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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: Alliance Pharmacy

Physical Address: 9601 N. Beach St. Ste 105 Fort Worth TX 76244

Mailing Address: 9601 N. Beach St. Ste 105 Fort Worth TX 76244

City: Fort Worth State: TX Zip Code: 76244

Telephone: 817-952-1999 Fax: 817-952-1932

Toll Free Number: 866-325-8105 (Required per NAC 639.708)

E-mail: alliancepharmacy@yahoo.com Website: www.alliancecarerx.com

Managing Pharmacist: Cathy Duong License Number: 58983

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.

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

Cathy Duong — Print Name of Authorized Person

05/05/2020 — Date

Board Use Only Date Processed: 5-27-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Jessey Nguyen

Business Name: Alliance Pharmacy LLC

Current Business Address: 9601 N. Beach St. Ste 105 Fort Worth TX 76244

City: Forth Worth State: TX Zip Code: 76244

Telephone: 817-952-1999 Fax: 817-952-1932

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 7:00 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: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Cathy Duong

Responsible Person of Alliance 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

Cathy Duong
Print Name of Authorized Person

05/05/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
) ss.
Tarrant COUNTY)

I, Cathy Duong, 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 Alliance 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, Cathy Duong, 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
8 day of May, 2020.

NOTARY PUBLIC

SELINA K CATHEY
Notary Public, State of Texas
Comm. Expires 12-07-2021
Notary ID 131374029

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

License No **32160** Expiration Date: **7/31/2020**

Balances: 1

ALLIANCE PHARMACY LLC
9601 N BEACH ST STE 105
FORT WORTH TX 76244

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

License No.
58983

Expiration Date
12/31/2020

CATHY LINH DUONG

DUONG, CATHY LINH

REGISTERED PHARMACIST

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

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 ALLIANCE PHARMACY LLC (file number 802553529), a Domestic Limited Liability Company (LLC), was filed in this office on September 30, 2016.

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 May 05, 2020.

Ruth R. Hughs
Secretary of State

4B

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: Alto Pharmacy

Physical Address: 1062 Delaware Street

Mailing Address: 1062 Delaware Street

City: Denver State: CO Zip Code: 80204-4033

Telephone: 800-874-5881 Fax: 415-484-7058

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

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

Managing Pharmacist: Lauren Hammond License Number: PHA.0021528

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

Mattieu Gamache-Asselin
Print Name of Authorized Person

5/1/20
Date

Board Use Only	Date Processed: 5-12-2020	Amount: 500 -

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Scriptdash, Inc.

Mailing Address. Tennessee Street,Unit

City: San Francisco State: CA Zip: 94107

Telephone: 800-874-5881 Fax: _____

Contact Person: Mattieu Gamache-Asselin

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.
Name Address

b) Greenoaks Capital Partners
Name Address

c) Zola Ventures, Ltd.
Name Address

d) Jackson Square Ventures
Name Address

2) Provide the number of shares issued by the corporation. up to 79,3000,000

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 8:00 am 11:00 pm Saturday 8:30 am 7:00 pm

Sunday 8:30 am 7:00 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 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, CEO/CFO
James Karraker, Secretary/CTO (Chief Technology Officer)

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lauren Hammond

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

Lauren Hammond, PIC
Print Name of Authorized Person

4/30/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Colorado)
) ss.
Denver COUNTY)

I, Lauren Hammond, 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 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, Lauren Hammond, 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
21st day of April, 2020.

NOTARY PUBLIC

DENETRIA WALKER
Notary Public
State of Colorado
Notary ID # 20174029316
My Commission Expires 07-13-2021

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SCRIPTDASH INC.

FILE NUMBER:	C3809180
REGISTRATION DATE:	07/24/2015
TYPE:	FOREIGN CORPORATION
JURISDICTION:	DELAWARE
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 qualified to transact intrastate business 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 02, 2020.

ALEX PADILLA
Secretary of State

KVM

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
Alto Pharmacy		1062 Delaware St Denver, CO 80204-4033

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PDO.1680000207		Prescription Drug Outlet- In-State	Active	02/26/2020	02/26/2020	10/31/2020

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Lauren Hammond	PHA.0021528	04/20/2020	Manager

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 5/5/2020 2:38:12 PM

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Alto Pharmacy

Prescription Drug Outlet- In-State

PDO.1680000207	02/26/2020
Number	**Issue Date**
Active	10/31/2020
Credential Status	**Expire Date**

Verify this credential at: www.colorado.gov/dora/dpo

Division Director: Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Alto Pharmacy

Prescription Drug Outlet- In-State

PDO.1680000207	02/26/2020
Number	**Issue Date**
Active	10/31/2020
Credential Status	**Expire Date**

Verify this credential at: www.colorado.gov/dora/dpo

Division Director: Ronne Hines Credential Holder Signature

4C

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**)

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

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

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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AnovoRx Group, LLC

Physical Address: 1710 N. Shelby Oaks Dr., Suite 5

Mailing Address: 1710 N. Shelby Oaks Dr., Suite 2

City: Memphis State: TN Zip Code: 38134

Telephone: 901-201-5470 Fax: 901-201-5465

Toll Free Number: 866-827-6917 (Required per NAC 639.708)

E-mail: OfficialContact@anovorx.com Website: AnovoRx.com

Managing Pharmacist: Lisa B. Martin License Number: TN # 22858

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.

By: Jon B Peters
Original Signature of Person Authorized to Submit Application, no copies or stamps

Jon B. Peters, President/Managing Member/Sole Director — 05/04/2020
Print Name of Authorized Person For AnovoRx Group, LLC — Date

Board Use Only	Date Processed: 5.12.2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: TN

Parent Company if any: AnovoRx Holdings, Inc

Mailing Address: 1710 N. Shelby Oaks Dr., Suite 2

City: Memphis State: TN Zip: 38134

Telephone: 901-201-5470 Fax: 901-201-5465

Contact Person: Cathy Bellehumeur

For any corporation non publicly traded, disclose the following:

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

a) Jon B. Peters (Name) Barfield Rd., Memphis, TN (Address)

b) David D. Stevens (Name) Bay Colony Dr.; , Naples, Fl (Address)

c) Joel R. Kimbrough (Name) Chapel Woods Cove, Germantown, TN (Address)

d) Diane Callahan (Name) Edinburgh Drive, Nashville, TN (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: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday 8:00 am 9:00 am pcr

Sunday on call am _____ pm 24 Hours on call 24/7

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



AnovoRx Group, LLC is a TN Limited Liability Company

It is owned 100% by AnovoRx Holdings, Inc.

AnovoRx Group, LLC has only one Officer and only one member of its Board of Directors

The sole Officer and sole Director of the AnovoRx Group, LLC Board of Directors is Jon B. Peters, his title is President and Managing Member. Jon Peters works from 1710 N. Shelby Oaks Dr., Suite 2, Memphis, TN 38134, Wk. Ph. # 901-201-5484.

Indirect Ownership of Applicant
AnovoRx Holdings, Inc. Ownership Information
AnovoRx Holdings, Inc. owns 100% of the applicant

AnovoRx Holdings, Inc. (the parent company; owns 100% of the applicant)
The parent company's demographic information:
1710 N. Shelby Oaks Dr., Suite 2
Memphis, TN 38134-7403
Phone 901-201-5470
Fax 901-201-5465
EIN 46-1775496
100% owner of AnovoRx Group, LLC

The owners of the applicant's parent company are not officers of the applicant. The owners of the applicant's parent company (each owns 5% or more interest in the parent AnovoRx Holdings, Inc.) are:

- Jon Burrow Peters

Title: President/Managing member and Director of AnovoRx Group, LLC (the applicant)
Title: owner AnovoRx Holdings, Inc.

- David Dwight Stevens

Title: owner AnovoRx Holdings, Inc.

- Joel Ray Kimbrough

Title: owner AnovoRx Holdings, Inc.

As of 12/19/18

- Diane H. Callahan)

Title: owner AnovoRx Holdings, Inc.

- Equity Partners XX(20), LLC, a Tennessee

Title: owner AnovoRx Holdings, Inc.
Equity Partners XX(20), LLC, a Tennessee LLC is owned by Marc Hanover
Marc Steven Hanover owns 100% of Equity Partners

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Tennessee)
) ss.
Shelby COUNTY)

I, Jon B. Peters, 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, Managing Member for AnovoRx Group, 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, Jon B. Peters, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Jon B Peters
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
day of , 20 20.

NOTARY PUBLIC

NANCY MAILES
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SHELBY
MY COMM. EXP. JAN. 15, 2021

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jon B. Peters, President/Managing Member/Sole Director

Responsible Person of AnovoRx Group, 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.

AnovoRx Group, LLC

BY: Jon B Peters

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

Jon B. Peters, President/Managing Member
Print Name of Authorized Person

03/25/2020
Date

anovo

IT STARTS WITH A CONVERSATION.

May 5, 2020

RE: New Non-resident Pharmacy application
NPI 1992248702 NCPDP 4449244
TN Pharmacy License 5905
AnovoRx Group, LLC
1710 N. Shelby Oaks Dr., Suite 5
Memphis, TN 38134

Dear Pharmacy Board:

Please see the enclosed documents to apply for a new non-resident Pharmacy license for the location listed above. We are a pharmacy that dispenses non-controlled legend drugs from the state of Tennessee.

We have enclosed application documents and the necessary fees for your state. If anything additional is needed, please contact us.

We are including both phone and e-mail information where we can be reached during normal business hours.

Thank you,

Cathy Bellehumeur
General Counsel
901-612-3281
Official.Contact@anovorx.com

Tre Hargett
Secretary of State

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

ANOVORX GROUP, LLC
1710 N. SHELBY OAKS DR., SUITE 1-5
MEMPHIS, TN 38134-7403

April 30, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0363162

Issuance Date: 04/30/2020
Copies Requested: 1

Document Receipt

Receipt # : 005522839	Filing Fee: $20.00
Payment-Credit Card - State Payment Center - CC #: 3780826161	$20.00

Regarding: **AnovoRx Group, LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	685324
Formation/Qualification Date:	05/02/2012	Date Formed:	05/02/2012
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SHELBY COUNTY		

CERTIFICATE OF EXISTENCE

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

AnovoRx Group, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 039429741

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

Tennessee Board of Pharmacy
Pharmacy
1-800-778-4123 r

March 16, 2020

AnovoRx Group, LLC
Attn: Nancy Hales
1710 N Shelby Oaks Dr., Ste. 2
Memphis, TN 38134

TO WHOM IT MAY CONCERN:

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

PROFESSION:	Pharmacy
NAME:	AnovoRx Group, LLC
ADDRESS:	1710 N Shelby Oaks Dr., Ste. 5 Memphis, TN 38134
LICENSE NUMBER:	5905
ISSUE DATE:	November 23, 2016
EXPIRATION DATE:	September 30, 2020
CURRENT STATUS:	Licensed
STATUS DATE:	November 23, 2016
SPECIAL ENDORSEMENT:	Controlled Substance Registration

COMMENTS: There is no derogatory information in our files concerning this facilty.

Sincerely,

Shella W Bush

Tennessee Board of Pharmacy

VERFFACLTY

49367

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005905
EXPIRATION DATE: 09/30/2020

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

PHARMACY BOARD
PHARMACY
ANOVORX GROUP, LLC

COMMISSIONER OF HEALTH

ANOVORX GROUP, LLC
1710 N. SHELBY OAKS DR.
SUITE 2
MEMPHIS TN 38134

11894726
49367

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
PHARMACY
ANOVORX GROUP, LLC
1710 N. SHELBY OAKS DR.
SUITE 5
MEMPHIS TN 38134

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

ID NUMBER: 0000005905
EXPIRATION DATE: 09/30/2020

CONTROLLED SUBSTANCE REGISTRATION

DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171

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: Ron Group, LLC. d.b.a Blue Sky Specialty Pharmacy

Physical Address: 570 Long Point Rd. Ste. 170

Mailing Address: 570 Long Point Rd. Ste. 170

City: Mount Pleasant State: SC Zip Code: 29464

Telephone: 843-352-7662 Fax: 833-898-3992

Toll Free Number: 866-822-0103 (Required per NAC 639.708)

E-mail: Ryan@BlueSkySpecialtyPharmacy.com Website: BlueSkySpecialtyPharmacy.com

Managing Pharmacist: Ryan Fennick License Number: 11740

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

Ryan Fennick
Print Name of Authorized Person

4/20/20
Date

Board Use Only Date Processed: 5-12-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Curt Nesbitt

Business Name: Zen Group, LLC. d.b.a. Blue Sky Specialty Pharmacy

Current Business Address: 570 Long Point Rd. Ste. 170.

City: Mount Pleasant State: SC Zip Code: 29464

Telephone: 843-352-7662 Fax: 833-898-3892

List any physician shareholders and percentage of ownership.

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %:_____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 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 Fennick

Responsible Person of ~~Ryan~~ Ron Group, LLC. d.b.a Blue Sky Specialty 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 Fennick
Print Name of Authorized Person

4/20/20
Date

LABOR LICENSING REGULATION

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596

Henry D. McMaster
Governor

Emily H. Farr
Director

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno NV 89521

This is to certify that the records of the Board of Pharmacy indicate the following information regarding:

Name: RON GROUP LLC

License Type: Pharmacy

License Number: 15688

Date Issued: 03/11/2015

License Status: ACTIVE

Expiration Date: 06/30/2021



Licensure Based on:

- ☒ Credentials
- ☐ Endorsement
- ☐ Exam - State
- ☐ National Exam
- ☐ Reciprocity

Disciplinary Action: None

☐ A check mark indicates that licensure has not been continuous.

If other information is needed, please contact this office at the number above.

Traci Collier

(State Seal)

Traci Collier, PharmD
SC Board of Pharmacy
Administrator and Chief Drug Inspector
Date: May 6, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss. SOUTH CAROLINA
_____ COUNTY) CHARLESTON COUNTY

I, Ryan Sennick, 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 SVP ; PIC for Blue Sky Specialty 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, _____, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Ryan Sennick
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
28 day of April, 2020

_____
NOTARY PUBLIC

My Commission
Expires: 09/29/2024

MICHAEL G. BISNETT
NOTARY
PUBLIC
SOUTH CAROLINA

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

RON GROUP, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 5th, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 3rd day of April, 2020.

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2020
REFERENCE ID: 497326

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended

1 The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is *RON GROUP, LLC*

2 The address of the initial designated office of the Limited Liability Company in South Carolina is

24 EDENTON ROAD
Street Address

MT PLEASANT *SOUTH CAROLINA* *29464*
City Zip Code

3 The initial agent for service of process of the Limited Liability Company is

SCOTT W PATTERSON, ATTORNEY
Name

Signature

and the street address in South Carolina for this initial agent for service of process is

319 PARK AVE SE, AIKEN, SC 29801
Street Address

AIKEN *SOUTH CAROLINA* *29801*
City Zip Code

4 The name and address of each organizer is

(a) *ELIZABETH N NESBITT*
Name

24 EDENTON ROAD
Street Address City

MT PLEASANT *SOUTH CAROLINA* *29464*
State Zip Code

(b)
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

5 [ ] Check this box only if the company is to be a term company If so, provide the term specified

070709-0130 FILED 07/05/2007
RON GROUP, LLC
Filing Fee $110 00 ORIG

Mark Hammond South Carolina Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2020

REFERENCE ID: 497326

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

RON GROUP, LLC
Name of Limited Liability Company

6 [ ] Check this box only if management of the limited liability company is vested in a manager managers If this company is to be managed by managers, specify the name and dress of each initial manager

(a) _____
Name

_____
Street Address City

_____
State Zip Code

(b) _____
Name

_____
Street Address City

_____
State Zip Code

(c) _____
Name

_____
Street Address City

_____
State Zip Code

(d) _____
Name

_____
Street Address City

_____
State Zip Code

(Add additional lines if necessary)

7 [ ] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c) If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members

_____

_____

_____

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2020

REFERENCE ID: 497326

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

RON GROUP, LLC
Name of Limited Liability Company

8 Unless a delayed effective date is specified, these articles will be effective when endorsed for e Secretary of State Specify any delayed effective date and time

9 Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement

10 Signature of each organizer

Elizabeth Nesbitt

Date 7-2-07

(Add Additional lines if necessary)

FILING INSTRUCTIONS

1 File two copies of this form, the original and either a duplicate original or a conformed copy

2 If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form

3 This form must be accompanied by the filing fee of $110 00 payable to the Secretary of State

Return to Secretary of State
P O Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728

Form Revised by South Carolina
Secretary of State, January 2000

PRC 1039144

PERMIT NO. 15688
DATE ISSUED: 07/01/2020

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Pharmacy Permit

2020-2021

Expires 06/30/2021

Eric Strauss, Chairman

J. Addison Livingston, Vice Chairman

RON GROUP LLC
DBA:BLUE SKY SPECIALTY PHARMACY
Permit Holder: CURT NESBITT
570 LONG POINT RD SUITE 170
MOUNT PLEASANT SC 29464

4E

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: CLRX DENTON

Physical Address: 2401 WEST OAK ST, STE 101

Mailing Address: 2401 WEST OAK ST, STE 101

City: DENTON State: TEXAS Zip Code: 76201

Telephone: 940-312-5943 Fax: 940-312-5944

Toll Free Number: 833-428-2539 (Required per NAC 639.708)

E-mail: CLRXDENTON@GMAIL.COM Website: WWW.CLRXPHARMACY.COM

Managing Pharmacist: HUY T NGUYEN License Number: 49415

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 <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.

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

HUY T NGUYEN
Print Name of Authorized Person

05/13/2020
Date

Board Use Only Date Processed: 5.27.2020 Amount: $500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: HUY T NGUYEN

Business Name: CLRX DENTON

Current Business Address: 2401 WEST OAK ST, STE 101

City: DENTON State: TEXAS Zip Code: 76201

Telephone: 940-312-5943 Fax: 940-312-5944

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm Saturday closed am closed pm

Sunday closed am closed 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, HUY T NGUYEN

Responsible Person of CLRX DENTON

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

HUY T NGUYEN
Print Name of Authorized Person

05/13/2020
Date

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 West Oak Pharmacy, Inc. (file number 802974604), a Domestic For-Profit Corporation, was filed in this office on March 28, 2018.

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 February 19, 2020.

Ruth R. Hughs
Secretary of State

TEXAS STATE BOARD OF PHARMACY

Re:	CLRX Denton
Address:	2401 West Oak Street, Suite 101 Denton, Texas 76201
License No.:	32113
Date Issued:	June 13, 2018
Licensure Status:	Active
Expiration Date:	June 30, 2020
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. CLRX Denton (Texas Pharmacy License #32113) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

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

July 30, 2019
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

License No.
49415

Expiration Date
12/31/2020

HUY THE NGUYEN

NGUYEN, HUY THE

REGISTERED PHARMACIST

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

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

CLRX DENTON
2401 WEST OAK ST STE 101
DENTON TX 76201



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

License No. **32113** Expiration Date: **6/30/2020**

Balances: **2**

CLRX DENTON
2401 WEST OAK ST STE 101
DENTON TX 76201

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

FROM:
CLRx Denton
2401 West Oak St. Ste. 101
Denton, TX 76201
940-312-5943 Phone
940-312-5944 Fax

May 13th, 2020

To Whom It May Concern:

This letter is being written as notice that West Oak Pharmacy Inc dba CLRx Denton **does not** ship any controlled substances. If at any time our services change, we will send notification at the appropriate time. Thank you in advance for incorporating this information, and also for your diligent attention to this matter.

Sincerely,

CLRx Denton

CLRx Denton
2401 West Oak St. Ste. 101
Denton, TX 76201
940-312-5943 Phone
940-312-5944 Fax

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
) ss.
DENTON COUNTY)

I, HUY T 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 pharmacy officer for CLRx DENTON (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, HUY T 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
14 day of May, 2020.

NOTARY PUBLIC

JOSHUA WARE NOTARY PUBLIC STATE OF TEXAS ID

4F

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*** 03922

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*
Limited Liability Company

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CRx Specialty Solution Pharmacy

Physical Address: 407 Bienville St Natchitoches, LA 71457

Mailing Address: 407 Bienville St

City: Natchitoches State: Louisiana Zip Code: 71457

Telephone: 877-646-1716 Fax: 318-214-4190

Toll Free Number: 877-646-1716 (Required per NAC 639.708)

E-mail: terry.smith@crxspecialty.com Website: www.crxspecialty.com

Managing Pharmacist: Terry Smith License Number: 13044

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: Specialty/mail order	☐	☒ 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

Patrick Teyro
Print Name of Authorized Person

5-26-2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Southern Scripts Intermediate II LLC

Business Name: Southern Scripts Intermediate II LLC

Current Business Address: ___ W. Lake St., Suit _____

City: Chicago State: Illinois Zip Code: 60606

Telephone: 2900 Fax: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 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, Patrick Teyro

Responsible Person of Southern Scripts Intermediate II 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

Patrick Teyro
Print Name of Authorized Person

5-26-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF LOUISIANA)
) ss.
NATCHITOCHES COUNTY)

I, Terry G. Smith, 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 CRx Specialty Solutions (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, Terry G. Smith, 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
15 day of MAY, 2020.

Donna R. Stephens
NOTARY PUBLIC

DONNA R. STEPHENS
Notary Public - Louisiana
Natchitoches Parish
Notary ID 009331

LOUISIANA BOARD of PHARMACY

3388 Brentwood Drive ~ Baton Rouge, LA 70809-1700
www.pharmacy.la.gov

PHARMACY PERMIT

Permit Owner: Employer's Health Network Holdings, 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:

CRx Specialty Solution
407 Bienville St
Natchitoches, LA 71457-5702

Permit Number: PHY.007399-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

REMINDERS

- **Relocations:** This permit is not transferable to a new address. A relocation application should be submitted at least 30 days prior to the anticipated move date.
- **Change of Ownership:** A new permit is required when the ownership of the pharmacy changes by 50% or more.
- **Controlled Dangerous Substances (CDS):** A pharmacy permit alone does not authorize the possession of Controlled Dangerous Substances. In order to procure and possess CDS, you must hold a separate CDS license.
- **Pharmacist-in-Charge (PIC):** The pharmacy shall not operate for more than ten (10) days without a designated PIC. PIC changes shall be submitted to the Board in writing.
- **Forms and applications** are available on the Board website – www.pharmacy.la.gov – under the horizontal menu "Forms & Applications."

450130

PHYP

See Reverse Side For Easy Opening Instructions

LOUISIANA BOARD of PHARMACY
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

CRx Specialty Solution
407 Bienville St
Natchitoches, LA 71457-5702

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: CRX SPECIALTY SOLUTION PHARMACY

Nevada license number: PH03922

Websites in use or intended to be used: www.crxspecialty.com

Affiliated websites (websites that link to or otherwise direct users to your website):

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☒

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☒ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☒ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐

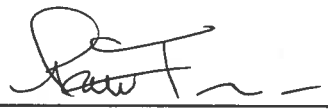
   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☒ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

5-26-2020

Date

Business Licensure Information for Non-Resident Pharmacy Permits (board of pharmacy, state controlled substance, DEA, FDA, etc)					
License/Registration Agency:	License Type:	Business Name on License/Registration:	License/ Registration Number:	Expiration Date:	License Status
Albama Board of Pharmacy	Permit	Crx Specialty Solutions	114707	12/31/2018	
Alaska Board of Pharmacy	Permit	Crx Specialty Solutions	119387	6/30/2018	
Arizona Board of Pharmacy	Permit	Crx Specialty Solutions	Y007119	10/31/2019	
Arkansas Board of Pharmacy	Permit	Crx Specialty Solutions	OS02808	12/31/2019	
California Board of Pharmacy	Permit	Crx Specialty Solutions	NRP1820	12/31/2017	
Colorado Board of Pharmacy	Permit	Crx Specialty Solutions	OSP.007038	10/31/2018	
Connecticut	Permit	Crx Specialty Solutions	PRN.0003249	8/31/2018	
Delaware	Permit	Crx Specialty Solutions	A9-0001864	9/30/2018	
Florida	Permit	Crx Specialty Solutions	PH29930	2/28/2019	
Georgia	Permit	Crx Specialty Solutions	PHNR001179	6/30/2019	
Kansas	Permit	Crx Specialty Solutions	PHY.019829	6/30/2018	
Maine	Permit	Crx Specialty Solutions	MO40002172	12/31/2018	
Mississippi	Permit	Crx Specialty Solutions	15139/7.1	1/31/2018	
Missiouri	Permit	Crx Specialty Solutions	2017008161	10/31/2019	
Nebraska	Permit	Crx Specialty Solutions	1109	1/27/2019	
New Hampshire	Permit	Crx Specialty Solutions	NR1410	12/31/2019	
New York	Permit	Crx Specialty Solutions	35596	7/31/2020	
North Carolina	Permit	Crx Specialty Solutions	13175	12/31/2018	
Ohio	Permit	Crx Specialty Solutions	NRP.022683750.03	3/31/2018	
Oklahoma	Permit	Crx Specialty Solutions	99-0829	9/30/2018	
Oregon	Permit	Crx Specialty Solutions	RP.6003263-13	3/31/2018	
Pennsylvania	Permit	Crx Specialty Solutions	NP000901	8/31/2019	
South Carolina	Permit	Crx Specialty Solutions	16936	6/30/2018	
Tennesse	Permit	Crx Specialty Solutions	6074	9/30/2019	
Vermont	Permit	Crx Specialty Solutions	36.0127305	7/31/2019	
Virginia	Permit	Crx Specialty Solutions	202215703	6/30/2018	
Washington	Permit	Crx Specialty Solutions	PHNR.FO.60724934	5/31/2018	
Wisconsin	Permit	Crx Specialty Solutions	1715-43	5/31/2018	
Inspector Notes:					

4G

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: Ethical Factor Rx

Physical Address: 4213 Birney Avenue Suite 4

Mailing Address: PO Box 4047 Scranton PA 18505

City: Moosic State: PA Zip Code: 18507

Telephone: 570-606-3622 Fax: 570-371-6317

Toll Free Number: 1-866-642-2920 (Required per NAC 639.708)

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

Managing Pharmacist: Lisa Tomcykoski License Number: RP046373

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.

Lisa Tomcykoski

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

Lisa Tomcykoski

Print Name of Authorized Person

05/14/2020

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: Pennsylvania

Parent Company if any: Ethical Factor Rx LLC

Mailing Address: PO Box

City: Scranton State: PA Zip: 18505

Telephone: 570-606-3622 Fax: 570-371-6317

Contact Person: Lisa Tomcykoski

For any corporation non publicly traded, disclose the following:

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

a) Lisa Tomcykoski (Name) Cortez Road, Jefferson Township PA 18436 (Address)

b) Ann Marie Lafoca (Name) Farmhouse Road Mountain Top, PA 18707 (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 %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9 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: _____

EthicalFactorRX

4213 Birney Avenue
18507 Moosic,
Pennsylvania

+1 866-642-2920
+1 570-606-3622
+1 570-371-6317

info@ethicalfactorrx.com

To whom it may concern

Ethical Factor Rx LLC is operated as an LLC with the following ownership stakes:

1. Lisa Tomcykoski – Pharmacist CEO 50%
   Home address: Cortez Road, Jefferson Township PA 1
   Business Address: 3irney Av Moosic, PA 18507
   Phone numbe: office: 570 606 3622
   DOB:
   License Number
2. Ann Marrie Lafoca – MSW COO 50%
   Home addres: armhouse Road Mountain Top, ...
   Business Address: Birney Av Moosic, I
   Phone Numb: office: 570 606 3622
   DOB

This is also to attest that owners and employees of Ethical Factor Rx LLC have not been in violation of federal drug laws including the illegal use of drugs or improper distribution of drugs.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/05/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ETHICAL FACTOR RX, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SECRETARY OF THE COMMONWEALTH PENNSYLVANIA

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathy Boockvar

Secretary of the Commonwealth

Certification Number: TSC200505171838-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lisa Tomcykoski

Responsible Person of Ethical Factor 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.

Lisa Tomcykoski

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

Lisa Tomcykoski (CEO and Owner)
Print Name of Authorized Person

05/14/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF PA)
Lackawanna) ss.
COUNTY)

I, Lisa Tomcykoski, 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 / PIC for Ethical Factor 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, Lisa Tomcykoski, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Lisa Tomcykoski
Name

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

Melissa Peralta
NOTARY PUBLIC

Commonwealth of Pennsylvania - Notary Seal
MELISSA PERALTA - Notary Public
Lackawanna County
My Commission Expires Apr 6, 2022
Commission Number 1251355



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

05/26/2020

License Information

ETHICAL FACTOR RX, LLC

4213 BIRNEY AVE
Moosic, Pennsylvania 18507

Board/Commission:	State Board of Pharmacy	Status Effective Date:	10/12/2017
LicenseType:	Pharmacy	Issue Date:	11/23/2011
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2021
License Number:	PP482191	Last Renewal:	07/23/2019
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
LISA FLORENCE TOMCYKOSKI	Business Relationship	Pharmacist		Active	11/23/2011	09/30/2020

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

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***_____

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: Invictus Pharmacy

Physical Address: 206 Bergen Ave Suite 204

Mailing Address: 206 Bergen Ave Suite 204

City: Kearny State: NJ Zip Code: 07032

Telephone: 201-991-0800 Fax: 201-991-1980

Toll Free Number: 844-385-MEDS (6337) (Required per NAC 639.708)

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

Managing Pharmacist: Alan Olstaer License Number: 28RI03942700

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.

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

Alan Dustan
Print Name of Authorized Person

5/9/20
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: NJ

Parent Company if any: _____

Mailing Address: 206 Bergen Ave Suite 204

City: Kearny State: NJ Zip: 07032

Telephone: 201-991-0800 Fax: 201-991-1980

Contact Person: Alan Oustaev

For any corporation non publicly traded, disclose the following:

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

a) Alan Oustaev RD Rego Park, NY, i
Name Address

b) Meyer Davidoff st Ave Forest Hills, NY,
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? $1.00

4) What date did the corporation actually receive the cash assets? 6/13/2018

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 5:30 pm Saturday 9 am 2 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, Alan Oustaev

Responsible Person of Invictus 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

Alan Oustaev
Print Name of Authorized Person

5/9/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey)
) ss.
Essex COUNTY)

I, Alan Oustan, 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 Invictus 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, Alan Oustan, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Alan Oustan
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
11 day of May, 2020.

NOTARY PUBLIC

JOSHUA TSADYK
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50096021
My Commission Expires 12/31/2023

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

OUTPATIENT PHARMACY CORP
0450279462

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 13, 2018.

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:

MEYER DAVIDOFF
206 BERGEN AVE
SUITE 204
KEARNY, NJ 07032

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of May, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6107455626

Verify this certificate online at

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

INVICTUS
Specialty Pharmacy

To whom it may concern,

Due to the widespread severity of SARS-CoV-2, the Boards of Pharmacy of the state of New Jersey has temporarily ceased to provide official license verifications for pharmacies and pharmacists. With an increasing amount of out-of-state patients requesting our pharmacy services, we strive to provide patient care to more and more Americans. Given the recent drug shortages, we kindly ask that the printouts of the online verifications be accepted in lieu of the official verifications. If needed, official verifications will be provided upon reinstatement of the verification processes.

Thank you and God Bless America,

Steven M. Blikstein, PharmD, RPh



206 Bergen Ave, Suite 204
Kearny, NJ 07032

P. (201)991-0800
F. (201)991-1980

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Paul R. I
Acti

License Information

Accurate as of May 11, 2020 7:23 PM

Return to Search Results

Name: INVICTUS PHARMACY

Address: Kearny,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00771200

License Status: Active

Status Change Reason: License Issuance

Issue Date: 4/2/2019

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

INVICTUS PHARMACY
MEYER DAVYDOV
206 Bergen Ave., Ste. 204
Kearny NJ 07032

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

04/02/2019 TO 06/30/2020
VALID

28RS00771200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

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

04/02/2019 TO 06/30/2020
VALID
SIGNATURE

28RS00771200
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE

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

PLEASE DETACH HERE

INVICTUS
Specialty Pharmacy

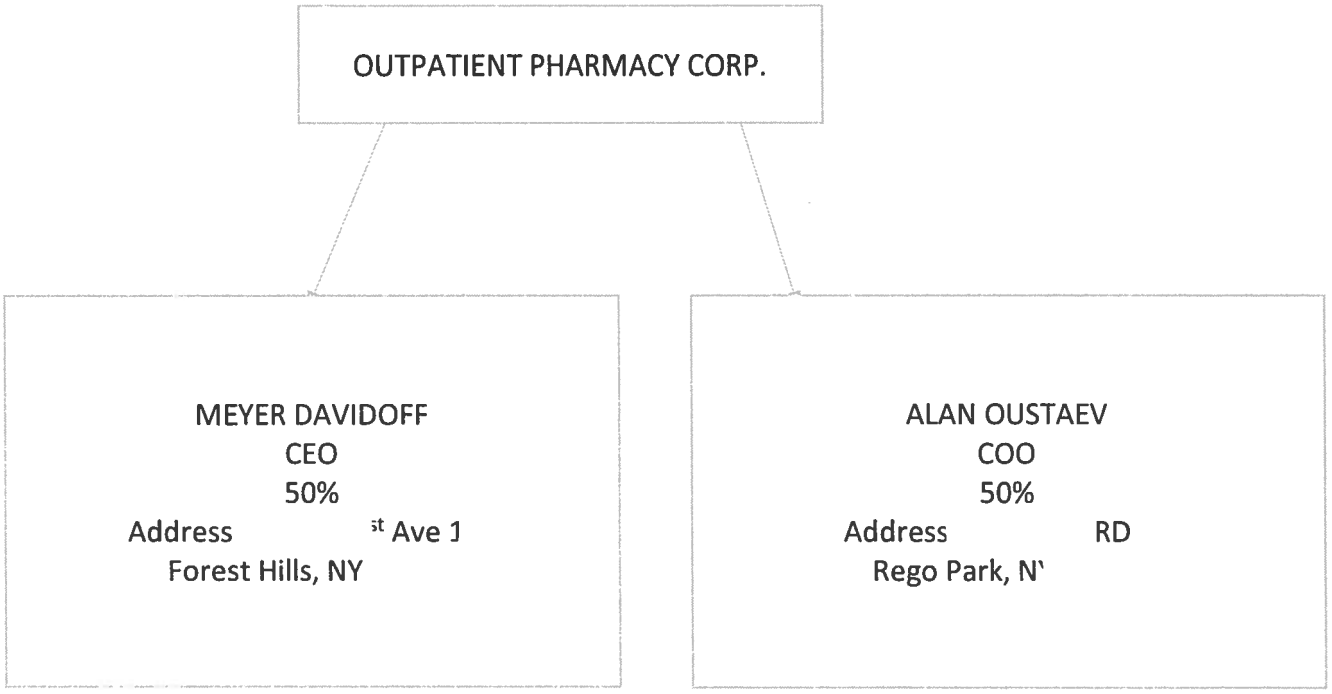
OUTPATIENT PHARMACY CORP. D/B/A INVICTUS PHARMACY
Stock Ledger

BLOCK # 1				
Sharenumber	**# of shares**	**Value of block**	**Offer of first refusal**	**Class of stock**
1-1000	1000	1000.00 USD	Yes	A
Stock certificate issued?		Yes, June 13th 2018		
Registered owner				
Date	**Name (org-/social security number)**		**Address**	
06/13/2018	Alan Oustaev		[illegible] rd RD	Rego Park, NY [illegible]

BLOCK # 2				**Company Corp.**
Sharenumber	**# of shares**	**Value of block**	**Offer of first refusal**	**Class of stock**
1001-2000	1000	1000.00 USD	Yes	A
Stock certificate issued?		Yes, June 13th 2018		
Registered owner				
Date	**Name (org-/social security number)**		**Address**	
06/13/2018	Meyer Davidoff		[illegible] Ave 1[illegible]	Forest Hills, NY

INVICTUS
Specialty Pharmacy

OUTPATIENT PHARMACY CORP. D/B/A INVICTUS PHARMACY
ORGANIZATION CHART



4l

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: MEDICI PHARMACY LLC dba MEDICI PHARMACY

Physical Address: 12930 DAIRY ASHFORD RD STE 702

Mailing Address: 12930 DAIRY ASHFORD RD STE 702

City: SUGAR LAND State: TEXAS Zip Code: 77478

Telephone: 713-993-7770 Fax: 346-309-2812

Toll Free Number: 888-511-2120 (Required per NAC 639.708)

E-mail: ACCOUNT@MEDICIPHARMACY.COM Website: _____

Managing Pharmacist: ALAN CHAN License Number: 63965

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

TUYETANH NGUYEN
Print Name of Authorized Person

05/08/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: TUYETANH NGUYEN

Business Name: MEDICI PHARMACY LLC

Current Business Address: 12930 DAIRY ASHFORD RD STE 702

City: SUGAR LAND State: TEXAS Zip Code: 77478

Telephone: 713-993-7770 Fax: 346-309-2812

List any physician shareholders and percentage of ownership.

Name:_____ %:_____

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, TUYETANH NGUYEN

Responsible Person of MEDICI PHARMACY LLC dba MEDICI 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

TUYETANH NGUYEN
Print Name of Authorized Person

05/08/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
TARRANT) ss.
COUNTY)

I, TUYETANH 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 PRINCIPAL OFFICER for MEDICI 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, TUYETANH 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
8th day of May, 2020.

NOTARY PUBLIC

APRIL LEIGH MCBRIGHT
Notary ID #131252730
My Commission Expires
August 21, 2021



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

License No. **32886** Expiration Date: **9/30/2021**

Balances: **1**

MEDICI PHARMACY
12930 DAIRY ASHFORD DR STE 702
SUGAR LAND TX 77478

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Franchise Tax Account Status

As of : 05/12/2020 15:49:05

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

MEDICI PHARMACY, LLC	
Texas Taxpayer Number	32070163590
Mailing Address	12930 DAIRY ASHFORD RD STE 702 SUGAR LAND, TX 77478-4667
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	03/24/2019
Texas SOS File Number	0803272459
Registered Agent Name	DAVIDSON LAW GROUP, PLLC
Registered Office Street Address	320 PURCEY ST. FORT WORTH, TX 76102

TEXAS STATE BOARD OF PHARMACY

May 18, 2020

Tuyetanh Nguyen
Email: account@medicipharmacy.com

RE: Medici Pharmacy (Texas Pharmacy License #32886)

Dear Tuyetanh Nguyen:

On May 8, 2020, the Texas State Board of Pharmacy (TSBP) received your request for information regarding disciplinary action taken against the above-referenced licensee.

Our records reflect that Medici Pharmacy, Texas pharmacy license #32886, located at 12930 Dairy Ashford Drive, Suite 702, Sugarland, Texas 77478, has not been the subject of disciplinary action with our agency.

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 Margarita Zamarripa, Senior Administrative Assistant, at (512) 305-8028.

Sincerely,

Open Records
Texas State Board of Pharmacy

4J

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: Nephron Pharmacy LLC

Physical Address: 4500 12th Street Extension West Columbia, SC 29172

Mailing Address: 4500 12th Street Extension West Columbia, SC 29172

City: West Columbia State: SC Zip Code: 29172

Telephone: (855)262-1718 Fax: (855)262-1718

Toll Free Number: (855)262-1718 (Required per NAC 639.708)

E-mail: mailorder@nephronpharm.com Website: nephronpharm.com

Managing Pharmacist: Emily Kennell License Number: 41912

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.

X Lou W. Kennedy

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

Lou W. Kennedy

Print Name of Authorized Person

05-07-2020

Date

Board Use Only Date Processed: 5-28-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: South Carolina

Parent Company if any: Nephron Pharmaceuticals Corporation

Mailing Address: 4500 12th Street Extension

City: West Columbia State: SC Zip: 29172

Telephone: (800)443-4313 Fax: (855)262-1719

Contact Person: Lou Kennedy

For any corporation non publicly traded, disclose the following:

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

a) William Kennedy (49%) 4500 12th Street Extension West Columbia, SC 29172
Name Address

b) Lou Kennedy (17%) 4500 12th Street Extension West Columbia, SC 29172
Name Address

c) Ashley Kennedy Whitner (17%) 4500 12th Street Extension West Columbia, SC 29172
Name Address

d) Courtney Kennedy McGowan (17%) 4500 12th Street Extension West Columbia, SC 29172
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: n/a %: n/a

Name: n/a %: n/a

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 6:00 pm 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: n/a

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lou W. Kennedy

Responsible Person of Nephron 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.

x

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

Lou W. Kennedy

Print Name of Authorized Person

05-07-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF South Carolina)
) ss.
Lexington COUNTY)

I, Lou Kennedy, 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 Nephron 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, Lou Kennedy, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Lou W. Kennedy
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
7th day of May, 2020.

Lindsey Miles
NOTARY PUBLIC

LINDSEY MILES
NOTARY PUBLIC
MY COMMISSION EXPIRES
10/4/2026
SOUTH CAROLINA

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Nephron Pharmacy LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 20th, 2020, with a duration that is until March 20th, 2120, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of March, 2020.

Mark Hammond

Mark Hammond, Secretary of State

Print this page

South Carolina Board of Pharmacy

NEPHRON PHARMACY, LLC
4500 12TH STREET EXT.
WEST COLUMBIA, SC 29172

License number: 19403
License type: Pharmacy
Status: Active
First Issue Date: 04/27/2020
Expiration: 06/30/2021

Supervised By
EMILY McGUIRE KENNELL - (PH)

File a Complaint against this licensee

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

Board Public Action History:

View Orders | View Other License for this Person

No Orders Found

PRC 1039509

PERMIT NO. 19403
DATE ISSUED: 04/27/2020

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Pharmacy Permit

2020-2021

Expires 06/30/2021

Eric Strauss, Chairman

J. Addison Livingston, Vice Chairman

NEPHRON PHARMACY, LLC
Permit Holder: LOU KENNEDY
4500 12TH STREET EXT.
WEST COLUMBIA SC 29172

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 1,2,3,7*
☒ *Non Publicly Traded Corporation – Pages 1,2.4,7*
☐ *Partnership - Pages 1,2,5,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pearland Unicare Pharmacy, LLC

Physical Address: 10970 Shadow Creek Pkwy Suite 110.2 Pearland TX 77584

Mailing Address: 10970 Shadow Creek Pkwy Suite 110.2

City: Pearland State: TX Zip Code: 77584

Telephone: 888-489-0038 Fax: 877-674-0389

Toll Free Number: 888-489-0038 (Required per NAC 639.708)

E-mail: MailOrder@pyramidspharmacy.com Website: www.pyramidspharmacy.com

Managing Pharmacist: May Elmahdy License Number: 51907

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

Dalia Abdelhalim
Print Name of Authorized Person

3/16/2020
Date

Board Use Only Date Processed: 5.27.2020 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: 10970 Shadow Creek Pkwy Suite 110.2

City: Pearland State: TX Zip: 77584

Telephone: 888-489-0038 Fax: 877-674-0389

Contact Person: Ursula Henry

For any corporation non publicly traded, disclose the following:

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

a) Dalia Abdelhalim Signal Hill Ct Pearland
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: Dalia Abdelhalim %: 100%

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5 pm Saturday N/A am N/A pm

Sunday N/A am N/A 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

Dalia Abdelhalim, Owner

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Dalia Abdelhalim

Responsible Person of Pearland Unicare 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

Dalia Abdelhalim
Print Name of Authorized Person

3/16/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Harris COUNTY)

I, Dalia Abdelhalim, 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 Pearland Unicare 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, Dalia Abdelhalim, 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
16 day of March, 2020.

