grebs
Alethea	Kresge
Tyler	Lutseo
Oscar	Quintero
Sean	Richardson
Eric	Sahns
Bonnie	Ward

Quality Control

MeLinda	Arnold
Susan	Bonk
Smith	Burgos
Joslenny	Garcia
Drew	Johnson
Greg	Kelly
Angeliss	Martinez
Niraj	Patel
Thomas	Patterson
Tara	Robinson
Andrew	White

Sharp Clinical Services, Inc.
2400 Baglyos Circle, Bethlehem, PA 18020
T + 1 484-765-9900 www.sharpservices.com

PART OF UDG HEALTHCARE PLC

UDG

List of Personnel that Handle Drugs Daily

Production Personnel

Gayla	Alifonso
Chante	Blakney
Charlene	Blakney
Hector	Deluna
Kermit	Fallstich
Elayni	Fernandez
Michael	Gary
Gail	Guzick
Paula	Holder
Umar	Kamara
Ashley	Martinez
Margarita	Medrano
Peggy	Meyers
Dollar	Mody
Kim	Mojica
Zakena	Mole
Sandra	Orr
Maria	Padro
Hector	Pichardo
Brenda	Rankel
Lennis	Rivera
Janet	Rodriguez
Sawas	Ruangsang
Nisha	Shah
Rohit	Shah
Karon	Thomas
Tianna	Vonraesfeld
Suzanne	Weaver
John	Williams
Sharon	Young

Sharp Clinical Services, Inc.
2400 Bagiyos Circle, Bethlehem, PA 18020
T + 1 484-765-9900 www.sharpservices.com

PART OF UDG HEALTHCARE PLC

Sharp Clinical Services

Curriculum Vitae for

John Morrison
General Manager

EXPERIENCE

Sharp Clinical Services
Jan 2014 – Current
GM - Phoenixville

Confer with the CEO to plan business objectives, develop organizational policies, and coordinate activities between divisions and departments. Appropriately inform the CEO & Global CFO of strategic and operational status and performance of the company on a monthly basis.
Develop business strategies for the company within the corporate objectives that will create long term sustainable growth and maximize margins. Establish responsibilities and procedures for day to day operations that will attain objectives. Modify objectives and plans in accordance with current business conditions.
Direct and implement, in conjunction with the Global CFO, financial programs to provide funding for new and continuing operations to maximize returns on investments and increase productivity.
Review activity reports and financial statements to determine progress and status towards attaining objectives. Deliver monthly, quarterly and annual P&L targets.
Plan and develop industrial, labor, and public relations policies designed to improve company's image and relations with customers, employees, stockholders, and public.
Provide leadership as well as motivation, coaching and mentoring of the management team. Evaluate performance of leadership team for compliance with established policies and contribution towards attaining corporate objectives. Determine priorities (when there is a conflict) to meet schedules and deadlines.
Ensure that the organization possesses the proper resources to satisfy current and projected production requirements, as well as, evaluate needs and make reduction in force when appropriate.
Frequently visit prospects and existing customers. Build strong relationships with new and existing customers at a senior level.
Work with other regional organizations to achieve global corporate objectives and to ensure a coordinated approach to market and a win-win situation.



Catalent Pharma Solutions
Jul 2008 - Jan 2013
GM - Philadelphia, PA

Responsible for leading plant processes to ensure employee safety and compliance with all local, corporate and regulatory guidelines. Lead processes directed towards maintaining and improving customer satisfaction to include quality, cGMP, and delivery performance. Responsible for ensuring cost competitiveness and leading ongoing cost reduction processes. Responsible for Contract Packaging annual operating budget including leading the development of the annual budget, necessary improvement plans (CAPEX) and objectives. Maintain a five year growth strategy. Provide direction and leadership to Operations management to include ongoing communications, management development, goal setting, mentoring and coaching. Responsible for ensuring effective communications and Union Management relations.
Accomplishments include:

- Delivered 59% and 65% EBITDA growth FY11 ($8.1m) and FY12 ($13.3m) respectfully
- Revenue growth from $27m to $63m over the past four years
- Achieved a 0.9 RIR with no lost time due to injury in 2012
- Enhanced depot network from 10 to 30+ sites over the past four years
- Implemented SQDC practice throughout the facility
- Implemented JIT labeling for quicker response time

Aptuit, Clinical Packaging and Logistics
Feb 2007 - Jun 2008
Senior Director North America Clinical Packaging & Logistics

Responsible for the three Clinical Packaging & Logistics sites in North America: Kansas City, MO, Mount Laurel, NJ and Allendale, NJ (>400 employees) with a combined, $60M budget. Maintain RFT and OTD high standards. Expected growth 10% each year. Direct reports include Operations and PM as well as Process Improvement teams. Work in conjunction with Sales Senior Management to provide expertise on CPL specifics. Share ownership of Sales budget. Responsible for two new expansion projects, 200k sq/ft purpose built facility on going in NJ and primary suites expansion in MO. Continue to maintain and perform the responsibilities as Director of Operations (below).

Aptuit, Clinical Packaging and Logistics
May 2004 - Jun 2008
Director, Operations (Mount Laurel, NJ)

Direct activities of the Operations & Logistics departments while focusing on timely and cost efficient completion of the packaging and distribution of clinical supplies, >130 employees. Departments include; LC, Pre-Prod, Prod, EH&S, Documentation, Training, Facilities, Validation, Returns & Disposition, Inventory Control, and Distribution. Ensure that packaging equipment and procedures comply with the requirements of current safety legislation. Ensure the accurate, efficient, and timely delivery of cGMP and SOP compliant receiving, storage, inventory management and shipping information for billing purposes. Provide support to Quality for client audits. Provide Finance with all pertinent info for billing purposes. Provide support to BD and PM for client visits and quotations. Represent and interact with other Aptuit sites for the development of new initiatives and programs.



Urban Outfitters' - Distribution Center
Feb 2003 - Oct 2003
Manager Retail Fulfillment

Provide timely packaging and delivery of retail merchandise to one hundred eight retail stores nationwide and Canada while maintaining a 99.78% accuracy rating. Other responsibilities include supervising bulk packaging, receiving and data entry with a combined headcount of thirty-two employees. Helped institute a new radio frequency inventory system for back stock. Assist quality assurance in documenting and developing procedures to streamline efficiencies in overall throughput.

Omnicare Pharmaceutics, Inc.
Dec 2001 - Jul 2002
Director Packaging/Project Management

Responsible for the subdivision and labeling of various dosage forms into suitable packages for clinical study and commercial distribution. Also responsible for warehouse control, receiving, storage and distribution of commercial and clinical study supplies. Additional responsibilities included cGMP compliance and packaging equipment validation.

Omnicare Pharmaceutics, Inc.
Apr 2001 - Jul 2002
Director Project Management

Direct project management team to ensure the timeliest and most cost efficient completion for clients. Maintain project timelines among each group within Omnicare (Development, Analytical, Manufacturing, Packaging and Distribution). Developed and maintained close working relationships with clients through each Project Manager. Assist with client audits.

Omnicare Pharmaceutics, Inc.
Jun 1999 - Mar 2001
Manager of Operations, Clinical Packaging

Manage the clinical trial material handling, packaging, labeling and shipping operations. Evaluate and identify purchasing needs (equipment, materials and supplies) within the department. Manage personnel involved with warehouse inventory and maintenance. Authored master packaging records. Coordinate packaging schedules, direct packaging operations, assign projects and maintain communications between PM and clinical packaging. Review master packaging records upon completion. Compile detailed monthly records for client billing. Responsible for maintaining flex force staffing requirements.

Omnicare Pharmaceutics, Inc.
Jun 1998 - May 1999
Group Leader, Clinical Packaging

Coordinate packaging schedules and supervised packaging operations. Review master packaging records upon completion. Compile detailed monthly records for client billing. Responsible for maintaining flex force staffing requirements.