Marleah Hutton
NOTARY PUBLIC

MARLEAH MARIE HUTTON
Notary Public, State of Texas
Comm. Expires 05-24-2023
Notary ID 13202643-0

TEXAS STATE BOARD OF PHARMACY

Re:	Pyramids Mail Order Pharmacy
Address:	10970 Shadow Creek Parkway, Suite 1102 Pearland, Texas 77584
License No.:	32829
Date Issued:	August 28, 2019
Licensure Status:	Active
Expiration Date:	August 31, 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. Pyramids Mail Order Pharmacy (Texas Pharmacy License #32829) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

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

April 13, 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.

4L

Roc 511-2020

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: Phil Pharmacy Solutions LLC

Physical Address: 5900 Roche Dr. St. 107

Mailing Address: -Same-

City: Columbus State: OH Zip Code: 43229

Telephone: 855-917-3070 Fax: 888-975-0603

Toll Free Number: 855-917-3070 (Required per NAC 639.708)

E-mail: BOP-applications@usephil.com Website: _____

Managing Pharmacist: Jill Garlitz License Number: 03232852

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.

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

Haley DeCoy
Print Name of Authorized Person

04/29/2020
Date

Board Use Only Date Processed: 5.12.2020 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: Phil Inc

Mailing Address: 234 Front St. FL 4

City: San Francisco State: CA Zip: 94111

Telephone: 855 - 917 - 3070 Fax: N/A

Contact Person: Haley Decoy

For any corporation non publicly traded, disclose the following:

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

a) Phil inc is 100% owner of Phil Pharmacy Solutions LLC
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: N/A %: _____

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, Deepak Thomas

Responsible Person of Phil Pharmacy Solutions 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.

X

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

Deepak Thomas

Print Name of Authorized Person

04/27/20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio)
) ss.
Franklin COUNTY)

I, Haley DeCoy, 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 for Phil Pharmacy Solutions (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, Haley Decoy, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Haley DeCoy
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
5 day of May, 2020.

NOTARY PUBLIC

NOTARIAL SEAL
YASMINE FARAH
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES 05-12-24

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHIL PHARMACY SOLUTIONS 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 THIRTIETH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHIL PHARMACY SOLUTIONS LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2017.

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

Jeffrey W. Bullock, Secretary of State

6506398 8300

SR# 20203317659

Authentication: 202855490

Date: 04-30-20

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

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2021.

Phil Pharmacy Solutions

5900 Roche Dr Ste 107

Columbus OH, 43229-3232

License Number: 0232000001

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2021

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: II - Independent Community Retail (1 Outlet)

Responsible Person - Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
JILL GABRIELA	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

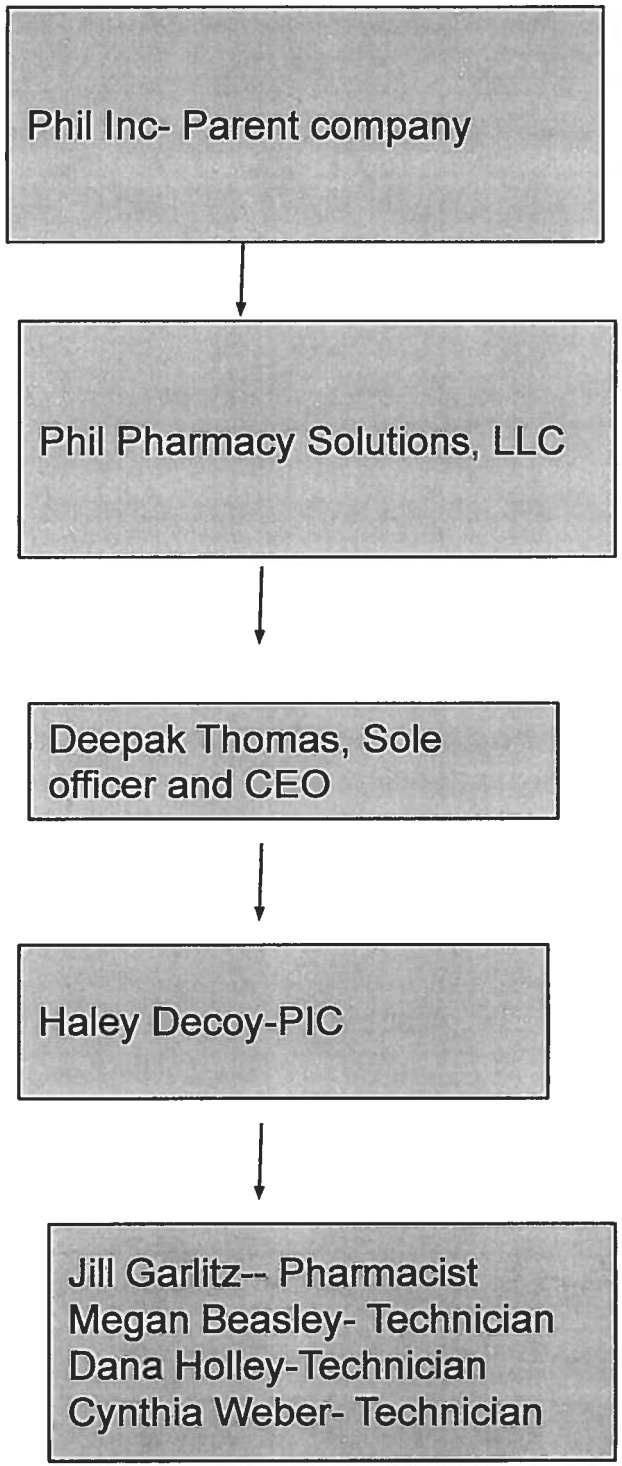
State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Corporate Officers

Deepak Thomas

Address Wisconsin Street San Francisco

Officer


Phil Inc- Parent company
Phil Pharmacy Solutions, LLC
Deepak Thomas, Sole officer and CEO
Haley Decoy-PIC
Jill Garlitz-- Pharmacist
Megan Beasley- Technician
Dana Holley-Technician
Cynthia Weber- Technician

STATE OF OHIO
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME:	Phil Pharmacy Solutions
DBA	PhilRx, LLC
LOCATION:	5900 Roche Dr Ste 107 Columbus, OH 43229-3232
LICENSE NUMBER:	0232000001
TYPE OF LICENSE:	Terminal - Pharmacy - Category 3
ORIGINAL LICENSURE DATE:	June 19, 2018
EXPIRATION DATE:	March 31, 2021
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	5/12/2020

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

4M

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~~ LLC – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Premier Specialty Infusion LLC

Physical Address: 2401 W. Hassell Road, Suite 1525

Mailing Address: 2401 W. Hassell Road, Suite 1525

City: Hoffman Estates State: Illinois Zip Code: 60169

Telephone: 800-783-9655 Fax: 877-770-4179

Toll Free Number: 800-783-9655 (Required per NAC 639.708)

E-mail: pharmacy@psinfusion.com Website: www.premierspecialtypharmacy.com

Managing Pharmacist: Scott Luckow License Number: 051.041005

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.

David Evans

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

David Evans

Print Name of Authorized Person

5/12/20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A ~~NON-PUBLICLY TRADED CORPORATION~~ LIMITED LIABILITY COMPANY

State of ~~Incorporation~~ Organization: Delaware

Parent Company if any: PromptCare Home Infusion, LLC

Mailing Address: 41 Spring Street, Suite 103

City: New Providence State: NJ Zip: 07974

Telephone: 877-776-6782 Fax: 800-889-0862

Contact Person: David Evans

For any corporation non publicly traded, disclose the following:

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

a) PromptCare Home Infusion, LLC 41 Spring Street, Suite 103 New Providence, NJ 07974
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 8:30 am 5:00 pm Saturday on-call am _____ pm

Sunday on-call 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 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

Thomas Voorhees	President, CEO, and LLC Manager
David Evans	CFO and Secretary
Joseph Poliseo	COO and Asst. Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David Evans

Responsible Person of Premier Specialty Infusion 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

David Evans
Print Name of Authorized Person

5/12/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Pennsylvania)
) ss.
Chester COUNTY)

I, David Evans, 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 Chief ~~Operating~~ Financial Officer for Premier Specialty Infusion 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, David Evans, 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 May, 2020.

NOTARY PUBLIC

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Joshua F. Griffith, Notary Public
West Brandywine Twp., Chester County
My Commission Expires May 24, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIER SPECIALTY INFUSION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MAY, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

6225542 8300

SR# 20204209458

Authentication: 202960398

Date: 05-20-20

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

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.021461
051.041005

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, STERILE COMPOUNDING

PREMIER SPECIALTY INFUSION LLC
SCOTT LUCKOW
2401 HASSELL RD STE 1525
HOFFMAN ESTATES, IL 60169-2000

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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

14595443

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: 4326117

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
PREMIER SPECIALTY INFUSION LLC	Hoffman Estates, IL 60169	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054021461	LICENSED PHARMACY	ACTIVE	03/11/2020	03/11/2020	03/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
32*****93	LICENSED CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	03/11/2020	03/11/2020	03/31/2022	N

Generated on: 3/11/2020 11:59:50 AM

PromptCare Companies
High-tech. High-touch. / Better care.

May 11, 2020

VIA Federal Express

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

RE: Change of Ownership
Premier Specialty Infusion, LLC
Pharmacy License #PH04152

Dear Sir/Madam:

This letter is sent as written notification of a recent transaction involving Premier Specialty Infusion, LLC ("PSI") located at 2401 W. Hassell Road, Suite 1525, Hoffman Estates, IL 60169, in which PromptCare Home Infusion LLC acquired 100% of the membership interests of Ambreen Jafri and Scott Luckow in PSI. PSI remains as the permit holder and PromptCare Home Infusion LLC has become the sole member and parent company of PSI.

The pharmacist-in-charge of PSI remains the same and there has been no change in the NCPDP, NPI, tax ID, name or location. A chart showing the post-closing organizational structure is attached as *Exhibit A*.

As required for this type of transaction, enclosed is a completed *Application for Out-of-State Pharmacy License – Ownership Change* with applicable attachments and fee.

You will note that the inspection report includes a Sterile Compounding component. This pharmacy does NOT provide sterile compounding services at this time and if it were to offer these services in the future, they would be available ONLY to Illinois residents. PSI will NOT ship sterile compounded products into the State of Nevada without receiving prior approval from the Nevada State Board of Pharmacy.

Should you have any questions, please contact me at 801-942-2968 or via email at rhansen@rchconsult.com.

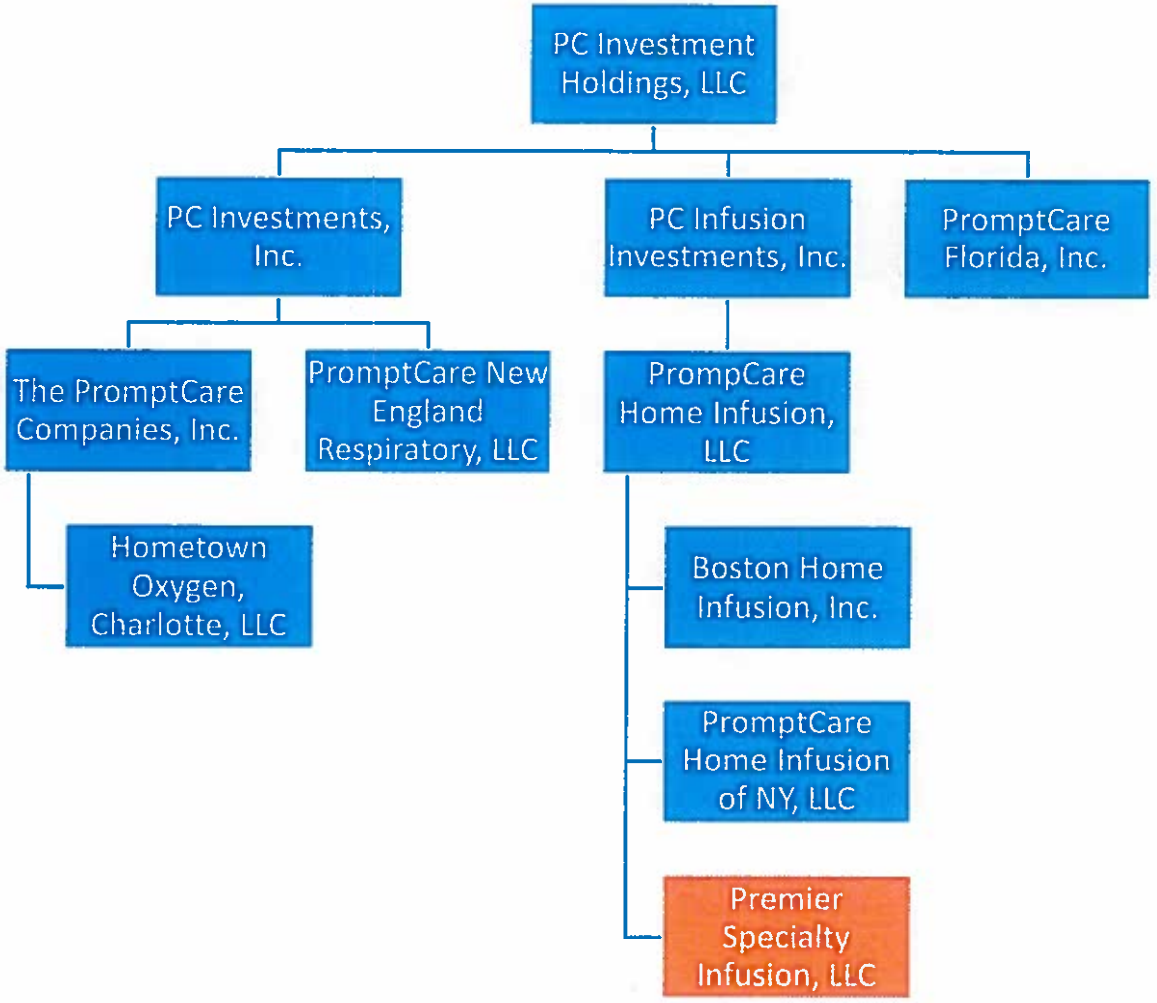
Sincerely,

Robyn C. Hansen

Robyn C. Hansen
Regulatory Compliance

Enclosures

EXHIBIT A


PC Investment Holdings, LLC
PC Investments, Inc.
PC Infusion Investments, Inc.
PromptCare Florida, Inc.
The PromptCare Companies, Inc.
PromptCare New England Respiratory, LLC
PrompCare Home Infusion, LLC
Hometown Oxygen, Charlotte, LLC
Boston Home Infusion, Inc.
PromptCare Home Infusion of NY, LLC
Premier Specialty Infusion, LLC

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*** 04167

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: Quinate Pharmacy, LLC , dba Southern Hometown Pharmacy (dba change)

Physical Address: 1557 Pooler Pkwy, Ste 400, Pooler, GA 31322

Mailing Address: 1557 Pooler Pkwy, Ste 400

City: Pooler State: Georgia Zip Code: 31322

Telephone: (912) 988-3005 Fax: (912) 988-1674

Toll Free Number: (833) 878-6337 (Required per NAC 639.708)

E-mail: poolerrx@yoursouthernrx.com Website: www.southernhometownpharmacy.com

Managing Pharmacist: Chad Troccia License Number: RPH021970

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.

Tracey L Leavitt

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

Tracey L Leavitt

Print Name of Authorized Person

5/21/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: Quinate Pharmacy, LLC

Mailing Address: 1557 Pooler Pkwy, Ste 400

City: Pooler State: Georgia Zip Code: 31322

Telephone Number: (912) 988-3005 Fax Number: (912) 988-1674

Contact Person: Tracey Leavitt

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
Please see attached Ownership Chart		
Travel Rx, LLC	N/A	100%

List names of 4 largest partners and percentage of ownership:

Name: Please see attached Ownership Chart %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: None %: N/A

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Tracey Leavitt

Responsible Person of Quinate 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.

Tracey L Leavitt

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

Tracey L Leavitt

Print Name of Authorized Person

5/21/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
) ss.
Cache COUNTY)

I, Tracey L Leavitt, 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 Partner for Quinate 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, Tracey L Leavitt, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Tracey L Leavitt
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21st day of May, 2020.

Brooke Schlee
NOTARY PUBLIC

BROOKE SCHLEE
Notary Public
State Of Utah
My Commission Expires 02-12-2024
COMMISSION NO. 710576

Posted April 1, 2020

QUINATE PHARMACY, LLC
List of Owners

100%: TRAVEL RX, LLC, a Nevada Limited Liability Company, is the parent company whose owners are:

TRACEY L. LEAVITT Settlers Point Dr. Guyton, GA	33.472%
BRETT WHITTACRE Ridgegate St Henderson, NV	8.800%
JARED JOHNSON Ridgegate St Henderson, NV	8.800%
MELISSA ETHERIDGE Grand Ct Bluffton, SC	6.688%
HEATHER J. LEAVITT Teakwood Trace Midland, TX	7.040%
JAY R. LARSEN San Andreas St Henderson, NV	17.600%
SPATE CAPITAL, LLC, whose owners are: CASEY CRAIG and COURTNEY CRAIG Happy Ln Las Vegas, NV	17.600%

Control Number : 18003909

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Quinate Pharmacy, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 18133736
Date Inc/Auth/Filed	: 01/04/2018
Jurisdiction	: Georgia
Print Date	: 10/03/2019
Form Number	: 211

STATE OF GEORGIA 1776

Brad Raffensperger

Brad Raffensperger
Secretary of State

Licensee Information

Name:	Southern Hometown Pharmacy
Owner:	
Address:	1557 Pooler Pkwy Ste 400 Pooler GA 31322

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHRE010716	**License Status:**	Active
License Type:	Retail Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	3/19/2019	**Expiration Date:**	6/30/2021	**Last Renewal Date:**	

Discipline Information
- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

Relationship:	Employment		
Prerequisite Licensee:	Carroll, Sirmedra Dominique	**Prerequisite License:**	**PHTC050600**
Association Date:	6/28/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Donovan, Brooke Delaine	**Prerequisite License:**	**PHTC046810**
Association Date:	3/30/2020	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Goldman, Christopher Todd, Jr	**Prerequisite License:**	**PHTC049127**
Association Date:	10/29/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Gordon, Ashlee Danielle	**Prerequisite License:**	**PHTC018363**
Association Date:	6/26/2019	**Expiration Date:**	
Relationship:	Employment		

Prerequisite Licensee:	Harn, Angela Swindell	**Prerequisite License:**	**PHTC050819**
Association Date:	7/24/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Harn, Selah Maisey	**Prerequisite License:**	**PHTC052927**
Association Date:	1/6/2020	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Leavitt, Tracey Lynn	**Prerequisite License:**	**PHTC047898**
Association Date:	8/5/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Reid, Allison Denise	**Prerequisite License:**	**PHTC026435**
Association Date:	8/5/2019	**Expiration Date:**	
Relationship:	Supervisor		
Prerequisite Licensee:	Troccia, Chad Michael	**Prerequisite License:**	**RPH021970**
Association Date:	10/14/2019	**Expiration Date:**	

You may close this window to return to your search results

Data current as of: April 21, 2020 15:3:22

This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

40

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** 03030
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: Transition Pharmacy

Physical Address: 2540 Metropolitan Drive, 2546

Mailing Address: 2540 Metropolitan Drive, 2546

City: Trevose State: PA Zip Code: 19053

Telephone: 215-639-6162 Fax: 215-639-6209

Toll Free Number: 866-694-2553 (Required per NAC 639.708)

E-mail: transitionrx@comcast.net Website: transitionrx.com

Managing Pharmacist: Gregg Smith License Number: RP040437R

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.

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

Richard William Kennedy Jr
Print Name of Authorized Person

4/30/20
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: Arizona

Parent Company if any: Nexus Patient Services LLC

Mailing Address: 5080 N. 40th Street 339

City: Phoenix State: AZ Zip: 85018

Telephone: 602-840-9506 Fax: 602-840-9508

Contact Person: Bill Kennedy

For any corporation non publicly traded, disclose the following:

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

a) Transition Pharmacy Services is a Single member LLC
Name Address

b) Name & Nexus Patient Services LLC
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: None %: _____

Name: None %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 1 pm

Sunday Closed am Closed 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, Richard William Kennedy Jr

Responsible Person of Transition 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

Richard William Kennedy Jr.
Print Name of Authorized Person

5/7/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF PA)
Philadelphia) ss.
COUNTY)

I, Greg Smith, 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 Transition 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, Greg Smith, 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
20 day of May, 2020.

NOTARY PUBLIC

Commonwealth of Pennsylvania

Notarial Seal
LAUREN FISCHER – Notary Public
CITY OF PHILADELPHIA, PHILADELPHIA CNTY
My Commission Expires Aug 23, 2021

Transition Pharmacy Services LLC Officers/Owners (March 2020)

Name	Title	Address	City, State, Zip	Birth Date
Richard William Kennedy Jr	President	N Way	Scottsdale, AZ	
Richard W. Kennedy	EVP	E. Solano Drive	Phoenix, AZ	
Joseph C. Kennedy	EVP	N. Street	Phoenix, AZ	
Michael G. Kennedy	EVP	N. Place	Scottsdale, AZ	
Danita K. Florez	EVP	N. Place	Phoenix, AZ	

Transition Pharmacy Services LLC Ownership (March 2020)

Alpha Scrip Incorporated Ownership				
Name	%	Address		City, State, Zip
Richard William Kennedy Jr	25%		Way	Scottsdale, AZ
Richard W. Kennedy	25%	E. Solano Drive		Phoenix, AZ
Joseph C. Kennedy	25%	N.	Street	Phoenix, AZ
Michael G. Kennedy	25%	N.	Place	Scottsdale, AZ

Florez Enterprises LLC				
Name	%	Address		City, State, Zip
Danita K. Florez	100	N.	Place	Phoenix, AZ

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

19 0818125

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

License Type
Pharmacy

License Status
Active

TRANSITION PHARMACY
GREGG M SMITH
2540 METROPOLITAN DR STE 2546
TREVOSE, PA 19053

Initial License Date
12/18/2007

Expiration Date
08/31/2021

License Number
PP481773

Acting Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.§. 4911

4P

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: ORGANIC PHARMACY LLC dba ADAMAS RX

Physical Address: 5001 S COOPER ST STE 215, ARLINGTON, TX 76017

Mailing Address: 5001 S COOPER ST STE 215, ARLINGTON, TX 76017

City: ARLINGTON State: TX Zip Code: 76017

Telephone: 817-803-2225 Fax: 888-885-9849

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

E-mail: ACCOUNT @ADAMASRX.COM Website: _____

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

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.

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

KHANH B HOANG
Print Name of Authorized Person

05/08/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: KHANH B HOANG

Business Name: ORGANIC PHARMACY LLC

Current Business Address: 5001 S COOPER ST STE 215

City: ARLINGTON State: TX Zip Code: 76017

Telephone: 817-803-2225 Fax: 888-885-9849

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 09:00 am 06:00 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, KHANH B HOANG

Responsible Person of ORGANIC PHARMACY LLC dba ADAMAS 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

KHANH B HOANG
Print Name of Authorized Person

05/08/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
) ss.
TARRANT COUNTY)

I, KHANH B HOANG, 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 / OFFICER for ADAMAS 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, KHANH B HOANG, 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
8TH day of MAY, 2020.

NOTARY PUBLIC

TUYETANH THI NGUYEN
Notary ID #131985486
My Commission Expires
April 23, 2023

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

ADAMAS RX
5001 S COOPER ST STE 215
ARLINGTON TX 76017



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

License No. **32984** Expiration Date: **11/30/2021**

Balances: **1**

ADAMAS RX
5001 S COOPER ST STE 215
ARLINGTON TX 76017

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

TEXAS STATE BOARD OF PHARMACY

May 19. 20201

Khanh Hoang
5001 South Cooper Street, Suite 215
Arlington, Texas 760
Email: *ACCOUNT@ADAMASRX.COM*

RE: Adamas Rx (Texas Pharmacy License #32984)

Dear Khanh Hoang:

On May 8, 2020, the Texas State Board of Pharmacy (TSBP) received your request for information regarding disciplinary action taken against the above-referenced licensee.

Our records reflect that Adamas Rx, Texas pharmacy license #32984, located at 5001 South Cooper Street, Suite 215, Arlington, Texas 76017, has not been the subject of disciplinary action with our agency.

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

Franchise Tax Account Status

As of : 05/12/2020 15:50:10

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

ORGANIC PHARMACY LLC	
Texas Taxpayer Number	32070226140
Mailing Address	320 PURCEY ST FORT WORTH, TX 76102-1847
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	03/28/2019
Texas SOS File Number	0803277434
Registered Agent Name	DAVIDSON LAW GROUP, PLLC
Registered Office Street Address	320 PURCEY ST. FORT WORTH, TX 76102

4Q

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*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Partnership - Pages 1,2,5,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Long Beach Pharmacy Annex DBA Peninsula Compounding

Physical Address: 110 Oregon Ave S, Long Beach, WA 98631

Mailing Address: P.O. Box 187

City: Long Beach State: WA Zip Code: 98631

Telephone: 360-642-1250 Fax: 1-888-308-2878

Toll Free Number: 1-866-219-0002 (Required per NAC 639.708)

E-mail: lbcompounder@penpharmrx.com Website: http://www.penpharmrx.com/peninsulacompounding/

Managing Pharmacist: Jeffrey Chabot License Number: WA PH00018787

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.

Jeffrey Harrell

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

Jeffrey Harrell — Print Name of Authorized Person

5/20/2020 — 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: Washington State

Parent Company if any: N/A

Mailing Address: P.O. Box B

City: Ilwaco State: WA Zip: 98624

Telephone: 360-244-5984 Fax: 1-888-308-2878

Contact Person: Jeffrey Harrell

For any corporation non publicly traded, disclose the following:

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

a) Jeffrey Harrell (Name) PO Box 1635, Long Beach, WA 98631 (Address)

b) Thomas Sutherland (Name) PO Box 1405, Long Beach, WA 98631 (Address)

c) Casey Harrell (Name) PO Box 1635, Long Beach, WA 98631 (Address)

d) Garnette Sutherland (Name) PO Box 1405, Long Beach, WA 98631 (Address)

2) Provide the number of shares issued by the corporation. 200 total

3) What was the price paid per share? $7,000.00

4) What date did the corporation actually receive the cash assets? 06/30/2006

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 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: N/A

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

PENINSULA PHARMACIES, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/15/1960.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/05/2020
UBI Number: 251 000 395

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 03/05/2020

Peninsula Pharmacies, Inc

List of Officers:

Jeffrey Harrell – President

Tom Sutherland – Vice President

Casey Harrell – Treasurer

Garnette Sutherland – Secretary

CONDITIONAL SALES AGREEMENT

FOR SALE OF STOCK

THIS CONDITIONAL SALES AGREEMENT FOR SALE OF STOCK made this 1st day of July, 2006, by and between JEFFERY L. FREESE and SUSAN C. FREESE, husband and wife, hereinafter referred to as "sellers" and JEFFREY S. HARRELL and CASEY HARRELL, husband and wife, hereinafter called "purchasers",

WITNESSETH:

Whereas, the parties hereto desire that the sellers' stock of PENINSULA PHARMACIES, INC., a Washington corporation, be sold to purchasers pursuant to this Agreement on the date and at the time provided for herein (the "Effective Date"); and

Whereas, the parties hereto desire to set forth certain representations and warranties made by each to the other as an inducement to the consummation of the sale and certain additional agreements related to the sale;

Now, therefore, in consideration of the premises and of the mutual representations and warranties herein contained, the parties hereby agree as follows:

Article I

SALE

1.1 Sale

Subject to the terms and conditions herein on the 1st day of July 2006, date of closing of this sale, hereinafter called the Effective Date, or at such other time as purchasers and sellers shall designate, sellers shall sell to purchasers and purchasers shall buy from sellers 100 shares of PENINSULA PHARMACIES, INC. stock represented by Certificate No. 7.

1.2 Price

For the said 100 shares of PENINSULA PHARMACIES, INC. stock, the purchasers shall pay to sellers the total sum of Seven Hundred Thousand and no/100ths ($700,000.00) dollars, plus interest, which sum shall be paid as follows: The cash sum of Thirty Thousand and no/100ths ($30,000.00) dollars to be paid down at time of closing. The balance, to-wit: Six Hundred Seventy Thousand and no/100ths ($670,000.00) dollars shall be paid in monthly installments of Six Thousand Two Hundred Eleven and no/100ths ($6,211.00) dollars, including interest. During the first seven (7) years, Purchasers shall not pay more than the monthly installment amount. The first such installment shall be due on the 15th day of August, 2006 and thereafter on the 15th day of each succeeding calendar month until the entire balance of the purchase price, principal and accrued interest, shall have been paid in full. Purchasers agree to pay interest on the diminishing principal balance at the rate of 7 1/2 percent per annum from the 1st day of July, 2006. Each payment shall be credited first on the interest then due and the remainder on principal; and interest shall thereupon cease upon the principal so credited. It is further provided that the total purchase price including accrued interest shall be paid in full fifteen (15) years from the Effective Date of this Agreement.

If purchasers are current on their payments and for reasonable cause they are unable to make the next payment on time, Purchasers shall be granted a grace period of not to exceed ~~forty five~~ twenty (~~45~~ 20) days.

Payments shall be made as directed by sellers.

1.3 Security

(a) As security for payment of the purchase price herein, the parties agree that the stock purchased herein shall be held in escrow pursuant to an Escrow Agreement

entered into between the parties of even date herewith. Such stock upon being submitted into escrow shall either be signed by sellers or stock powers signed by sellers shall be provided with the stock certificates so that the stock certificates will be negotiable and transferrable upon this Agreement being paid in full and the escrow being completed. The parties further agree that if purchasers should default in any terms of this Agreement and fail to make payments as called for herein, the stock shall be returned to sellers free and clear of any claim of purchasers and, further, sellers shall retain as liquidated damages all payments received from purchasers.

(b) Purchasers agree to submit an annual financial statement of the business to sellers each year until sellers have been paid in full.

(c) As additional security, purchasers agree that sellers shall have all protection and coverage allowed under the Uniform Commercial Code of the State of Washington.

(d) If prior to payment in full all or any part of the stock or any interest therein is sold or transferred by purchasers without sellers' prior written consent, sellers may, at their option, declare all the sums to be immediately due and payable. Sellers shall have waived such option to accelerate if, prior to the sale or transfer, sellers hereunder and the person to whom the stock is to be sold or transferred reach agreement in writing that the credit of such person is satisfactory and that the interest shall be at such rate as sellers hereunder shall request.

If sellers exercise such option to accelerate, sellers shall mail purchasers notice of acceleration. Such notice shall provide a period of not less than thirty (30) days from the date the notice is mailed within which purchasers may pay the sums declared due. If purchasers fail to pay

such sums prior to the expiration of such period, sellers may, without further notice or demand on purchasers, invoke any remedies permitted by law.

Article II

REPRESENTATIONS

2.1 Representations and Warranties of Sellers

Sellers represent and warrant to purchasers on the date hereof and on the Effective Date as follows:

(a) Stock. Sellers warrant that they are the owners of the 100 shares of common stock represented by Certificate No. 7, which shares are unencumbered, and that they have a right to sell the same.

(b) Stockholders. Prior to the execution of this Agreement and sale to purchasers, the sole stockholders of PENINSULA PHARMACIES, INC. were Thomas O. Sutherland and Garnette T. Sutherland, husband and wife, owners of 100 shares, and Jeffery L. Freese and Susan C. Freese, husband and wife, owners of 100 shares, which total of 200 shares represent all of the issued and outstanding shares of common stock of the corporation.

(c) Financial Statements. Sellers' accountant has delivered to purchasers all financial information desired by purchasers regarding the financial operations of the corporation.

Article III

GENERAL

3.1 Rights of Purchasers

(a) Upon closing of this sale the purchasers shall be entitled to all rights accruing to the ownership of the stock, including the right to vote said stock and to receive any stock dividends paid on said stock, provided however, that all payments called for herein are made timely and current. If any payment called for herein should not be made at the time the same is due, all rights

of the purchasers, including the right to vote and receive dividends, shall immediately cease.

3.2 Additional Instruments

The parties hereto shall deliver or cause to be delivered on the Effective Date, and at such other times and places as shall be reasonable and agreed on, such additional instruments as any party may reasonably request for the purpose of carrying out this Agreement. Purchasers and sellers will cooperate and use their best efforts to have the present officers, directors and employees of PENINSULA PHARMACIES, INC. ccoperate on and after the Effective Date in furnishing information, evidence, testimony and other assistance in connection with any actions, proceedings, arrangements or disputes of any nature with respect to matters pertaining to all periods prior to the Effective Date.

3.3 Entire Agreement

This Agreement and the documents delivered pursuant hereto constitute the entire agreement and understanding between the parties hereto and supersede any prior agreement and understanding relating to the subject matter of this Agreement. This Agreement may be modified or amended only by a duly authorized written instrument executed by the parties hereto.

3.4 Counterparts

This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute but one and the same instrument. It shall not be necessary that any single counterpart hereof be executed by all parties hereto so long as at least one counterpart is executed by each party.

3.5 Notices

Any notice or communication required or permitted

hereunder shall be sufficiently given if sent by first class mail, postage prepaid:

(a) To purchasers at: P.O. Box 1635
Long Beach, WA 98631

(b) To sellers at: P.O. Box 189
Long Beach, WA 98631

3.6 Survivorship

All warranties, representations and guarantees shall survive the closing and execution of the documents contemplated by this Agreement. The parties hereto in executing, and in carrying out the provisions of, this Agreement are relying solely on the representations, warranties and agreements contained in this Agreement or in any writing delivered pursuant to provisions of this Agreement or at the closing of the transactions herein provided for and not upon any representation, warranty, agreement, promise or information, written or oral, made by any person other than as specifically set forth herein or therein.

3.7 Law

This Agreement shall be construed in accordance with the laws of the State of Washington.

IN WITNESS WHEREOF the parties have executed this Agreement as of the day and year first above written.

SELLERS:

JEFFERY L. FREESE by SUSAN C. FREESE, His Attorney in Fact

SUSAN C. FREESE

PURCHASERS:

JEFFREY S. HARRELL

CASEY HARRELL

STATE OF WASHINGTON)
: ss
County of Pacific)

On this 30 day of June, 2006, before me personally appeared SUSAN C. FREESE to me known to be the individual who executed the foregoing instrument as Attorney in Fact for JEFFERY L. FREESE and acknowledged that she signed and sealed the same as Attorney in Fact for said principal for the uses and purposes therein mentioned, and on oath stated that the Power of Attorney authorizing the execution of this instrument has not been revoked and that the said principal is now living and is not insane.

Given under my hand and official seal the day and year last above written.

STATE OF WASHINGTON NOTARY PUBLIC JAMES B. FINLAY COMMISSION EXP SEPT. 10, 2007

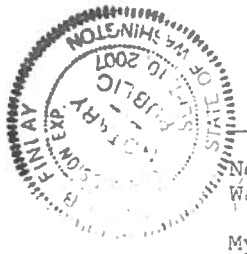
JAMES B. FINLAY
Notary Public in and for the State of Washington, residing at Ilwaco

My appointment expires: 9/10/07

STATE OF WASHINGTON)
: ss
County of Pacific)

I certify that I know or have satisfactory evidence that SUSAN C. FREESE signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 30 day of June, 2006.



JAMES B FINLAY
Notary Public in and for the State of Washington, residing at Ilwaco

My appointment expires: 9/10/07

STATE OF WASHINGTON)
: ss
County of Pacific)

I certify that I know or have satisfactory evidence that JEFFREY S. HARRELL and CASEY HARRELL signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 30th day of June, 2006.



JAMES B. FINLAY
Notary Public in and for the State of Washington, residing at Ilwaco

My appointment expires: 9/10/07

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jeffrey Harrell

Responsible Person of Long Beach Pharmacy Annex DBA Peninsula Compounding 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

Jeffrey Harrell
Print Name of Authorized Person

5/20/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Washington)
) ss.
Pacific COUNTY)

I, Jeffrey Harrell, 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/President for Long Beach Pharmacy Annex DBA Peninsula Compounding (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, Jeffrey Harrell, 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 May, 2020.

NOTARY PUBLIC

AMANDA K HUGHES
Notary Public
State of Washington
Commission # 200361
My Comm. Expires Jun 23, 2022

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

May 19, 2020

Long Beach Pharmacy Annex
PO Box 1635
Long Beach, WA 98631

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Pharmacy License for Peninsula Pharmacies/Long Beach Pharmacy Annex

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Credential Number:	PHAR.CF.61000749
Credential Type:	Pharmacy License
Current Credential Status:	ACTIVE
First Credential Date:	11/14/2019
Current Expiration Date:	05/31/2021
Last Renewal Date:	06/01/2020
Pharmacy Type:	Other
Disciplinary Action:	No

Please call 360-236-4700 if you have questions or check our Online Provider Credential Search at: https://fortress.wa.gov/doh/providercredentialsearch. Information on current profession-specific rules and laws is at www.doh.wa.gov/licensing/default.htm.

Lillybridge S.

Stacy C Lillybridge, Health Services Consultant 1

Washington State Department of Health

This organization

Long Beach Pharmacy Annex

is authorized by RCW 18.64 to have a

Pharmacy License

To Provide

Controlled Substance

Ancillary Utilization

Operated by: **Peninsula Pharmacies**

Pharmacy Type: **Other**

Located at: **110 Oregon Ave S**
Long Beach, WA 98631-3988

Secretary

Status
ACTIVE

Credential Number
PHAR.CF.61000749

Effective Date
06/01/2020

Expiration Date
05/31/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

No Deficiencies Found

November 12, 2019

Jeffrey J Chabot
Long Beach Pharmacy Annex
PO Box B
Ilwaco, WA, 98624-0167

Subject:
Inspection Number: X2019-860
Pharmacy Type: Other
License Number: PHAR.CF.61000749
Inspection Type: NEW LICENSURE - INITIAL

Dear Pharmacist Chabot,

This letter contains information regarding the recent initial licensing inspection of Long Beach Pharmacy Annex, 110 Oregon Ave S, Long Beach, WA, 98631-3988 by the Washington State Department of Health. Your state licensing inspection was completed on October 30, 2019.

During the inspection, no deficient practice was found.

The following USP <900> related concerns were identified in the hazardous room and will need addressed to be USP <800> compliant: documentation of ACPH, negative pressure between 0.01-0.03"wc, and the finishing of the space including caulking, covering holes, and installation of covers.

Please contact me if there are questions regarding the inspection process. I may be reached at (360) 236-2973. I am also available by email at Stephanie.Martin@doh.wa.gov.

I want to extend another "thank you" to you and to everyone that assisted me during the survey.

Sincerely,

Stephanie Martin

Stephanie R Martin PharmD BCPS
Pharmacist Investigator

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 1,2,3,7*
☐ *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: The Medicine Shoppe

Physical Address: 9194 Magnolia Ave., Riverside, CA 92503

Mailing Address: 9194 Magnolia Ave.

City: Riverside State: CA Zip Code: 92503

Telephone: (951) 977-8667 Fax: (951) 977-8617

Toll Free Number: 1 (833) 574-6119 (Required per NAC 639.708)

E-mail: 2123@medicineshoppe.com Website: https://riverside.medicineshoppe.com/

Managing Pharmacist: Shirley Rafaiel License Number: RPH 76814

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.

Mariana A. T.
Original Signature of Person Authorized to Submit Application, no copies or stamps

Mariana Tadros
Print Name of Authorized Person

1/17/20
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: N/A

Mailing Address: 1739 Spyglass Dr.

City: Corona State: CA Zip: 92833

Telephone: (951) 250-0367 Fax: (951) 977-8617

Contact Person: Mariana Tadros

For any corporation non publicly traded, disclose the following:

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

a) Mariana Tadros - Spyglass Dr., Corona, CA 92833
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. 50,000

3) What was the price paid per share? $0.00

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 am 9 pm Saturday 9 am 9 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: N/A

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
Mariana Tadros	Spyglass Dr. Corona, CA	6/28/17	1	50,000	Original					
Fady Zaki	Calle Soguello Albuquerque,NM	6/28/17	2	50,000	CANCELLED 2/12/18					

California Secretary of State
Electronic Filing

FILED
Secretary of State
State of California

Corporation - Statement of Information No Change

Entity Name:	3E PHARMACY CORP.
Entity (File) Number:	C4036741
File Date:	03/27/2020
Entity Type:	Corporation
Jurisdiction:	CALIFORNIA
Document ID:	GE37176

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Michael Tadros

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: GE37176

18-608672

Secretary of State
Statement of Information 137
(California Stock, Agricultural Cooperative and Foreign Corporations)

SI-550

IMPORTANT — Read instructions **before completing this form.**

Fees (Filing plus Disclosure) – $25.00;

Copy Fees – First page $1.00; each attachment page $0.50;
Certification Fee - $5.00 plus copy fees

FILED
Secretary of State
State of California
FEB 13 2018

381|25|CC
This Space For Office Use Only

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

3E PHARMACY CORP.

2. 7-Digit Secretary of State File Number

C4036741

3. Business Addresses

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Executive Office - Do not list a P.O. Box 9 Spyglass Drive	Corona	CA	92883
b. Mailing Address of Corporation, **if different than item 3a**			
c. Street Address of Principal **California** Office, if any and if different than Item 3a - Do not list a P.O. Box 9194 Magnolia Avenue	Riverside	CA	92503

4. Officers The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

	First Name	Middle Name	Last Name	Suffix
a. **Chief Executive Officer/** Mariana			Tadros	
Address 9194 Magnolia Avenue			City (no abbreviations) Riverside	State CA	Zip Code 92503
b. **Secretary** Mariana			Tadros	
Address 9194 Magnolia Avenue			City (no abbreviations) Riverside	State CA	Zip Code 92503
c. **Chief Financial Officer/** Mariana			Tadros	
Address 9194 Magnolia Avenue			City (no abbreviations) Riverside	State CA	Zip Code 92503

5. Director(s) California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name **and** address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

	Middle Name	Last Name	Suffix
a. First Name Mariana		Tadros	
Address 9194 Magnolia Avenue		City (no abbreviations) Riverside	State CA	Zip Code 92503
b. Number of Vacancies on the Board of Directors, if any			

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

	Middle Name	Last Name	Suffix
a. California Agent's First Name (if agent is **not** a corporation) Tony	J	Park	
b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box** Discovery, Suite	City (no abbreviations) Irvine	State CA	Zip Code 92618

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation
Pharmacy

8. The information contained herein, including in any attachments, is true and correct.

02/12/2018	Peter Gregorovic	Attorney	
Date	Type or Print Name of Person Completing the Form	Title	Signature

List of Officers

3E Pharmacy Inc., DBA: The Medicine Shoppe
9194 Magnolia Ave.
Riverside, CA 92503

President/CEO/CFO/Secretary/Director - Mariana Tadros

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

March 17, 2020

THE MEDICINE SHOPPE
9194 MAGNOLIA AVE
RIVERSIDE CA 92503

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: THE MEDICINE SHOPPE

License Type: PHARMACY

License Number: PHY 56110

Status: ACTIVE

Issue Date: 04/23/2018

Expiration Date: 04/01/2021

Address of Record: 9194 MAGNOLIA AVE RIVERSIDE CA 92503

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

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 56110 ISSUE DATE APRIL 23, 2018

THE MEDICINE SHOPPE

9194 MAGNOLIA AVE
RIVERSIDE CA 92503

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

PHARMACIST-IN-CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

Renewal Certificate

Retail Pharmacy Permit

BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

LICENSE NO. PHY 56110
RECEIPT NO. 90300113

VALID UNTIL APRIL 01, 2020

THE MEDICINE SHOPPE
9194 MAGNOLIA AVE
RIVERSIDE CA 92503

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.

02/01/19

02/01/19 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY 12/31/05I PH

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Sterile Compounding License

LICENSE NO. LSC 101301

ISSUE DATE MAY 03, 2019

THE MEDICINE SHOPPE

9194 MAGNOLIA AVE
IV ROOM
RIVERSIDE CA 92503

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2020

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, 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 when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
1625 NORTH MARKET BLVD., SUITE N-219
SACRAMENTO, CA 95834
(916) 574-7900

----- POST IN PUBLIC VIEW -----

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mariana Tadros

Responsible Person of 3E Pharmacy Corp, DBA: The Medicine Shoppe 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.

Mariana. H.E

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

Mariana Tadros

Print Name of Authorized Person

1/17/20

Date

See attached acknowledgement and / or Jurat

1/17/2020

ACKNOWLEDGMENT

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 Riverside)

On JANUARY 17, 2020 before me, K. DUNN - NOTARY PUBLIC
(insert name and title of the officer)

personally appeared MARIANA TADROS,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

NRO1 K. DUNN COMM. #2290617 Notary Public - California Riverside County My Comm. Expires June 24, 2023 NRO1

4S

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: PREMIER MEDICAL PRODUCTS INC.

Physical Address: 2217 PLAZA DRIVE, STE. 101, ROCKLIN CA 95765
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: AS ABOVE

City:_____ State:_____ Zip Code:_____

Telephone: 833 819 5012 Fax: 888 560 4819

E-mail: marc e bill premier. com. Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri: 8am to 5pm Sat: CLOSED to Sun: CLOSED to Holidays: 8am to 5pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MARC REYNOLDS

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: OME - Compression Pumps + Bracing

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

Name: N/A Telephone: N/A

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	7729420001	

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: NO
- 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

Marc Reynolds
Print Name of Authorized Person

3/9/2020
Date

Board Use Only	Received: 4·20·2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: CA

Parent Company if any: —

Corporation Name: PREMIER MEDICAL PRODUCTS INC

Mailing Address: 2217 PLAZA DRIVE, STE. 101

City: ROCKLIN State: CA Zip: 95765

Telephone: 833 819 5012 Fax: 888 560 4819

Contact Person: MARC REYNOLDS

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

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

a) JEREMY PERKINS 2217 PLAZA DRIVE, STE. 101, ROCKLIN, CA 95765
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? $0.01c

4) What date did the corporation actually receive the cash assets? 6/6/2018.

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.

JEREMY PERKINS, CEO.

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PREMIER MEDICAL PRODUCTS INC

FILE NUMBER:	C4144396
FORMATION DATE:	05/02/2018
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 February 22, 2020.

ALEX PADILLA
Secretary of State

Corporate Resolution of:
PREMIER MEDICAL PRODUCTS INC

We, the undersigned, being all the directors of this corporation and the incorporator consent and agree that the following corporate resolution or "minutes of the first meeting" was made: On 05/04/2018

We do hereby consent to the adoption of the following as if it was adopted at a regularly called meeting of the board of directors of this corporation. In accordance with State law and the bylaws of this corporation, by unanimous consent, the board of directors decided that: Being that no Directors were present on the Articles of Incorporation, we hereby elect the directors of this corporation to be:

Jeremy Perkins

Upon motion duly made, seconded and unanimously carried, it was resolved since no officers were listed on the articles of incorporation, the following persons were appointed as officers:

Jeremy Perkins	- President/ CEO
Jeremy Perkins	- Secretary
Jeremy Perkins	- Treasurer

Therefore, it is resolved, that any director or officer of the corporation shall:
Open a bank account in the state of their choice and with the bank of their choice. Act as signers on that bank account, and conduct regular banking duties. Also Officers shall exercise the rights and powers and to perform the duties and obligations in accordance with the corporation's organizing documents

Upon motion duly made, seconded and unanimously carried, it was resolved since no shareholders were indicated on the Articles of Incorporation, the shareholders are as follows:

Jeremy Perkins 1000 shares at $.01 cents per share ($10)

Shares must be purchased by investing capital into the bank account upon opening of the account. Shareholder agreements, term-sheets and authorizations may be created at a later date.

The officers of this corporation are authorized to perform the acts to carry out this corporate resolution in accordance to the bylaws of this Corporation.

Michael Guenther
Incorporators Signature

Michael Guenther
Printed name

05/04/2018
Date

Director signature

Jeremy Perkins
Printed name

05/04/2018
Date

The Secretary of the Corporation, certifies that the above is a true and correct copy of the resolution that was duly adopted at a meeting of the dated meeting of the board of directors.

Signature of Secretary

Jeremy Perkins
Printed name of Secretary

05/04/2018
Date

Analyzed Business Checking

Account number: **3600518165** ■ June 1, 2018 - June 30, 2018 ■ Page 1 of 1

WELLS FARGO

PREMIER MEDICAL PRODUCTS INC
2217 PLAZA DR
ROCKLIN CA 95765-4421

Questions?

Available by phone 24 hours a day, 7 days a week:
1-800-CALL-WELLS (1-800-225-5935)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

Account summary

Stock transfer

Analyzed Business Checking

Account number	*Beginning balance*	*Total credits*	*Total debits*	*Ending balance*
	$0.00	$10.00	$0.00	$10.00

Credits

Electronic deposits/bank credits

Effective date	*Posted date*	*Amount*	*Transaction detail*
		10.00	Online Transfer From Perkins J Ref #Ib04Pdvfgd Portfolio Checking Initial Shares Funding
		$10.00	**Total electronic deposits/bank credits**
		$10.00	**Total credits**

Daily ledger balance summary

Date	*Balance*	*Date*	*Balance*
	0.00	06/06	10.00

Average daily ledger balance **$8.33**

NOTICE: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery PO Box 5058 Portland, OR. 97208-5058. You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

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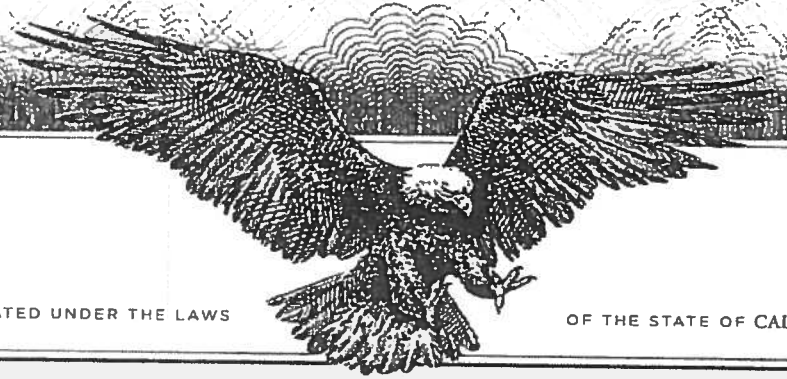
All rights reserved. Member FDIC.

SUBJECT TO RESTRICTIONS. SEE BACK OF CERTIFICATE.



Number
-1-

Shares
-1,000-

INCORPORATED UNDER THE LAWS OF THE STATE OF CALIFORNIA

PREMIER MEDICAL PRODUCTS INC

AUTHORIZED COMMON 1,000 SHARES NO PAR VALUE

This Certifies that Jeremy Perkins *is the owner of*

One Thousand and No/100 (1,000)----------

COMMON SHARES *fully paid and non-assessable*

NO PAR VALUE OF Premier Medical Products Inc

transferable on the books of the Corporation 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 this* 2nd *day of* May *A.D.* 2018.

Jeremy Perkins, Secretary

Jeremy Perkins, Chief Executive Officer

For Value Received, _____ *hereby sell, assign and transfer unto* _____

_____ *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 _____, _____

In presence of

_____ _____

NOTICE: THE SIGNATURE TO THIS ASSIGNMENT MUST CORRESOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT, OR ANY CHANGE WHATEVER.

THE SECURITIES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED (THE "ACT"), OR THE SECURITIES LAWS OF ANY STATE (THE "STATE LAWS"), BUT HAVE BEEN ISSUED IN RELIANCE UPON EXEMPTIONS THEREFROM. NO TRANSFER OF THESE SECURITIES OR ANY INTEREST THEREIN MAY BE MADE EXCEPT PURSUANT TO AN EFFECTIVE REGISTRATION STATEMENT UNDER THE ACT AND THE APPROPRIATE STATE LAWS, UNLESS SUCH TRANSFER IS EXEMPT FROM REGISTRATION.

THE SECURITIES REPRESENTED BY THIS CERTIFICATE ARE ISSUED AND SHALL BE HELD SUBJECT TO ALL THE PROVISIONS OF THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE COMPANY AND ANY AMENDMENTS THERETO, COPIES OF WHICH ARE ON FILE AT THE PRINCIPAL OFFICE OF THE COMPANY AND MADE A PART HEREOF AS FULLY AS THOUGH THE PROVISIONS OF SAID ARTICLES OF INCORPORATION AND BYLAWS WERE IMPRINTED IN FULL ON THIS NOTICE, TO ALL OF WHICH THE HOLDER OF THIS NOTICE, BY ACCEPTANCE HEREOF, ASSENTS.

THIS SPACE IS NOT TO BE COVERED IN ANY WAY

(RESERVE THIS SPACE TO PASTE BACK CANCELLED STOCK CERTIFICATE)

Certificate No. -1-	For -1,000- Shares	IF NOT AN ORIGINAL ISSUE SHOW DETAILS OF TRANSFER BELOW				
Common Stock of PREMIER MEDICAL PRODUCTS INC			Original Certificate		No. of Orig'l. Shares	No. of Shrs. Trans'd
Dated: May 2, 2018		Transferred from	No.	Date		
Issued to Jeremy Perkins		Original Issue				

Received this Certificate _____
(DATE)

_____
(SIGNATURE)

Surrendered this Certificate _____
(DATE)

_____
(SIGNATURE)

IF THIS CERTIFICATE IS SURRENDERED FOR TRANSFER SHOW DETAILS

New Certificate Issued to	No. of New Certificate	No. of Shares Transferred

PRECMED-03 WMCQUAIDE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/4/2019

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 License # 0757776 HUB International Insurance Services Inc. 3390 University Avenue, Suite 300 Riverside, CA 92501	CONTACT NAME: Wendy McQuaide PHONE (A/C, I FAX (A/C, No): E-MAIL ADDR: @hubinternational.com
INSURED Precision Medical Products, Inc. 2217 Plaza Dr. Rocklin, CA 95765	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Hanover American Insurance — 36064 INSURER B : Great American Excess & Surplus — 37532 INSURER C : Landmark American Insurance Company — 33138 INSURER D : 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ZZFH07120700	10/11/2019	10/11/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
A	AUTOMOBILE LIABILITY			ZZFH07120700	10/11/2019	10/11/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB X OCCUR			XS2665978	10/11/2019	10/11/2020	EACH OCCURRENCE	$ 4,000,000
	X EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 4,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A					PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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	$
C	Prof. Liability			LHM838678	10/11/2019	10/11/2020	Each Claim	1,000,000
C	Claims Made			LHM838678	10/11/2019	10/11/2020	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Insured: Precision Medical Products, Inc.; Ortho8, Inc.; Precision Disposable Products, Inc. DBA: Emphasource; Premier Medical Products, Inc.

Professional Liability Retro Date: 10/11/19

Insurer Letter B:
Products Liability - $1,000,000 Each Occurrence / $2,000,000 Products-Completed Operations Aggregate Limit

CERTIFICATE HOLDER

Precision Medical Products, Inc.
2217 Plaza Drive
Rocklin, CA 95765

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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4T

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 (LLC)
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Amici Pharmaceuticals LLC

Physical Address: 425 Broadhollow Rd., Suite 315

City: Melville State: NY Zip Code: 11747

Telephone Number: 631-396-0129 Fax Number: 888-480-7215

Toll Free Number: _____

E-mail: amici@AltaLawGroup.com Website: www.amicipharma.com

Facility Manager: Corey Greco

Professional qualifications and experience of facility manager: Corey Greco has over 12 years of pharmaceutical industry experience, including the previous six years in a senior management position responsible for prescription drug distribution, operations and compliance.

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 ☐ FDA Labeler code is attached
(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: Innogenix, LLC
Address: 8200 New Horizons Blvd, Amityville, NY 11701

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

Corey Greco, Vice President
Print Name of Authorized Person

5-8-2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION Limited Liability Company

State of Incorporation: New York

Parent Company if any: n/a

Mailing Address: 425 Broadhollow Rd., Suite 315

City: Melville State: NY Zip: 11747

Telephone: 631-396-0129 Fax: 888-480-7215

Contact Person: Amanda Samojedny

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

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

a) Nancy Greco — 425 Broadhollow Rd., Suite 315, Melville, NY 11747
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 - 100% of LLC membership interest issued to Nancy Greco

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.

AMICI PHARMACEUTICALS LLC

FDA Labeler Code

Amici Pharmaceuticals LLC holds FDA Labeler Code 69292.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 15-OCT-14
Labeler DUNS: 079536824
Labeler Name: Amici Pharmaceuticals LLC
Labeler Code: 69292

The Food and Drug Administration (FDA) has assigned the above Labeler Code Number to your firm. The number cannot be used until you have confirmed the assignment. Please resubmit your Labeler Code Request SPL with the assigned number above to confirm the assignment and 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 id root and new version number with the original set id root and the appropriate effective time.**

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.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Verified
MS
5/28/20

246

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) PRINT

Current through May 28, 2020

You have searched Finished drug products

Search Results: *'69292'*

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
captopril	69292-528-01	100 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-528	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-528-01)
captopril	69292-522-10	12.5 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-522	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-522-10)
captopril	69292-524-01	25 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-524	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-524-01)
captopril	69292-526-10	50 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-526	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-526-10)

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
captopril	69292-522-01	12.5 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-522	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-522-01)
captopril	69292-524-10	25 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-524	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-524-10)
captopril	69292-526-01	50 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-526	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-526-01)
captopril	69292-528-50	100 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-528	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	500 TABLET in 1 BOTTLE (69292-528-50)
Flurbiprofen Sodium	69292-722-25	.3 mg/mL	SOLUTION/ DROPS	OPHTHALMIC	ANDA074447	AMICI PHARMACEUTICALS LLC	69292-722	Flurbiprofen Sodium	FLURBIPROFEN SODIUM	HUMAN PRESCRIPTION DRUG	03/31/2018	N/A	ANDA	1 BOTTLE, DROPPER in 1 CARTON (69292-722-25) > 2.5 mL in 1 BOTTLE, DROPPER
metronidazole	69292-207-50	250 mg/1	TABLET	ORAL	ANDA070772	AMICI PHARMACEUTICALS LLC	69292-207	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	08/26/2019	N/A	ANDA	500 TABLET in 1 BOTTLE (69292-207-50)
metronidazole	69292-208-50	500 mg/1	TABLET	ORAL	ANDA070772	AMICI PHARMACEUTICALS LLC	69292-208	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	11/22/2019	N/A	ANDA	500 TABLET in 1 BOTTLE (69292-208-50)
metronidazole	69292-208-01	500 mg/1	TABLET	ORAL	ANDA070772	AMICI PHARMACEUTICALS LLC	69292-208	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	11/22/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-208-01)
Pilocarpine Hydrochloride	69292-274-10	5 mg/1	TABLET, FILM COATED	ORAL	ANDA076963	AMICI PHARMACEUTICALS LLC	69292-274	PILOCARPINE HYDROCHLORIDE	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/01/2018	N/A	ANDA	100 TABLET, FILM COATED in 1 BOTTLE (69292-274-10)
pilocarpine Hydrochloride	69292-275-50	7.5 mg/1	TABLET, FILM COATED	ORAL	ANDA076963	AMICI PHARMACEUTICALS LLC	69292-275	PILOCARPINE HYDROCHLORIDE	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/01/2018	N/A	ANDA	500 TABLET, FILM COATED in 1 BOTTLE (69292-275-50)
Pilocarpine Hydrochloride	69292-274-50	5 mg/1	TABLET, FILM COATED	ORAL	ANDA076963	AMICI PHARMACEUTICALS LLC	69292-274	PILOCARPINE HYDROCHLORIDE	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/01/2018	N/A	ANDA	500 TABLET, FILM COATED in 1 BOTTLE (69292-274-50)
pilocarpine Hydrochloride	69292-275-10	7.5 mg/1	TABLET, FILM COATED	ORAL	ANDA076963	AMICI PHARMACEUTICALS LLC	69292-275	PILOCARPINE HYDROCHLORIDE	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/01/2018	N/A	ANDA	100 TABLET, FILM COATED in 1 BOTTLE (69292-275-10)

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
Propranolol Hydrochloride	69292-534-10	40 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-534	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-534-10)
Propranolol Hydrochloride	69292-536-10	60 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-536	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-536-10)
Propranolol hydrochloride	69292-538-01	80 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-538	Propranolol hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-538-01)
Propranolol Hydrochloride	69292-530-01	10 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-530	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-530-01)
Propranolol Hydrochloride	69292-534-01	40 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-534	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-534-01)
Propranolol Hydrochloride	69292-532-01	20 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-532	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-532-01)
Propranolol Hydrochloride	69292-530-10	10 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-530	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-530-10)
Propranolol hydrochloride	69292-538-50	80 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-538	Propranolol hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	500 TABLET in 1 BOTTLE (69292-538-50)
Propranolol Hydrochloride	69292-532-10	20 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-532	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-532-10)
Propranolol Hydrochloride	69292-536-01	60 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-536	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-536-01)
Propranolol hydrochloride	69292-538-10	80 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-538	Propranolol hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-538-10)

Showing 1 to 27 of 27 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/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

AMICI PHARMACEUTICALS LLC

Resident state (NY) license

Copy of Amici's New York license #033305 (exp 30 September 2021).

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
COREY GRECO

2018-21

THIS IS TO CERTIFY

AMICI PHARMACEUTICALS LLC.
425 BROADHOLLOW RD.
SUITE 315
MELVILLE, NY 11747

is duly recorded as a

REGISTERED WHOLESALER
OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF OCTOBER, 2018.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF SEPTEMBER, 2021.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
033305

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

AMICI PHARMACEUTICALS LLC

Resident state (NY) license verification

Attached is online verification of the drug license issued by the New York Board of Pharmacy to Amici Pharmaceuticals LLC. This verification was conducted at http://www.op.nysed.gov/opsearches.htm#rx.

NYSED.gov

OP OFFICE OF THE PROFESSIONS

Office of the Professions | Search OP

RSS | News | Online Services | Professions | State Boards | Enforcement | Corporate Entities | Consumers | Find Answers

Online Services

Verifications

- Licensees, by name
- Licensees, by license number
- Permits, by name
- Pharmacy Establishments
- Professional Business Entities (other than pharmacies)
- Help with Searches
- Terms of Use

Registration Renewal

- Renewal Information

NYSED / OP / Online Services

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

04/23/2020

Type : WHOLESALER
Legal Name : AMICI PHARMACEUTICALS LLC.
Trade Name :
Street Address :
425 BROADHOLLOW RD.
SUITE 315
MELVILLE, NY 11747-0000

Registration No : 033305
Date First Registered : 10/22/15
Registration Begins : 10/01/18
Registered through : 09/30/21
Supervisor : GRECO COREY
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

Corporate Good Standing Cert.

State of New York
Department of State } ss:

I hereby certify, that AMICI PHARMACEUTICALS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/31/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of AMICI PHARMACEUTICALS LLC was filed on 10/14/2014.

A Biennial Statement was filed 11/30/2018.

I further certify, that no other documents have been filed by such Limited Liability Company.

STATE OF NEW YORK ★ DEPARTMENT OF STATE ★ EXCELSIOR

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of April two thousand and twenty.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

202004100503 * MT

AMICI PHARMACEUTICALS LLC
Company Information

Name: Amici Pharmaceuticals LLC

State of Incorporation: New York (NY Corporate # 4614998)

Ownership: Nancy Greco (100% owner)
425 Broadhollow Rd., Suite 315
Melville, NY 11747

Officers:

Nancy Greco - President
425 Broadhollow Rd., Suite 315
Melville, NY 11747
Phone: 631-396-0109

Corey Greco – Vice President
425 Broadhollow Rd., Suite 315
Melville, NY 11747
Phone: 631-396-0109

COREY GRECO

GAINSBORO LN., SYOSSET, NY 11791

Experience:

July 2014 - Present: Amici Pharmaceuticals LLC – Vice President

- Oversee all aspects of operations, sales and distribution.
- Responsible for compliance with legal, recordkeeping and regulatory requirements.
- Meet with wholesale customers and negotiate pricing and distribution terms.
- Responsible for oversight of third party logistics provider (3PL).
- Evaluate 3PL compliance with distribution requirements, policies and procedures.
- Responsible for review of distribution activities.
- Responsible for policies to ensure wholesale customer compliance with state licensing requirements.
- Responsible for design and implementation of policies regarding suspect or counterfeit drug products.
- Responsible for returned and expired products policies and issues.

February 2010 to May 2015: Taro Pharmaceuticals USA, Inc. – Pharmaceutical Sales

- Represented publicly traded, global pharmaceutical company that markets and sells both generic and branded drug products; responsible for high profile territory.
- Established relationships with and worked with dermatologists, pediatricians and allergists with respect to Taro's products.
- Significant training in pharmaceutical products, sales and marketing, distribution, the FDA regulatory landscape and compliance with drug laws
- Assisted with launch of new line of Topicort (desoximetasone) line of steroid products.
- Received CEO Inner Circle Award for outstanding performance.

February 2010 to Present: Altro Pharmaceuticals – Business Development Consultant
June 2008 to November 2008: Altro Pharmaceuticals – National Account Manager

- As Consultant, worked on several projects for Altro, a consulting company to the pharmaceutical industry with expertise in drug distribution, sales and marketing
- As National Account Manager, established sales within the national retail chain drugstore and wholesale class of trade for drug manufacturer clients.
- Developed sales and marketing programs for the introduction of 23 prescription products.
- Assisted in the procurement and negotiation of API and components to develop drug portfolio for manufacturer clients.

Other Experience: Worked as Sales Representative for Tiber Laboratories (now closed), worked as marketing intern for Altana Inc.; worked as legal assistant for law firm; worked as office assistant at large drug wholesaler.

Education: Ursinus College (Collegeville, PA), B.A., Business and Economics, May 2008

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. 12BSBII2807

Application/License No. _____

Amici Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 425 Broadhollow Rd., Ste 315, Melville, NY 11747 (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 4/23/20 (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 22 day of April, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Jessica Ciccone, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

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: STERLING & STERLING LLC
Agency Code: 12-120209

- [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 Jessica Ciccone 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. 12BSBII2807
Naming Amici 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

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

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 Ciccone

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 April 22, 2020.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

4U

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 WH02790
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: Foamix Pharmaceuticals Inc.

Physical Address: 520 US Highway 22, Suite 204

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: (800) 775-7936 Fax Number: N/A

Toll Free Number: _____

E-mail: Matt.wiley@foamix.com Website: http://www.foamix.com

Facility Manager: Matthew Wiley

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

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: Aerosol-Service AG
Address: Industriestrasse 11, Mohlin, Switzerland, CH - 4313

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

Matthew Wiley
Print Name of Authorized Person

5/6/2020
Date

Board Use Only Date Processed:_____ Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Foamix Pharmaceuticals Ltd.

Mailing Address: 2 Holzman Street

City: Rehovot State: Israel Zip: 7670402

Telephone: 8007757936 Fax: _____

Contact Person: Matthew Wiley

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. _____

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.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738078

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 liable in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as ☑ manufacturer ☑ wholesaler which conducts business at the following locations in this State

520 US HWY 22, STE 204 BRIDGEWATER, NJ 08807-

Reg. No
5005633

FOAMIX PHARMACEUTICALS INC
520 US HWY 22, STE 204
BRIDGEWATER, NJ 08807-

ISSUED PURSUANT TO
N.J.S.A. 24:6B
EXPIRES: January 31, 2021

Establishment Copy

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 5/14/2020

Registration Number: 5005633 **Registered as:** Manufacturer and Wholesale

Parent Company Name: FOAMIX PHARMACEUTICALS INC.

Trade Name:

Original Issue Date: 06/14/2019 **Expiration Date:** 01/31/2021

Current Issue Date: 12/26/2019

Disciplines: No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOAMIX 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 EIGHTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOAMIX PHARMACEUTICALS INC." WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

5527724 8300

SR# 20202688143

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

Authentication: 202736974

Date: 04-08-20

Foamix Pharmaceuticals

Description of Operations

Foamix Pharmaceuticals Inc. ("Foamix") is a Virtual Manufacturer. Foamix's product is manufactured by the following contract manufacturer...

Aerosol-Service AG
Industriestrasse 11
Mohlin| CH - 4313 | Switzerland
FDA Establishment Number: 3005439256

Foamix will be utilizing a (3PL) to distribute their product...

Integrated Commercialization Solutions LLC
420 International Drive Suite 500
Brooks, KY 40109
Contact: Stan Byrum
(469) 712-0355
stan.byrum@absg.com
FDA: 3002478693

Foamix's hours of operation are 8:00am-5:00pm Eastern Standard Time.

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)

Current through November 05, 2019

You have searched Finished drug products

Search Results: *'Foamix'*

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	
AMZEEQ	72356-101-03	40 mg/g	AEROSOL, FOAM	TOPICAL	NDA212379	Foamix Pharmaceuticals Inc	72356-101	Minocycline	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	(
AMZEEQ	72356-101-90	40 mg/g	AEROSOL, FOAM	TOPICAL	NDA212379	Foamix Pharmaceuticals Inc	72356-101	Minocycline	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	(

Showing 1 to 2 of 2 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/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

Verified MS 5/16/20

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) PRINT

Current through May 18, 2020

You have searched Finished drug products

Search Results: *'72356'*

Back to Search Page () | Search Again ()

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	DEA	Sample Package	Listing Record Certified Through:
AMZEEQ	72356-101-03	40 mg/g	AEROSOL, FOAM	TOPICAL	NDA212379	Foamix Pharmaceuticals Inc.	72356-101	Minocycline	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/02/2020	N/A	NDA	1 CAN in 1 CARTON (72356-101-03) > 30 g in 1 CAN	Tetracycline-class Drug [EPC], Tetracyclines [CS]	N/A	No	12/31/2020
AMZEEQ	72356-101-90	40 mg/g	AEROSOL, FOAM	TOPICAL	NDA212379	Foamix Pharmaceuticals Inc.	72356-101	Minocycline	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/02/2020	N/A	NDA	1 CAN in 1 CARTON (72356-101-90) > 7 g in 1 CAN	Tetracycline-class Drug [EPC], Tetracyclines [CS]	N/A	No	12/31/2020

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

foamix®
Pharmaceuticals

Ownership

Foamix Pharmaceuticals Inc., a Delaware corporation who is privately owned by Foamix LTD. Foamix LTD. is privately owned by Menlo Therapeutics Inc. whom is publicly traded on the NASDAQ as "MNLO."

Grandparent Company:
Menlo Therapeutics Inc.
Tax ID: 45-3757789
520 US Highway 22, Suite 204
Bridgewater, NJ 08808

Parent Company:
Foamix LTD.
Israel Registration: 513368811
2 Holzman Street
Weizmann Science Park
Rehovot 7670402, Israel

Licensed Company
Foamix Pharmaceuticals Inc.
Tax ID: 47-0985424
520 US Highway 22, Suite 204
Bridgewater, NJ 08807
Phone: (800) 775-7936

Corporate Officers

David Domzalski, Chief Executive Officer

Mutya Harsch, General Counsel and Chief Legal Officer

Iain Stuart, Chief Scientific Officer

Matthew Wiley, Chief Commercial Officer

MATTHEW WILEY

Villanova, PA 19085 ◆ 4[illegible] 2 ◆ [illegible]@yahoo.com

SENIOR PHARMACEUTICAL EXECUTIVE

Product Commercialization – Sales & Marketing – Analytics – Market Research

Farsighted commercial operations leader with demonstrated success translating strategic business vision into executable initiatives that provide significant market penetration and profit potential. Energized by opportunities to launch brands and companies or revitalize underperforming products and operations. Dedicated to actions that make a profoundly positive impact on patient experience over the long term. Deeply committed to developing team members into outstanding performers with professional growth opportunities.

Selected Career Highlights

- Drove 515% increase in net revenue for major sleep product. (Jazz Pharmaceuticals)
- Built successful, commercial U.S. operation from the ground up. (Azur Pharma)
- Positioned three businesses for profitable sale. (Azur Pharma; Guilford Pharmaceuticals, Inc., Jazz Women's Health Division)
- Consistently improved value of products/portfolios, including Xyrem (Jazz), Elestrin (Azur), Gliadel Wafer and Aquavan Injection (MGI Pharma), and Colazal (Salix Pharmaceuticals).

Core Strengths & Expertise

◆ Commercial team buildout/scaling	◆ Strategic Planning	◆ Business Acquisition Positioning
◆ Product Turnaround/Re-Launch	◆ Specialty Pharmacy	◆ Buy & Bill
◆ Marketing Strategy and Execution	◆ Retail Distribution	◆ Open- & Closed-Loop Distribution
◆ Market Access & Market Share Increase	◆ New Product Launch	◆ Multiple Therapeutic Areas

PROFESSIONAL EXPERIENCE

Foamix Pharmaceuticals, Bridgewater, NJ — 2018 – Present

CHIEF COMMERCIAL OFFICER

Responsible for **overseeing the successful direction, planning, and execution of all aspects of Foamix's commercial objectives, initiatives, and policies.** This includes the development of product life-cycle marketing strategies, pre-launch development, commercialization, launch and maximization of approved products.

Jazz Pharmaceuticals, Philadelphia, PA — 2012 – 2018

VICE PRESIDENT, MARKETING LEAD, Sleep Medicine

Scope: Manage 12 direct reports and cross-functional teams of 50+ members; A&P budget of $50+ million and franchise P&L responsibility. Focus on near- and long-term U.S. marketing strategy for sleep product portfolio. Lead Joint Steering Committee for rest-of-world (ROW) marketing with UCB Pharma.

Requested to fill current role upon acquisition of Azur Pharma. Challenged to develop long-term strategy and commercial discipline to accelerate growth of most important product, Xyrem. Created plan to motivate patients to seek diagnosis, educate physicians regarding diagnosis, and reposition Xyrem in the market.

- **Drove Xyrem baseline growth from $233 million to $1.2 billion in 6 years.** Conducted consumer awareness campaign that resulted in 44% increase of narcolepsy diagnosis over a 4-year period. Generated key volume increases from 2011 to 2017 as follows:

Demand Volume	222,000 (2011)	374,300 (2017)	**69% growth**
Patient Volume	9,200 (2011)	13,500 (2017)	**47% growth**

- **Launched commercial efforts successfully for new Risk Evaluation & Mitigation Strategies** (REMS) program on Xyrem.
- **Orchestrated go to market strategy and built out marketing team to launch solriamfetol**, a novel wake-promoting drug for narcolepsy and obstructive sleep apnea.

Azur Pharma, Philadelphia, PA (acquired by Jazz Pharmaceuticals) 2007 – 2012
VICE PRESIDENT OF MARKETING (2010 – 2012)
SENIOR/EXECUTIVE DIRECTOR OF MARKETING (2007 – 2010)
Scope: Recruited by U.S. general manager to assist in startup of U.S. operations, with charter to build successful, profitable pharmaceutical company from concept through execution. Established trade, distribution, and marketing functions; negotiated wholesaler contracts; and assessed business development opportunities for 40+ products.

Created domestic commercial infrastructure to support $577 million acquisition by Jazz Pharmaceuticals.

- **Generated substantial sales and revenue growth with 25% CAGR on net revenue.** Key actions included driving acquisition and expansion of commercial products and spearheading relaunch of FazaClo product.

Net Sales	$4 million (2006)	$100+ million (2011)	
Net Revenue (FazaClo)	$20 million (2007)	$37 million (2011)	*+10% generic market share*

- **Drove profitability of all brands and divisions** by managing commercial forecast, brand contribution, and divisional P&L, which resulted in consistently positive cash flow since inception.
- **Built top-quality internal contract sales team** of 20 representatives for women's health division to expand footprint for women's health portfolio and achieve 20% division revenue growth in 2009.

MGI Pharma (formerly Guilford Pharmaceuticals, Inc.), Baltimore, MD 2004 – 2007
DIRECTOR, MARKETING
Recruited to revitalize and relaunch Gliadel Wafer sales and execute strategic launch planning for Aquavan Injection. **Improved Gliadel annual revenues 39%—from $18 million to $25+ million—and created Aquavan launch plan that served as key driver of Guilford sale to MGI Pharma.**

Salix Pharmaceuticals, Inc., Raleigh, NC 2002 – 2003
SENIOR PRODUCT MANAGER
Recruited from previous company to join startup organization. Developed strategic and tactical marketing plans for company's only revenue source, Colazal. **Realized 27% increase from prior year in NRx and TRx market share and top line sales of $55.8 million, exceeding projections by $5+ million.**

Cephalon, Inc., West Chester, PA 1999 – 2002
SENIOR PRODUCT MANAGER (2002); PRODUCT MANAGER (2000 – 2001)
Previous positions: Sales Training Manager; Territory Sales Specialist.

EDUCATION & PROFESSIONAL DEVELOPMENT

- Syracuse University, Syracuse, NY: Bachelor of Arts (B.A.) in English; minor in Psychology, 1994
- University of Chicago, Graduate School of Business, Chicago, IL: Financial Analysis for Nonfinancial Managers, 2006; Strategic Marketing Management, 2003

PUBLICATIONS

- Wiley, M., Halpern, G. "The ideal product profile for moderate sedation: A preference study of gastroenterologists." Presented at the American College of Gastroenterology 70th Annual Scientific Meeting, Honolulu, HI, 2005
- Wiley, M., Halpern, G. "The ideal product profile for moderate sedation: A preference study of anesthesiologists." Presented at the Society of Ambulatory Anesthesia Meeting, Washington, DC, 2006

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. 41424616

Application/License No. _____

Foamix Pharmaceuticals Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 520 US Highway 22 Suite 204 Bridgewater, NJ 08807 (Address of Applicant/Principal), as PRINCIPAL, and Platte River Insurance Company (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1600 Aspen Commons, Middleton WI 53562 (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 January 20,2020 (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 20th day of January, 2020.

APPLICANT/PRINCIPAL

COMPANY
Foamix Pharmaceuticals Inc.

Authorized Representative

SURETY

Platte River Insurance Company

Surety Company's Representative

Christine Brubaker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41424616

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

----------CORBAN M. ENNS; STEVE SHIKE; BEULAH M. HADLEY-VOTH; CHRISTINE BRUBAKER;----------
----------LAURA A.MARSLAND; VICTORIA HATEFI;KATRINA EGGER FEARN----------

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

----------ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000----------

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

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

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

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

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

Attest:

John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent
Assistant Secretary

PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
CEO & President

STATE OF WISCONSIN
COUNTY OF DANE } S.S.

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

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

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

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

Signed and sealed at the City of Middleton, State of Wisconsin this 20th day of January 20 20.

Antonio Celii
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450. PR-POA (Rev. 10-2017)

NUMBER
O-1

INCORPORATED UNDER THE LAWS OF THE STATE OF ISRAEL

FOAMIX PHARMACEUTICALS LTD.

SHARES
65

ORDINARY SHARES

THE COMPANY WILL FURNISH WITHOUT CHARGE TO ANY SHAREHOLDER WHO SO REQUESTS THE POWERS, DESIGNATIONS, PREFERENCES AND RELATIVE, PARTICIPATING, OPTIONAL OR OTHER SPECIAL RIGHTS OF EACH CLASS OF SHARES OR SERIES THEREOF AND THE QUALIFICATIONS, LIMITATIONS OR RESTRICTIONS OF SUCH PREFERENCES AND/OR RIGHTS

THIS IS TO CERTIFY THAT **MENLO THERAPEUTICS INC.** IS THE OWNER OF

*** Sixty Five***

FULLY PAID AND NON-ASSESSABLE ORDINARY SHARES OF

FOAMIX PHARMACEUTICALS LTD.

SUBJECT TO THE COMPANY'S ARTICLES OF ASSOCIATION

Witness, the signatures of the Company's duly authorized officers.

Dated: March 9, 2020

David Domzalski, Director

COPY

THIS CERTIFICATE IS SUBJECT TO THE RESTRICTIONS SET FORTH ON THE BACK

NUMBER
O-2

INCORPORATED UNDER THE LAWS OF THE STATE OF ISRAEL

FOAMIX PHARMACEUTICALS LTD.

SHARES
35

ORDINARY SHARES

THE COMPANY WILL FURNISH WITHOUT CHARGE TO ANY SHAREHOLDER WHO SO REQUESTS THE POWERS, DESIGNATIONS, PREFERENCES AND RELATIVE, PARTICIPATING, OPTIONAL OR OTHER SPECIAL RIGHTS OF EACH CLASS OF SHARES OR SERIES THEREOF AND THE QUALIFICATIONS, LIMITATIONS OR RESTRICTIONS OF SUCH PREFERENCES AND/OR RIGHTS

THIS IS TO CERTIFY THAT **MENLO THERAPEUTICS INC.** IS THE OWNER OF

*** Thirty Five ***

FULLY PAID AND NON-ASSESSABLE ORDINARY SHARES OF

FOAMIX PHARMACEUTICALS LTD.

SUBJECT TO THE COMPANY'S ARTICLES OF ASSOCIATION

Witness, the signatures of the Company's duly authorized officers

Dated: March 9, 2020

David Donizalski, Director

THIS CERTIFICATE IS SUBJECT TO THE RESTRICTIONS SET FORTH ON THE BACK

foamix®
Pharmaceuticals

Via Fed Ex
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

To Whom It May Concern,

On behalf of Foamix Pharmaceuticals Inc., please accept this Application as a formal notification to your office that Foamix Pharmaceuticals LTD. has become a wholly owned subsidiary of Menlo Therapeutics Inc., effective March 9th, 2020. Foamix Pharmaceuticals Inc. is still 100% owned by their Parent Company Foamix Pharmaceuticals LTD. Foamix LTD is now 100% owned by Menlo Therapeutics Inc. who is Publicly Traded on the NASDAQ (MNLO). Foamix Pharmaceuticals LTD now resides as a wholly owned subsidiary, while its affiliates continue as surviving corporations following the acquisition and Foamix Pharmaceuticals Inc., corporate structure remains otherwise unaffected by the acquisition.

Foamix Pharmaceuticals Inc., of which Melo Therapeutics Inc. is now the grandparent, is licensed in your state as a wholesale drug distributor. Foamix Pharmaceuticals Inc. holds the following license in your state:

License #	License Type
WH02790	Wholesaler

The licensed location of Foamix Pharmaceuticals Inc. has continued business operations, with no immediate changes to Foamix Pharmaceuticals Inc.'s name, federal tax ID number or operating location. Furthermore, the parent company remains intact (no change to Tax ID# or Company name) with the only immediate change being at the Grandparent level. Please see a copy of the old organization structure and new organization structure attached to this letter.

The Press Release related to this acquisition is enclosed as Exhibit A.

If you have any questions or concerns regarding this notice, please contact me at (614) 620-6898 or via email at krista.jones@twolabs.com so that we may provide any additional information requested.