Omnicare Pharmaceutics, Inc.
Dec 1997 - May 1998
Packaging Coordinator

Develop master packaging records for sponsor protocols. Other responsibilities included direct client contact and training technicians on packaging instructions for clinical supply packaging. Responsible for monitoring a Phase III clinical trial for re-supply shipments (1,000 patients – 36 months – 3 month supplies).

ProClinical, Inc.
Jul 1997 - Sep 1997
Clinical Project Coordinator

Coordinate the clinical packaging process from quotation through destruction of CTM between clients and ProClinical's QA, QC, Tech Services, Prod and Distribution departments.

Cephalon, Inc.
Jul 1993 - Jun 1997
Clinical Associate III Pharmaceutical Development, Operations

Establish and manage all in-house packaging, labeling and distribution of clinical supplies. Coordinate contract packaging for clinical supplies. Supervise clinical warehouse personnel. Author clinical SOPs for packaging supplies. Established an inventory control system for clinical supplies and finished goods.

Cephalon, Inc.
Dec 1992 - Jun 1993
Research Associate I Drug Development

Perform radioreceptor binding assay for determining potency of drug products. Develop a method for cyanogen bromide cleavage and recovery of the C-terminal peptide fragment produced from rhIGF-1. Manufactured and filled toxicology supplies.

Rhone Poulenc Rorer
Dec 1991 to Nov 1992
Laboratory and Stability Technician

Assist Senior Research Scientist with clinical supplies manufacturing (tablets/capsules). Performed the following duties; batch record review and data tabulation, physical testing of clinical and stability studies, transcription and review of data files for preparation of stability reports, inventory and coordination of stability samples, submission of samples for chemical analysis, coordinate outside maintenance and calibration contracts for stability/clinical chambers.

EDUCATION

Ursinus College - Collegeville, PA
Bachelor of Science
Economics

PROFESSIONAL COURSEWORK

	ISPE Annual Meetings
	AAPS Annual Meetings
2012	Miller Heiman Training – Michael Johnson
2011	5th annual Forecasting and Optimizing the CSC
2010	Lean Six Sigma Immersion Workshop
2009	Leadership Development Program
2001	cGMP Training for Senior Management – Jeiven Pharmaceutical Consulting, Inc.
2000	cGMP quarterly training - Jeiven Pharmaceutical Consulting, Inc.
1999	DIA – Baltimore
1998	Manufacturing and Process of Thermoformable Films – Klockner Pentaplast
1997	Pre-Approval Inspection Training – Paul Wray
1996	cGMPs – Pre-Approval Inspection – Cephalon
1996	cGMPs – Inspection training – Cephalon
1995	History and Overview of cGMPs
1994	Preparation, Packaging and Labeling of CS – The Institute for Applied Pharmaceutical Sciences

PUBLICATIONS

PRESENTATIONS

PROFESSIONAL AFFILIATIONS

SIGNATURE

05 APR 2018
DATE

Contacts for Shareholders

Company Secretary and Registered Office
Damien Moynagh
UDG Healthcare plc,
20 Riverwalk,
Citywest Business Campus, Citywest,
Dublin 24, Ireland

Tel: +353 1 468 9000
Website: www.udghealthcare.com

Registered Number
12244

Registrar
Enquiries concerning shareholdings should be addressed to:

Computershare Investor Services (Ireland) Limited
3100 Lake Dr,
Citywest Business Campus,
Dublin 24, D24 AK82
Ireland

Tel: +353 1 447 5100
Email: webqueries@computershare.co.uk

Stockbrokers
Davy
Davy House,
Dawson Street,
Dublin Ireland

Liberum,
Ropemaker Place,
Ropemaker Street,
London, EC2Y 9LY

Peel Hunt,
Moor House,
London Wall,
London, EC2Y 5ET

Principal Bankers
Ulster Bank
Ulster Bank Ireland DAC,
George's Quay,
Dublin 2, Ireland

Solicitors
A&L Goodbody
International Financial Services Centre,
North Wall Quay,
Dublin 1, Ireland

Pinsent Masons LLP
3 Hardman Street,
Manchester, M3 3AU, U.K.