Sincerely,

Krista Jones
Licensing Analyst
PharmaLicense

TwoLabs
PHARMA SERVICES

foamix Pharmaceuticals

Exhibit A
Press Release

Menlo Therapeutics and Foamix Pharmaceuticals Complete Merger, Creating a Combined Company Focused on the Development and Commercialization of Therapeutics for Dermatologic Indications March 9, 2020 BRIDGEWATER, N.J., March 9, 2020 /PRNewswire/ -- Menlo Therapeutics Inc. (Nasdaq: MNLO) ("Menlo" or the "Company") announced today the completion of its merger with Foamix Pharmaceuticals Ltd. (Nasdaq: FOMX) ("Foamix") following the satisfaction of all closing conditions required by the merger agreement. Upon completion of the merger, pursuant to the terms of the merger agreement, Foamix became a wholly owned subsidiary of Menlo. Under the terms of the merger, Foamix shareholders received 0.5924 of a share of Menlo common stock for each Foamix share owned, as well as a non-transferrable contingent stock right. These contingent stock rights potentially allow Foamix shareholders to receive additional shares of Menlo common stock based on the results of Menlo's Phase 3 trials of serlopitant for the treatment of pruritus associated with prurigo nodularis, as more fully described in the companies' joint proxy statement/prospectus on Form S-4. Foamix ordinary shares ceased trading as of the close of trading on March 6, 2020. On March 9, 2020, newly issued Menlo shares will commence trading under the ticker "MNLO" on Nasdaq. "This is an exciting day as we take a significant step toward becoming a broad dermatology franchise. The combined company already has an approved, commercial-stage product, AMZEEQ™, and several late-stage product candidates with several meaningful near-term catalysts," said David Domzalski, who became the Chief Executive Officer of Menlo upon the closing of the merger. "I am excited about the opportunities ahead for the combined company as we work towards improving the lives of patients with a differentiated and innovative product pipeline." Since announcing the transaction on November 11, 2019, the Company achieved a major milestone with the launch of its first product, AMZEEQ™ for the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in adults and pediatric patients 9 years of age and older. "We are encouraged by the initial performance and activities in support of the launch of AMZEEQ," continued Mr. Domzalski. In the coming weeks, the Company anticipates announcing the results of its Phase 3 clinical trials of serlopitant for the treatment of pruritus associated with prurigo nodularis. Additionally, the Company expects to announce the results of its Phase 2 clinical trial for FCD105 (minocycline 3% and adapalene 0.3% foam) for the treatment of acne in the second quarter of 2020. The Company has also taken meaningful steps towards facilitating a successful integration and capitalizing on expected cost synergies. Company Management and Board Appointees Effective upon the closing of the merger, Foamix's management team will manage the Company, led by David Domzalski as Chief Executive Officer. As part of the transaction, Foamix has designated five of its pre-closing directors, David Domzalski, Sharon Barbari, Rex Bright, Anthony Bruno and Stanley Hirsch to serve as members of the Menlo Board of Directors. Menlo has designated two of its pre-closing

directors, Steve Basta, Menlo's Chief Executive Officer prior to the consummation of the merger, and Elisabeth Sandoval, to be directors of the Company following the merger. Tax Consequences For a summary of the tax ruling the parties received from the Israeli Tax Authority relating to the transaction, please see Menlo's Current Report on Form 8-K it intends to file with the SEC later today. Exchange Agent Foamix shareholders with questions about their shares can contact American Stock Transfer & Trust Company, LLC at (877) 248-6417. Conference Call There will be a conference call at 8:30 a.m. Eastern Time on Thursday, March 12th during which management of Menlo will provide a corporate update. Toll Free: 877-407-0784 International: 201-689-8560 Conference ID: 13700089 Webcast: http://public.viavid.com/index.php?id=138439 A replay of the call will be archived on the Company's website at www.menlotherapeutics.com promptly after the conference call. Advisors Barclays acted as exclusive financial advisor to Foamix. Skadden, Arps, Slate, Meagher & Flom, LLP and Meitar | Law Offices acted as Foamix's legal counsel in connection with the transaction. Guggenheim Securities, LLC acted as exclusive financial advisor to Menlo. Latham & Watkins LLP and Herzog, Fox & Neeman acted as Menlo's legal counsel in connection with the transaction. About Menlo Therapeutics Menlo Therapeutics Inc. is a different type of biopharmaceutical company working to solve some of today's most difficult therapeutic challenges in dermatology and beyond. With expertise in topical medicine innovation as a springboard, the Company is working to develop and commercialize a variety of solutions using its proprietary Molecule Stabilizing Technology (MST™), and has received FDA approval for the world's first topical minocycline, AMZEEQ™. In addition, the Company is focused on the development of serlopitant, a once-daily oral NK1 receptor antagonist, as a novel potential treatment option for pruritus associated with prurigo nodularis. Menlo uses its website as a channel to distribute information about Menlo and its products and product candidates from time to time. Menlo may use its website to comply with its disclosure obligations under Regulation FD. Therefore, investors should monitor Menlo's website in addition to following its press releases, filings with the U.S. Securities and Exchange Commission, public conference calls, and webcasts. For more information, visit www.menlotherapeutics.com. Cautionary Statement Regarding Forward-Looking Statements This release includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, including, but not limited to, statements regarding expectations with respect to the anticipated announcement of results of Menlo's clinical trials for pruritus associated with prurigo nodularis, statements regarding the development and commercialization of Menlo's products and product candidates and other statements regarding the future expectations, plans and prospects of Menlo. All statements in this press release which are not historical facts are forward-looking statements. Any forward-looking statements are based on Menlo's current knowledge and its present beliefs and expectations regarding possible future events and are subject to risks, uncertainties and assumptions that could cause actual results to differ materially and adversely from those set forth or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to, Menlo's ability to successfully integrate the two companies; the achievement of certain expected cost synergies; the outcome of any legal proceedings related to the merger; the outcome and cost of clinical trials for current and future product candidates, including those for serlopitant; determination by the FDA that results from Menlo's clinical trials are not sufficient to support registration or marketing approval of product candidates; adverse events associated with the commercialization of AMZEEQ™; the outcome

of pricing, coverage and reimbursement negotiations with third party payors for AMZEEQ™ or any other products or product candidates that Menlo may commercialize in the future; whether, and to what extent, third party payors impose additional requirements before approving AMZEEQ™ prescription reimbursement; the eligible patient base and commercial potential of AMZEEQ™ or any of Menlo's other product or product candidates; risks that Menlo's intellectual property rights, such as patents, may fail to provide adequate protection, may be challenged and one or more claims may be revoked or interpreted narrowly or will not be infringed; risks that any of Menlo's patents may be held to be narrowed, invalid or unenforceable or one or more of Menlo's patent applications may not be granted and potential competitors may also seek to design around Menlo's granted patents or patent applications; additional competition in the acne and dermatology markets; inability to raise additional capital on favorable terms or at all; Menlo's ability to recruit and retain key employees; and Menlo's ability to stay in compliance with applicable laws, rules and regulations. For a discussion of other risks and uncertainties, and other important factors, any of which could cause Menlo's actual results to differ from those contained in the forward-looking statements, see the sections titled "Risk Factors" in (i) Menlo's most recent annual report on Form 10-K, (ii) Foamix's most recent quarterly report on Form 10-Q and (iii) Menlo's definitive joint proxy statement/prospectus filed with the U.S. Securities and Exchange Commission under Rule 424(b)(3) on January 7, 2020, as well as discussions of potential risks, uncertainties, and other important factors in Menlo's subsequent filings with the U.S. Securities and Exchange Commission. Although Menlo believes these forward-looking statements are reasonable, they speak only as of the date of this announcement and Menlo undertakes no obligation to update publicly such forwardlooking statements to reflect subsequent events or circumstances, except as otherwise required by law. Given these risks and uncertainties, you should not rely upon forward-looking statements as predictions of future events. Media Relations: Vusi Moyo Zeno Group 312-396-9703 vusi.moyo@zenogroup.com Investor Relations: Joyce Allaire LifeSci Advisors, LLC 646-889-1200 jallaire@lifesciadvisors.com Exchange Agent: American Stock Transfer & Trust Company, LLC (877) 248-6417 View original content:http://www.prnewswire.com/news-releases/menlo-therapeutics-and-foamix-pharmaceuticals-complete-merger-creatinga-combined-company-focused-on-the-development-and-commercialization-of-therapeutics-for-dermatologic-indications-301019699.html

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: ICU Medical Sales, Inc.

Physical Address: 4455 Atherton Drive

City: Salt Lake City State: UT Zip Code: 84123 Telephone Number: 801-264-1346 Fax Number: 801-264-1494

Toll Free Number: _____

E-mail: wesley.davis@icumed.com Website: www.icumed.com

Facility Manager: Shunig Feng

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Medical Devices- Rx and Non Rx
☐ 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: UPS Supply Chain Solutions, Inc.
Address: 2210 Outer Loop Road, Louisville, KY, 40219

Name: UPS Supply Chain Solutions, Inc.
Address: 1811 Landon Drive Suite 100, Mira Loma, CA, 91752

Name: N/A
Address:

Name: N/A
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.

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

Wesley Davis
Print Name of Authorized Person

12/13/19
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: ICU Medical, Inc.

Mailing Address: 600 N. Field Drive

City: Lake Forest State: IL Zip: 60045

Telephone: 801-264-1346 Fax: 801-264-1494

Contact Person: Wesley Davis

For any corporation non publicly traded, disclose the following:

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

a) ICU Medical, Inc. — 951 Calle Amanecer, San Clemente, CA 92673
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. 1000

3) What was the price paid per share? $1.00

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.

Corporate Officer Information

ICU Medical Sales, Inc.

4455 Atherton Dr
Salt Lake City, UT 84123
FEIN: 06-1211921
Incorporated in the State of Delaware on 7/16/2011

ICU Medical, Inc. - Parent Company

Address: 951 Calle Amanecer, San Clemente, CA 92673
Ownership: 100%

Scott E. Lamb- Secretary, Treasurer and CFO

Business Address: Calle Amanecer, San Clemente, CA
Business Phone: 4227

Kevin McGrody- Controller

Business Address: Calle Amanecer, San Clemente, CA
Business Phone: -4247

Flora Feng, MBA & MS

E Bowden St• Sandy, UT84070 • (

SUMMARY OF QUALIFICATIONS

Seasoned, dedicated, and results-driven professional, with 10+ years of experience in **Supply Chain Management, Sourcing, and NPI.** Exemplify strategic thinking and analytical skills in developing long term supply chain strategy. Demonstrate proven effectiveness in leading cross-functional teams and working with various professionals in fast-paced and challenging environments while establishing productive relationships with customers, vendors, and colleagues with diverse industries. Possess technical proficiency with Microsoft applications, SAP, etc. Leverage bilingual proficiency in English and Chinese. Areas of Expertise include:

- Global Strategic Sourcing
- Lean & Process Improvement
- NPI Management
- KPI Metrics modeling
- Supplier/CM/OEM Management
- Contract Negotiations
- Demand Planning, S&OP
- Purchasing & Cost Reduction
- Outsourcing/Contract Mfg
- Inventory Control/ Management
- Master Scheduling

PROFESSIONAL EXPERIENCES

Sr. MANAGER, MATERIALS **12/2019-Present**
ICU Medical

- Direct manager for warehouse and planning supervisors along with all buyers
- Performs Bi-annual employee performance reviews
- Performs analysis of demand requirements, capacity constraints, and material requirements in order to drive a production plan
- Coordinates with cross functional teams (Production, Tooling, Maintenance, etc) in the planning and execution of the production plan
- Drives improvements and is the key owner of KPI metrics associated with service to internal and external customers.
- Establishes and implements best practices related to the systems and processes that support planning, scheduling, purchasing and material control
- Leads the materials department in identifying potential problems with systems or processes and identifying possible solutions and process improvements
- Gather, analyze and validate data
- Provide input to the Supply Planning organization in developing Finished Goods inventory, safety stock, and target inventory strategies for existing items, new products, and product phase-outs
- Coordinate and proactively communicate supply shortages and plans for recovery with customer service and demand planning teams
- Achieves financial objectives by working with the management group in preparing and managing to the materials budget
- Participates as a member of the operations management team in making cross-functional operational decisions
- Maintains a safe and healthy work environment by implementing, maintaining and aligning with plant safety objective

Sr. MANAGER, SUPPLY CHAIN & SOURCING **7/2015-11/2019**
Nortek Security & Control, Lehi, UT

- Directly managed and led a team of supply chain and sourcing managers in managing materials purchase, developing and executing sourcing strategies to support NPI and drive for cost reduction for all Nortek's products (30+projects with medium to high in complexity and spend involving a variety of electronic, electro-mechanical, mechanical components and finished goods OEM sourcing)
- Drove, developed and established new 3rd party supplier and manufacturer relationships to build for future demand, managed daily analysis of supplier capacity constraints, and drove material readiness per requirements in order to meet the demand and production plan
- Developed supplier relationship management strategies, optimized supply base moving towards strategic suppliers during the NPI phase, and led the team to implement the negotiation strategy and contracts so the company got competitive pricing and annual cost reductions on key components
- Led the team to continuously drive for lean, process improvement, maintained Standard Operating Procedures (SOP's) and Key Performance Indicators (KPIs) that ensure ongoing productivity and performance

1 U.S. News & World Report 2009 Best Business Schools Specialty Rankings.

- Led the team to coordinate with cross functional teams (engineering, product management, PMO, planning, manufacturing etc.) in planning and executing new product development builds and ramp ups and accountable for all NPI operations deliverables within the timeline and budget requirements
- Defined supply chain requirement during the early definition and design phase of new product/software/hardware development and release, and bridged the communications gap between overseas manufacturers and the production development team

SUPPLY CHAIN PROGRAM MANAGER **10/2013-7/2015**
Nortek Security & Control, Lehi, UT

- Led the team, and worked with NS&C' biggest customer Vivint for NPI, and generated over $100 million revenue from new products (New 7" security panels, sensors) release within 2 years
- Led cross-functional teams in planning and executing new product development builds and ramp ups per required functionality within cost and schedule targets.
- Managed strategic sourcing for finished goods and key components on projects, resolve issues, and served as the point of contact to the engineering and product development team to confirm supplier readiness in terms of pricing, production capacity, certification, etc. prior to key product milestones.
- Performed product cost analysis and responsible for achieving cost targets for projects through collaboration with contract manufacturers and the product development team, and resolved discrepancies between cost targets and quoted costs
- Ensured the complete documentation of new products in terms of accurate BOM, assembly drawings, test requirements, etc., and worked with manufacturers for component readiness to ensure part availability, quality, and cost to support product goals.
- Negotiated master supply agreements with new suppliers for projects, and make sure Nortek obtains competitive terms with mitigated risks

MATERIAL/SOURCING MANAGER **8/2012-10/2013**
2GiG Technologies Inc. (Acquired by Nortek Security &Control), Lehi, UT

- Managed $120 million spend, and managed a network of relationships with suppliers, contract manufacturers, & OEMs; met with suppliers to discuss issues, performance, and future strategies; Evaluated suppliers' processes and partners with them to improve quality, cost and delivery performance
- Led strategic sourcing and product engineering efforts to maximize the development of a robust supply chain with materials, processes and/or components that improve reliability, manufacturability & supply availability while reducing cost by about 33.7% during NPI process & 3 months' MP
- Performed analysis of demand requirements, capacity constraints, and material requirements in order to drive a production plan
- Responsible for developing, approving and enforcing all applicable procurement policies and procedures
- Worked with Finance to provide management with monthly inventory & sales projections; proactively identified delivery issues; Provided suppliers & CMs with production volumes after capacity analysis
- Led in developing quantitative modules & KPI to reduce cost, improve OTD, optimize inventory turns, balance supply and demand in accordance with business rules
- Managed a portfolio of supply and manufacturer contracts for 2GIG, and negotiated supply agreements & NDAs with key suppliers to obtain best pricing, terms, and conditions

MASTER SCHEDULER **1/2011-8/2012**
Harman International Industries (HMG), SANDY, UT

- Led monthly SO&P and created the capacity-constrained Master Schedule based on the Demand Forecast created by Sales, Marketing and Demand Planning; verifies the reasonability of the supply plan that drives Supply Planning, Purchasing, Manufacturing, Packaging, Outsourcing, Distribution and their support groups, making adjustments for errors, oversights, and omissions as required.
- Performed analysis of demand requirements, capacity constraints, and material requirements in order to drive a production plan
- Provided direction and priorities to outside suppliers and contract manufacturers to ensure supply meeting demand requirements; verified list of purchase requisitions and forecast before sending to CMs
- Created, evaluated, maintained, and monitored inventory strategies to meet or surpass customer service levels and financial objectives set forth by Management, and assured proper safety stocks, lead times, MOQ and re-order points, and monitored the performance of execution across sites using KPIs
- Participated and supported NPI, new market and new channel development efforts by providing expertise and knowledge in supply planning; reviewed CM bid proposals and negotiated contracts within budgetary limitations and scope of authority before outsourcing to CMs
- Experienced in analyzing complicated materials liabilities situations, and successfully settled about $300K excess of materials without taking inventory when discontinuing relationships with a CM.

SUPPLY CHAIN ANALYST INTERN **5/2010-8/2010**

1 U.S. News & World Report 2009 Best Business Schools Specialty Rankings.

WALTER MEIER (Manufacturing) AMERICAS, Nashville, TN

- Collected large amount of data from BW Report & SAP, developed new VPE matrix & models to analyze supply chain KPIs (OTD, Fill Rate, Cost, Quality& Responsiveness), improved evaluation accuracy by 15%, and reported supplier performance to Senior Management in monthly performance review
- Implemented strategic process improvement initiatives by streamlining processes in purchase acquisition, information sharing, and transportation consolidation to improve efficiency by 11%
- Improved supply chain financial performance by working with marketing product development team to improve forecast accuracy through using statistic models & APO forecasting, and by reducing excess inventory so as to increase inventory turnover

SUPPLY CHAIN & LOGISTICS CORDINATOR, **1/2006-7/2007**
SWATCH GROUP, LIMITED. Calvin Klein Brand, Shanghai, China

- Managed monthly demand for over 100 products specifications by analyzing supply chain matrix (spend, usage, PPV, quality, delivery, savings) through statistic modeling, and established cost modeling with market variances (raw materials, currency exchange rates, international labor, commodity surcharges), forecast EAU, and issued POs to suppliers
- Developed and sustained relationships with distributors by establishing standards and process (lead time window, safety stock level, accelerated order cycle times) while reducing costs in order fulfillment

EDUCATION

- **MBA, SUPPLY CHAIN MANAGEMENT & FINANCE**, GPA 3.9/4.0 **12/2010**
  University of Tennessee, Knoxville, TN – *Ranked #9 in Supply Chain/Logistics*[1]
- **MS in COMMUNICATION & INFORMATION**, GPA 3.6/4.0 **05/2009**
  University of Tennessee, Knoxville, TN
- **BS in English, Minor FINANCE,** Dean of Student Award **06/2006**
  Shanghai International Studies University, Shanghai, China. Student body president

1 U.S. News & World Report 2009 Best Business Schools Specialty Rankings.

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 12/10/2019

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): ICU Medical Sales, Inc.

Classification of License Issued: Pharmacy - Class C

License Number: 11453825-1710

Obtained By: Application

Current Status: Active

Original Date of Licensure: 10/07/2019

Expiration Date: 09/30/2021

Agency and Disciplinary Action: NO

Docket Number: N/A

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

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phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

Establishment Registration & Device Listing

FDA

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ICU MEDICAL, INC
4455 ATHERTON DR
Salt Lake Cty, UT 84123
Registration Number: 1713468
FEI Number*: 1713468
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types
Please Review Listings For Further Information
Date Of Registration Status: 2020

Owner/Operator:
ICU MEDICAL, INC.[6]
951 Calle Amanecer
San Clemente, CA 92673
Owner/Operator Number: 2025816[7]

Official Correspondent:
Krishna Uppugonduri
951 Calle Amanecer
San Clemente, CA 92673
Phone: 949-3664366

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ICU MEDICAL, INC
4455 ATHERTON DR.
Salt Lake City , UT 84123
Registration Number: 1713468
FEI Number*: 1713468
Status: Active
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*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
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Owner/Operator:
ICU MEDICAL, INC.[6]
951 Calle Amanecer
San Clemente, CA 92673
Owner/Operator Number: 2025816[7]

Official Correspondent:
Krishna Uppugonduri
951 Calle Amanecer
San Clemente, CA 92673
Phone: 949-3684368

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 10/28/2019

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2025816&OwnerOperator

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

ICU Medical Sales, Inc.

EFFECTIVE 10/07/2019 EXPIRATION 09/30/2021

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAILS

11453825-1710 Pharmacy - Class C

Manufacturer

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.

ICU MEDICAL SALES, INC.
4455 ATHERTON DR
SALT LAKE CITY UT 84123

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: **10/07/2019**

EXPIRATION DATE: **09/30/2021**

ISSUED TO: **ICU Medical Sales, Inc.**
4455 Atherton Dr
Salt Lake City UT 84123

THE GREAT SEAL OF THE STATE OF UTAH 1847 1896

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11453825-1710 **Pharmacy - Class C**

Manufacturer

SIGNATURE OF HOLDER

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, 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 ELEVENTH DAY OF MARCH, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3414573 8300

SR# 20202065049

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

Authentication: 202562995

Date: 03-11-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, 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-NINTH DAY OF OCTOBER, A.D. 2019.

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

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

Jeffrey W. Bullock, Secretary of State

3414573 8300

SR# 20197796734

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

Authentication: 203891941

Date: 10-29-19

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: Pharmaceutical Wholesaler Surety Bond

Bond No. : 107049195

Dated effective: February 27, 2020
(MONTH, DAY, YEAR)

executed by: ICU Medical Sales, Inc., as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America, as Surety,
(SURETY)

and in favor of : State of Nevada and the Nevada State Board of Pharmacy, as Obligee
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	2901 N. Houston School Road Lancaster, TX 75134	4455 Atherton Drive Salt Lake City, UT 84123

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective July 8, 2020
(MONTH, DAY, YEAR)

Signed and Sealed June 8, 2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Gillian Bhaskaran, ATTORNEY-IN-FACT

ACKNOWLEDGMENT

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 Contra Costa)

On June 8, 2020 before me, T. Le, Notary Public
(insert name and title of the officer)

personally appeared Gillian Bhaskaran,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

T. LE
COMMISSION #2172612
Notary Public - California
SAN FRANCISCO COUNTY
MY COMMISSION EXPIRES
November 17, 2020
PNS1 PNS1

Signature T. Le (Seal)

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 **T. Le** of **SAN FRANCISCO**, **California**, 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 **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, 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 the corporations 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**

Marie C. Tetreault
Marie C. Tetreault, 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 **27th** day of **February**, **2020**

Kevin E. Hughes
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 the power is attached.

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

THUYDUONG LE

ARTHUR J GALLAGHER & CO.
1255 BATTERY ST STE 450
SAN FRANCISCO, CA 94111-6235

is authorized to transact business as described above

License No: 3378064 Issue Date: 09-25-2018 Expiration Date: 10-01-2021

Generated by Sircon 182136151

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

THUYDUONG LE
ARTHUR J GALLAGHER & CO., 1255 BATTERY ST STE 450, SAN FRANCISCO, CA 94111-6235

LICENSE NUMBER: 3378064

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 09-25-2018 Expiration Date: 10-01-2021

Generated by Sircon 182136151

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. 107049195

Application/License No. _____

ICU Medical Sales, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2901 N. Houston School Road, Lancaster, TX 75134 (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 (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 February 27, 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.

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 **GILLIAN BHASKARAN** of **LAFAYETTE**, **California**, 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 **8th** day of **June**, **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.

ACKNOWLEDGMENT

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 Contra Costa)

On February 27, 2020 before me, Gillian C. Bhaskaran, Notary Public
(insert name and title of the officer)

personally appeared T. Le,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

GILLIAN C. BHASKARAN
Notary Public - California
Contra Costa County
Commission # 2196923
My Comm. Expires May 13, 2021

Signature _____ (Seal)

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 27th day of February, 2020.

APPLICANT/PRINCIPAL
ICU Medical Sales, Inc.
COMPANY

Authorized Representative

SURETY
Travelers Casualty and Surety Company of America

Surety Company's Representative

T. Le, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

~~Nevada Resident Agent~~
Thuyduong Le, Nevada Non-Resident Agent

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND RENEWALS

Name of Registrant: ICU Medical Sales, Inc.

Known all by these presents that ICU Medical Sales, Inc., a corporation organized and existing under the laws of Delaware, and with offices at 951 Calle Amanecer, San Clemente, CA 92673 (the "Corporation") do hereby, constitute and appoint Wesley Davis as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health distribution facilities of the Corporation and its divisions:

1. In accordance with the regulations of the Drug Enforcement Administration , and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute, import and export drug products regulated as controlled substances from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute pharmaceutical and consumer health products from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

ICU Medical Sales, Inc.

Signature: _____
Scott Lamb, CFO

Date: December 9th, 2019

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)
) ss
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 9th day of December 2019, by Scott Lamb, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal:

JENIFER L. OLSEN
Notary Public – California
Orange County
Commission # 2228191
My Comm. Expires Jan 8, 2022

_____
Notary Public, State of California

4W

VM

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ 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: Medimetrics pharmaceuticals, Inc

Physical Address: 383 Rt. 46 west

City: Fairfield State: NJ. Zip Code: 07004

Telephone Number: 973-882-7512 Fax Number: 973-882-7502

Toll Free Number: N/A

E-mail: Agoldstein@medimetrics.com Website: www.medimetrics.com

Facility Manager: Alan Goldstein

Professional qualifications and experience of facility manager: See Attachment Alan Goldstein CV.

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: OTC, cosmetics and Dietary Supplements
☐ 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: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

Within the last five (5) years:

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Alan Goldstein

Print Name of Authorized Person

4/22/2020

Date

Board Use Only	Date Processed: _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Mailing Address: 383 Route 46 west

City: Fairfield State: N.J. Zip: 07004

Telephone: 973-882-7512 Fax: 973-882-7502

Contact Person: Mon Goldstein

For any corporation non publicly traded, disclose the following:

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

a) Irb Glassman — 383 Rt. 46 west, Fairfield, NJ 07004
Name — Business Address

b) Brad Glassman — 383 Rt. 46 west, Fairfield, NJ 07004
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. see attachment

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.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737957

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:

4580 MENDENHALL RD MEMPHIS, TN 38141-

Reg. No.
5003654

MEDIMETRIKS PHARMACEUTICALS, I
ATTN: BRAD GLASSMAN
383 ROUTE 46 WEST
FAIRFIELD, NJ 07004-

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

EXPIRES: January 31, 2021

Establishment Copy

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Medimetriks Pharmaceuticals, Inc.** , as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/18/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/20/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200120521382
You may verify this certificate online at http://www.nvsos.gov

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

01/14/2020

Work Order Item Number:	W2019110102092-209765
Filing Number:	20190298565
Filing Type:	Initial List
Filing Date/Time:	10/18/2019 4:06:00 PM
Filing Page(s):	1

Indexed Entity Information:

Entity ID: E2985512019-2

Entity Name: Medimetriks Pharmaceuticals, Inc.

Entity Status: Active

Expiration Date: None

N/A

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

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

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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

11/20/2019

Work Order Item Number:	W2019110102092-209764
Filing Number:	20190298550
Filing Type:	Foreign Qualification
Filing Date/Time:	10/18/2019 4:06:00 PM
Filing Page(s):	11

Indexed Entity Information:

Entity ID: E2985512019-2

Entity Name: Medimetriks Pharmaceuticals, Inc.

Entity Status: Active

Expiration Date: None

N/A

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

SECRETARY OF STATE

STATE OF NEVADA

FOREIGN CORPORATION (80) QUALIFICATION

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Medimetriks Pharmaceuticals, Inc.** did on **10/18/2019** file in this office its Qualification 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 corporation 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 11/20/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191120381582
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Medimetriks Pharmaceuticals, Inc.

Nevada Business Identification # NV20191644889
Expiration Date: 10/31/2020

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 01/14/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200114510041
You may verify this certificate online at http://www.nvsos.gov

MEDIMETRIKS
PHARMACEUTICALS, INC.

MEDIMETRIKS PHARMACEUTICALS, INC.
VIRTUAL MANUFACTURER STATEMENT

Medimetriks Pharmaceuticals Inc. is a virtual manufacturer of prescription drugs, therefore, does not handle prescription drugs at any time for physical manufacturing or distribution. However, they do maintain product ownership and are responsible for the oversight and sale of product.

383 Route 46 West • Fairfield, New Jersey 07004-2402 USA • Phone: (973) 882-7512 • Fax: (973) 882-7502 • www.medimetriks.com

MEDIMETRIKS
PHARMACEUTICALS, INC.

Corporate Officers

Bradley Glassman, President & Chief Executive Officer
Medimetriks Pharmaceuticals, Inc
383 Route 46 West
Fairfield, NJ 07004
973-882-7512 Ext. 513
Social Security – XXX-XX
DOB –

Residence
Witte Place
West Orange, NJ

R. Brent Lenczycki, Chief Financial Officer
Medimetriks Pharmaceuticals, Inc
383 Route 46 West
Fairfield, NJ 07004
973-882-7512
Social Security – XXX-XX
DOB –
CPA, State of PA, #CA036627L

Residence
Northridge Court
Hackettstown, NJ

Alan Goldstein, Executive V.P. Business Development
Medimetriks Pharmaceuticals, Inc
383 Route 46 West
Fairfield, NJ 07004
973-882-7512 Ext. 597
Social Security – XXX-XX
DOB –

Residence
West Mountain Road
Ridgefield, CT

State & Date of incorporation – Delaware, 4/14/2008

FEIN number – 26-2417237

DUNS number – 019903816

Labeler Code – 43538 Verified MS 5/12/2020

GS1 Prefix # 0343538
GLN# 0343538000006
Exp Date 09/30/2020

MEDIMETRIKS
PHARMACEUTICALS, INC.

The following individuals own approximately 65% and 12% respectively of the issued and outstanding shares of stock of the Company. No other person owns more than 10% of the outstanding stock of the Company.

Iris Glassman – Director

___ East __ Street – New York, N\

0740

@hotmail.com

Brad Glassman – Chairman of the Board, President & CEO

383 Route 46 West – Fairfield, NJ 07004

(973) 882-7512

@medimetriks.com

Note: Medimetriks Pharmaceuticals, Inc. Federal Tax I.D.

Donna Heren

From: CDRH Registration and Listing [reglist@CDRH.FDA.GOV]
Sent: Monday, June 06, 2016 3:36 PM
To: Donna Heren
Subject: Registration Number has been assigned – Your registration number is 3008297643

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

Food and Drug Administratio
10903 New Hampshire Av
Silver Spring, MD 20993

Dear Owner/Operator and/or Official Correspondent:

This email is being sent to inform you that a registration number has been assigned to the following establishment:

MEDIMETRIKS PHARMACEUTICALS
383 Route 46 W
Fairfield, NJ 07004
UNITED STATES

Registration Number: 3008297643 verified MS 5/12/20
Owner Operator Number: 10051115

If you have any questions or need assistance, please contact CDRH Registration and Listing Office by email at reglist@cdrh.fda.gov.

Curriculum Vitae: ALAN GOLDSTEIN

EXPERIENCE:

May 2008 - present		Medimetriks Pharmaceuticals, Inc. Executive Vice President, Business Development
Mar. 2004 – Feb. 2008		Bradley Pharmaceuticals, Inc. Vice President, Corporate Development
Jun. 2002 – Feb. 2004		Bradley Pharmaceuticals, Inc. Director, Corporate Development
Nov. 2000 – May 2002		Kaye Scholer LLP Legal Counsel, Corporate Development
Mar. 1998 – Oct. 2000		Winick & Rich, P.C. Law Partner
Jan. 1994 – Feb. 1998		Reid & Priest, LLP Law Partner
1987 – Jan. 1994		Spengler Carlson Gubar Brodsky & Frischling Associate

EDUCATION:

1984	J.D., University of Pittsburg
1981	B.A. University of Michigan

CONTINUING EDUCATION: Annual CLE's

PATENTS:

Method and Apparatus for Dispensing a Composition	US 20090048579

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIMETRIKS 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-SECOND DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDIMETRIKS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A.D. 2008.

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

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

Jeffrey W. Bullock, Secretary of State

4528701 8300

100678230

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

AUTHENTICATION: 8069074

DATE: 06-22-10

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Eversana Life Science Services, LLC

located at

4580 Mendenhall Road, Memphis, TN 38141

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

Carmen A. Catizone, Executive Director/Secretary

October 17, 2018 - October 16, 2021
Period of Accreditation

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

National Drug Code Directory

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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

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Search Results: *'43538'*

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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
+ Beser	43538-970-60	.5 mg/mL	LOTION	TOPICAL	ANDA091553	Medimetriks Pharmaceuticals, Inc.	43538-970	fluticasone propionate	FLUTICASONE PROPIONATE	HUMAN PRESCRIPTION DRUG	04/01/2019	N/A	ANDA	1 BOTTLE in 1 CARTON (43538-970-60) > 60 mL in 1 BOTTLE

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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
+ Beser	43538-971-60		KIT		ANDA091553	Medimetriks Pharmaceuticals, Inc	43538-971	Fluticasone propionate		HUMAN PRESCRIPTION DRUG	04/01/2019	N/A	ANDA	2 CARTON in 1 KIT (43538-971-60) > 1 KIT in 1 CARTON * 1 BOTTLE in 1 CARTON (43538-970-60) > 60 mL in 1 BOTTLE * 1 TUBE in 1 CARTON > 255 g in 1 TUBE
+ CENTANY	43538-300-24	20 mg/g	OINTMENT	TOPICAL	NDA050788	Medimetriks Pharmaceuticals Inc	43538-300	mupirocin	MUPIROCIN	HUMAN PRESCRIPTION DRUG	02/26/2009	N/A	NDA	24 PACKET in 1 CARTON (43538-300-24) > .5 g in 1 PACKET (43538-300-99)
+ Centany	43538-310-30	20 mg/g	OINTMENT	TOPICAL	NDA050788	Medimetriks Pharmaceuticals, Inc.	43538-310	Mupirocin	MUPIROCIN	HUMAN PRESCRIPTION DRUG	11/15/2010	N/A	NDA	1 KIT in 1 CARTON (43538-310-30) > 1 TUBE in 1 KIT > 30 g in 1 TUBE
+ CENTANY	43538-300-30	20 mg/g	OINTMENT	TOPICAL	NDA050788	Medimetriks Pharmaceuticals Inc	43538-300	mupirocin	MUPIROCIN	HUMAN PRESCRIPTION DRUG	02/26/2009	N/A	NDA	1 TUBE in 1 CARTON (43538-300-30) > 30 g in 1 TUBE
+ Ciclodan	43538-500-06	2.28 g/mL	SOLUTION	TOPICAL	ANDA078233	Medimetriks Pharmaceuticals, Inc.	43538-500	ciclopirox	CICLOPIROX	HUMAN PRESCRIPTION DRUG	04/10/2011	N/A	ANDA	6.6 mL in 1 BOTTLE, WITH APPLICATOR (43538-500-06)
+ Clindacin ETZ	43538-172-60	10 mg/1	SWAB	TOPICAL	ANDA065049	Medimetriks Pharmaceuticals, Inc.	43538-172	clindamycin phosphate	CLINDAMYCIN PHOSPHATE	HUMAN PRESCRIPTION DRUG	06/15/2013	N/A	ANDA	60 PACKET in 1 CARTON (43538-172-60) > 1 SWAB in 1 PACKET
+ Clindacin ETZ	43538-173-60		KIT		ANDA065049	Medimetriks Pharmaceuticals, Inc.	43538-173	clindamycin phosphate		HUMAN PRESCRIPTION DRUG	06/15/2013	N/A	ANDA	1 KIT in 1 CARTON (43538-173-60) * 473 mL in 1 BOTTLE * 60 SWAB in 1 CARTON
+ Clindacin P	43538-170-69	10 mg/1	SWAB	TOPICAL	ANDA065049	Medimetriks Pharmaceuticals, Inc.	43538-170	clindamycin phosphate	CLINDAMYCIN PHOSPHATE	HUMAN PRESCRIPTION DRUG	02/20/2011	N/A	ANDA	69 SWAB in 1 JAR (43538-170-69)

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
+ Clindacin PAC	43538-171-69	10 mg/1	SWAB	TOPICAL	ANDA065049	Medimetriks Pharmaceuticals, Inc.	43538-171	clindamycin phosphate	CLINDAMYCIN PHOSPHATE	HUMAN PRESCRIPTION DRUG	02/20/2011	N/A	ANDA	1 JAR in 1 KIT (43538-171-69) > 69 SWAB in 1 JAR
+ Clodan	43538-950-04	.5 mg/mL	SHAMPOO	TOPICAL	ANDA090974	Medimetriks Pharmaceuticals	43538-950	clobetasol propionate	CLOBETASOL PROPIONATE	HUMAN PRESCRIPTION DRUG	06/22/2014	N/A	ANDA	1 BOTTLE in 1 CARTON (43538-950-04) > 118 mL in 1 BOTTLE
+ Clodan Kit	43538-951-04		KIT		ANDA090974	Medimetriks Pharmaceuticals	43538-951	clobetasol propionate		HUMAN PRESCRIPTION DRUG	06/15/2014	N/A	ANDA	1 KIT in 1 CARTON (43538-951-04) * 1 BOTTLE in 1 CARTON (43538-950-04) > 118 mL in 1 BOTTLE * 1 BOTTLE in 1 CARTON > 454 g in 1 BOTTLE
+ Ketodan	43538-530-10	20 mg/g	AEROSOL, FOAM	TOPICAL	ANDA091550	Medimetriks Pharmaceuticals, Inc.	43538-530	ketoconazole	KETOCONAZOLE	HUMAN PRESCRIPTION DRUG	06/15/2012	N/A	ANDA	1 CAN in 1 CARTON (43538-530-10) > 100 g in 1 CAN
+ Ketodan	43538-531-10		KIT		ANDA091550	Medimetriks Pharmaceuticals, Inc.	43538-531	ketoconazole		HUMAN PRESCRIPTION DRUG	06/15/2012	N/A	ANDA	1 KIT in 1 CARTON (43538-531-10) * 100 g in 1 CAN * 454 g in 1 BOTTLE, PUMP
+ Loprox	43538-550-60	7.7 mg/mL	SUSPENSION	TOPICAL	NDA019824	Medimetriks Pharmaceuticals, Inc.	43538-550	ciclopirox olamine	CICLOPIROX OLAMINE	HUMAN PRESCRIPTION DRUG	10/14/2016	N/A	NDA	1 BOTTLE in 1 CARTON (43538-550-60) > 60 mL in 1 BOTTLE
+ Loprox	43538-541-90		KIT		NDA018748	Medimetriks Pharmaceuticals, Inc.	43538-541	Ciclopirox Olamine		HUMAN PRESCRIPTION DRUG	06/13/2016	N/A	NDA	1 KIT in 1 CARTON (43538-541-90) * 454 g in 1 BOTTLE, PUMP * 90 g in 1 TUBE

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
+ Loprox	43538-551-60		KIT		NDA019824	Medimetriks Pharmaceuticals, Inc.	43538-551	Ciclopirox Olamine		HUMAN PRESCRIPTION DRUG	10/14/2016	N/A	NDA	1 KIT in 1 CARTON (43538-551-60) * 60 mL in 1 BOTTLE * 454 g in 1 BOTTLE, PUMP
+ Loprox	43538-540-90	7.7 mg/g	CREAM	TOPICAL	NDA018748	Medimetriks Pharmaceuticals, Inc.	43538-540	ciclopirox olamine	CICLOPIROX OLAMINE	HUMAN PRESCRIPTION DRUG	01/14/2016	N/A	NDA	1 TUBE in 1 CARTON (43538-540-90) > 90 g in 1 TUBE
+ Morgidox	43538-600-30	100 mg/1	CAPSULE	ORAL	ANDA062396	Medimetriks Pharmaceuticals, Inc.	43538-600	doxycycline hyclate	DOXYCYCLINE HYCLATE	HUMAN PRESCRIPTION DRUG	03/15/2011	N/A	ANDA	30 CAPSULE in 1 BLISTER PACK (43538-600-30)
+ Morgidox	43538-611-60	100 mg/1	CAPSULE	ORAL	ANDA062396	Medimetriks Pharmaceuticals, Inc.	43538-611	doxycycline hyclate	DOXYCYCLINE HYCLATE	HUMAN PRESCRIPTION DRUG	03/15/2011	N/A	ANDA	1 BLISTER PACK in 1 KIT (43538-611-60) > 60 CAPSULE in 1 BLISTER PACK
+ Morgidox	43538-601-30	100 mg/1	CAPSULE	ORAL	ANDA062396	Medimetriks Pharmaceuticals, Inc.	43538-601	doxycycline hyclate	DOXYCYCLINE HYCLATE	HUMAN PRESCRIPTION DRUG	03/15/2011	N/A	ANDA	1 BLISTER PACK in 1 KIT (43538-601-30) > 30 CAPSULE in 1 BLISTER PACK
+ Morgidox	43538-610-60	100 mg/1	CAPSULE	ORAL	ANDA062396	Medimetriks Pharmaceuticals, Inc.	43538-610	doxycycline hyclate	DOXYCYCLINE HYCLATE	HUMAN PRESCRIPTION DRUG	03/15/2011	N/A	ANDA	60 CAPSULE in 1 BLISTER PACK (43538-610-60)
+ Neo-Synalar	43538-940-60	3.5 mg/g, .25 mg/g	CREAM	TOPICAL	ANDA060700	Medimetriks Pharmaceuticals	43538-940	neomycin sulfate and fluocinolone acetonide	NEOMYCIN SULFATE; FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	06/11/1963	N/A	ANDA	1 TUBE in 1 CARTON (43538-940-60) > 60 g in 1 TUBE
+ Neo-Synalar	43538-940-99	3.5 mg/g, .25 mg/g	CREAM	TOPICAL	ANDA060700	Medimetriks Pharmaceuticals	43538-940	neomycin sulfate and fluocinolone acetonide	NEOMYCIN SULFATE; FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	06/11/1963	N/A	ANDA	4 TUBE in 1 CARTON (43538-940-99) > 3 g in 1 TUBE

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
Neo-Synalar	43538-941-60		KIT		ANDA060700	Medimetriks Pharmaceuticals	43538-941	neomycin sulfate and fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	07/15/2014	N/A	ANDA	1 KIT in 1 CARTON (43538-941-60) * 1 TUBE in 1 CARTON (43538-940-60) > 60 g in 1 TUBE * 1 TUBE in 1 CARTON > 255 g in 1 TUBE
Neuac	43538-176-45	10 mg/g, 50 mg/g	GEL	TOPICAL	ANDA090979	Medimetriks Pharmaceuticals	43538-176	clindamycin phosphate and benzoyl peroxide	CLINDAMYCIN PHOSPHATE; BENZOYL PEROXIDE	HUMAN PRESCRIPTION DRUG	06/15/2014	N/A	ANDA	1 TUBE in 1 CARTON (43538-176-45) > 45 g in 1 TUBE
Neuac Kit	43538-177-45		KIT	TOPICAL	ANDA090979	Medimetriks Pharmaceuticals	43538-177	clindamycin phosphate and benzoyl peroxide		HUMAN PRESCRIPTION DRUG	06/15/2014	N/A	ANDA	1 KIT in 1 CARTON (43538-177-45) * 45 g in 1 TUBE (43538-176-45) * 85 g in 1 TUBE
Niseko Sunscreen SPF 25	43538-290-99	30 mg/g, 75 mg/g, 50 mg/g	CREAM	TOPICAL	part352	Medimetriks Pharmaceuticals, Inc.	43538-290	Avobenzone, Octinoxate, and Octisalate	AVOBENZONE; OCTINOXATE; OCTISALATE	HUMAN OTC DRUG	11/15/2013	N/A	OTC MONOGRAPH FINAL	6 TUBE in 1 CARTON (43538-290-99) > 3 g in 1 TUBE
Niseko Sunscreen SPF 25	43538-290-03	30 mg/g, 75 mg/g, 50 mg/g	CREAM	TOPICAL	part352	Medimetriks Pharmaceuticals, Inc.	43538-290	Avobenzone, Octinoxate, and Octisalate	AVOBENZONE; OCTINOXATE; OCTISALATE	HUMAN OTC DRUG	11/15/2013	N/A	OTC MONOGRAPH FINAL	1 TUBE in 1 CARTON (43538-290-03) > 85 g in 1 TUBE
Rosadan	43538-183-45		KIT		ANDA078178	Medimetriks Pharmaceuticals, Inc.	43538-183	metronidazole		HUMAN PRESCRIPTION DRUG	08/01/2011	N/A	ANDA	1 KIT in 1 CARTON (43538-183-45) * 1 TUBE in 1 CARTON > 45 g in 1 TUBE * 1 BOTTLE, PUMP in 1 CARTON > 454 g in 1 BOTTLE, PUMP
Rosadan	43538-181-45	7.5 mg/g	CREAM	TOPICAL	ANDA077549	Medimetriks Pharmaceuticals, Inc.	43538-181	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	08/30/2011	N/A	ANDA	1 TUBE in 1 KIT (43538-181-45) > 45 g in 1 TUBE

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
+ Rosadan	43538-180-45	7.5 mg/g	CREAM	TOPICAL	ANDA077549	Medimetriks Pharmaceuticals, Inc.	43538-180	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	08/30/2011	N/A	ANDA	45 g in 1 TUBE (43538-180-45)
+ Rosadan	43538-182-45	7.5 mg/g	GEL	TOPICAL	ANDA078178	Medimetriks Pharmaceuticals, Inc.	43538-182	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	04/15/2012	N/A	ANDA	1 TUBE in 1 CARTON (43538-182-45) > 45 g in 1 TUBE
+ Sumadan	43538-191-16		KIT			Medimetriks Pharmaceuticals Inc.	43538-191	sulfacetamide sodium and sulfur		HUMAN PRESCRIPTION DRUG	08/01/2011	N/A	UNAPPROVED DRUG OTHER	1 KIT in 1 CARTON (43538-191-16) * 1 BOTTLE, PUMP in 1 CARTON > 454 g in 1 BOTTLE, PUMP * 1 BOTTLE, PUMP in 1 CARTON > 454 g in 1 BOTTLE, PUMP
+ Sumadan Wash	43538-190-16	90 mg/g, 45 mg/g	CREAM	TOPICAL		Medimetriks Pharmaceuticals Inc.	43538-190	sulfacetamide sodium and sulfur	SULFACETAMIDE SODIUM; SULFUR	HUMAN PRESCRIPTION DRUG	07/10/2011	N/A	UNAPPROVED DRUG OTHER	1 BOTTLE, PUMP in 1 CARTON (43538-190-16) > 454 g in 1 BOTTLE, PUMP
+ SUMADAN XLT	43538-192-16		KIT			Medimetriks Pharmaceuticals Inc.	43538-192	sulfacetamide sodium, sulfur, avobenzone, octinoxate, and octisalate		HUMAN PRESCRIPTION DRUG	12/01/2013	N/A	UNAPPROVED DRUG OTHER	1 KIT in 1 CARTON (43538-192-16) * 454 g in 1 BOTTLE, PUMP (43538-190-16) * 85 g in 1 TUBE (43538-290-03)
+ Sumaxin	43538-100-60	100 mg/g, 40 mg/g	CLOTH	TOPICAL		Medimetriks Pharmaceuticals, Inc.	43538-100	sulfacetamide sodium and Sulfur	SULFACETAMIDE SODIUM; SULFUR	HUMAN PRESCRIPTION DRUG	01/01/2009	N/A	UNAPPROVED DRUG OTHER	60 PACKET in 1 CARTON (43538-100-60) > 3.7 g in 1 PACKET

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
+ Sumaxin CP	43538-101-60		KIT			Medimetriks Pharmaceuticals, Inc.	43538-101	sulfacetamide sodium and sulfur		HUMAN PRESCRIPTION DRUG	08/01/2011	N/A	UNAPPROVED DRUG OTHER	1 KIT in 1 CARTON (43538-101-60) * 60 PACKET in 1 CARTON > 3.7 g in 1 PACKET * 1 BOTTLE, PUMP in 1 CARTON > 454 g in 1 BOTTLE, PUMP
+ Sumaxin Wash	43538-130-16	90 mg/g; 40 mg/g	LOTION	TOPICAL		Medimetriks Pharmaceuticals, Inc.	43538-130	sulfacetamide sodium and sulfur	SULFACETAMIDE SODIUM; SULFUR	HUMAN PRESCRIPTION DRUG	10/30/2009	N/A	UNAPPROVED DRUG OTHER	1 BOTTLE, PUMP in 1 CARTON (43538-130-16) > 454 g in 1 BOTTLE, PUMP
+ Synalar	43538-900-12	.25 mg/g	CREAM	TOPICAL	NDA012787	Medimetriks Pharmaceuticals, Inc.	43538-900	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	09/27/2012	N/A	NDA	1 TUBE in 1 CARTON (43538-900-12) > 120 g in 1 TUBE
+ Synalar	43538-910-99	.25 mg/g	OINTMENT	TOPICAL	NDA013960	Medimetriks Pharmaceuticals, Inc.	43538-910	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	09/27/2012	N/A	NDA	6 TUBE in 1 CARTON (43538-910-99) > 3 g in 1 TUBE
+ Synalar	43538-920-60	.1 mg/mL	SOLUTION	TOPICAL	NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-920	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	05/31/2012	N/A	NDA	1 BOTTLE, WITH APPLICATOR in 1 CARTON (43538-920-60) > 60 mL in 1 BOTTLE, WITH APPLICATOR
+ Synalar	43538-911-12		KIT	TOPICAL	NDA013960	Medimetriks Pharmaceuticals, Inc.	43538-911	Fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	12/15/2012	N/A	NDA	1 KIT in 1 CARTON (43538-911-12) * 1 TUBE in 1 CARTON > 120 g in 1 TUBE * 255 g in 1 TUBE

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
+ Synalar	43538-920-90	.1 mg/mL	SOLUTION	TOPICAL	NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-920	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	08/15/2012	N/A	NDA	1 BOTTLE, WITH APPLICATOR in 1 CARTON (43538-920-90) > 90 mL in 1 BOTTLE, WITH APPLICATOR
+ Synalar	43538-901-12		KIT	TOPICAL	NDA012787	Medimetriks Pharmaceuticals, Inc.	43538-901	Fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	12/15/2012	N/A	NDA	1 KIT in 1 CARTON (43538-901-12) * 255 g in 1 TUBE * 1 TUBE in 1 CARTON > 120 g in 1 TUBE
+ Synalar	43538-910-12	.25 mg/g	OINTMENT	TOPICAL	NDA013960	Medimetriks Pharmaceuticals, Inc.	43538-910	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	09/27/2012	N/A	NDA	1 TUBE in 1 CARTON (43538-910-12) > 120 g in 1 TUBE
+ Synalar	43538-920-99	.1 mg/mL	SOLUTION	TOPICAL	NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-920	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	08/15/2012	N/A	NDA	1 BOTTLE, WITH APPLICATOR in 1 CARTON (43538-920-99) > 13 mL in 1 BOTTLE, WITH APPLICATOR
+ Synalar	43538-900-99	.25 mg/g	CREAM	TOPICAL	NDA012787	Medimetriks Pharmaceuticals, Inc.	43538-900	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	09/27/2012	N/A	NDA	6 TUBE in 1 CARTON (43538-900-99) > 3 g in 1 TUBE
+ Synalar TS	43538-921-90		KIT		NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-921	fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	08/15/2012	N/A	NDA	1 KIT in 1 CARTON (43538-921-90) * 1 BOTTLE, WITH APPLICATOR in 1 CARTON > 90 mL in 1 BOTTLE, WITH APPLICATOR * 454 g in 1 BOTTLE, PUMP

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
+ Synalar TS	43538-921-60		KIT		NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-921	fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	08/15/2012	N/A	NDA	1 KIT in 1 CARTON (43538-921-60) * 60 mL in 1 BOTTLE, WITH APPLICATOR * 454 g in 1 BOTTLE, PUMP

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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)

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Establishment Registration & Device Listing

1 result found for **Establishment Registration or FEI Number :** *3008297643*

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Page Last Updated: 05/11/2020

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U.S. Food and Drug Administration
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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. 810005342

Application/License No. _____

Medimetriks Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 383 US Highway 46, Fairfield, New Jersey 07004-2473 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, 31st Floor, New York, NY 10004 (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 June 02, 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 June, 20 20.

APPLICANT/PRINCIPAL
Medimetriks Pharmaceuticals, Inc.

Authorized Representative

SURETY COMPANY
Atlantic Specialty Insurance Company

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

Countersigned by:

Nevada Resident Agent

OneBeacon

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Robyn Rost, Raymond C. Carman, Theresa A. Lanfranco, Kim Spinello, Dan E. Ries, Denese Thompson, Marlena Brower, Jessica J. Bentley, Laura L Brown,** each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-ninth day of April, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

MANDALY ANN LAMERE
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2023

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 3rd day of June, 2019

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2023

_____
Christopher V. Jerry, Secretary

OneBeacon
INSURANCE GROUP

Atlantic Specialty Insurance Company

Period Ended 12/31/2019

Dollars displayed in thousands

Admitted Assets	
Investments:	
Bonds	$ 1,219,332
Preferred Stocks	-
Common Stocks	791,167
Mortgage Loans	-
Real Estate	-
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	62,383
Other Investments	17,350
Total Cash & Investments	2,090,232
Premiums and Considerations Due	261,176
Reinsurance Recoverable	51,892
Receivable from Parent, Subsidiary or Affiliates	21,005
All Other Admitted Assets	59,800
Total Admitted Assets	2,484,105

Liabilities and Surplus	
Liabilities	
Loss Reserves	$ 750,516
Loss Adjustment Expense Reserves	243,193
Total Loss & LAE Reserves	993,709
Unearned Premium Reserve	520,053
Total Reinsurance Liabilities	17,061
Commissions, Other Expenses, and Taxes due	40,497
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	165,932
Total Liabilities	1,737,252
Capital and Surplus	
Common Capital Stock	9,001
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	49,392
Other including Gross Contributed	688,460
Capital & Surplus	746,853
Total Liabilities and C&S	2,484,105

State of Minnesota
County of Hennepin

I, Christopher Jerry, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2019, according to the best of my information, knowledge and belief.

Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 27th day of February, 2020.

Notary Public

SHANNON MARIE LAUBY-WOLF
Notary Public
Minnesota
My Commission Expires
Jan 31, 2025

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. 810005342

Application/License No. _____

Medimetriks Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 383 US Highway 46, Fairfield, New Jersey 07004-2473 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, 31st Floor, New York, NY 10004 (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 June 02, 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.

Mark I. Sedar

From: Michelle Aquino)@medimetriks.com>
Sent: Thursday, June 18, 2020 5:50 AM
To: Mark I. Sedar
Subject: RE: Check

Hi Mark,

Mr. Goldstein (Alan) is our HR/Corporate lawyer. Alan is considered the company's Designated Representative/Corporate Officer and he is the company representative on all of our official State Licensing applications. Alan is usually in the office every day except Fridays, but he is available 24/7 by mobile # 917-763-9820. Alan has been with the company since its inception. He has access to any and all information pertaining to day to day operations, contracts, Quality Agreements with our CMO's & 3PL and personnel among many other things. Please keep in mind we are a small operation and up until this whole debacle with our application occurred, I could state with confidence that we were efficient...LOL.

Our 3PL, Eversana (formerly DDN) handles all distribution of our products and they are VAWD accredited. We are seeking licensure so we can have a Sales Representative in state and ship Rx samples to their in state storage unit. I've found our business model (Virtual Manufacturer) is not recognized in many states and we are usually classified as a Wholesale Distributor. Please feel free to call Alan, he will be happy to answer any questions. And we will supply you with any documentation you request.

Thank you again.

Have a great day,

Michelle Aquino
Regulatory Affairs & Quality Assurance Associate
Medimetriks Pharmaceuticals, Inc.
383 Route 46 West
Fairfield, NJ 07004

Office- 973-882-7512, ext. 520
Fax-973-882-7502
Mobile-862-432-7846

www.medimetriks.com

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From: Mark I. Sedar [redacted]r@pharmacy.nv.gov]
Sent: Wednesday, June 17, 2020 7:20 PM
To: Michelle Aquinc [redacted]medimetriks.com>
Subject: Check

Hi Michelle, the check showed up this afternoon. I still have one item that the board will potentially question. The experience of Mr. Goldstein listed as Facility Manager, from his resume does not match our required regulations. Although he may have the qualifications highlighted below, it would be best to get additional information verifying such. You are also welcome to submit a new person in place of Mr. Goldstein if he or she has the required qualifications.

NAC 639.5935 Representative of wholesaler: General requirements; exceptions; approval; enforcement. (NRS 639.070, 639.100)

1. Except as otherwise provided in this subsection, an applicant for a license, or a licensee with a license, to operate as a wholesaler shall designate at least one natural person to serve as the representative of the wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a wholesaler pursuant to this section unless the Executive Secretary determines that the designated natural person meets the qualifications set forth in subsection 2 and approves that natural person to be the designated representative of the wholesaler. The requirement to designate a representative set forth in this subsection does not apply to:
   (a) An applicant that is a publicly traded corporation; or
   (b) An applicant in which a majority interest of the applicant is owned by a pharmacist who is:
      (1) Licensed by the Board;
      (2) A resident of this State; and
      (3) Not an owner of any interest in a pharmacy licensed by the Board.
2. Except as otherwise provided in subsection 3, the Board will approve a natural person as the representative of a wholesaler if the applicant for a license to operate as a wholesaler or the licensee presents proof satisfactory to the Executive Secretary that the natural person:
   (a) Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping relating to, prescription drugs;

Thank you,

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

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

4X

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: Pharmacosmos Therapeutics Inc.

Physical Address: 776 Mountain Boulevard, Suite 101B

City: Watchung State: NJ Zip Code: 07069

Telephone Number: 908-769-7100 Fax Number: N/A

Toll Free Number: N/A

E-mail: PTIDR@pharmacosmos.com Website: www.pharmacosmos.com

Facility Manager: Thomas A. Halvorson

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, Nursing Home Pharmacies and 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:
☐ 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 (pending)

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.

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

Michael Ryde
Print Name of Authorized Person

12/20 2019
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: Pharmacosmos A/S

Mailing Address: 776 Mountain Boulevard, Suite 101B

City: Watchung State: NJ Zip: 07069

Telephone: 908-769-7100 Fax: N/A

Contact Person: Thomas A. Halvorson

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

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

a) Pharmacosmos Therapeutics Inc., Roervangsvej 30, DK-4300 Denmark
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. 1000

3) What was the price paid per share? $0.10

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

Attachment A

Regarding the Resident State License and Online Verification

An application is currently pending with the resident state licensing agency, the New Jersey Department of Health (Department). The Department no longer completes license verification forms. Upon issuance, a copy of the resident state license and online license verification will be provided to your office.



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738679

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: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

776 MOUNTAIN BLVD, STE 101B WATCHUNG, NJ 07069-

Reg. No.
5005723

PHARMACOSMOS THERAPEUTICS INC.
776 MOUNTAIN BLVD, STE 101B
WATCHUNG, NJ 07069-

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

0738679

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: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

776 MOUNTAIN BLVD, STE 101B WATCHUNG, NJ 07069-

Reg. No.
5005723

PHARMACOSMOS THERAPEUTICS INC.
776 MOUNTAIN BLVD, STE 101B
WATCHUNG, NJ 07069-

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

EXPIRES: January 31, 2021

Establishment Copy

Attachment B

Facility Manager's Resume

Thomas A. Halvorson
Ivy Lane
Hillsborough, N.
Cel
E-mail: @aol.com

CAREER SUMMARY

Executive with considerable experience in managing cross-functional teams in pre-launch, launch and mature phases of product life cycles, including traditional and managed care market segments. Success in building business' including launching numerous brand and generic products in the pharmaceutical industry. Responsibilities included direct pharmaceutical sales, Managed Care Contracting, Distribution planning and profit and loss.

PHARMACEUTICAL BUSINESS EXPERIENCE

Pharmacosmos Therapeutics Inc
US-Operations Manager/Designated Representative

Responsible for being the primary contact person, for the wholesale distributor, to receive correspondence from respective states for purposes of registration of the company.

Halvorson Pharmaceutical Consulting Services -

Provides support for pharmaceutical company marketing, sales, managed care/Access and distribution needs, excluding acting as a Designated Representative for other than Pharmacosmos.

Watson/Actavis/Allergan Pharmaceuticals March
Executive Director
Cranbury, New Jersey
Urology/Women's Health
Nephrology IV Iron Business

Overall responsibility for profit and loss for the respective business segments. Responsibility for approving all managed care contracts, directing sales force to achieve strategic objectives and business planning. Responsibilities also included directing the plan for distribution and sales of existing and new pharmaceutical products.

Natrel Communications Advertising Agency
Parsippany, NJ
Vice President

Responsible for the account management of a diabetes and ocular business.

TaroPharma Pharmaceuticals, Inc.
Director of Marketing

Built sales and marketing organization for the Dermatology business segment.

Carter Wallace Laboratories, (acquired by MedPointe, Inc. in 2001 and resold to Meta Pharmaceuticals)
Cranbury, NJ
Vice President prescription products division

Responsibility for sales and profit for the Prescription product division. This included strategic direction of the sales and managed care business segments, all marketing responsibilities in the launch of various pharmaceutical products and direction of the sales force to achieve respective brand objectives.

PRIOR EXPERIENCE:

Previous experience at **ORTHO PHARMACEUTICALS (division of Johnson and Johnson)** included sales, sales management, training and development, new product development and product management.

EDUCATION

Dartmouth College, Amos Tuck School of Business Administration - Executive Program
University of Minnesota – Certificate in Business
University of Minnesota – BA Liberal Arts

PROFESSIONAL ASSOCIATIONS:

Kidney Care Partners Board of Directors
American Pediatric Nephrology Association Corporate Liaison Board of Directors

THERAPEUTIC CATEGORIES

Experienced in the following therapeutic categories: Urology; Women's Health; Nephrology/Dialysis; Oncology; Cardiovascular disease; respiratory disease; diabetes, anticonvulsants; antiepileptics; sedative/hypnotics; muscle relaxants; Systemic and topical dermatologics; Ocular disease; Otic preparations.

Attachment C

Regarding the FDA Registration

Please note that FDA labeler code registration is currently pending. Upon receipt, proof of registration will be provided to your office.



Subject: FW: Labeler Request Received - Pharmacosmos Therapeutics Inc. - 117344166

Importance: High

From: CDER Electronic Drug Registration and Listing < fda.hhs.gov>
Sent: Monday, February 3, 2020 9:09 AM
To: Ruth Andersen pharmacosmos.com>; Pharmacosmos Therapeutics Inc - Regulatory Affairs pharmacosmos.com>
Subject: RE: Labeler Request Received - Pharmacosmos Therapeutics Inc. - 117344166

Hello, below is another copy of the email we sent:

eDRLS - Electronic Drug Registration & Listing System

Verified 2/1/2020 MS

Current Date: 28-JAN-2020
Labeler DUNS: 117344166
Labeler Name: Pharmacosmos Therapeutics Inc.
Labeler Code: 73594

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.

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).

From: Ruth Andersen <ra@pharmacosmos.com>
Sent: Monday, February 03, 2020 3:08 AM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>; Pharmacosmos Therapeutics Inc - Regulatory Affairs <ptira@pharmacosmos.com>
Subject: RE: Labeler Request Received - Pharmacosmos Therapeutics Inc. - 117344166

Dear Sir/Madam

When can we expect to receive the labeler code? Sorry to push.

ational Drug Code Directory

ARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

WEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

NKEDIN (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)

N 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) +

MAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

nt through June 01, 2020

ve searched Finished drug products

Results: *'73594'*

o Search Page () | Search Again ()

V Excel

y 50 records per page

Search for text in the table:

prietary ne	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
Monoferric	73594-9301-2	100 mg/mL	SOLUTION	INTRAVENOUS	NDA208171	Pharmacosmos Therapeutics Inc.	73594-9301	Ferric derisomaltose	FERRIC DERISOMALTOSE	HUMAN PRESCRIPTION DRUG	01/16/2020	N/A	NDA	5 VIAL in 1 BOX (73594-9301-2) > 1 mL in 1 VIAL (73594-9301-3)	N/A
Monoferric	73594-9305-1	500 mg/5mL	SOLUTION	INTRAVENOUS	NDA208171	Pharmacosmos Therapeutics Inc.	73594-9305	Ferric derisomaltose	FERRIC DERISOMALTOSE	HUMAN PRESCRIPTION DRUG	01/16/2020	N/A	NDA	1 VIAL in 1 BOX (73594-9305-1) > 5 mL in 1 VIAL	N/A
Monoferric	73594-9310-1	1000 mg/10mL	SOLUTION	INTRAVENOUS	NDA208171	Pharmacosmos Therapeutics Inc.	73594-9310	Ferric derisomaltose	FERRIC DERISOMALTOSE	HUMAN PRESCRIPTION DRUG	01/16/2020	N/A	NDA	1 VIAL in 1 BOX (73594-9310-1) > 10 mL in 1 VIAL	N/A

g 1 to 3 of 3 entries

Previous 1 Next

ground Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

Verified MS 6/1/2020 6/1/2020 7:10 AM

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)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Pharmacosmos**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Pharmacosmos A/S	3002807874	309706968	MANUFACTURE;	Roervangsvej 30, Holbaek, 4300, Denmark (DNK)	12/31/2020

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Tuesday, Mar 3, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Attachment D

Nature of Business

Pharmacosmos Therapeutics Inc. (Pharmacosmos) is a virtual manufacturer of prescription drugs. Pharmacosmos will initially sell MonoFerric, an injection for the treatment of iron deficiency anemia. The company will not handle prescription drugs at its Watchung, NJ business office. Third parties will be used to manufacture and distribute Pharmacosmos' product. Provided below are the third parties that will be used to manufacture the product. The company has not yet signed an agreement with a third party logistics provider.

Contract Manufacturers:

Wasserburger Arzneimittelwerk GmbH
Herderstrasse
Wasserburg
Germany
FDA Establishment #:

Solupharm Pharmazeutische Erzeugnisse GmbH
Industriestrasse
Melsungen
Germany
FDA Establishment #:

Attachment E

Corporate Officer and Director Information

Pharmacosmos Therapeutics Inc.
776 Mountain Boulevard, Suite 101B
Watchung, NJ 07069

Corporate Officers:

Michael F. Ryde
Chief Executive Officer

Joshua B. Franklin
Chief Commercial Officer

Director:

Robert Guglielmetti

All the corporate officers and director may be reached at the above address.

Attachment F

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACOSMOS THERAPEUTICS 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 TWELFTH DAY OF FEBRUARY, 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 "PHARMACOSMOS THERAPEUTICS INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7517957 8300

SR# 20201037246

Authentication: 202372591

Date: 02-12-20

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACOSMOS THERAPEUTICS 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 TWELFTH DAY OF FEBRUARY, 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 "PHARMACOSMOS THERAPEUTICS INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

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Jeffrey W. Bullock, Secretary of State

7517957 8300

SR# 20201037246

Authentication: 202372591

Date: 02-12-20

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACOSMOS THERAPEUTICS 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMACOSMOS THERAPEUTICS INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7517957 8300

SR# 20197617734

Authentication: 203821408

Date: 10-18-19

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

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. 810004267

Application/License No. _____

Pharmacosmos Therapeutics Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 776 Mountain Boulevard, Suite 101B, Watchung, NJ 07069 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (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 February 25, 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.

OneBeacon
INSURANCE GROUP

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Michelle Anne McMahon, Donna M Planeta, Joshua Sanford, Aimee R Perondine, Aiza Anderson, Danielle D Johnson, Bethany Stevenson, Tanya Nguyen, Saykham Chanthasone, Rebecca Stevenson, Bryan M. Caneschi,** each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-ninth day of April, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

MANDALY ANN LAMERE
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2023

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 25th day of February, 2020

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2023

_____
Christopher V. Jerry, Secretary

4Y

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: Servier Pharmaceuticals LLC

Physical Address: 200 Pier Four Blvd

City: Boston State: MA Zip Code: 02210

Telephone Number: (312) 909-4678 Fax Number: (845) 544-2481

Toll Free Number: (800) 807-6124

E-mail: SVR@slsny.com Website: www.servier.us

Facility Manager: ~~Michael J. Bolton~~ Bob Paglia - MS 6/22/20

Professional qualifications and experience of facility manager: Manages and directs US legal function.
Supports governance and manager leadership for corporate entity. Structures Servier start-up processes, policies, systems, and applications to ensure efficiency and reduce legal risk.

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: 72694 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: Exelead Bio Pharma
Address: 6925 Guion Road, Indianapolis, IN 46268

Name: Lonza Biologics
Address: Rottenstrasse 6, 3930 Visp, Switzerland

Name: Ipsen Biosciences, Inc.
Address: One Kendall Square, Cambridge, MA 02129

Name:
Address:

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

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

_____

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

David King Lee _____ 11/11/19 _____

Print Name of Authorized Person Date

Board Use Only	Date Processed: _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Servier US, Inc

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) Servier US, Inc (100% owner) 200 Pier Four Blvd., Boston, MA 02110
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- 100% Owned by Servier US, Inc.

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.

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)
PRINT

Current through January 06, 2020

You have searched Finished drug products

Search Results: '72694'

Back to Search Page () | Search Again ()

CSV

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
asparlas	72694-515-01	750 U/mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761102	Servier Pharmaceuticals LLC	72694-515	calaspargase pegol	CALASPARGASE PEGOL	HUMAN PRESCRIPTION DRUG	09/27/2019	N/A
ONCASPAR	72694-954-01	750 [IU]/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	BLA103411	Servier Pharmaceuticals	72694-954	Pegaspargase	PEGASPARGASE	HUMAN PRESCRIPTION DRUG	01/02/2020	N/A

Showing 1 to 2 of 2 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/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

Verified
MS
5/6/20

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) PRINT

Current through May 06, 2020

You have searched Finished drug products

Search Results: *'72694'*

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
asparlas	72694-515-01	750 U/mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761102	Servier Pharmaceuticals LLC	72694-515	calaspargase pegol	CALASPARGASE PEGOL	HUMAN PRESCRIPTION DRUG	09/27/2019	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (72694-515-01) > 5 mL in 1 VIAL, SINGLE-USE
ONCASPAR	72694-954-01	750 [iU]/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	BLA103411	Servier Pharmaceuticals	72694-954	Pegaspargase	PEGASPARGASE	HUMAN PRESCRIPTION DRUG	01/02/2020	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (72694-954-01) > 5 mL in 1 VIAL, SINGLE-USE

Showing 1 to 2 of 2 entries Previous 1 Next

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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

Servier Pharmaceuticals LLC

Corporate Address: 200 Pier Four Blvd, Boston, MA 02210 USA
FEIN: 37-1897970

servier.us

Drug Labeler Code: 72694
Incorporation State: DE
Incorporation Date: 04/13/2018

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BOS	200 Pier Four Blvd Boston, MA 02210 County: Suffolk	N/A	N/A - No CS	116608503	No	(312) 909-4678	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Michael J. Bolton	114 Appleton Street Boston, MA 02116	General Counsel US	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Servier US, Inc	200 Pier Four Blvd Boston, MA 02110		100%	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
David King Lee	396 Chestnut Street West Newton, MA 02465	Chief Executive Officer	No
Donna C. Vieraitis	40 Battery Street #501 Boston, MA 02109	Vice President of Human Resources	No
Deniz Razon	7 Philbrook Terrace Lexington, MA 02421	Vice President, Head of Commercial	No
Bartholomeus A. van Rhijn	153 Lake Street Sherborn, MA 01770	Treasurer	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
InCorp

3PLS

Name	Address	Title	Prescribing Authority
RXC ACQUISITION COMPANY dba RxCrossroads 3PL LLC	5101 JEFF COMMERCE DRIVE LOUISVILLE, KY 40219		

Company Particulars

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVIER 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 JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVIER PHARMACEUTICALS LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2018.

Jeffrey W. Bullock, Secretary of State

Authentication: 203035013

Date: 06-02-20

6843531 8300

SR# 20205439135

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

Good Standing (Incorp State)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVIER 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 FIFTH DAY OF DECEMBER, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

6843531 8300

SR# 20198449089

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

Authentication: 204147928

Date: 12-05-19

HOME STATE GOOD STAND

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

January 7, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Foreign Limited Liability Company was filed in this office by

SERVIER PHARMACEUTICALS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 29, 2018**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **DOMINIQUE BRISSY, DAVID LEE**

I further certify that the name of persons authorized to act with respect to real property instruments listed in the most recent filings are: **MICHAEL BOLTON**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:KMT

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

January 10, 2020

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To whom it may concern:

Please be advised that **Servier Pharmaceuticals LLC (MA0000086)**, located at **200 Pier Four Boulevard, Boston MA, 02210** has an active MCSR as a Drug Distributor and is in good standing. The current registration has an issue date of **07/30/2019** and expires on **07/30/2020**. This Facility was last Reviewed by the Drug Control Program on **07/30/2019** and has met all of the requirments for the Drug Distrubtor 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

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
MA0000086	07/30/2019	07/30/2020	Virtual Drug Manufacturers and Distributors

ISSUED TO

SERVIER PHARMACEUTICALS, LLC
200 PIER FOUR BOULEVARD
BOSTON, MA 02210
ATTN: DAVID LEE CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

802149

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000086	07/30/2019	07/30/2020	Virtual Drug Manufacturers and Distributors

ISSUED TO

SERVIER PHARMACEUTICALS, LLC
200 PIER FOUR BOULEVARD
BOSTON, MA 02210
ATTN: DAVID LEE CHIEF EXECUTIVE OFFICER

NEW

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
MA0000086	07/30/2019	07/30/2020	Virtual Drug Manufacturers and Distributors

ISSUED TO SERVIER PHARMACEUTICALS, LLC
200 PIER FOUR BOULEVARD
BOSTON, MA 02210
ATTN: DAVID LEE CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW

802149

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. 83BSBIH4048

Application/License No. _____

SERVIER PHARMACEUTICALS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 200 Pier Four Blvd, Boston, MA 02210 (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 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 February 24, 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.

83BSBIH4048

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 24th day of February, 2020.

APPLICANT/PRINCIPAL

SERVIER PHARMACEUTICALS, LLC

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Derek J. Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness 2/24/2020

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

Lina M. Terranova
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires September 25, 2026

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: AON RISK SERVICES CENTRAL INC
Agency Code: 83-511334

- [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
Derek J. Elston

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. 83BSBIH4048
Naming SERVIER 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 February 24, 2020.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF WILL

On this 24th day of February, 2020, before me, Paul M Allen, a Notary Public, within and for said County and State, personally appeared Derek J. Elston to me personally known to be the Attorney-in-Fact of and for Hartford Fire Insurance Company and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois
County of Will

OFFICIAL SEAL
PAUL M ALLEN
NOTARY PUBLIC, STATE OF ILLINOIS
WILL COUNTY
MY COMMISSION EXPIRES 07/06/2022

Robert G. Paglia, RPh, MBA

www.linkedin.com/in/robert-paglia

Pricing and Market Access Executive

Biopharmaceutical executive who enhances the global value of products with substantial pricing, market access, and strategic consulting expertise. Significant experience in oncology, hematology, immunology and non-alcoholic steatohepatitis (NASH): Thought leader with numerous industry presentations and publications.

- Head US Market Access for a biotechnology start-up, Servier Pharmaceuticals US, that focuses on oncology and rare diseases
- Led US and global pricing and market access consulting teams of 30+ experts in the launch and life-cycle management (LCM) of several immunology and oncology agents, for numerous biopharmaceutical companies
- Have established payer contacts in US, Canada, UK, Spain, Germany, and France
- Supported the launch of 30+ brands, and life cycle management of 80+ brands
- Developed US and global value propositions, payer messages, HEOR strategies and models

Professional Experience

Oncology/Hematology Launch and LCM Experience (Selected Examples)

Global and US Pricing & Market Access – Value Strategy

- Immuno-oncology
  - Checkpoint inhibitors (PD-L1)
    - Bavencio (avelumab) (Pfizer/EMD)
      - Non small-cell lung cancer (NSCLC)
      - Merkel cell carcinoma
    - Tecentriq (atezoluizumab), Genentech
  - Tumor Suppressive Immunotherapy
    - Interleukin-24 based therapy (NSCLC)
  - T-cell Costimulators
    - PTX-25 (Pelican Therapeutics)

Oncology/Hematology Therapy Areas (Selected)

- Acute Lymphoblastic Leukemia (ALL)
  - Besponsa, Pfizer
  - Oncaspar, Servier
  - Asparlas, Servier
- Acute Myeloid Leukemia (AML)

        - Glasdegib, Pfizer
    - NTRK+ Solid Tumors
        - Entrectinib, Roche
    - Non small-cell lung cancer (NSCLC)
        - Iressa (gefatinib) MedImmunce/AstraZeneca
        - AZD 9291 MedImmune/AstraZeneca
        - MEDI 4736 (PD-L1) MedImmune/AstraZeneca
    - Ovarian cancer
        - Lynparza (olaparib) MedImmune/AstraZeneca
    - Multiple Myeloma
        - MT-4019ND Molecular Templates
        - Velcade (bortezomib) Takeda Oncology
        - Ixazomib Takeda Oncology
    - Chronic Lymphocytic Leukemia (CLL) and indolent Non-Hodgkin Lymphoma (iNHL)
        - Teanda (bendamustine HCl) Teva Pharmaceuticals

Immunology Experience

Payer Strategy – Market Research – Value Development

- Multiple Sclerosis
    - Ocrevus (ocrelizumab)
- Rheumatoid Arthritis
    - Fostamatinib (AstraZeneca-global)
    - Enbrel (etanercept) Amgen/Pfizer
    - Cimzia (certolizumab) UCB Pharma
- Crohn's Disease
    - Cimzia (certolizumab) UCB Pharma
    - Entyvio (vedolizumab) Takeda
- Ulcerative Colitis
    - Entyvio (vedolizumab) Takeda
- Psoriasis
    - Ixekizumab (Lilly)
- Respiratory Syncitial Virus
- Synagis (palivizumab) AstraZeneca

Original immunology-payer research and thought leadership (See more at end of resume)

- *How will payers manage the cost of new, advanced biologic and oncologic agents as therapy areas become crowded with drugs with similar mechanisms of action?*
    - Awarded a podium presentation at ISPOR-EU, and published in *Value in Health*, Nov 2017

Employment Experience

January 2019 – Present **Servier Pharmaceuticals US, Boston, MA**

Head of US Market Access

- Responsible for all aspects of headquarter-based pricing, contracting, market access strategy, government pricing and contracting, Federal and State healthcare policy, channel strategy and field-based account management/customer engagement
- Led the pricing and market access launch of Asparlas, Servier's biologic for pediatric ALL
- Led the pricing and market access strategy for Servier's asparaginase portfolio of drugs
- Established the pricing strategy, payer value platform, launch tactics and HEOR strategy for Asparlas
- Led all aspects of Trade and Distribution, from establishing the Department to executing contracts, training distributors and communicating with customers and field sales representatives strategy
- Member of Compliance and Ethics Committees
- Led healtheconomics and outcomes research (HEOR) and real-world evidence (RWE) functions
  - Conceptualized, planned, executed and published multiple HEOR/RWE studies and models
- Collaborated with Global Corporate Development on the acquisition of late-stage assets, potential opportunities for drug licensure and company acquisition
- Integrated market access strategy with Commercial, Medical, Regulatory, Field Sales, and Finance

2017-2018 **Consulting at McCann Health (**formerly Double Helix Consulting**), NY, NY**

June 2017: Managing Director, Head US Practice and Global Pricing and Market Access

- Promoted to Head of Global Pricing and Market Access consulting
- Led a team of 30+ consultants in 4 offices, in UK and US
- Conducted numerous thought leadership studies in US and global markets. Published in peer-reviewed journals and awarded podium presentations at ISPOR-EU (2017) and ISPOR-Asia (2018)

March 2017: Managing Director, Pricing and Market Access

- Hired as individual contributor in Pricing and Market Access practice and quickly promoted to head of global practice head
- Demonstrated leadership ability with business development, practice leadership and industry thought leadership
- Established and expanded global launch strategy engagements with key biopharma clients in the US, EU and Asia

2015-2016 **ICON (**formerly **PriceSpective), North Wales, PA**

US Practice Lead, Global Pricing & Market Access

- Led a team of 40 consultants in 5 offices, in US and global
  - Global pricing and contracting research/strategy
  - Global market access and reimbursement strategy
  - Global value development
  - Asset valuation

- Responsible for P&L of US consulting practice, leading Business Development and Project Delivery Teams
  - Engaged clients through integration with ICON divisions including Healtheconomics, Epidemiology, Market Access/Payer Communications, and as a member of ICON's Biosimilar Expert Panel

2013-2015 **Entrée Health Princeton, a division of Omnicom Princeton, NJ**

Senior Vice President, Payer Strategy Development

- Led all aspects of Payer Marketing Strategy, Value Proposition Development, Market Research, and Project Delivery with regard to payers

2011-2013 **PAREXEL International Waltham, MA**

Vice President, Commercialization

- Divisional Vice President of global healthcare consulting practice
- Responsible for divisional P&L and management of consultants in US and EU
- Led global payer strategy teams in pricing, value demonstration, market access, and HEOR
- Industry thought-leadership included presentations and publications at ISPOR, Evidence Expo, Webinars, regional seminars, and presentation to Government of South Korea's Drug Development Fund

2008-2011 **Beacon Healthcare Communications, Bedminster, NJ**

Managing Director, Managed Markets

- Divisional head of market-access and strategy organization
- Responsible for divisional P&L, management of 10 consultants and a multifunctional team of 30
- Led Strategic Planning for multiple biopharmaceutical agents
- Developed loss-of-exclusivity strategy for 2 leading brands
- Initiated HEOR strategy and models for product launches

2006-2008 **Sudler & Hennessey, a WPP Company, New York, NY**

Executive VP-Managing Director, Managed Markets

- Responsible for leading all managed markets strategic and tactical initiatives at Sudler & Hennessey.
- Expanded client base and capabilities to include payer strategy, market-research, healtheconomics, disease management, medical education, and interactive communications

1995–2006 **Evolution Health Initiatives, Princeton, NJ**

President and Co-owner

- Developed a joint-venture with Publicis Healthcare Group to establish this market access consulting and payer communications company
- Responsible for P&L and staff of 65+ market access consultants and creatives

- Grew from one person to the largest market access firm in the US
- Established Network of payer stakeholders for conducting market research and strategic initiatives
- Developed strategies and tactics for pharmaceutical products in a broad range of therapeutic areas
- Contributed to the launch and life-cycle management of 50+ biopharmaceutical products
- Led value programs, pricing research, strategy development and tactical implementation

RELEVANT HEALTHCARE MARKETING EXPERIENCE

- **Product Manager, Janssen Pharmaceutica, a division of Johnson and Johnson**
- **Pharmaceutical field and hospital sales, Bristol-Myers Squibb and Purdue Pharma**

Education

Bachelors of Science in Pharmacy	**Rutgers College of Pharmacy, Piscataway, NJ**
▪ Registered Pharmacist in New Jersey	
MBA in Marketing	**Fairleigh Dickinson University, Madison, NJ**
HEOR Training	**University of Arizona College of Pharmacy, Tucson, AZ**
International Business Management	**University College, Dublin, Ireland**

Thought Leadership-Presentations and Publications

Recent Presentations

THE INTRODUCTION OF HEALTH TECHNOLOGY ASSESSMENT IN JAPAN; LESSONS LEARNED FROM THREE OTHER NEW HTA MARKETS (BRAZIL, POLAND AND SOUTH KOREA). Awarded podium presentation at ISPOR-Asia (Tokyo, Japan, Aug 2018). Research-study finalist. Published in *Value in Health,* Sept 2018

HOW WILL PAYERS MANAGE THE COST OF NEW, ADVANCED BIOLOGIC AND ONCOLOGIC AGENTS AS THERAPY AREAS BECOME CROWDED WITH DRUGS WITH SIMILAR MECHANISMS OF ACTION? Awarded podium presentation at ISPOR-EU (Glasgow, Scotland, Nov 2017). Research-study finalist. Published in *Value in Health*, Nov 2017

Rutgers University Business School, Department of Pharmaceutical Management
Guest Lecturer on Global Pricing and Market Access, September 2017, 2018 and 2019

Integrating Payer Strategy Throughout Product Development to Maximize Commercial Success. Korean Drug Development Fund (an institution of the South Korean Government). June 2013, Seoul, South Korea

Critical Success Factors for Access and Reimbursement of Oncology Drugs in China. Health Network Evidence Expo, London, UK, February 2013.

Essential Insights to Ensure Your Drug Development Plan Achieves Clinical and Commercial Success. PAREXEL Symposium, April, 2012, Copenhagen, Denmark and Stockholm, Sweden

Practical Solutions and Strategies for Commercial Success through Utilizing Health Outcomes Data. ISPOR 17th Annual International Meeting, Washington, DC, June, 2012

Imperatives for Commercial Success In Global Biopharmaceutical Markets. PAREXEL International Webinar, December, 2012.

Recent Publications

HOW WILL PAYERS MANAGE THE HIGH COST OF COMBINATIONS OF NEW BIOLOGIC AND ONCOLOGICY AGENTS, AS MANY OF THESE THERAPIES BECOME THE PREFERRED TREATMENT OPTIONS TO OPTIMIZE PATIENT OUTCOMES? Poster ISPOR-US and publication, *Value in Health*, April 2018

WHAT IS THE FUTURE OF USING OUTCOMES-BASED CONTRACTS BETWEEN PAYERS AND PHARMACEUTICAL MANUFACTURERS TO GAIN MARKET ACCESS FOR ADVANCED ONCOLOGIC AND BIOLOGIC AGENTS? Poster ISPOR-US and publication, *Value in Health*, April 2018

THE GROWING NUMBER OF HIGH-COST ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS) POSE UNPRECEDENTED PRICING AND FUNDING CHALLENGES TO CURRENT MODELS OF HEALTHCARE Poster ISPOR-US and publication, *Value in Health*, April 2018

WHAT IS THE FUTURE OF INDICATION-BASED PRICING AND CONTRACTING (IBPC) FOR MARKET ACCESS OF NEW ONCOLOGIC AND BIOLOGIC AGENTS IN MAJOR GLOBAL MARKETS? Poster ISPOR-US and publication, *Value in Health*, April 2018

ACHIEVING FORMULARY (DRUG LIST) ACCESS AND UTILIZATION OF ONCOLOGY DRUGS IN CHINA. Poster ISPOR-US and publication in *Value in Health*, May 2013

THE IMPACT OF PRICING METHODOLOGIES ON COMMUNITY ACQUIRED PNEUMONIA (CAP) DRUGS IN BRAZIL. Poster ISPOR-US and publication in *Value in Health*, May 2013

GAINING A PRODUCT ORPHAN DESIGNATION IS NOT INDICATIVE OF IMPROVED MARKET ACCESS SUCCESS IN EUROPEAN COUNTRIES. Poster ISPOR and publication in *Value in Health*, May 2013

Professional Membership

International Society of Pharmacoeconomics and Outcomes Research (ISPOR)-Member

Academy of Managed Care Pharmacy (AMCP)-Member

Delta Sigma Fraternity-Alumnus

Robert Paglia, RPh, MBA

Relevant Pharmacy Experience

1982 Registered Pharmacist, New Jersey

1986-1997 Milltown Pharmacy **Milltown, NJ**

Staff pharmacist and pharmacy manager for this community pharmacy

- Dispensed prescription drugs
- Counseled patients on prescription and non-prescription agents
- Utilized computer-based pharmacy applications for patient prescription record-keeping and evaluating drug interactions
- Utilized electronic applications for ordering and maintaining pharmacy inventory

Total hours approximately 6,600

1982-1986 Central Drug Company **East Rutherford, NJ**

Staff pharmacist and pharmacy manager for this community pharmacy

- Dispensed prescription drugs
- Counseled patients on prescription and non-prescription agents
- Utilized computer-based pharmacy applications for patient prescription record-keeping and evaluating drug interactions
- Utilized electronic applications for ordering and maintaining pharmacy inventory

Total hours approximately 2,400

1979-1982 St. Peter's Medical Center **New Brunswick, NJ**

Hospital Pharmacy Technician

- Compounded sterile and non-sterile prescription pharmaceuticals
- Filled prescription orders for inpatient pharmacy
- Utilized computer-based pharmacy applications for patient prescription record-keeping and evaluating drug interactions
- Utilized electronic applications for ordering and maintaining pharmacy inventory

Total hours approximately 2,400

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_____

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: RPH PARTNERS, INC dba SAN DIEGO WHOLESALE DISTRIBUTION

Physical Address: 4295 E. JURUPA ST, SUITE 102

City: ONTARIO State: CA. Zip Code: 91761

Telephone Number: 909-687-7005 Fax Number: 909-490-0341

Toll Free Number: N/A

E-mail: tstreck@rphpartners.net Website: rphpartners.net

Facility Manager: Timothy STRECK

Professional qualifications and experience of facility manager: BACHELOR OF SCIENCE AND I AM THE DESIGNATED REPRESENTATIVE IN CHARGE FOR RPH PARTNERS, INC dba SAN DIEGO WHOLESALE DISTRIBUTION FOR THE LAST 4 YEARS. I HAVE BEEN A DESIGNATED REPRESENTATIVE IN CHARGE FOR A TOTAL OF 16 YEARS. I HAVE A HIGH SCHOOL DIPLOMA AND A MY FACILITY EXPERIENCE INCLUDES MANAGING THE DAILY FUNCTIONS OF OUR WHOLESALE BUSINESS WHICH INCLUDES SUPPLY CHAIN, SHIPPING, AND INVENTORY CONTROL. WE ARE A VAWD ACCREDITED FACILITY.