Auditor
Ernst & Young
Harcourt Centre,
Harcourt Street,
Dublin 2, Ireland

Website
Further information on UDG Healthcare is available on the Group's website:
www.udghealthcare.com

About 9,070,000 results (0.56 seconds)

Market Summary > Udg Healthcare PLC

LON: UDG

+ Follow

693.50 GBX −9.50 (1.35%) ↓

Jul 14, 4:35 PM GMT+1 · Disclaimer

1 day | 5 days | 1 month | 6 months | YTD | 1 year | 5 years | Max



Open	685.50	Div yield	0.019%
High	700.00	Prev close	703.00
Low	685.50	52-wk high	846.00
Mkt cap	1.74B	52-wk low	423.40
P/E ratio	24.41		

→ More about Udg Healthcare PLC

UDG Healthcare

Company

UDG Healthcare plc, formerly United Drug, is a Dublin-based international company and partner to the healthcare industry, providing clinical, commercial, communication and packaging services. It is listed on the London Stock Exchange. It is a constituent of the FTSE 250 Index. Wikipedia

Revenue: 1.298 billion EUR (2019)

Headquarters: Ireland

Number of employees: 8,700 (2019)

Founded: 1948

Subsidiaries: United Drug Wholesale Ltd, MORE

Key people: Peter Gray, Brendan Mcatamney

Disclaimer

Profiles

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **sharp clinical**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sharp Clinical Services, Inc.	3003673570	079209266	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL; REPACK;	2400 Baglyos Circle, Bethlehem, Pennsylvania (PA) 18020, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Thursday, Oct 29, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified
MS
10/29/20

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ 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: Physicians' Surgery Center of Nevada

Physical Address: 3475 GS Richards Blvd, #110

City: Carson City, NV State: Zip Code: 89702 Telephone: 775-885-7726

Fax: 775-885-7740 Toll Free Number: _____

E-mail: kwoffinden@nveyedoc.com

Website: N/a

Managing Pharmacist: Mary Grear License Number: ASC02744

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☒ Retail	☐	☐ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☐ Parenteral
☐	☒ Internet	☐	☐ Parenteral (outpatient)
☐	☒ Nuclear	☐	☐ Outpatient/Discharge
☒	☐ Ambulatory Surgery Center	☐	☐ Mail Service
☐	☒ Community	☐	☐ Long Term Care
☐	☒ Other: _____	☐	☐ Sterile Compounding
		☐	☐ Non Sterile Compounding
All boxes must be checked		☐	☐ Mail Service Sterile Compounding
For the application to be complete		☐	☐ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Kim Woffinden
Print Name of Authorized Person

4.15.20
Date

Board Use Only Date Processed:_____ Amount: $500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Comprehensive EyeCare Holdings, LLC

Mailing Address: 3475 GS Richards Blvd, #110

City: Carson City State: NV Zip: 89702

Telephone: 775-885-7726 Fax: 775-885-7740

Contact Person: Kim Woffinden

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) See attached.
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. See attached.

3) What was the price paid per share? See attached.

List any physician shareholders and percentage of ownership.

Name: See attached. %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7 am 5 pm [Except FRI 8am-12pm] Saturday N/A am _____ pm

Sunday N/A am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV29191766698

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Kim Woffinden

Responsible Person of Physicians' Surgery Center of Nevada

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Kim Woffinden
Print Name of Authorized Person

4.15.20
Date

Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 10687

Pharmacy Name: Physicians' Surgery Center of Nevada

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☒	☐
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: NV Date: 4/2002 Case #: 02-036 BRS

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Mary Green, RPh
Signature

4/10/2020
Date