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: TAKEDA PHARMACEUTICALS U.SA., INC
Address: 95 HAYDEN AVENUE, LEXINGTON, MA. 02421

Name: MCKESSON PLASMA&BIOLOGICS
Address: 2615 MEDICAL CENTER PARKWAY, STE 1580, MURFREESBORO, TN. 37129

Name: SANOFI/GENZYME
Address: 50 BINNEY ST., CAMBRIDGE, MA. 02142

Name: MCKESSON MEDICAL-SURGICAL
Address: 16043 EL PRADO AVE, CHINO, CA. 91708

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

PHILLIP K. MONTANO
Print Name of Authorized Person

5.18.2020
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: CALIFORNIA

Parent Company if any: RPH PARTNERS, INC.

Mailing Address: 4295 E. JURUPA ST., SUITE 102,

City: ONTARIO State: CA. Zip: 91761

Telephone: 909-687-7005 Fax: 909-490-0341

Contact Person: TIMOTHY STRECK

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

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

a) PHILLIP R. MONTANO 4295 E. JURUPA ST., SUITE 102, ONTARIO, CA. 91761
Name Business Address

b) BRENDA A. BROWN 4295 E. JURUPA ST., SUITE 102, ONTARIO, CA. 91761
Name Business Address

c) JEFFREY S. GRIFFITH 4295 E. JURUPA ST., SUITE 102, ONTARIO, CA. 91761
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. 1200

3) What was the price paid per share? $55.00

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.

Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION
Apply
Criteria
Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 1 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years
Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
San Diego Wholesale Distribution	4295 E Jurupa St, Ste 102 Ontario, CA 91761	12/18/17

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Verified
MS
6/2/2

NABP ACCREDITED

DRUG DISTRIBUTOR

RPH Partners, Inc dba San Diego Wholesale Distribution

located at

4295 E Jurupa St, Ste 102, Ontario, CA 91761

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

12/18/2017 - 12/17/2020
Period of Accreditation

NEVADA STATE BOARD OF PHARMACY

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

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: RPH PARTNERS, INC dba SAN DIEGO WHOLESALE DISTRIBUTION

Address: 4295 E. JURUPA ST., SUITE 102

City: ONTARIO State: CA. Zip: 91761

I hereby authorize the CALIFORNIA Board of PHARMACY to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way? ☐ Yes ☐ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☐ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☐ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☐ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

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

May 11, 2020

RPH PARTNERS, INC
DBA SAN DIEGO WHOLESALE DISTRIBUTION
4295 E JURUPA SUITE 102
ONTARIO CA 91761

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: RPH PARTNERS, INC
DBA SAN DIEGO WHOLESALE DISTRIBUTION

License Type: WHOLESALER

License Number: WLS 6928

Status: ACTIVE

Issue Date: 06/14/2016

Expiration Date: 06/01/2021

Address of Record: 4295 E JURUPA SUITE 102 ONTARIO CA 91761

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

List of Officers and Directors

Name	Title	Business Address
Phillip R. Montano	Chief Executive Officer	4295 E. Jurupa St.,Suite 102, Ontario, CA. 91761
Brenda A. Brown	Chief Financial Officer	4295 E. Jurupa St.,Suite 102, Ontario, CA. 91761
Jeffrey S. Griffith	Secretary	4295 E. Jurupa St.,Suite 102, Ontario, CA. 91761
Timothy Streck	Director	4295 E. Jurupa St.,Suite 102, Ontario, CA. 91761

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

RPH PARTNERS, INC.

FILE NUMBER:	C3781504
FORMATION DATE:	04/27/2015
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 05, 2020.

ALEX PADILLA
Secretary of State

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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 6928
RECEIPT NO. 00165870

VALID UNTIL JUNE 01, 2021

RPH PARTNERS, INC DBA SAN DIEGO WHOLESALE DISTRIBUTION
4295 E JURUPA SUITE 102
ONTARIO CA 91761

In accordance with the provisions of section 4160 of the Business and Professions Code, th 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, shareholde (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.

04/21/20

04/21/20 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)

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. 4438290

Application/License No. _____

RPH Partners Inc. dba San Diego Wholesale Distr (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4295 E Jurupa St., Suite 102 Ontario, CA 91761 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 3131 Camino Del Rio N, Ste. 1450, San Diego, CA 92108 (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 May 13, 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: **Bond No. 4438290**

(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 26th day of May, 2020.

APPLICANT/PRINCIPAL
RPH Partners Inc. dba San Diego Wholesale Distr

Authorized Representative

SURETY COMPANY
SureTec Insurance Company

Surety Company's Representative

Evan M. DeBow, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POA #: 4438290

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Ron H. Ballard, Gloria S. Becerra, Dave B. Roalkvam, David Melman, Arianne Adair, Jessica Donaghe, Ruth Alonso, Amanda Harvey, Evan M. DeBow, Judy Burton

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Fifty Million and 00/100 Dollars ($50,000,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the CEO, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its CEO, and its corporate seal to be hereto affixed this 17th day of January , A.D. 2019 .

SURETEC INSURANCE COMPANY

By: _____
John Knox Jr., CEO

State of Texas ss:
County of Harris

On this 17th day of January , A.D. 2019 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is CEO of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 26th day of May, 2020, A.D.

M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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.

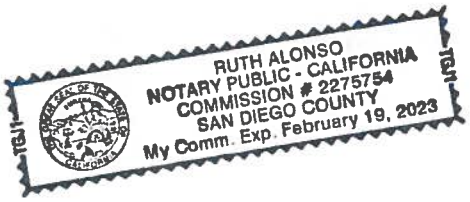
State of California

County of San Diego

On May 26, 2020 before me, Ruth Alonso, Notary Public

personally appeared Evan M. DeBow

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is~~/are~~ subscribed to the within instrument and acknowledged to me that he~~/she/they~~ executed the same in his~~/her/their~~ authorized capacity~~(ies)~~, and that by his~~/her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Ruth Alonso
Signature of Notary

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
- ☐ CORPORATE OFFICER
- ☐ PARTNER(S)
- ☐ MEMBER of LLC
- ☒ ATTORNEY-IN-FACT
- ☐ TRUSTEE(S)
- ☐ GUARDIAN/CONSERVATOR

OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

SureTec Insurance Company

DESCRIPTION OF ATTACHED DOCUMENT

Bond 4438290
Title or Type of Document

_____
Number of Pages

_____
Date of Document

_____
Signer(s) other than named above

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

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)

On 05-29-2020 before me, Ravinder Pal Singh, notary public
Date *Here Insert Name and Title of the Officer*

personally appeared Phillip Rene Montano
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

RAVINDER PAL SINGH
Notary Public - California
Los Angeles County
Commission # 2300173
My Comm. Expires Aug 3, 2023

Signature _____
Signature of Notary Public

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: Bond 4438290
Document Date: 05-29-2020 Number of Pages: 1
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

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Timothy F. Streck

7 Mountain Laurel Drive
Highland, CA 92346

Summary of Qualifications

Varied experience in purchasing, Manufacture negotiations, warehouse operations, customer service, and supervising wholesale distribution of dangerous drugs and devices and renewal of wholesale licensing applications.

Professional Experience

RPH Partners, Inc dba San Diego Wholesale Distribution- Ontario, CA.
3/2016-Present
Supply Chain Manager/Designated Representative In-Charge
Job Duties:
Manage the daily operations of the Wholesale Distribution of Specialty Pharmaceuticals for the purchasing of pharmaceuticals and ancillary items for distribution and product shipping. Monitor inventory records and coordinate the purchasing, receiving, shipping, FedEx tracking, storing of product, and ensure that packing and shipping of orders are processed in a timely manner. Develop a partnership with manufactures, authorized distributors, and other wholesalers, to get the best pricing available for both factor items and ancillary supplies. Manage inventory levels based on company demand for both factor and ancillary items. Maintain adequate shipping supplies to avoid unnecessary delays. Conduct a full physical inventory at least once a year and perform scheduled cycle counts each month to ensure the accuracy of inventory. Process the Wholesale license renewal on an annual basis, apply for out-of-state wholesale licenses as needed, process wholesale license renewals, and every odd year update the Wholesaler Dangerous Drugs & Dangerous Devices Self-Assessment form from the Board of Pharmacy. Review SOP manual annually to see if we can improve our overall operations and processes of the warehouse.

National Cornerstone Healthcare Services, Inc. – Loma Linda, CA.
11/2003 – March/2016
Warehouse Manager/Designated Representative In-Charge
Job Duties:
Manage the daily operations of the wholesale distribution of specialty pharmaceuticals for the purchasing of pharmaceuticals and ancillary items for distribution and product shipping. Monitor and coordinate the receiving and storing of product; ensure that packing and shipping orders are processed timely; manage inventory levels, including performing cycle counts on a monthly basis to ensure accuracy of inventory, and par levels in order to provide the highest level of customer service to minimize loss and maximize revenue; and responsible for the development of activity reports to the manufactures on a monthly basis. Directly supervise warehouse support staff. Monitor wholesale licenses for 34 states, and ensure renewal.

Education:
California State University San Bernardino – Bachelor of Science – 1989

Professional Licenses and Certifications
California Designated Representative License: EXE#17328
Florida Designated Representative Certificate: CDR:10647

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
☐ 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: ADMA Biologics, Inc.

Physical Address: 5800 Park of Commerce Blvd., NW

City: Boca Raton State: FL Zip Code: 33487

Telephone Number: 561 989 5800 Fax Number: 561 989 5801

Toll Free Number: N/A

E-mail: licensing@admabio.com Website: https://www.admabiologics.com/

Facility Manager: Adam Grossman

Professional qualifications and experience of facility manager:
See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ 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
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

Adam Grossman
Print Name of Authorized Person

April 23rd 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: _____

Corporation Name: ADMA Biologics, Inc.

Mailing Address: 5800 Park of Commerce Blvd., NW

City: Boca Raton State: FL Zip: 33487

Telephone: 561-989-5800 Fax: N/A

Contact Person: Adam Grossman

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: 06/02/2006

Registration number issued: 4168997

Stock Exchange: ADMA

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 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.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

ADMA BIOMANUFACTURING, LLC
ADMA BIOMANUFACTURING, LLC
5800 & 5900 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

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

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

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

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

20358 ISSUED: 03/24/2020

PRESCRIPTION DRUG MANUFACTURER
ADMA BIOMANUFACTURING, LLC
ADMA BIOMANUFACTURING, LLC

HAS REGISTERED under the provisions of Ch 499 FS.
Expiration date APR 30, 2022 L2003240000509

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

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

LICENSE NUMBER
20358

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2022

ADMA BIOMANUFACTURING, LLC
ADMA BIOMANUFACTURING, LLC
5800 & 5900 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

ISSUED: 03/24/2020 DISPLAY AS REQUIRED BY LAW SEQ # L2003240000509

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

ADMA BIOMANUFACTURING, LLC
ADMA BIOLOGICS
5800 & 5900 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

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

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

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

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

20358 ISSUED: 04/22/2018

PRESCRIPTION DRUG MANUFACTURER
ADMA BIOMANUFACTURING, LLC
ADMA BIOLOGICS

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date : APR 30, 2020 L1804220000812

DETACH HERE

RICK SCOTT, GOVERNOR JONATHAN ZACHEM, SECRETARY

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

LICENSE NUMBER	
20358	

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2020

ADMA BIOMANUFACTURING, LLC
ADMA BIOLOGICS
5800 & 5900 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

ISSUED: 04/22/2018 DISPLAY AS REQUIRED BY LAW SEQ # L1804220000812

1:49:16 PM 3/4/2020

Licensee Details

Licensee Information

Name:	**ADMA BIOMANUFACTURING, LLC (Primary Name)**
	ADMA BIOMANUFACTURING, LLC (DBA Name)
Main Address:	**5800 & 5900 PARK OF COMMERCE BLVD NW** **BOCA RATON Florida 33487**
County:	**PALM BEACH**
License Mailing:	
LicenseLocation:	**5800 & 5900 PARK OF COMMERCE BLVD NW** **BOCA RATON FL 33487**
County:	**PALM BEACH**

License Information

License Type:	**Prescription Drug Manufacturer**
Rank:	**"Rx Drug Manu"**
License Number:	**20358**
Status:	**Current**
Licensure Date:	**04/20/2018**
Expires:	**04/30/2020**

Special Qualifications	Qualification Effective
Limited Liability Corporation	

Alternate Names

View Related License Information

View License Complaint

The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. Privacy Statement

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Corporate Headquarters
465 Route 17 South
Ramsey, NJ 07446
p 201 478 5552 f 201 478 5553

Florida Campus
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487
p 561 989 5800 f 561 989 5801

List of Officers to include Full Name, Title, and Business Address

ADMA Biologics, Inc.
5800 Park of Commerce Blvd., NW
Boca Raton, FL 33487
Phone: (561)989-5800
Website: https://www.admabiologics.com/
E-mail: Licensing@admabio.com

FEIN:
State of Formation: Delaware
Date Incorporated: 6/2/2006
File Number

ADMA Biologics, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol ADMA.

Adam S. Grossman
Founder, Director, President and Chief Executive Officer
ADMA Biologics, Inc.
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487

Brian Lenz, CPA
Executive Vice President, Chief Financial Officer
ADMA Biologics, Inc.
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487

James Mond, M.D., Ph.D.
Chief Scientific and Medical Officer
ADMA Biologics, Inc.
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487

Description of Operations

ADMA Biologics, Inc. is a Self-Manufacturer. ADMA Biologics, Inc.'s products are manufactured at their facility and will be self-distributed to specialty distributors, specialty pharmacies, physician officers and wholesalers and also distributed by their Third-Party Logistics Provider, Cardinal Health DBA Specialty Pharmaceutical Services , who is licensed to ship pharmaceutical products into your state.

Labeler Code:
69800

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health DBA Specialty Pharmaceutical Services acts as ADMA Biologics, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of ADMA Biologics, Inc.'s product to specialty distributors, specialty pharmacies, physician officers and wholesalers throughout the United States. Cardinal Health DBA Specialty Pharmaceutical Services's address is:

Cardinal Health DBA Specialty Pharmaceutical Services
15 Ingram Bld.
La Verne, TN 37086
Contact: James Moore (615) 287-0468

ADMA Biologics, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

Verified MS 5/21/20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADMA BIOLOGICS, 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 FIFTH DAY OF FEBRUARY, 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 "ADMA BIOLOGICS, INC." WAS INCORPORATED ON THE SECOND DAY OF JUNE, A.D. 2006.

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

Jeffrey W. Bullock, Secretary of State

4168997 8300

SR# 20200842396

Authentication: 202329019

Date: 02-05-20

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

ADMA BIOLOGICS

Corporate Headquarters
465 Route 17 South
Ramsey, NJ 07446
p 201 478 5552 f 201 478 5553

Florida Campus
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487
p 561 989 5800 f 561 989 5801

Current Customers

The below list includes customers who are currently purchasing our finished products, as well as each customer's primary (billing) address.

Customer Name	Address 1	City	State
ABO Pharmaceuticals	7930 Arjons Dr Ste A	San Diego	CA
AmerisourceBergen Corporation	PO Box 247	Thorofare	NJ
ASD Healthcare	PO Box 247	Thorofare	NJ
Besse Medical	PO Box 247	Thorofare	NJ
Biocare Inc DBA Biocare SD	2826 S Potter Dr	Tempe	AZ
Cardinal Health	PO Box 182516	Columbus	OH
Cardinal Health PR 120 Inc	PO Box 366211	San Juan	Puerto Rico
Cardinal Health SPD	PO Box 982246	El Paso	TX
CVS (Caremark, LLC) and Coram CVS Specialty Infusion Services	9501 E Shea Blvd	Scottsdale	AZ
CVS (Caremark, LLC) and Coram CVS Specialty Infusion Services (PA Only)	200 Highland Corporate Dr	Cumberland	RI
FFF Enterprises Inc	44000 Winchester Rd	Temecula	CA
Health Coalition Inc	8320 NW 30th Terrace	Doral	FL
McKesson Corporation	PO Box 4017	Danville	IL
Morris & Dickson	PO Box 51367	Shreveport	LA

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)

Current through March 04, 2020

You have searched Finished drug products

Search Results: *'adma'*

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
ASCENIV	69800-0250-1	5 g/50mL	LIQUID	INTRAVENOUS	BLA125590	ADMA Biologics, Inc.	69800-0250	HUMAN IMMUNOGLOBULIN G	HUMAN IMMUNOGLOBULIN G	HUMAN PRESCRIPTION DRUG
BIVIGAM	59730-6503-1	10 g/100mL	INJECTION, SOLUTION	INTRAVENOUS	BLA125389	ADMA Biologics, Inc	59730-6503	HUMAN IMMUNOGLOBULIN G	HUMAN IMMUNOGLOBULIN G	PLASMA DERIVATIVE
BIVIGAM	59730-6502-1	5 g/50mL	INJECTION, SOLUTION	INTRAVENOUS	BLA125389	ADMA Biologics, Inc	59730-6502	HUMAN IMMUNOGLOBULIN G	HUMAN IMMUNOGLOBULIN G	PLASMA DERIVATIVE
BIVIGAM	69800-6503-1	10 g/100mL	LIQUID	INTRAVENOUS	BLA125389	ADMA Biologics, Inc.	69800-6503	Immune Globulin Intravenous (Human) 10%	HUMAN IMMUNOGLOBULIN G	HUMAN PRESCRIPTION DRUG
BIVIGAM	69800-6502-1	5 g/50mL	LIQUID	INTRAVENOUS	BLA125389	ADMA Biologics, Inc.	69800-6502	Immune Globulin Intravenous (Human) 10%	HUMAN IMMUNOGLOBULIN G	HUMAN PRESCRIPTION DRUG
NABI-HB	59730-4203-1	1560 [iU]/5mL	INJECTION	INTRAMUSCULAR	BLA103945	ADMA Biologics, Inc	59730-4203	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN PRESCRIPTION DRUG
Nabi-HB	69800-4203-1	1560 [iU]/5mL	LIQUID	INTRAMUSCULAR	BLA103945	ADMA Biologics, Inc.	69800-4203	Hepatitis B Immune Globulin (Human)	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN PRESCRIPTION DRUG
Nabi-HB	69800-4202-1	312 [iU]/mL	LIQUID	INTRAMUSCULAR	BLA103945	ADMA Biologics, Inc.	69800-4202	Hepatitis B Immune Globulin (Human)	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN PRESCRIPTION DRUG
NABI-HB	59730-4202-1	312 [iU]/mL	INJECTION	INTRAMUSCULAR	BLA103945	ADMA Biologics, Inc	59730-4202	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN PRESCRIPTION DRUG

Showing 1 to 9 of 9 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/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

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 90549

SCHEDULE 14A

(RULE 14a-101)
INFORMATION REQUIRED IN PROXY STATEMENT
SCHEDULE 14A INFORMATION

Proxy Statement Pursuant to Section 14(a) of the Securities Exchange Act of 1934

Filed by the Registrant ☒
Filed by a Party other than the Registrant ☐

Check the appropriate box:

- ☐ Preliminary Proxy Statement
- ☐ **Confidential, For Use of the Commission Only (as permitted by Rule 14a–6(e)(2))**
- ☒ Definitive Proxy Statement
- ☐ Definitive Additional Materials
- ☐ Soliciting Material under Rule 14a-12

ADMA BIOLOGICS, INC.

(Name of Registrant as Specified in its Charter)
(Name of Person(s) Filing Proxy Statement, if Other Than the Registrant)

Payment of Filing Fee (Check the appropriate box):

- ☒ No fee required.
- ☐ Fee computed on table below per Exchange Act Rules 14a-6(i)(1) and 0-11.
  - (1) Title of each class of securities to which transaction applies:
  - (2) Aggregate number of securities to which transaction applies:
  - (3) Per unit price or other underlying value of transaction computed pursuant to Exchange Act Rule 0-11 (set forth the amount on which the filing fee is calculated and state how it was determined):
  - (4) Proposed maximum aggregate value of transaction.
  - (5) Total fee paid:
- ☐ Fee paid previously with preliminary materials:
- ☐ Check box if any part of the fee is offset as provided by Exchange Act Rule 0-11(a)(2) and identify the filing for which the offsetting fee was paid previously. Identify the previous filing by registration statement number, or the Form or Schedule and the date of its filing.
  - (1) Amount previously paid:
  - (2) Form, Schedule or Registration Statement No.:
  - (3) Filing Party:
  - (4) Date Filed:

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ADMA BIOLOGICS, INC.
465 State Route 17
Ramsey, New Jersey 07446

Dear Stockholder:

You are cordially invited to the annual meeting of stockholders (the "**Annual Meeting**") of ADMA Biologics, Inc. (the "**Company**"), which will be held virtually at 10:00 a.m. Eastern Time on June 18, 2020. We have adopted a virtual format for our Annual Meeting to provide a consistent experience to all stockholders regardless of location, and to support the health and well-being of our employees and stockholders due to the emerging public health impact of the coronavirus (COVID-19) pandemic. You will be able to attend the Annual Meeting and vote during the Annual Meeting via live webcast through the link www.virtualshareholdermeeting.com/ADMA2020.

In connection with the Annual Meeting, you will be asked to consider and vote on certain proposals that are more fully described in the accompanying proxy statement. Whether or not you plan to attend the Annual Meeting, we urge you to read the proxy statement and consider such information carefully before voting.

The Board of Directors unanimously recommends that our stockholders vote "FOR" all of the proposals presented in the proxy statement.

Your vote is very important. Even if you plan to attend the Annual Meeting, if you are a stockholder of record of common stock, please submit your proxy by Internet, mail or telephone as soon as possible to make sure that your shares are represented at the Annual Meeting, or you may submit your proxy at the Annual Meeting. If you hold your shares of common stock in "street name" through a bank, broker or other nominee, you must vote in accordance with the voting instructions provided to you by such bank, broker or other nominee, which include instructions for voting by Internet or telephone.

On behalf of the Board of Directors, I thank you for your continued support of ADMA Biologics, Inc.

Yours sincerely,

/s/ Adam S. Grossman
Adam S. Grossman
President, Chief Executive Officer and Director

This proxy statement is dated April 29, 2020. Holders of record of the Company's common stock at the close of business on April 24, 2020 are entitled to receive notice of, and to vote at, the Annual Meeting. Instructions on how to vote your shares are contained on the "Important Notice Regarding the Availability of Proxy Materials," which is expected to be mailed on or about April 29, 2020.

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ADMA BIOLOGICS, INC.
465 State Route 17
Ramsey, New Jersey 07446

NOTICE OF ANNUAL MEETING OF STOCKHOLDERS OF ADMA BIOLOGICS, INC.
To Be Held On June 18, 2020

To the Stockholders of ADMA Biologics, Inc. ("**we**," "**our**" or the "**Company**"):

NOTICE IS HEREBY GIVEN that the 2020 annual meeting of stockholders of the Company (the "**Annual Meeting**") will be held virtually at 10:00 a.m. Eastern Time on June 18, 2020.

Virtual Annual Meeting

In light of on-going developments related to coronavirus (COVID-19) and after careful consideration, the Company's Board of Directors (the "**Board**") has determined to hold a virtual annual meeting in order to facilitate stockholder attendance and participation by enabling stockholders to participate from any location and at no cost. We believe this is the right choice for the Company at this time, as it enables engagement with our stockholders, regardless of size, resources, or physical location while safeguarding the health of our stockholders, directors, management and employees. We are committed to ensuring that stockholders will be afforded the same rights and opportunities to participate as they would at an in-person meeting. You will be able to attend the Annual Meeting online and vote your shares electronically during the Annual Meeting by visiting www.virtualshareholdermeeting.com/ADMA2020. To participate in the virtual Annual Meeting, you will need the 16-digit control number included on your "Important Notice Regarding the Availability of Proxy Materials" proxy card or voting instruction form. The Annual Meeting webcast will begin promptly at 10:00 a.m. Eastern Time. We encourage you to access the Annual Meeting prior to the start time. Online check-in will begin at 9:00 a.m. Eastern Time, and you should allow ample time for the check-in procedures. We will have technicians ready to assist you with any technical difficulties you may have accessing the virtual Annual Meeting. A phone number where you can obtain technical assistance will be made available on the day of the Annual Meeting.

Items of Business

At the Annual Meeting, you will be asked to consider and vote upon the following proposals:

1. A proposal to elect two Class I directors to serve on the Company's Board of Directors for a term expiring at the 2023 annual meeting of stockholders and until their successors are duly elected and qualified, or until such director's earlier resignation, removal or death.
2. A proposal to ratify the appointment of CohnReznick LLP as the Company's independent registered public accounting firm for the fiscal year ending December 31, 2020.
3. A proposal to transact such other business as may properly come before the Annual Meeting or any adjournment or postponement thereof.

The foregoing items of business are more fully described in the accompanying proxy statement, which you should read in its entirety and carefully consider prior to casting any votes in connection with such proposals. The Board has set the close of business on April 24, 2020 as the record date (the "**Record Date**") for determining stockholders entitled to notice of, and to vote at, the Annual Meeting. A list of the stockholders as of the Record Date will be available for inspection by stockholders, for any purpose germane to the Annual Meeting, at the Company's offices and at the offices of Continental Stock Transfer & Trust Company, the Company's independent stock transfer agent, during normal business hours for a period of 10 days prior to the Annual Meeting. The list will also be made available electronically upon request for inspection by stockholders in attendance at the virtual Annual Meeting.

All stockholders are cordially invited to attend the Annual Meeting virtually. Regardless of whether you plan to attend the Annual Meeting, we hope you will vote as soon as possible. Instructions on how to vote your shares via the Internet are contained on the "Important Notice Regarding the Availability of Proxy Materials," which is expected to be mailed on or about April 29, 2020. Instructions on how to obtain a paper copy of our proxy statement and annual report to stockholders for the fiscal year ended December 31, 2019 are listed on the "Important Notice Regarding the Availability of Proxy Materials." These materials can also be viewed online by following the instructions listed on our proxy card. If you choose to receive a paper copy of our proxy statement and annual report, you may vote your shares by completing and returning the proxy card that will be enclosed.

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IMPORTANT NOTICE REGARDING THE AVAILABILITY OF PROXY MATERIALS FOR THE 2020 ANNUAL MEETING OF STOCKHOLDERS TO BE HELD ON JUNE 18, 2020

OUR PROXY STATEMENT AND ANNUAL REPORT FOR THE FISCAL YEAR ENDED DECEMBER 31, 2019 ARE AVAILABLE AT *WWW.PROXYVOTE.COM.*

By Order of the Board of Directors

/s/ Adam S. Grossman
Adam S. Grossman
President, Chief Executive Officer and Director

April 29, 2020
Ramsey, New Jersey

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ADMA BIOLOGICS, INC.
465 State Route 17
Ramsey, New Jersey 07446

PROXY STATEMENT
2020 ANNUAL MEETING OF STOCKHOLDERS
TO BE HELD ON JUNE 18, 2020

This proxy statement is being made available via Internet Access, beginning on or about April 29, 2020, to the owners of shares of common stock of ADMA Biologics, Inc. (the "**Company**," "**our**," "**we**," or "**ADMA**") as of April 24, 2020, in connection with the solicitation of proxies by our Board of Directors for our 2020 annual meeting of stockholders (the "**Annual Meeting**"). On or about April 29, 2020, we expect to send an "Important Notice Regarding the Availability of Proxy Materials" to our stockholders. You will not automatically be entitled to receive by mail our proxy statement and annual report to stockholders for the fiscal year ended December 31, 2019. If you would like to receive a printed copy of our proxy statement, annual report and proxy card, please follow the instructions for requesting such materials in the notice. Upon request, we will promptly mail you paper copies of such materials free of charge.

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QUESTIONS AND ANSWERS

The following section addresses certain questions about this proxy statement and the proposals described herein, which are to be presented at the Annual Meeting.

The Annual Meeting will be held virtually at 10:00 a.m. Eastern Time on June 18, 2020. You will be able to attend and vote at the Annual Meeting via live webcast through the link www.virtualshareholdermeeting.com/ADMA2020.

The following questions and answers may not include all of the information that is important to you as a stockholder of the Company. We urge our stockholders to read this entire proxy statement and carefully consider such information before casting any votes with respect to the proposals presented herein.

Why did I receive an "Important Notice Regarding the Availability of Proxy Materials"?

In accordance with Securities and Exchange Commission ("**SEC**") rules, instead of mailing a printed copy of our proxy materials, we may send an "Important Notice Regarding the Availability of Proxy Materials" to stockholders. All stockholders will have the ability to access the proxy materials on a website referred to in the notice or to request a printed set of these materials at no charge. You will not receive a printed copy of the proxy materials unless you specifically request one from us. Instead, the notice instructs you as to how you may access and review all of the important information contained in the proxy materials via the Internet and submit your vote via the Internet.

Why is the Annual Meeting a virtual, online meeting?

We have adopted a virtual format for our Annual Meeting to provide a consistent experience to all stockholders regardless of location, and to support the health and well-being of our employees and stockholders due to the emerging public health impact of the coronavirus (COVID-19) pandemic. We have designed the virtual Annual Meeting to provide substantially the same opportunities to participate as you would have at an in-person meeting. Detailed instructions on how to participate at the Annual Meeting may be found online at www.virtualshareholdermeeting.com/ADMA2020.

What is the purpose of this document?

We are soliciting stockholder votes with respect to the following proposals:

1. A proposal to elect two Class I directors to serve on the Company's Board of Directors (the "**Board**") for a term expiring at the 2023 annual meeting of stockholders and until their successors are duly elected and qualified, or until such director's earlier resignation, removal or death (the "**Director Election Proposal**");
2. A proposal to ratify the appointment of CohnReznick LLP as the Company's independent registered public accounting firm for the year ending December 31, 2020 (the "**Auditor Ratification Proposal**"); and
3. A proposal to transact such other business as may properly come before the Annual Meeting or any adjournment or adjournments thereof.

For more information about these proposals, please see the sections entitled "*Director Election Proposal*" and "*The Auditor Ratification Proposal.*"

Who is entitled to vote at and attend the Annual Meeting?

Only stockholders of record and beneficial owners of the Company's common stock at the close of business on April 24, 2020 (the "**Record Date**") are entitled to receive notice of, vote at and attend the Annual Meeting. At the close of business on the Record Date, there were 86,345,313 shares of our common stock issued and outstanding and entitled to vote at the Annual Meeting, held by nine holders of record. Each outstanding share of the Company's common stock as of the Record Date entitles its holder to cast one vote on each matter to be voted upon.

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ADMA SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT AND RELATED STOCKHOLDER MATTERS

The following table sets forth information regarding the beneficial ownership (as such term is defined in Rule 13d-3 under the Exchange Act) of our stock as of April 3, 2020, except as noted below, by:

- each of our directors;
- each of our named executive officers (as defined in Item 402(m)(2) of Regulation S-K);
- each person, or group of affiliated persons, who is known by us to beneficially own more than 5% of our common stock; and
- all of our directors and executive officers as a group.

Shares of our common stock subject to options, warrants, restricted stock units ("RSUs") or other rights currently exercisable or exercisable or expected to vest within 60 days of April 3, 2020 are deemed to be beneficially owned and outstanding for purposes of computing the share ownership and percentage of the person holding such options, warrants or other rights, but are not deemed outstanding for computing the percentage of any other person. Except as indicated in the footnotes below, each holder listed below possesses sole voting and/or investment power with respect to their shares of stock and such holder's address is c/o ADMA Biologics, Inc., 465 State Route 17, Ramsey, New Jersey 07446. An asterisk (*) denotes less than 1% of ownership of stock. The information is not necessarily indicative of beneficial ownership for any other purpose. Percentage ownership calculations for beneficial ownership are based on an aggregate of 86,345,313 shares of common stock outstanding as of April 3, 2020. This table does not give effect to any transactions by any of the persons below that have occurred after April 3, 2020.

	Shares Beneficially Owned	
Name of Beneficial Owner	**Number**	**Percent**
Dr. Jerrold B. Grossman(1)	467,503	*%
Adam S. Grossman(2)	2,818,114	3.2%
Steven A. Elms(3)	3,768,240	4.4%
Dov A. Goldstein, M.D.(4)	160,069	*%
Bryant E. Fong(5)	1,593,373	1.8%
Lawrence P. Guiheen(6)	231,069	*%
Martha J. Demski	0	*%
Brian Lenz(7)	514,280	*%
James Mond, M.D., Ph.D.(8)	590,898	*%
All directors and executive officers as a group (9 persons)	10,143,546	11.7%
Owners of more than 5% of our stock		
Perceptive Life Sciences Master Fund, Ltd. and affiliates(9)	18,194,802	20.7%
Consonance Capital Management LP and affiliates(10)	5,166,961	6.0%

* Less than 1%.

(1) Amount consists of 38,294 shares owned by the Genesis Foundation Inc. ("**Genesis**"), 31,381 shares owned by the Jerrold Grossman 2019 Irrevocable Trust (the "**Trust**"), 132,864 shares owned directly by Dr. Grossman, 22,857 shares owned by Brookwood LLC ("**Brookwood**") and 175 shares owned by Dr. Grossman's wife. Dr. Grossman is the President of Genesis, an investment trustee of the Trust, the managing member of Brookwood, the Vice Chairman of the Board and Hariden, LLC's ("**Hariden**") designee for nomination to the Board. Amount also includes options to purchase 240,057 shares of common stock and 1,875 RSUs, but does not include options to purchase 11,980 shares of common stock and 5,625 RSUs, which have not vested and will not vest within 60 days of April 3, 2020.

(2) Amount consists of 66,098 shares owned directly by Mr. Grossman, 580,957 shares owned by Hariden, of which Mr. Grossman is the managing member, and 878,444 shares owned by Areth, LLC ("**Areth**"), of which Mr. Grossman is a control person. Mr. Grossman is the President and Chief Executive Officer of the Company. Amount also includes options to purchase 1,286,365 shares of common stock and 6,250 RSUs, but does not include options to purchase 913,062 shares of common stock and 93,750 RSUs which have not vested and will not vest within 60 days of April 3, 2020.

(3) Amount includes options to purchase 158,194 shares and 1,875 RSUs, but does not include options to purchase 11,980 shares of common stock and 5,625 RSUs, which have not vested and will not vest within 60 days of April 3, 2020. Amount also includes 3,608,171 shares of common stock directly owned by Aisling Capital II LP ("**Aisling**"). Mr. Elms is Aisling's designee for nomination to the Board. As a Managing Member of Aisling Capital Partners, LLC ("**Aisling Partners**"), a control person of Aisling, and as a

Adam S. Grossman
Brookwood Drive, Boca Raton, FL., 33496

Current Activities

ADMA Biologics Inc., Ramsey, NJ & Boca Raton, FL (NASD: "ADMA")
Founded 2004, IPO 2013
www.admabiologics.com

Founder, Director, President and Chief Executive Officer

ADMA is a vertically integrated biopharmaceutical and specialty immunoglobulin company that develops, manufactures and markets specialty plasma-based biologics for the treatment of Primary Immune Deficiency Disease ("PIDD") and the prevention and treatment of certain infectious diseases in at-risk patients.

- Responsible for the management and operations of an FDA approved biologics manufacturing facility with over 250 employees.
- SEC reporting, corporate financing and public markets experience with various financing instruments and transactions
- M&A and business development transactional experience
- Regulatory Affairs/FDA (CBER) experience
- Clinical trial operations experience, Phase II & Phase III

Lead inventor for ADMA's U.S. Patents 9,107,906 and 9,714,283 related to the composition of Immune Globulins and methods for the treatment of immune deficiency. These patents cover certain aspects of ADMA's lead product candidate RI-002.

Prior Experience

The Genesis Group, Hackensack, NJ
Genesis Bio-Pharmaceuticals, National Hospital Specialties, GenesisBPS, Genesis Bio-Pharmaceuticals, Canada.
September 1998 to October 2011
www.GenesisBPS.com / www.NHSUSA.com

Vice President Marketing & Business Development
2001-2011

- Responsible for all sales, marketing and development activities and opportunities for all related corporate entities
- Responsible for day to day business operations
- Launched new products in US, Canadian and European markets
- Expanded operations into over 30+ countries across the globe
- Acquired exclusive distribution rights for pharmaceuticals and laboratory devices
- Provided consulting services to various companies and health care agencies

Product Manager/Sales Manager
1998 to 2001

- Responsible for all aspects of product management – Regulatory Affairs, Marketing, Sales, Clinical Projects & Vendor Management
- Direct Selling to Physicians, pharmacists, RN's & transplant coordinators
- Managed sales reps in Canada

MedImmune Inc., Gaithersburg, MD
1996-1997, May 1998-September 1998

- Assisted with marketing plan development for specialty bio-pharmaceutical products: CytoGam and RespiGam
- Preformed market research necessary for market growth and expansion
- Researched market data for manufacture of new Plasma Fractionation Facility
- Provided key materials for training new sales representatives
- Left company to join Genesis when rights to Medi products were granted for Canada

American Red Cross, Biomedical Services, Roslyn, VA
March 1997 – April 1998

- Assisted with marketing plan development for product launch of Plas+SD
- Developed sales training materials for new representatives
- Performed market research on plasma products use, collection and allocation in US
- Understanding of Plasma Derivatives market and viral inactivation methods
- Assisted with promotion and marketing of other ARC products including Plas+SD, Monarc-M, Polygam SD, Panglobulin

Education

American University
Kogod College of Business Administration
Degree: BS – Marketing & International Business
Graduation: May 17, 1998

Associations

Member:

- American Association of Blood Banks (AABB)
- Plasma Protein Therapeutics Association (PPTA)
- New Jersey Blood Bank Task Force
- Community Blood Services, Foundation Board of Trustees, (Past)
- Appointed to the Town of Saddle River, NJ Planning Board 2014-2017

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
☒ 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: Argenx US, Inc.

Physical Address: 33 Arch St, floor 32 Suite 3201

City: Boston State: MA Zip Code: 02110

Telephone Number: 857-326-6009 Fax Number: N/A

Toll Free Number: N/A

E-mail: distribution.operations@argenx.com Website: www.argenx.com

Facility Manager: Robert Woods

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 Pharmacies, Distributors, LTC

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, not currently shipping product into Nevada
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.

Robert Woods

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

Robert Woods

Print Name of Authorized Person

4/24/20

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: Delaware

Parent Company if any: Argenx, BV

Corporation Name: Argenx US, Inc.

Mailing Address: 33 Arch St, floor 32 Suite 3201

City: Boston State: MA Zip: 02110

Telephone: 857-326-6009 Fax: N/A

Contact Person: Robert Keith Woods

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: 10/10/2017

Registration number issued: 6574237

Stock Exchange: ARGX

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.

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
MA0000579	12/30/2019	12/30/2020	Virtual Drug Manufacturers

ISSUED TO

ARGENX US, INC.
33 ARCH STREET
FLOOR 32, SUITE 3201
BOSTON, MA 02110
ATTN: KEITH WOODS CHIEF COMMERCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

834065

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000579	12/30/2019	12/30/2020	Virtual Drug Manufacturers

ISSUED TO

ARGENX US, INC.
33 ARCH STREET
FLOOR 32, SUITE 3201
BOSTON, MA 02110
ATTN: KEITH WOODS CHIEF COMMERCIAL OFFICER

NEW

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
MA0000579	12/30/2019	12/30/2020	Virtual Drug Manufacturers

ISSUED TO ARGENX US, INC.
33 ARCH STREET
FLOOR 32, SUITE 3201
BOSTON, MA 02110
ATTN: KEITH WOODS CHIEF COMMERCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW

834065

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

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

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 **ARGENX US, INC. (MA0000579)**, located at **33 ARCH STREET, FLOOR 32, SUITE 3201, BOSTON MA, 02110** has an active MCSR as a Drug Distributor and is in good standing. The current registration has an issue date of **12/30/2019** and expires on **12/30/2020**.
This Facility was last Reviewed by the Drug Control Program on **12/30/2019** 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.

argenx

Ownership Information

Grandparent Company: Argenx, SE (ARGX)
Willemstraat 5, 4811 AA
Breda, Netherlands +31
+31 763 030488
Ownership: 100% of Argenx, BV

Parent Company: Argenx, BV
Industriepark-Zwijnaarde 7, Building B-9052
Zwijnaarde, Belgium +32
+32 931 03400
Ownership: 100% of Argenx US, Inc.

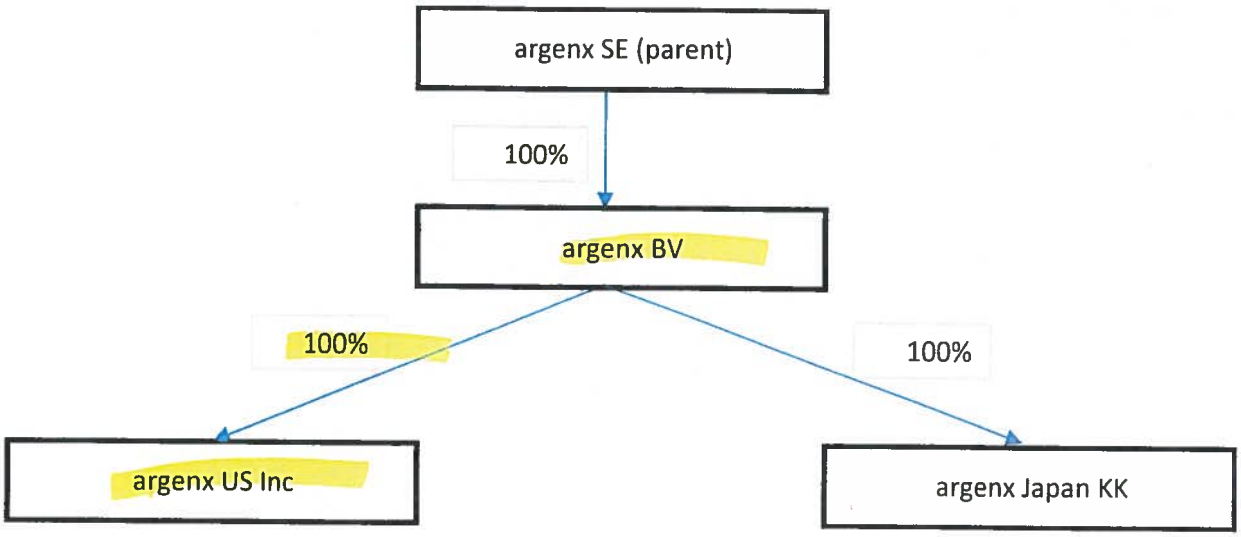
Company Information

Company Name: Argenx US, Inc.
Address: 33 Arch St, floor 32 Suite 3201
City, State, Zip: Boston, MA 02110
Phone: 857-326-6009
Website: www.argenx.com
E-mail: distributionoperations@argenx.com

FEIN: 36-4880497
State of Formation: DE
Date Incorporated: 10/10/2017

Officers

Keith Woods, Chief Operating Officer
Business Address: 33 Arch St, floor 32 Suite 3201, Boston, MA 02110
Business Phone: 857-326-6009


argenx SE (parent)
100%
argenx BV
100%
100%
argenx US Inc
argenx Japan KK

argenx

Description of Operations

Argenx US, Inc. ("argenx) is a privately owned biotechnology company operating as a Virtual Manufacturer, located in Boston, MA. Argenx is focused on the treatment of Auto Immune Disease and Cancer. Argenx products are manufactured by a Contract Manufacturer and will be distributed to specialty distributors and specialty pharmacies by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

We are using the following contract manufacturer to produce our product:

Vetter Pharma Fertigung GmbH & Co. KG
Eisenbahnstrasse 2-4
Langenargen am Bodensee, Germany 88085
+49 751- 3700 – 1668
Contact: Katja Kotter
FDA Establishment No: 3002808846

We are using the following 3PL to ship our product:

Cardinal Health/SPS
15 Ingram Blvd
La Vergne,TN 37086
Contact: Wade Helleman
615.287.0407
wade.hellemn@cardinalhealth.com

Product Description
Vetter Pharma Fertigung manufactures Argenx product and packages finished product. At no time does Vetter Pharma own the product, contract with Argenx customers, invoice, nor sell argenx product. Argenx product is not a Controlled Substance.

Labeler Code:
73475

Argenx hours of operation are 8:00 am – 6:00pm PST Monday through Friday.

B0263-9492 02/13/2020 Received by ND Secretary of State Alvin A. Jaeger

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARGENX US, 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 THIRTEENTH DAY OF FEBRUARY, 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 "ARGENX US, INC." WAS INCORPORATED ON THE TENTH DAY OF OCTOBER, A.D. 2017.

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





6574237 8300

SR# 20201098185

Authentication: 202383265

Date: 02-13-20

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

From da.hhs.gov <la.hhs.gov>
Sent: Friday, November 22, 2019 8:44 AM
To: Distribution Operations argenx.com>
Subject: Labeler Code Request Approved

CAUTION: This email originated from outside argenx. Do not click links or open attachments unless you recognize the sender and know the content is safe.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 22-NOV-2019
Labeler DUNS.
Labeler Name: Argenx Us, Inc
Labeler Code: 73475

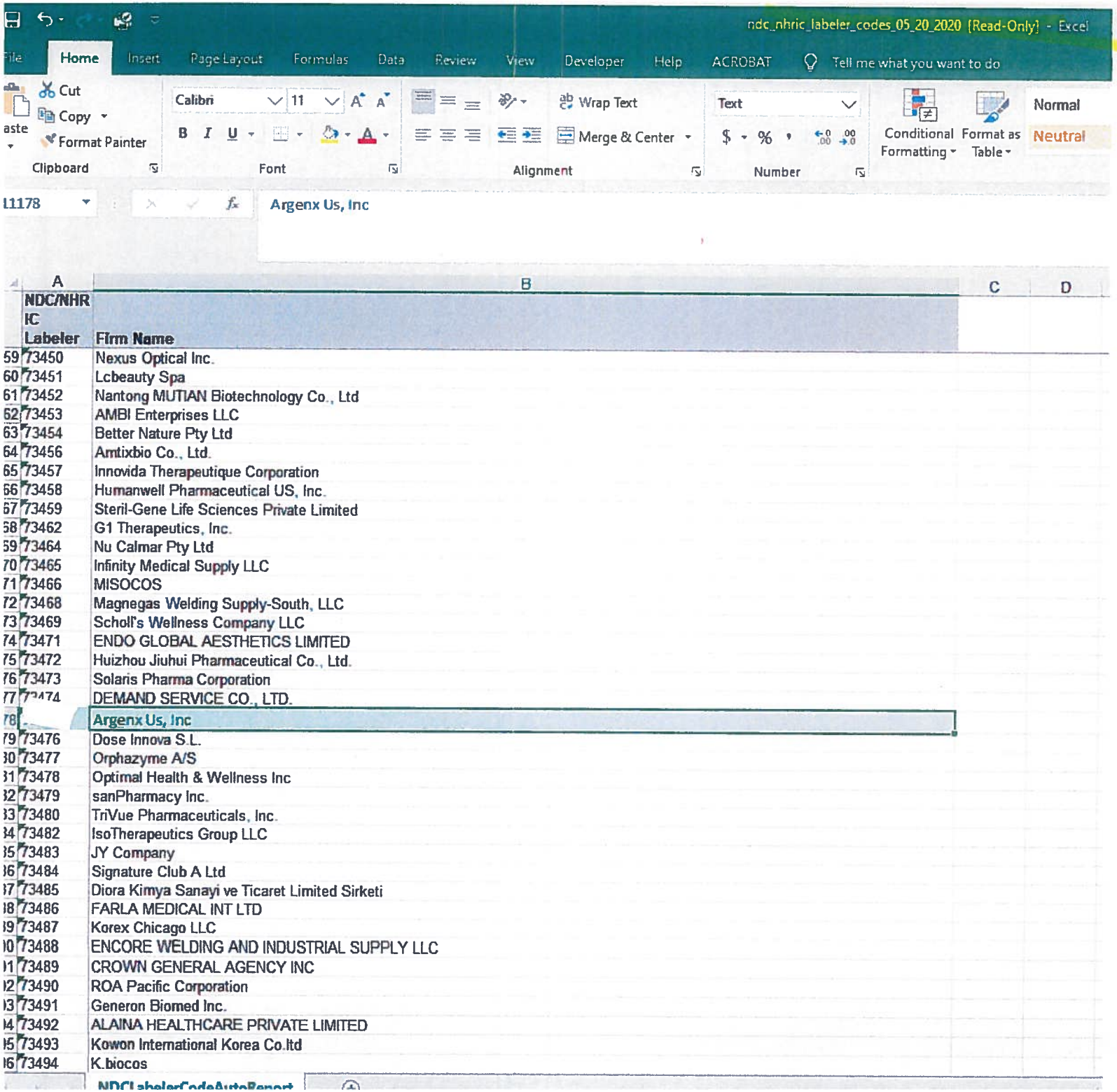
The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous 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.

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 MS 1/20/25


ndc_nhric_labeler_codes_05_20_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
Clipboard
Calibri
11
Font
Wrap Text
Merge & Center
Alignment
Text
Number
Conditional Formatting
Format as Table
Normal
Neutral
L1178
Argenx Us, Inc
A
B
C
D
NDC/NHRIC Labeler
Firm Name
59 73450 Nexus Optical Inc.
60 73451 Lcbeauty Spa
61 73452 Nantong MUTIAN Biotechnology Co., Ltd
62 73453 AMBI Enterprises LLC
63 73454 Better Nature Pty Ltd
64 73456 Amtixbio Co., Ltd.
65 73457 Innovida Therapeutique Corporation
66 73458 Humanwell Pharmaceutical US, Inc.
67 73459 Steril-Gene Life Sciences Private Limited
68 73462 G1 Therapeutics, Inc.
69 73464 Nu Calmar Pty Ltd
70 73465 Infinity Medical Supply LLC
71 73466 MISOCOS
72 73468 Magnegas Welding Supply-South, LLC
73 73469 Scholl's Wellness Company LLC
74 73471 ENDO GLOBAL AESTHETICS LIMITED
75 73472 Huizhou Jiuhui Pharmaceutical Co., Ltd.
76 73473 Solaris Pharma Corporation
77 73474 DEMAND SERVICE CO., LTD.
78 Argenx Us, Inc
79 73476 Dose Innova S.L.
80 73477 Orphazyme A/S
81 73478 Optimal Health & Wellness Inc
82 73479 sanPharmacy Inc.
83 73480 TriVue Pharmaceuticals, Inc.
84 73482 IsoTherapeutics Group LLC
85 73483 JY Company
86 73484 Signature Club A Ltd
87 73485 Diora Kimya Sanayi ve Ticaret Limited Sirketi
88 73486 FARLA MEDICAL INT LTD
89 73487 Korex Chicago LLC
90 73488 ENCORE WELDING AND INDUSTRIAL SUPPLY LLC
91 73489 CROWN GENERAL AGENCY INC
92 73490 ROA Pacific Corporation
93 73491 Generon Biomed Inc.
94 73492 ALAINA HEALTHCARE PRIVATE LIMITED
95 73493 Kowon International Korea Co.ltd
96 73494 K.biocos
NDCLabelerCodeAutoReport

argenx

Product List

ARGX-113 – efgartigimod – labeler code - 73475

KEITH WOODS

North Redington Beach, FL 33708 / (5 / s@gmail.com

Senior Executive in Building Capability and Driving Growth in Rare Disease Markets

Over 25 years of successful biotech / pharmaceutical experience with a proven track record of success. High-integrity leader of people with strengths in creating the vision, short and long range planning, establishing and communicating direction, guidance of large cross functional teams, business and financial acumen, and ultimately delivering results for patients and the organization.

Professional Experience

Alexion Pharmaceuticals Inc. **2010 – 2017**

Global biopharma company focused on developing and delivering life-transforming therapies for patients with devastating and rare disease. Over 3000 employees serving patients in 50 countries.

Senior Vice President, North America Business Operations **2015 – 2017**
(New Haven, CT)

- Commercial and Operations leader managing a business with over $1.5Bn in annual sales and over 400 employees. Reported directly to the CCO and presented N.A. commercial performance to the CEO and Chairman of the Board on regular basis.
- Launched two new enzyme replacement therapies, including one that was the most successful ERT launch in history. Far exceeding original forecast and leading country in global performance.
- Enhanced operational excellence with restructure of global commercial business operations, creation of U.S. commercial business operations, expansion of product distribution options in U.S., a development and launch of new global CRM platform to improve ease of data entry and consolidation of information.
- Attracted talent and drove people development. Hired New VP of Sales, stabilized a team that had above average turnover, built promotional tracks, executed plans for cross functional job experience, enhanced gender diversity

Vice President, Managing Director, Alexion UK **2013 – 2015**
(London, UK)

- Assigned by CEO and Chairman of the Board to provide leadership and operational excellence to an underperforming organization.
- Built cross functional team that included hiring new Business Unit Leaders, Senior Medical Director, Senior Finance Director, Head of UK Business Operations (Distribution, Incentive Compensation, CRM, Business Reports), Human Resources Director and grew team from 20 people to 55 people in two years.
- Successfully navigated Soliris for Atypical Hemolytic-Uremic Syndrome (aHUS) through the first ever NICE Highly Specialized Technology (HST) review.
- Assigned as Managing Director of Synageva UK post acquisition to successfully merge assets and integrate personnel as to not delay launch of newly acquired enzyme replacement therapy.

KEITH WOODS

North Redington Beach, FL 33708 / / :@gmail.com

Vice President, U.S. Commercial Operations
Executive Director, U.S. Sales **2010 – 2013**
(Cheshire, CT)

- Responsible for, and direct reporting line from Sales, National Accounts, Regional Clinical Specialist, Diagnostic Lab Specialist, Distribution, and Case Management
- Planned and executed two commercial expansions. This includes but not limited to region and territory restructure, redeployment of personnel, hiring and training to expand U.S. from 69 people in 2010 to 207 people by 2013.
- Cross-Functional success – Medical Affairs, Two Marketing Teams, Case Management, Distribution, Regional Clinical Specialist, Diagnostic Lab Specialist, National Accounts, Global Business Analytics, Finance, Legal, Human Resources, etc.
- Delivered Financially - Lead team to twelve consecutive quarters of growth in Paroxysmal nocturnal hemoglobinuria (PNH) sales and launched Soliris for aHUS. (Which has turned out to be Alexion's single most successful launch and business to date.)

Eisai Inc. **2008 – 2010**
National Sales Director Oncology / Critical Care **2008 – 2010**
(Woodcliff Lake, NJ)

- National Oncology / Critical Care Sales Leader. Responsible for four sales teams with eleven direct reports, thirty three district managers and over two hundred and seventy sales representatives.
- Personally selected by Eisai's CEO & CCO to National Sales Director after 18 months with organization
- Lead cross-functional team to create and implement field force optimization. This includes but not limited to territory restructure, redeployment of personnel, incentive compensation plans, business plan format
- Formed new GPO Director position and hired two new Regional Business Directors
- Delivered above goal performance financially for the organization
- Selected as one of two sales directors in the US to participate in Eisai's E_ELITE program for development of future executive level leaders.

AMGEN **1997 - 2008**
(Thousand Oaks, CA)
National Account Director **2004 – 2008**
(Tampa, FL)

- Director for Amgen Nephrology's largest National Account. Responsible for greater than $1.3 Billion in Amgen revenue.
- Work closely with Account's CEO, CFO, COO, CMO, Presidents and Vice Presidents to create and implement strategic business approach.
- Participated in creation and oversee operations of Amgen's five year exclusive sourcing and supply agreement. Work with Vice President of Corporate Pricing and Contracting and Vice President of Finance to execute account milestones.
- Responsible for leading 8 managers directly and providing direction to 20 District Managers and 160 Professional Sales Representatives

KEITH WOODS

North Redington Beach, FL 33708 / (; / s@gmail.com

Regional Sales Director **2001 – 2004**
(Thousand Oaks, CA)

- Launched and responsible for fifty percent of Amgen non-ESRD Nephrology Sales in USA.
- Brand plan development with Marketing Director, including strategy, tactics, messaging.
- Worked on Corporate Pricing and Contracting to create and execute Amgen's first Nephrology Office based contract.

Early Professional Experience

Oncology District Sales Manager **1998 – 2001**
(Nashville, TN & Tampa, FL)

- Front-line sales manager responsible for leading staff to exceed revenue goal.
- Successfully delivered three consecutive years of President's Club Award Winning Leadership. (1999 – 2001)
- 2000 results include number one district in the nation on four of five performance metrics. Appointed by Regional Manager in 2001 to take over underperforming district. 2001 results include number one district in the region and number four in the nation

Amgen Professional Sales Representative **1997 – 1998**
HOFFMAN LA-ROCHE PHARMACEUTICALS **1990 – 1997**
(Nutley, NJ)

Education & Professional Development

Florida State University, Bachelor of Science
Marketing Major
Communications Minor

Dale Carnegie Training, Attendee and Graduate Assistant
High Impact Presentations
Leadership and Management

References Available Upon Request

May 7, 2020

Via Fed Ex

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

Enclosed please find the initial application for Argenx US, Inc.

Argenx US, Inc. ("argenx") is a clinical-stage biotechnology company developing a deep pipeline of differentiated antibody-based therapies for the treatment of severe auto immune diseases and cancer. Argenx is located in Boston, MA and is a privately owned company whose grandparent company is publicly traded on the NASDAQ (ARGX). Argenx is focused on treatment that addresses auto immune diseases and cancer. Argenx is preparing to launch its newest product, efgartigimod, an infusion used to treat patients with severe auto immune diseases associated with high levels of pathogenic immunoglobulin G or IgG where a severe unmet medical need exists. Argenx is a Virtual Manufacturer, meaning their product will be manufactured by a CMO and distributed by a 3PL, whom is licensed to do business in your state.

If you have any questions regarding this application, please contact me at 614-370-2801 or via email at stacie.borngrebe@twolabs.com. Please also address all written communication to me. My address is 2123 English Turn Dr. Grove City, OH 43123. Thank you in advance for your consideration.

Best Regards,

Stacie Borngrebe
Licensing Analyst
PharmaLicense

Table of Contents

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

FORM 20-F

(Mark One)

☐ **REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934**

OR

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

For the fiscal year ended December 31, 2018

OR

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

For the transition period from _____ to _____

OR

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

Date of event requiring this shell company report _____

Commission file number 001-38097

ARGENX SE
(Exact name of registrant as specified in its charter and translation of Registrant's name into English)

The Netherlands
(Jurisdiction of incorporation or organization)

Willemstraat 5
4811 AH, Breda, the Netherlands
(Address of principal executive offices)

Tim Van Hauwermeiren
argenx BVBA
Industriepark Zwijnaarde 7,
Building C
9052 Zwijnaarde (Ghent)
Belgium
+32 9 310 34 00
TVanHauwermeiren@argenx.com
(Name, telephone, e-mail and or facsimile number and address of company contact person)

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

Title of each class:	Name of each exchange on which registered
American Depositary Shares, each representing one ordinary share with a nominal value of €0.10 per share	Nasdaq Global Select Market
Ordinary shares with a nominal value of €0.10 per share *	Nasdaq Global Select Market*

* Not for trading, but only in connection with the registration of the American Depositary Shares.

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

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act: None.

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report:

As of December 31, 2018 35,975,312 ordinary shares were outstanding, including ordinary shares represented by American Depositary Shares.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes X No ☐

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.

Yes ☐ No X

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 X 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 X No ☐

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

Large accelerated filer X Accelerated filer ☐ Non-accelerated filer ☐ Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, 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.

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board X Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow.

Item 17 ☐ Item 18 ☐

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

Yes ☐ No X

EX-21.1 6 a2234043zex-21_1.htm EX-21.1

QuickLinks -- Click here to rapidly navigate through this document

Exhibit 21.1

Subsidiaries

Name of Subsidiary	Jurisdiction of Incorporation or Organization
argenx BVBA	Belgium
argenx US, Inc.	United States

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
☐ 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: electroCore, Inc.

Physical Address: 150 Allen Road, Suite 201

City: Basking Ridge State: New Jersey Zip Code: 07920

Telephone Number: 973-290-0097 Fax Number: 973-290-9171

Toll Free Number: N/A

E-mail: Leanne.usa@electrocore.com Website: www.electrocore.com

Facility Manager: David M. Talish

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: Veterinarians

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

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: Moxie Print, LLC
Address: 14 Worlds Fair Drive, Unit D Somerset, NJ 08873

Name: Mars International, Inc.
Address: 60 Kingsbridge Road Piscataway, NJ 08854

Name: Parker Laboratories, Inc.
Address: 4 Sperry Road Fairfield, NJ 07004

Name: Uline
Address: P.O. Box 88741 Chicago, IL 60680

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

David M. Talish
Print Name of Authorized Person

5/8/2020
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: N/A

Corporation Name: electroCore, Inc.

Mailing Address: 150 Allen Road, Suite 201

City: Basking Ridge State: New Jersey Zip: 07920

Telephone: 973-290-0097 Fax: 973-290-9171

Contact Person: Mike Romaniw

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: 6/21/2018

Registration number issued: 4029515

Stock Exchange: ECOR

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 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**

List of officers and directors. **See Attachment**

Attachment A

Letter of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELECTROCORE, 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 THIRTIETH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELECTROCORE, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

4029515 8300

SR# 20200665270

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

Authentication: 202289206

Date: 01-30-20

Attachment B

Resident State License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738426

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: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

150 ALLEN RD. STE 201 BASKING RIDGE, NJ 07970-

Reg. No.
5005230

ELECTROCORE, INC.
150 ALLEN RD, STE 201
BASKING RIDGE, NJ 07970-

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

EXPIRES: January 31, 2021

Establishment Copy

Attachment C

Proof of FDA Registration

Please note that electroCore, Inc. formerly operated under the legal name "electroCore LLC" and is in the process of updating its registered name with the US Food and Drug Administration.

U.S. Department of Health & Human Services

A A A

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Establishment Registration & Device Listing

FDA Home › Medical Devices › Databases

1 result found for **Establishment Registration or Business Trade Name : *ELECTROCORE LLC***

New Search

Establishment Name	Registration Number	Current Registration Yr
ELECTROCORE LLC NJ/USA	3009060963	2020
Non-Invasive Vagus Nerve Stimulator - Headache - GammaCore		Manufacturer; U.S. Manufacturer of Export Only Devices; Complaint File Establishment
Non-Invasive Vagus Nerve Stimulator - Headache - GammaCore Sapphire; GammaCore-2; GammaCore-S		Manufacturer; U.S. Manufacturer of Export Only Devices; Complaint File Establishment

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U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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Verified 5/14/20 MS

FDA

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Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
ELECTROCORE LLC
150 Allen Rd Ste 201
Basking Ridge , NJ 07920
Registration Number: 3009060963
FEI Number*: 3009060963
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
ElectroCore, Inc.[6]
150 Allen Road
Suite 201
Basking Ridge, NJ US 07920
Owner/Operator Number: 10038007[7]

Official Correspondent:
Michael Romaniw
150 Allen Road
Suite 201
Basking Ridge, NJ 07920
Phone: 973-3556702

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&
RegistrationNumber=&OwnerOperatorNumber=10038007&OwnerOperatorName=&ProductCode=&DeviceName=&
ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Attachment D

Corporate Officer and Director Information

electroCore, Inc.
150 Allen Road, Suite 201
Basking Ridge, NJ 07920

Corporate Officers:

Daniel S. Goldberger
Chief Executive Officer

Brian M. Posner
Chief Financial Officer

Peter Staats, M.D.
Chief Medical Officer

Michael Romaniw
Executive Vice President, Systems & Operations

Directors:

Michael G. Atieh
Nick Colucci
Peter Cuneo
JP Errico
Thomas J. Errico
John Gandolfo
Daniel S. Goldberger
Trevor Moody
Stephen L. Ondra
Tom Patton
Jim Tullis

Attachment E

Facility Manager's Resume

David M. Talish

Townview Court, Flemington, NJ 08822
• d

Quality Assurance professional with 20 plus years of experience in Quality Assurance / Regulatory Compliance, most recently as Director of Quality Assurance responsible for Complaints, Field Actions, Internal Audits, CAPA, Supplier Quality, Training Software System and over-all Quality Systems, as well as responsible for FDA/Notified Body Audits

Experience

February 2014 – Current

Director of Quality Assurance; electroCore, Inc.

- Manage and maintain effectiveness of Quality Management System
- Managing compliance activities to assure that all phases of product development and operating procedures and systems are in compliance with FDA's Quality System Regulations (QSR), ISO 13485, EU MDD, and the Canadian Medical Device Regulation requirements.
- Managing the CAPA, internal auditing, complaint handling, supplier quality, and change control processes.
- Ensure effective/efficient quality techniques/methods are identified and implemented during the product realization/design controls process and post design transfer phase
- Identify, develop, and report Quality Management System metrics and communicates the status of the QMS at management review through the use of these metrics
- Participates in, or identifies / initiates continuous improvement activity and process re-engineering projects in support of the Company's continual improvement initiatives
- Ensures that the QMS processes are reviewed to optimize accuracy and process efficiency.
- Develop and conduct effective training programs on related QA topics
- Serve as designated Site Management Representative
- During this time, initial device received FDA approval for US use, also transitioned from a private startup company to a public company, IPO - June 2018

March 2007 – February 2014

Regulatory Compliance Manager; Biomet, Inc.

Started as CAPA Specialist, to Regulatory Compliance Supervisor to Regulatory Compliance Manager

- Managed a team of 9 with oversight of the Quality Systems, including: Complaints, CAPA, Suppliers, Internal and External Audits, and Calibration
- Lead the development and implementation of regulatory compliance activities as they relate to Biomet's manufacturing facilities and perform training of personnel on relevant procedures and general compliance awareness
- Site lead for two sites for implementation of a Global Quality System Software Solution among all site, that consisted of; Complaints, CAPA, Nonconformances, Auditing, amongst other Quality Systems
    - Working with worldwide facilities for common systems to be used by all
    - Working with internal groups for implementation of each module
- Assumed ownership from HR for the Learning Management System (LMS) Software training system. Took over numerous issues from the implementation of the system. Mapping entire population in the system to better align training plans
- Site Management Representative
- As processes become globalized, incorporate all Corporate procedures into the site Quality System
- Responsible for all Notified Bodies interactions
- Develop and conduct Site Management Review annual meetings for Senior Management

January 1995 – December 2006

Quality Engineer II, CAPA and Nonconformance; Cordis Corporation, a Johnson & Johnson Company

Started as QA Technician in lab, to QA Analyst I, II, to QA Engineer I, II

- Responsible for QE support of the site CAPA and Nonconformance systems
- 6 month tenure of QE support for both Miami Lakes and Warren site CAPA and Nonconformance systems, based in both locations on bi-weekly intervals
- Support metric gathering/formatting for Management Reviews (Tier I, II, and III) metrics reported by CAPA Managers
- Support Warren Site CAPA Review Board meetings – scheduling meetings, generating agendas and minutes
- Lead all Back-Room support for external regulatory inspections, mainly FDA inspections

July 1991 – January 1995

Assistant Project Manager; Exogen, Inc.

- Responsibilities included Design, Scheduling, Procurement and Documentation Control when company was a small startup.

Education

June 1994

- Bachelor of Science Degree in Business Management; William Paterson College (University)
- New Jersey Institute of Technology, 2 years towards Electrical Engineering

Skills

- 20 Plus years in Quality Assurance / Regulatory Compliance
- Strong computer skills, including word processing, spreadsheet and data programs
- Good oral and written communication skills

Activities

Use this section to highlight your relevant passions, activities, and how you like to give back. It's good to include Leadership and volunteer experiences here. Or show off important extras like publications, certifications, languages and more.

- American Society for Quality (Senior), 1999-present
    - Certified Quality Auditor, ASQ (12/1999-12/2002)
- Colonial Little League Board of Directors (2017 and 2018)
- Team in Training volunteer Mentor and Training Ride Captain (2009 – 2011)

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: Revance Therapeutics, Inc.

Physical Address: 7555 Gateway Boulevard

City: Newark State: CA Zip Code: 94560

Telephone Number: 510-742-1000 Fax Number: 510-742-3401

Toll Free Number: N/A

E-mail: vvergara@revance.com Website: www.revance.com

Facility Manager: Victor M. Vergara

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, distributors and manufacturers

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 C
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

Victor M. Vergara
Print Name of Authorized Person

May 07 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: N/A

Corporation Name: Revance Therapeutics, Inc.

Mailing Address: 7555 Gateway Boulevard

City: Newark State: CA Zip: 94560

Telephone: 510-742-1000 Fax: 510-742-3401

Contact Person: Victor M. Vergara

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. See Attachment F

Date of Incorporation: August 10, 1999

Registration number issued: 3074007

Stock Exchange: NASDAQ

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. See Attachment D

List of officers and directors. See Attachment E

Attachment A

Resident State License and Verification

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

DRUG MANUFACTURING LICENSE

Revance Therapeutics, Inc.
7555 Gateway Blvd.
Newark, CA 94560

LICENSE NUMBER: 54653
EXPIRATION DATE: 11/19/2021

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 11/5/2019

OSP 07 102308

Attachment B

Facility Manger's Resume

VICTOR VERGARA

Web Profile : http://www.linkedin.com/in/vergaravictor

Professional Experience

REVANCE THERAPUTICS INC

DIRECTOR SUPPLY CHAIN AND MATERIALS (Sept 2019 to Present – Newark, CA)

- Develop and implement the Supply Chain strategies, tactics and operations, including Demand Forecast, Inventory and Materials management, Procurement, Production Planning, Transportation and trade compliance.
- Define, Evaluate and implement the best ERP solution in order to support company objectives.
- Develop a dashboard with KPI that monitors the performance of forecast accuracy, Safety stocks, Inventory Turns, Service Level and costs.
- Maintain an optimum level of inventory, to ensure an efficient manufacturing process, without increasing working capital.
- Partner with commercial to identify value added opportunities and to secure a high level of service.
- Participate in inspections readiness effort, ensuring materials management is fully prepared for both internal and external audits.
- Provide accurate and timely information to upper management to support strategic decision processes.

GUERBET PHARMACEUTICAL AND MEDICAL DEVICES 2015 to Present – St Louis, MO

GENERAL MANAGER LATIN AMERICA (MAY 01 2017 to Present – St Louis, MO)

- Senior executive responsible for the management of Guerbet's business in Chile/Colombia/Panama. Coordinating operations from Europe. Asia and US, to Latam.
- Overall responsibility for P&L and the strategic growth initiatives for all present and new business lines.
- Build and manage global logistics network, including 3PLs, Courier, US and ex-US shipping lanes, freight forwarding/customs clearance partners for trials and commercial launch
- Develop and report Key Performance Indicators including forecast accuracy, inventory levels, inventory reserve, months of supply, and customer delivery performance.
- Build long-term strategic partnerships with key players and customers, focused on integrating services and operation with clients.
- Anticipate and articulate client needs to become a trusted advisor and strategic marketing/business partner.
- Develop and Manage the successful implementation of strategic initiatives that enable revenue growth and/or accelerate company profitability and efficiency
- Ensure compliance in each market according to quality assurance standards and regulatory affairs requirements
- Supervises, coaches and develops a high-performing team

DIRECTOR OF SUPPLY CHAIN AND LOGISTICS AMERICAS (DEC 01 2015 to APR 30 2017 – St Louis, MO)

Oversee/manage all regional supply chain and logistics activities in Americas and Caribbean. Lead, from an operational standpoint, the integration between Guerbet and Mallickrodt.

- Establishes and executes Supply Chain Master Plan over multiple locations and markets in coordination with regional VP and country managers
- Collaborates and oversees the development of demand and aggregate forecasts, as appropriate, for input into planning models. Coordinating operations between Europe, US and Latam.
- Develops, formally documents, implements and manages supply chain strategies and processes including purchasing and GMP warehouse operations
- Manages inventory reconciliation and partners with Finance for financial closes
- Develops a network of global transport providers, customs brokers and logistics partners.
- Main Responsibilities: inventory mgmt., trade compliance, customer service, logistics, demand forecast, Replenishment Planning, International freight and Packaging engineering
- Implementation of SIOP to ensure right level of service without jeopardizing working capital.
- Find, select and negotiate with 3P across the region: 3PLs, Freight Forwarder, Carriers, Custom Brokers, etc.
- Strategic planning and execution of projects in US, Mexico and Brazil: Logistics, DC, Sales FCST and trade compliance.

MALLINCKRODT PHARMACEUTICAL AND MEDICAL DEVICES 2014 to 2015 – St Louis, MO

DIRECTOR, SUPPLY CHAIN & COMMERCIAL FOR LATIN AMERICA (MAY 2014 to DEC 2015 – St Louis, MO)

Overall responsibility for the P&L of the Contrast Media, Specialty Pharma and Nuclear Imagine business for Argentina, Chile, Panama, Central America, Colombia, Bolivia, Paraguay, Peru, Ecuador, and Venezuela.

- Ensures all supply chain strategies and processes follow company policies, procedures and applicable regulatory authority directives and regulations
- Ensures supply chain compliance to GMP documentation requirements and training
- Leads and/or participates in the selection process of vendors. Leads co-negotiation of agreements with key partners
- Works closely with manufacturing sites and storage facilities to execute against detailed logistics and temperature management specifications
- key leader in the execution of sales, operations, and planning processes (S&OP)
- Negotiate and Maintain business relationship with distributors in LATAM, defining short/long term strategies.
- Anticipate any problem, mitigate any risk and take proactive action to ensure the sales forecast.
- Main achievements:
  - Stop sales erosion the first year and increase net sales by 20% ($5 mill) the second year.
  - Increase EBITDA from 0% to 14%.
  - Open new markets: Honduras, Costa Rica and Dominican Republic.
  - Reduce Sales Ops Cost and OCOS in 15% ($4 mill).

COVIDIEN 2012 to 2014 – St Louis, MO

DIRECTOR OF SUPPLY CHAIN LATAM (SEP 2012 to MAY 2014 – St Louis, MO)

After company spin-off, develop and manage LATAM Supply Chain activities, defining short/long term strategies.

- Creates, maintains and ensure compliance of Supply Chain related Standard Operating Procedures (SOPs)

- Provides oversight for importation/exportation compliance of labeled supplies to the appropriate drug depot and subsequent shipment to the clinical sites (as required)
- Monitor supply plan execution, forecast accuracy, inventory levels and remaining shelf life
- Establish & measure key metrics for the supply related performance of our supply chain partners & internal function
- Establish safety stock & inventory targets & work with Finance to analyze financial impacts
- Ensure transport & warehouse providers understand & comply with our Material Safety Data requirements
- Working closely with Tax/Finance departments to accurately account for import duties, trade tariffs, VAT, and insurance limits
- Main Areas: DC operations, inventory mgmt, trade compliance, customer service, logistics and demand forecast.
- Find, select and negotiate with 3P across the region: 3PLs, Freight Forwarder, Carriers, Custom Brokers, etc.
- Provide strategic operations visibility to the country managers to support regional growth.

NEOLOGISTIC *2008 to 2012 - Miami, FL*

OWNER - DIRECTOR OF BUSINESS DEVELOPMENT, LOGISTICS AND GLOBAL SUPPLY CHAIN

Startup Company that provided int. logistics and supply chain consulting services.

- Main services: Global operational cost reduction, improvement of lead times and negotiate with vendors/manufacturer.
- Manage day to day operations, including maintenance, repair, construction, renovation, security, janitorial and development projects for multiple buildings
- Main products: 3PL, supply chain, freight forwarding, logistics, inventory management and warehousing services.
- Company: 30,000 sq-ft facilities, 6 employees, $1 mill net sales with 20% Operative Income.

LAN CHILE CARGO AIRLINES *Santiago, Chile and Miami, FL 1999 to 2008*

DIRECTOR OF IMPORTS OPERATIONS (JAN 2006 to SEPT 2008 - Miami, FL)

Direct top cargo handler at Miami Intl. Airport where almost all perishables from South America are received.

- Manage the imports operations of international flights (1.200 ton/day, 40 flights/day, 320 employees, 300,000 sq-ft, 800 customers) within an environment of high level of customer services expectation.
- Support all safety programs and OHSA compliance to ensure a safe work environment for all employees and customers.
- Support key customers efforts to improve their Supply Chain flows from end to end (Food, Fish, Produce and Flowers).
- Other Activities: Relationship CBP, SAP, P&L, relationship with 3PLs, carries, and customers.

SENIOR MANAGER OF EXPORT OPERATIONS (OCT 2003 to JAN 2006 – Miami, FL)

Transferred from Chile to US, to improve Export operation.

- Manage the Exports operation for international flights (800 ton/day, 30 flights/day, 250 employees, 400,000 sq-ft, 600 customers) in a very demanding and high-pressure environment.

- Other Activities: Procurement, quality assurance, inventory management, domestic's logistics and customer service.
- Products: General cargo, parcels, mail, pharma, high-tech, oversized, dangerous goods, high-value and live animals.
- Support key customers efforts to improve their Supply Chain flows from end to end (HP, Intel, Pfizer, Dell).

OPERATIONS MANAGER (AUG 1999 to OCT 2003 – Santiago, Chile)

- Manage and monitor air freight itineraries, export and import operational procedures, and quality assurance.
- Supervise 320 employees.
- Establish new air freight operations in France, Australia, and New Zealand.

EDUCATION & CERTIFICATIONS

- **M.S. Strategic Management**; Indiana University, Bloomington, IN.
- **MBA** – IEDE Business School; Madrid, Spain & Santiago, Chile.
- **B.S. & M.S. - Civil Engineering,** P. Universidad Católica de Chile; Santiago, Chile.
- **Strategic Supply Chain Management,** Massachusetts Institute of Technology (MIT), Boston, MA.
- **Project Management,** Stanford University; Stanford, CA
- **LEAN Six Sigma,** Purdue University; West Lafayette, IN

Attachment C

Nature of Business and FDA Registration

Revance Therapeutics, Inc. (Revance) is a prescription device manufacturer. Revance will utilize a contract manufacturer to produce its product and a third party logistics provider to ship. Revance will not physically handle its prescription device product. Provided below is the contact information for the third parties that will be used:

Contract Manufacturer:

Teoxane SA
Rue de Lyon 105, CH-1203
Geneva, Switzerland
FDA Establishment Registration: 3005975625

Third Party Logistics Provider:

Cardinal Health
501 Mason Rd. Suite 200,
La Vergne, TN 37086

Verified
MS
5/26/20

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
REVANCE THERAPEUTICS, INC
7555 Gateway Blvd
Newark , CA 94560
Registration Number: 3007772056
FEI Number*: 3007772056
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types
Please Review Listings For Further Information
Date Of Registration Status: 2020

Owner/Operator:
Revance Therapeutics, Inc.[6]
7555 Gateway Blvd
Newark, CA US 94560
Owner/Operator Number: 10062439[7]

Official Correspondent:
Michelle Frazier
7555 Gateway Blvd
Newark, CA 94560
Phone: 1-510-7423441

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10062439&OwnerOpe
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10062439&OwnerOpe

Page Last Updated: 04/13/2020

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 | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

Links on this page:

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)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Revance**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Revance Therapuetics, Inc.	3007772056	113114321	ANALYSIS; API MANUFACTURE; MANUFACTURE;	7555 Gateway Boulevard, Newark, California (CA) 94560, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, May 26, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Attachment D

Certificate of Good Standing

Delaware

The First State

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2007, AT 6:03 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE ELEVENTH DAY OF DECEMBER, A.D. 2007, AT 3:07 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE EIGHTH DAY OF DECEMBER, A.D. 2009, AT 12:19 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTH DAY OF MARCH, A.D. 2010, AT 6:12 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TENTH DAY OF MAY, A.D. 2010, AT 1:04 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTH DAY OF NOVEMBER, A.D. 2012, AT 3:13 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF FEBRUARY, A.D. 2013, AT 12:50 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2013, AT 4:59 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTEENTH DAY OF MAY, A.D. 2013, AT 8:39 O`CLOCK P.M.





3074007 8310

SR# 20200885030

Authentication: 202339271

Date: 02-06-20

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "REVANCE THERAPEUTICS, 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 TENTH DAY OF AUGUST, A.D. 1999, AT 2 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRD DAY OF JULY, A.D. 2002, AT 9 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE SIXTH DAY OF APRIL, A.D. 2004, AT 11:56 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ESSENTIA BIOSYSTEMS, INC." TO "REVANCE THERAPEUTICS, INC.", FILED THE NINETEENTH DAY OF APRIL, A.D. 2005, AT 1:19 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2006, AT 8:15 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

3074007 8310

SR# 20200885030

Authentication: 202339271

Date: 02-06-20

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

Attachment E

Corporate Officer and Director Information

Revance Therapeutics, Inc.
7555 Gateway Boulevard
Newark, CA 94560

Corporate Officers:

Mark Foley
President & Chief Executive Officer

Abhay Joshi
Chief Operating Officer, President, R&D and Product Operations

Tobin C. Schilke
Chief Financial Officer

Dwight Moxie
SVP, General Counsel & Corporate Secretary

Dustin Sjuts
Chief Commercial Officer

Board of Directors:

Angus C. Russell
Jill Beraud
Robert Byrnes
Mark Foley
Phyllis Gardner, M.D.
Chris Nolet
Julian S. Gangolli
Philip J. Vickers

Subject: FW: License Verification Request for Revance Therapeutics, Inc. (license #: 54653)

From: FDB MedDevice [mailto:FDBMedDevice@cdph.ca.gov]
Sent: Tuesday, April 14, 2020 10:37 AM
Cc: Jones, Taylor I.
Subject: RE: License Verification Request for Revance Therapeutics, Inc. (license #: 54653)

Hello,

Thank you for contacting the California Department of Public Health – Food and Drug Branch. In reference to your inquiry, please see the information **below**.

Please let us know if you have any further questions or concerns.

Thank you,

FDB Med Device
+1 (916) 650-6500
FDBMedDevice@cdph.ca.gov

From: Jones, Taylor I. <jones@porziols.com>
Sent: Friday, April 10, 2020 11:23 AM
To: FDB MedDevice <FDBMedDevice@cdph.ca.gov>
Subject: License Verification Request for Revance Therapeutics, Inc. (license #: 54653)

[EXTERNAL MESSAGE] FROM: jones@porziols.com
Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

Dear Sir or Madam,

On behalf of our client, Revance Therapeutics, Inc. (license #: 54653), kindly verify the information requested below and send verification of licensure to the Michigan Board of Pharmacy's e-mail address: bpldata@michigan.gov. Please note that Michigan will accept an e-mail verification as long as it comes directly from your office.

Please include the following information in the e-mail to Michigan:

Company Name: Revance Therapeutics, Inc.
License #: 54653
Date of Issuance: 10/14/2010
Expiration Date: 11/19/2021
Status: VALID/ACTIVE

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_____
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: Verrica Pharmaceuticals Inc.

Physical Address: 10 North High Street, Suite 200

City: West Chester State: PA Zip Code: 19380

Telephone Number: 484-453-3300 Fax Number: 484-453-3299

Toll Free Number: 800-641-1577

E-mail: gscavola@verrica.com Website: www.verrica.com

Facility Manager: Eugene R. Scavola

Professional qualifications and experience of facility manager: Eugene R. Scavola has over 10 years of experience working for pharmaceutical companies.

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 B

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 - Verrica Pharmaceuticals Inc. is a start-up company.
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.

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

Eugene R. Scavola
Print Name of Authorized Person

5/6/2020
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: N/A

Corporation Name: Verrica Pharmaceuticals Inc.

Mailing Address: 10 N. High Street, Suite 200

City: West Chester State: PA Zip: 19380

Telephone: 484-838-7608 Fax: 484-453-3299

Contact Person: Eugene R. Scavola

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.

See Attachment C

Date of Incorporation: 07/03/2013

Registration number issued: 5361531

Stock Exchange: NASDAQ: VRCA

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.

See Attachment D

List of officers and directors.

See Attachment E

Attachment A

Regarding the Resident State License and Online Verification

Please note that the resident state licensing agency, the Pennsylvania Department of Health does not license entities that do not physically handle products. As such, a resident state license and online verification are not available. Enclosed please find a copy of the Pennsylvania letter of record.

Certificate of Record

Certificate No. 9500000206

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:
Office/Corporate Location
No product onsite

VERRICA PHARMACEUTICALS INC.
10 NORTH HIGH STREET
SUITE 200
WEST CHESTER, PA 19380

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: February 13, 2020

Expiration Date: The Last Day of February, 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.

pennsylvania
DEPARTMENT OF HEALTH

February 13, 2020

717.787.4779

Verrica Pharmaceuticals Inc.
10 North High Street
Suite 200
West Chester, PA 19380

Dear Sir or Madam:

The Pennsylvania Department of Health, Drug, Device & Cosmetic Program acknowledges that the company, Verrica Pharmaceuticals Inc., is an entity within the Commonwealth that is performing business activities related to the pharmaceutical, medical device, or cosmetic industry at the stated address. The company is not engaging in the physical manufacture, storage, distribution or retailing of product at this address.

The company has voluntarily provided information and has attested that no pharmaceutical product, medical device or cosmetic of any kind is physically manufactured, stored, distributed or retailed at the address stated above. This information serves only to place the company at the specified location, on file as a courtesy and does not subject it to any on-site inspection or regulatory requirements under the purview of this office. The information is recorded under record number #9500000206 and reviewed annually.

If at any time the business function changes and pharmaceutical product, medical devices or cosmetics are physically manufactured, stored, distributed or retailed at the address stated above, an application for registration/licensure will be required by Department of Health and the facility would be subject to all laws and regulations applicable to those activities. You may visit our website at https://apps.health.pa.gov/ddc/ or contact our office for additional information.

Sincerely,

Theresa A. Ritchie, R.Ph.
Drug & Device Program Specialist
Division of Home Health

Attachment B

FDA Registration

Gene Scavola

From: edrls@fda.hhs.gov
Sent: Wednesday, March 22, 2017 6:32 AM
To: Gene Scavola
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 22-MAR-2017
Labeler DUNS: 015664551
Labeler Name: Verrica Pharmaceuticals, Inc.
Labeler Code: 71349

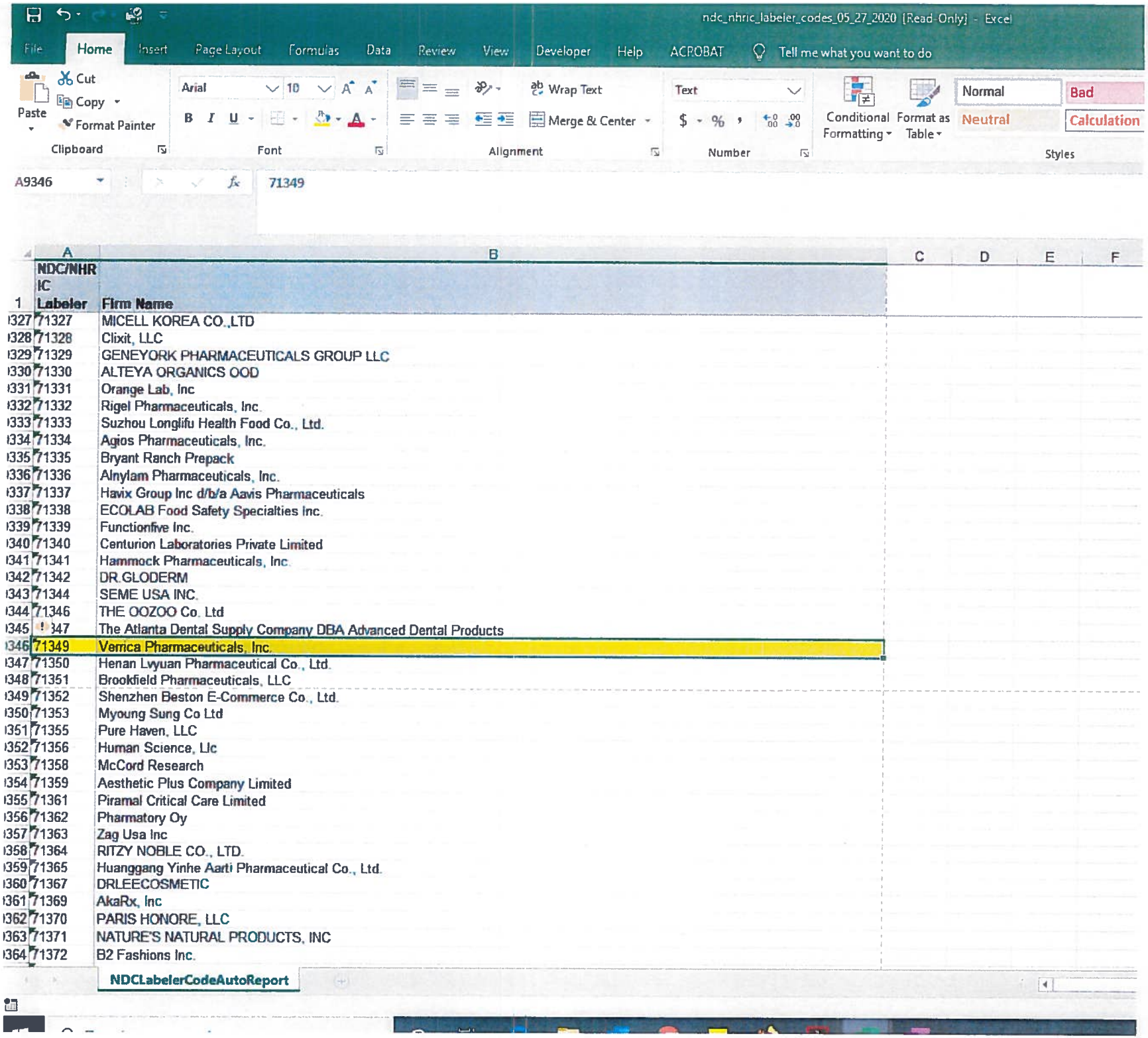
The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous 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.

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
NS
5/27/20



ndc_nhric_labeler_codes_05_27_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 — Styles

Normal Bad Neutral Calculation

A9346 71349

	A	B	C	D	E	F
1	NDC/NHRIC Labeler	Firm Name				
1327	71327	MICELL KOREA CO.,LTD				
1328	71328	Clixit, LLC				
1329	71329	GENEYORK PHARMACEUTICALS GROUP LLC				
1330	71330	ALTEYA ORGANICS OOD				
1331	71331	Orange Lab, Inc				
1332	71332	Rigel Pharmaceuticals, Inc.				
1333	71333	Suzhou Longlifu Health Food Co., Ltd.				
1334	71334	Agios Pharmaceuticals, Inc.				
1335	71335	Bryant Ranch Prepack				
1336	71336	Alnylam Pharmaceuticals, Inc.				
1337	71337	Havix Group Inc d/b/a Aavis Pharmaceuticals				
1338	71338	ECOLAB Food Safety Specialties Inc.				
1339	71339	Functionfive Inc.				
1340	71340	Centurion Laboratories Private Limited				
1341	71341	Hammock Pharmaceuticals, Inc.				
1342	71342	DR.GLODERM				
1343	71344	SEME USA INC.				
1344	71346	THE OOZOO Co. Ltd				
1345	347	The Atlanta Dental Supply Company DBA Advanced Dental Products				
1346	71349	Verrica Pharmaceuticals, Inc.				
1347	71350	Henan Lvyuan Pharmaceutical Co., Ltd.				
1348	71351	Brookfield Pharmaceuticals, LLC				
1349	71352	Shenzhen Beston E-Commerce Co., Ltd.				
1350	71353	Myoung Sung Co Ltd				
1351	71355	Pure Haven, LLC				
1352	71356	Human Science, Llc				
1353	71358	McCord Research				
1354	71359	Aesthetic Plus Company Limited				
1355	71361	Piramal Critical Care Limited				
1356	71362	Pharmatory Oy				
1357	71363	Zag Usa Inc				
1358	71364	RITZY NOBLE CO., LTD.				
1359	71365	Huanggang Yinhe Aarti Pharmaceutical Co., Ltd.				
1360	71367	DRLEECOSMETIC				
1361	71369	AkaRx, Inc				
1362	71370	PARIS HONORE, LLC				
1363	71371	NATURE'S NATURAL PRODUCTS, INC				
1364	71372	B2 Fashions Inc.				

NDCLabelerCodeAutoReport

Attachment D

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERRICA 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 EIGHTH DAY OF JANUARY, 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 "VERRICA PHARMACEUTICALS INC." WAS INCORPORATED ON THE THIRD DAY OF JULY, A.D. 2013.

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

Jeffrey W. Bullock, Secretary of State

5361531 8300

SR# 20200156501

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

Authentication: 202150016

Date: 01-08-20

Attachment E

Corporate Officer and Director Information

Verrica Pharmaceuticals Inc.
10 North High Street, Suite 200
West Chester, PA 19380

Corporate Officers:

Ted W. White
President & CEO

Alfred Brian Davis
Chief Financial Officer

Joseph Bonaccorso
Chief Commercial Officer

Patrick Burnett, MD, PhD, FAAD
Chief Medical Officer

Directors:

Paul Manning (Chairman)
Ted W. White
Gary Goldenberg, MD
Craig Ballaron
Mark Prygocki
Sean Stalfort

EUGENE R. SCAVOLA

Carlyle Place • Charlottesville, VA 22903 • Mob

SENIOR LIFE SCIENCES EXECUTIVE

ACCOMPLISHED, ENERGETIC EXECUTIVE WITH SIGNIFICANT EXPERIENCE IN DOMESTIC AND INTERNATIONAL OPERATIONS OF BOTH START-UPS AND GROWTH ENTITIES.

RESULTS ORIENTED PROFESSIONAL WITH PROVEN SUCCESS CREATING VALUE BY IMPLEMENTING DECISIVE CHANGE NEEDED TO INCREASE ORGANIZATION AND OPERATIONAL EFFICIENCY.

ENGAGING, APPROACHABLE LEADER SKILLED AT BUILDING WORLD CLASS TEAMS AND COMFORTABLE ARTICULATING THE VISION TO ALL COMPANY LEVELS FROM THE SHOP FLOOR TO SENIOR EXECUTIVES.

CORE COMPETENCIES

Operational & Financial Management
Strategy Translation into Action Plans
Due Diligence and M&A Transactions
Start-up Cultivation and PE Exit Planning
Organizational Restructuring
Bank and Investor Relationships
Budgeting, Forecasting & Modeling
Broad FDA Regulated Industry Expertise
Risk Assessment and Management

PROFESSIONAL EXPERIENCE

PBM CAPITAL GROUP, LLC **5/2012 – present**

MANAGING PARTNER– Portfolio Company Operations

Key leader of a small private equity team focused exclusively in the life sciences space. Serve in Chief Operating Officer (COO) role to lead all product development and supply chain functions for portfolio companies with an eye toward successful transition to stand-alone entities.

Extensive experience in the following:

- Full FDA product development cycle for drugs, biologics and devices - managing multiple contractors for engineering, development, manufacturing, packaging and testing
- Comprehensive supply chain setup from raw material suppliers through third party logistic services
- Organization restructuring and integration for efficiency and cost savings
- Management of FDA interactions for Chemistry Manufacturing and Controls (CMC) and field inspections
- Multi-site management - P&L responsibility, KPI establishment and accountability
- High-visibility project management – product launches, due diligence, integration, systems implementation

Seven successful exits, including three IPO's, aggregating over $1.5 billion in market value creation

- **PBM Pharmaceuticals, Inc. –** Specialty pharma company. Quadrupled EBITDA to $30 million annual run rate. Sold to publicly traded specialty pharma company for more than $325 million in cash and equity.
- **Human Design Medical, LLC –** Startup obtained 510K approval on a unique respiratory device. Managed successful 2013 launch. Created quality management systems resulting in successful initial FDA inspection. Managed successful merger into Breas Medical AB.
- **Triangle Research Labs, LLC –** Biologic material supplier reorganized operations to achieve EBITDA exceeding 20% after years of significant losses. Sold to a multi-national life sciences entity for $17 million.
- **Xalud Therapeutics, LLC –** Startup biologics company focused on pain therapy. Multiple US and international clinical trials active. Supply of all clinical materials.
- **BREAS Medical AB** – Integrated US operations and design transfer of two new ventilators from R&D team for this large medical device manufacturer. Created North American distribution systems. Managed multiple successful regulatory inspections. Sold to a publicly traded healthcare conglomerate for over $ 110 million.
- **Dova Pharmaceuticals, Inc. –** Coordinated CMC section of the NDA submission. Direct management of launch activities; including, forecasting, packaging/labeling preparation, and distribution setup. Distribution within two weeks of PADUFA date. Successful IPO with market cap of $425 million in June 2017.

- **Avexis, Inc.** – Novel gene therapy startup focused on rare childhood disease. Initial site evaluations for clinical material production and testing. Successful IPO with market cap of $450 million in February 2016.
- **BUILDING BLOCK NUTRITIONALS, LLC** – Developing new advanced infant formula base platform (patent pending). Coordinated contract manufacture and testing activities. Managed multiple FDA approved feeding studies. Awaiting product non-objection from FDA.
- **Verrica, Inc.** – Led CMC activity for this specialty dermatology company, including engineering efforts for novel applicator design (patent pending). Successful IPO with market cap of $375 million in June 2018.
- **BC Holdings, LLC** – Leading development efforts and CMC interactions for proprietary non-porcine pancreatic enzyme replacement therapy product. Human clinical trials commencing in 2020.
- **TOLERION, INC** – Plasmid DNA platform company with active clinical trials. Drove fill-finish processing enhancements to reduce cycle time and improve stability of drug product. Supply of all clinical materials.

FAREVA USA, INC. **10/2011 – 5/2012**

Chief Financial Officer

Established all financial functions for new $300M+ start-up entity after successful sale transition. Responsible for deployment of new SAP system, creation of new financial reporting and budgeting requirements, establishment of process to respond to prospective customer bid requests, all cash & treasury functions, and management of relationships with banks, external auditors and tax authorities.

- **Reduced income tax burden by nearly $1M in first quarter** of operations through establishment of appropriate intercompany fee arrangements and advantageous state apportionment strategy.
- **Led successful bid for $7M revenue contract with new customer** using newly created processes and successfully negotiated $1.25M bank loan to fund equipment needed to meet the contract requirements.
- **Coordinated efforts to restructure employee benefits and compensation plans** to meet aggressive targets. Realized total savings of more than 15% and successful establishment of 401k plan for first payroll.

PFIZER PHARMACEUTICALS/WYETH PHARMACEUTICALS **09/1996 – 10/2011**

Director, Finance & Administration in Richmond, VA • 03/2010 – 10/2011

Led initiative to sell existing manufacturing site through private placement. Functioned as the principal site contact for corporate transaction team, external investment bankers, and all prospective buyers. Developed private placement memorandum, including all pro-forma financial data. Successful exit of facility through strategic sale to Fareva Group, SA.

Director, Global Manufacturing Systems in Great Valley, PA • 06/2008 – 03/2010

Promoted to define, develop, deploy, and support multiple IT shop floor systems across global network of 20+ manufacturing sites and product development centers. Managed team of 20+ FTEs and contractors.

- **Reduced preventative maintenance work by nearly 70%** and delivered $15M+ in expected network savings by leading pilot project to progress toward automated condition-based maintenance practices.
- **Enabled real-time process data reporting and analysis online and automated atypical result identification in LIMS** by leading projects to standardize data aggregation from MES, process automation layer, SAP, and LIMS.
- **Reduced overall deployment costs by $1M+ per site** by driving initiative to redesign Manufacturing Execution System (MES) architecture and standardize methodologies.

Senior Director, Viviant Primary Processing Unit in Guayama, PR • 04/2007 – 06/2008

Selected for expatriate assignment to establish new $83M solids oral dosage facility for new drug application product. Managed final phase of construction, commissioning, qualification, start-up, supply planning and manufacturing section submission responses for 20+ markets. Led team of 7 direct reports and up to 30 contractors.

- **Reduced testing and report closure cycle times by 70%+** through work practice improvements.
- **Completed entire equipment and facility qualification** and process validation in one year.
- **Readied site for initial launch build** by partnering with numerous international affiliates to complete SAP master data setup for all 60+ components and finished goods SKUs, equipment standards, and labor capacities.

Senior Director, Respiratory Primary Processing Unit in Richmond, VA • 10/2005 – 04/2007

Promoted to direct operations and strategic planning for $350M business unit with 5 direct and ~200 indirect reports. Managed all safety, maintenance, and technology functions; operating, capital, and inventory budgets; and entire production cycle from rough-cut demand planning through to finished goods release. Led S&OP process and interfaced with Commercial and Development groups for all new product introductions and market launches.

- **Led business unit to successfully pass FDA** biennial and pre-approval inspections and several international regulatory inspections with no 483 observations.
- **Maintained 98%+ fill-rate** on key SKUs and met all inventory write-off targets during relaunch of 21 SKUs by leading OTC business unit in response to a voluntary withdrawal of PSE-containing products.
- **Facilitated consistent cycle time of 9 days** through QA release for all designated "A" SKUs.
- **Boosted customer service levels** from under 95% to 99%+ by optimizing use of SAP production planning.
- **Lowered inventory levels by 30%+** through comprehensive ABC inventory component assessment, segregation, and reset of lead times and safety stock levels.
- **Cut lost time OSHA incidents in half** by preparing for successful OSHA VPP application.

Director, Business Process Systems & Strategy in Richmond, VA • 11/2003 – 10/2005

Promoted to set site strategy, manage project portfolio, and lead all enterprise and local system deployment and process/packaging engineering activities. Led site's Operational Excellence group comprised of Lean, Six Sigma, 5S, and SMED experts. Managed team of 10 process, packaging, and control system engineering professionals.

- **Initiated Operational Excellence program** that established program governance, organizational structure, Lean Six Sigma training, and formal site-wide project evaluation and tracking tools.
- **Saved $1.5M in annual operating costs**, reduced WIP inventory by 10%+, lowered total production cycle time by three days, and nearly eliminated batch process record recording errors by leading implementation of paperless MES for end-to-end process for pilot product family.
- **Delivered ~$17M in savings network-wide** by leading cross-functional team to transfer seven packaging lines, renovate facility, install/validate equipment, and produce FDA submission batches.

Production Manager in Richmond, VA • 12/2000 – 11/2003

Selected for career development opportunity to direct operations of 100M-unit, three-shift pharmaceutical and OTC liquids manufacturing and packaging business unit. Managed production, scheduling, and purchasing functions. Interviewed, hired, trained, managed, and evaluated performance of more than 300 employees.

- **Consolidated nine packaging lines into five,** increased available capacity by 50%+, and doubled productivity per employee by developing and implementing multi-year packaging equipment upgrade plan.
- **Reduced average cycle times by more than one week** and virtually eliminated WIP by developing physical pull kan-ban from packaging area.
- **Cut labor requirements in half** and delivered 10% average annual reduction in total production cost per unit for three consecutive years by aligning and streamlining manufacturing processes and batch records, standardizing SOPs, decreasing direct processing times, and leading conversion to self-directed work teams.

Plant Finance Director in Richmond, VA • 07/1998 – 12/2000

Compliance Manager in Madison, NJ • 09/1996 – 07/1998

PRICE WATERHOUSE LLC **09/1989 – 09/1996**

EDUCATION, CREDENTIALS & SYSTEMS

Master of Science in Systems Engineering • University of Virginia • 2004
Bachelor of Science in Applied Economics • Wharton School, University of Pennsylvania • 1989
AICPA Member • CPA • CGMA • Lean Six Sigma Trained • APICS CPIM & CIRM • ISPE Member
Microsoft Office Suite • MiniTab • S-Plus • SAP ECC6.0 • RS PMX MES
Pennsylvania CPA • License Number CA-034438-L

DEC 20, 2019

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

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

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: US VET, INC.

Physical Address: 5040 WINGS WAY, SUITE 2

City: HAMILTON State: NY Zip Code: 13346 Telephone Number: 315-824-0627 Fax Number: 315-824-0356

Toll Free Number: _____

E-mail: vdurante@pharma-crx.com Website: _____

Facility Manager: BRAD BISHAL

Professional qualifications and experience of facility manager: SEE ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: PRESCRIPTION & OTC VETERINARY 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: World Gen, LLC.
Address: 2192 Spring Street, Hamilton, NY 13346

Name: GC Hanford Manufacturing Company
Address: 304 Oneida Street, Syracuse, NY 13201

Name: N/A
Address:

Name: N/A
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NONE

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

VINCENT DURANTE, EXECUTIVE DIRECTOR
Print Name of Authorized Person

2/28/2020
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: NEW YORK

Parent Company if any: PHARMASPHERE, INC.

Mailing Address: 120 ROUTE 17 NORTH

City: PARAMUS State: NJ Zip: 07652

Telephone: 201-261-7333 Fax: 201-857-8211

Contact Person: VINCENT DURANTE

For any corporation non publicly traded, disclose the following:

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

a) JOSEPH PIZZA, PRESIDENT (Name) 120 ROUTE 17 NORTH, PARAMUS, NJ 07652 (Business Address)

b) RONALD MANNINO, RPh.,CHAIRMAN (Name) 120 ROUTE 17 NORTH, PARAMUS, NJ 07652 (Business Address)

c) N/A (Name) (Business Address)

d) N/A (Name) (Business Address)

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

3) What was the price paid per share? NO PAR VALUE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NONE

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.

BRAD BISHAL

PO Box
Chittenango, NY 130

SUMMARY OF QUALIFICATIONS

- **20+ Years of Pharmaceutical, Cosmetic and Dairy Manufacturing Experience both in Production, Quality Control and Quality Assurance (personal care, biologics, antibiotics)**
- **Instrumental in Developing a Risk-Based Categorization of Manufacturing Deviations**
- **Supervise Groups of Production and Quality Personnel Responsible for Warehousing, Maintenance, Manufacturing Production and Quality Review, Inspection, Investigations/ CAPA and Laboratory Testing**
- **Excellent Teacher and Coach with a Strong Desire for Positive Results**
- **Utilize on a daily basis strong written and verbal communication, planning, implementation, project management and interpersonal skills.**
- **Lead teams, challenge safety culture, develop strategies and implement change that consistently drives productivity, reduces costs, promotes growth, develops people, optimizes resource utilization, and elevates business to the next level of success.**
- **BS in Biology**
- **Fortune 100 Exposure/Training (Quality & Compliance)**
- **International Auditing, Supplier/Vendor Auditing, Laboratory/Service Provider Auditing**
- **Change Agent - Strong Results, Excellent Communicator, Business Savvy**
- **Participative Leadership Philosophy**
- **Certificates Obtained in:**
  1. **NSF Implementing SQF Systems 2. NSF Auditing SQF Systems**
  3. **NSF Certified HACCP Manager**
  4. **Cornell University/NYS Ag & Mkts HTST Pasteurizer Operator**
  5. **World Class Performance Leadership for Managers (MACNY Association)**
  6. **Principles of Effective Cleaning Validation (CfPIE)**
  7. **Deviation and CAPA (Michael Anisfeld – Globepharm)**
  8. **Strategic Organizational Leadership (Villanova)**

EXPERIENCE

Feb 8, 2019 – Present US Vet, Inc. Hamilton, New York

SITE MANAGER (Quality Assurance/ Facilities)

- Responsible for providing operational leadership and Quality Assurance oversight of the distribution facilities.

  Maintaining and coordinating facilities related tasks and projects, procurement of building supplies, tools and equipment, sourcing and overseeing contract work. Responsible for dealing with the contract manufacturers and customers on any issues related to the products. Providing leadership and oversight of the following: Temperature monitoring/warehouse qualifications; Evaluating internal investigations, deviations, CAPA (Corrective and Preventive Action), Suppliers/CMOs; Change Control management; Complaint investigation and resolution management; Review of

supplier/CMO validation and qualification documents; Validation preparation and implementation; Initiate and/or assisting with investigations. Responsible as the Designated Representative for the Board of Pharmacy license to ensure that the Wholesale Distributors operates in compliance with the governing laws and rules at both the state and federal level.

Jan 27, 2014 – Jun 22, 2016 Hanford Pharmaceuticals Hamilton, New York

10 employees, Produces a dual antibiotic product suspended in an oil base for bovine mastitis prevention; owned, marketed and distributed by WG Critical Care Animal Health

SITE SUPERVISOR

- Responsible for providing operational leadership and tactical execution of the manufacturing facility. Directly supervising and coordinating all production areas and personnel to meet sales forecasts, company goals and objectives. Responsible for dealing with the Contract Manufacturing customers on any issues related to their product.

Mar 2009 – May 2013 West Agro d/b/a DeLaval Manufacturing Hamilton, New York

13 employees, Pharmaceutical Manufacturing for Animal Health, Estimated $10MM in Sales, produces a dual antibiotic product suspended in an oil base for bovine mastitis prevention; marketed and distributed by Pfizer

QUALITY ASSURANCE / QUALITY CONTROL MANAGER

- Planning and directing a quality control and quality assurance program for a GMP manufacturing facility. Primary duties include managing, training and developing two Quality Technicians within a Quality Control Laboratory and Quality Assurance Plant Operation.
- Responsible for Quality Control Program - Wet Chemistry, HPLC, Karl Fischer, TLC, Stability Studies, Inventory & Ordering Laboratory Reagents/Supplies, Calibration & Maintenance of Laboratory Instruments and Equipment.
- Responsibilities and activities with Quality Systems (Change Control, Deviations, CAPA, PM, OOS, APQR, Annual Drug Experience Reporting Data, Product Complaint Investigations, Vendor Complaints, Document Control, SOPs, Training, Validation, Internal Auditing, Vendor & Service Provider Auditing (Domestic & International).
- Oversight and QA Inspection and Release of Production Process Steps and Records, Batch Record Review & Release of Finished Product, Inspection of Incoming Goods (Raw Materials & Packaging/Labeling Components).
- GMP Training and Liaison to Regulatory Agencies (FDA Inspections), Authoring responses to Regulatory Agency report of findings, Implementing remediation efforts to correct FDA-483/Observations, Continuous Improvement initiatives, Process Validation studies/protocols/summary reports and Organizing, Tracking, Collaborating and Overall Coordination/Management of Projects.

Feb 2007 – Sep 2008 Byrne Dairy Syracuse, New York

1300 employees, 3 Dairy production facilities, 50+ Retail Stores, Estimated $200+MM in Total Sales, producing 1200+MM pounds dairy product annually

QUALITY ASSURANCE MANAGER

- Planned and directed a quality control and quality assurance program for a multi-site dairy, juice, ice cream and bakery operation. Primary duties included managing a group of ten Quality Control technicians and Lab Supervisors, for two around-the-clock laboratory operations.
- Included oversight of weekly schedules, approval of time sheets, conducting performance reviews, and handling all staffing responsibilities. In one year's time, reduced department employee turnover rate by 67.0%, saving the company at a minimum, $48,000.

- Provided oversight of customer and material specification databases. Optimized acceptable ranges for fat content on several products, accounting for 17.1% of the average annual reduction in production costs of $7MM.
- Monitored quality and performance trends. Reported results at routine Quality meetings with senior management. Contributed to a 100.0% improvement in the average Shelf Life Compliance figure.
- Provided oversight of plant HACCP program & beginning stages of implementing an SQF System. Provided oversight of raw material receipt, vendor certificates of analysis, laboratory document control and all written policies, methods, procedures and forms utilized within the Quality System.

Dec 2006 - Feb 2007 AMGEN West Greenwich, Rhode Island
1600 employees, dedicated to the manufacture of Enbrel® (etanercept), running 24 hours a day, seven days a week, on a 73-acre campus, one of the world's largest mammalian protein therapeutic drug manufacturing facilities.

Manager - Quality Assurance Facility Support
- Supervised Small Group of QA Technicians Responsible for Routine Environmental Control Sampling, Facility Work Orders, Excursion Investigations and CAPA.
- Managed oversight and approval of team schedules and staff time off.
- Ensured staff training status was current on all related SOP and Global Standards; ensured all work performed in the facility was completed by trained personnel.
- Shared responsibility for completion of annual staff reviews utilizing the HR SAP system.
- Conducted periodic one-on-ones with entire Environmental Control staff to ensure business continuity with regards to smooth daily operations, and meeting company and departmental goals. All weekly operational issues were addressed. Career development strategies were discussed and progress reviewed. Also promoted "stretch goals", additional technical training and healthy interactions with other team members and client groups.

May 2001 – Dec 2006 Bristol-Myers Squibb Syracuse, New York
Approx 800 employees, former penicillin manufacturer, 90-acre site, world class biologics protein therapeutic drug development and manufacturing operations for autoimmune disorders, oncology manufacturing, and research laboratories.

Quality Assurance Specialist (Acting Supervisor) 2004 - 2006
- Supervised Small Group of QA Specialists Responsible for Investigations and CAPA Process, Review and Final Approval.
- Managed Deviation and CAPA Systems for Accuracy and Effectiveness, Tracking and Trending, and Regularly Reported Trends. Prepared Deviation Summary Reports for the Product Release Group.
- Managed Quality Pre- and Post-Approval of Facility, Equipment and Area Shutdowns and Miscellaneous Work. Ensured Post-Approval and Return to Service Criteria Met for Release for GMP Operations.
- Addressed and Responded to Internal Audit Findings.
- Managed Contract Staff, Addressed Personnel, Process and System Deficiencies.
- Provided Quality Assurance Leadership to Manufacturing Operations Group and Technical Services.
- Reviewed Personnel Training Status.
- Participated in Response to Successful External Audits and Regulatory Agency PAI Inspections (FDA/ EMEA/ CANADA HEALTH). Responsible for Assuring that the Investigation and CAPA Programs were 100% compliant with all Regulatory Requirements.
- Lead Cross-Functional Teams for SOP Alignment, Validation and Configuration of TrackWise Quality Management System for Manufacturing, Lab and Microbiological Lab Investigations, Audits and CAPA.

Quality Assurance Specialist – Deviations 2003–2004
- Provided Database Tracking for all Manufacturing Nonconformances (Failures, Environmental Monitoring Excursions, Water Quality) and Corrective Actions and Preventive Actions (CAPA).

- Proactively Worked with Manufacturing and Technical Services throughout the Investigation Process. Performed Root Cause Analysis and Trending Associated with Deviations to Identify Recurring Issues; Assessed CAPA Effectiveness and Ensured Timely Closure of records.
- Lead a Deviation Review Board and Owned the Metrics Presentation.
- Updated SOPs for the Nonconformance Program and Conducted Classroom Training for all Affected Departments.
- Proactively recommended and implemented improvements to the Program induced by changing regulations, emerging technologies, and internal needs.

Quality Assurance Specialist – Field 2001 - 2003

- Assisted in the Development and Implementation of the Quality Assurance Field Operations program.
- Performed Quality Oversight of Critical Manufacturing Operations. Inspected Areas for General Compliance, Reviewed Manufacturing Batch Records and Log Books. Assisted with Process Deviations regarding Product Impact and Immediate Corrections.
- Supervised Raw Material & Production Sampling. Reviewed and Approved all Material and Drug Substance Labeling and Reconciliation.
- Assisted Quality and Operations Management with resolving discrepancies and promoting continuous improvement through Daily & Weekly Reports and Team Charters.

1999 – 2001 Burrows Paper Corp (Recycled Paper Pulp Processor) Little Falls, NY

Quality Control Tester

Responsible for Collection and Lab Analysis of Process Water and Paper Pulp Samples from All Critical Sample Points within the Mill. Cross-Trained for Rotation within the Mill Process Team. Areas and Specific Duties Included Spare Man, Loader, and Wetlap Press Operator.

1996 – 1999 LaSalle Laboratories (Cosmetics-Del Laboratories) Little Falls, NY

Quality Control Microbiologist

Directly Responsible for Raw Material, Bulk and Finished Microbiological Quality Control Testing and Compliance for Cosmetics, and Pharmaceutical Products. Inspected Manufacturing Areas for GMP Compliance. Conducted Environmental Monitoring and Investigated Trends. Executed Validation Protocols for Lab Equipment, Tests and Methods.

EDUCATION

MAY 1993	SUNY-ONEONTA Bachelors Degree (B.S.) Major in Biology	US–New York–Oneonta
SEP 2006	VILLANOVA Certification Strategic Organizational Leadership	US–Pennsylvania–Villanova
Some Coursework Completed :	TEMPLE School of Pharmacy QA/RA Master Certification Program	US–Pennsylvania–Ft. Washington
	SUNY-ESF College of Environmental Science and Forestry Advanced Study of Bioprocessing Certification Program	US–New York–Syracuse

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of US VET INC. was filed on 02/04/2019, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 31st day of January two thousand and twenty.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

202002030047 119

State of New York
Department of State } ss:

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Executive Deputy Secretary of State

202002030047 119

US Vet, Inc. - 5040 Wings Way, Suite 2, Hamilton, NY 13346, Tel (315) 824-0627
FEIN #: Toll free: (833) 551-0306
Incorporated: Feb 4, 2019
Business ID

Owners and Corporate Officers of US Vet, Inc.

Mr Joseph Pizza Middle Road Palm Beach FL Tel.	DOB NJ drivers license interchem.com	President	50% ownership
Mr Ronald Mannino Miller Court Wyckoff NJ Te	DOB NJ drivers license NJ Pharmacist license # 28RI01418500 nterchem.com	Chairman Registered Pharmacist in NJ	50% ownership
Mr Vincent Durante Yeoman Drive, Upper Saddle River, NJ	DOE NJ drivers license @pharma-crx.com	Executive Vice President Secretary Treasurer	0% ownership

Verified

US Vet, Inc. - 5040 Wings Way, Suite 2, Hamilton, NY 13346, Tel (315) 824-0627
FEIN : Toll free: (833) 551-0306
Incorporated: Feb 4, 2019
Business ID:

Employees of US Vet, Inc.

Mr Vincent Durante Yeoman Drive, Upper Saddle River, NJ (	DOB: NJ drivers license @pharma-crx.com	Executive VP Treasurer Secretary
Mr Brad Bishal Mead Place Chittenango, NY 3	DOB: NY drivers license)worldgenrx.com	Site Manager
Mr Yasser Olejo Glenburn Road Liverpool NY	DOB: NY drivers license)interchem.com	Site Supervisor

MS 3/24/2020

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.
Do not return with application unless it has been completed by the licensing agency.

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

LICENSE VERIFICATION

PLEASE SEE ATTACHED ONLINE VERIFICATION

Name: US VET, INC.

Address: 5040 WINGS WAY, SUITE 2

City: HAMILTON State: NY Zip: 13346

I hereby authorize the _____ to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires

Has this license been encumbered in any way?	Type of Encumbrance: (if any
☐ Yes ☐ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☐ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☐ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☐ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☐ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

NYSED.gov

Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

02/26/2020

Type : WHOLESALER
Legal Name : US VET, INC.
Trade Name :
Street Address :
5040 WINGS WAY
SUITE 2
HAMILTON, NY 13346-0000

Registration No : 037578
Date First Registered : 01/23/20
Registration Begins : 01/23/20
Registered through : 12/31/22
Supervisor : ALEJO YASSER
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

MS 3/24/2020

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2020-22

NAME OF SUPERVISOR
YASSER ALEJO

THIS IS TO CERTIFY

US VET, INC.
5040 WINGS WAY
SUITE 2
HAMILTON, NY 13346

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE TWENTY-THIRD DAY OF JANUARY, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF DECEMBER, 2022.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

037578

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

523

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. 106934263

Application/License No. _____

World Gen, LLC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
120 Route 17 North, Suite 127, Paramus, N.J. 07652, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, 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
Hartford, Connecticut as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 7th day of June, 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 7th day of June, 2018.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Richard Loschiavo, Attorney-in-fact
print name
Richard Loschiavo

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

TRAVELERS

RIDER

To be attached to and form part of Blanket Bond No. **106934263**

Issued on behalf of **WORLD GEN, LLC** as Principal, and in favor of **NEVADA STATE BOARD OF PHARMACY** as Obligee.

It is agreed that:

☒ 1. The Surety hereby gives its consent to Change the address:

From: 120 Route 17 North, Suite 127, Paramas, NJ 07652
To: 5040 Wings Way, Suite 2, Hamilton, NY 13346

☒ 2. The Surety hereby gives its consent to Add the following entity to the bond:

U.S. Vet, Inc.

2. This rider shall become effective as of **February 19, 2020**.

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this Rider shall not be cumulative.

Signed, sealed and dated **February 21, 2020**.

Travelers Casualty and Surety Company of America

Attorney-in-Fact

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 220223 **Certificate No.** 002504465

KNOW ALL MEN BY THESE PRESENTS: That Seaboard Surety Company is a corporation duly organized under the laws of the State of New York, that St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

John M. Scirocco Jr., Sandra Smyth, Geraldine F. McCarthy, Madelyn Lux, and Richard Loschiavo

of the City of Hasbrouck Heights, State of New Jersey, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, 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.

WARNING THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 17th day of July, 2008.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

State of Connecticut
City of Hartford ss.

By: George W. Thompson, Senior Vice President

On this the 17th day of July, 2008, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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 the corporations 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, 2011.

MARIE C. TETREAULT NOTARY PUBLIC CONNECTICUT

Marie C. Tetreault, Notary Public

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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 is in full force and effect and has not been revoked.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this _____ day of _____, 20 ___.

Kori M. Johanson, Assistant Secretary

To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF JUNE 30, 2019

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	$ 126,044,492	UNEARNED PREMIUMS	$ 1,044,254,065
BONDS	3,657,484,389	LOSSES	786,554,485
STOCKS	301,556,879	LOSS ADJUSTMENT EXPENSES	165,965,315
INVESTMENT INCOME DUE AND ACCRUED	37,505,938	COMMISSIONS	33,039,858
OTHER INVESTED ASSETS	4,298,731	TAXES, LICENSES AND FEES	12,314,734
PREMIUM BALANCES	291,611,840	OTHER EXPENSES	32,884,644
NET DEFERRED TAX ASSET	51,102,309	CURRENT FEDERAL AND FOREIGN INCOME TAXES	7,883,423
REINSURANCE RECOVERABLE	24,272,783	REMITTANCES AND ITEMS NOT ALLOCATED	16,516,275
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	5,320,191	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	29,111,086
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	15,814,022	RETROACTIVE REINSURANCE RESERVE ASSUMED	799,095
OTHER ASSETS TRI-PARTY / TAX CREDIT BONDS	3,691,530	POLICYHOLDER DIVIDENDS	11,240,864
ASSUMED REINSURANCE RECEIVABLE AND PAYABLE	567,396	PROVISION FOR REINSURANCE	7,641,356
OTHER ASSETS	1,043,260	ADVANCE PREMIUM	1,256,693
		PAYABLE FOR SECURITIES LENDING	5,320,191
		ESCHEAT LIABILITY	1,232,614
		CEDED REINSURANCE NET PREMIUMS PAYABLE	46,393,646
		OTHER ACCRUED EXPENSES AND LIABILITIES	75,783
		TOTAL LIABILITIES	$ 2,202,484,127
		CAPITAL STOCK	$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,877,545,873
		TOTAL SURPLUS TO POLICYHOLDERS	$ 2,317,829,633
TOTAL ASSETS	$ 4,520,313,760	TOTAL LIABILITIES & SURPLUS	$ 4,520,313,760

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT, FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 30TH DAY OF JUNE, 2019.

Michael J Doody
VICE PRESIDENT, FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
23RD DAY OF AUGUST, 2019

NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

TRAVELERS

Travelers Casualty and Surety Company of America
Hartford, CT 06183

License No. _____

RIDER

To be attached to and form part of Bond No. **106934263**.

Issued on behalf of **WORLD GEN, LLC.** as Principal, and in favor of **Nevada State Board of Pharmacy** as Obligee.

It is agreed that:

☐ 1. The Surety hereby gives its consent to change the Name:

from: _____

to: _____

☒ 2. The Surety hereby gives its consent to change the Address:

from: **5040 WINGS WAY, SUITE 2, HAMILTON, NY 13346**

to: **5040 WINGS WAY, HAMILTON, NY 13346**

☐ 3. The Surety hereby gives its consent to change the _____:

from: _____

to: _____

This rider shall become effective as of **June 07, 2019**

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

Signed, sealed and dated **February 26, 2020**.

Travelers Casualty and Surety Company of America

By: _____
Attorney-in-Fact

Accepted: **Nevada State Board of Pharmacy**
Obligee

By: _____

or **WORLD GEN, LLC.**
Principal

By: _____

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 220223 **Certificate No.** 002504466

KNOW ALL MEN BY THESE PRESENTS: That Seaboard Surety Company is a corporation duly organized under the laws of the State of New York, that St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

John M. Scirocco Jr., Sandra Smyth, Geraldine F. McCarthy, Madelyn Lux, and Richard Loschiavo

of the City of Hasbrouck Heights, State of New Jersey, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, 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.

WARNING THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 17th day of July, 2008.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company
St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

State of Connecticut
City of Hartford ss.

By: George W. Thompson, Senior Vice President

On this the 17th day of July, 2008, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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 the corporations 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, 2011.

MARIE C. TETREAULT NOTARY PUBLIC CONNECTICUT

Marie C. Tetreault, Notary Public

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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 is in full force and effect and has not been revoked.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 26th day of February, 20 20

Kori M. Johanson, Assistant Secretary

To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF JUNE 30, 2019

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	$ 126,044,492	UNEARNED PREMIUMS	$ 1,044,254,065
BONDS	3,657,484,389	LOSSES	786,554,485
STOCKS	301,556,879	LOSS ADJUSTMENT EXPENSES	165,965,315
INVESTMENT INCOME DUE AND ACCRUED	37,505,938	COMMISSIONS	33,039,858
OTHER INVESTED ASSETS	4,298,731	TAXES, LICENSES AND FEES	12,314,734
PREMIUM BALANCES	291,611,840	OTHER EXPENSES	32,884,644
NET DEFERRED TAX ASSET	51,102,309	CURRENT FEDERAL AND FOREIGN INCOME TAXES	7,883,423
REINSURANCE RECOVERABLE	24,272,783	REMITTANCES AND ITEMS NOT ALLOCATED	16,516,275
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	5,320,191	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	29,111,086
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	15,814,022	RETROACTIVE REINSURANCE RESERVE ASSUMED	799,095
OTHER ASSETS TRI-PARTY / TAX CREDIT BONDS	3,691,530	POLICYHOLDER DIVIDENDS	11,240,864
ASSUMED REINSURANCE RECEIVABLE AND PAYABLE	567,396	PROVISION FOR REINSURANCE	7,641,356
OTHER ASSETS	1,043,260	ADVANCE PREMIUM	1,256,693
		PAYABLE FOR SECURITIES LENDING	5,320,191
		ESCHEAT LIABILITY	1,232,614
		CEDED REINSURANCE NET PREMIUMS PAYABLE	46,393,646
		OTHER ACCRUED EXPENSES AND LIABILITIES	75,783
		TOTAL LIABILITIES	$ 2,202,484,127
		CAPITAL STOCK	$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,877,545,873
		TOTAL SURPLUS TO POLICYHOLDERS	$ 2,317,829,633
TOTAL ASSETS	$ 4,520,313,760	TOTAL LIABILITIES & SURPLUS	$ 4,520,313,760

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT, FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 30TH DAY OF JUNE, 2019.

Michael J Doody
VICE PRESIDENT, FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
23RD DAY OF AUGUST, 2019

NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

4GG

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: Optum Infusion Services 501, Inc.

Physical Address: 1650 Spring Gate Lane, Suite 100

City: Las Vegas State: Zip Code: 89134 Telephone: 855-855-8754

Fax: 800-311-0185 Toll Free Number: 855-855-8754

E-mail: orxpharmlic@optum.com

Website: www.optum.com

Managing Pharmacist: Alysia Heller License Number: 19575 OK

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: Non-Dispensing, See Attached Description	☐	☒ Sterile Compounding
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding
For the application to be complete		☒	☐ Other Services: See Attached Description

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.

DocuSigned by:
Karen Peterson
B3D7A64F7B4E478...

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

Karen Peterson

Print Name of Authorized Person

6/1/2020

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: UnitedHealth Group Incorporated - See Attached Chart

Corporation Name: Optum Infusion Services 501, Inc.

Mailing Address: 9900 Bren Road East

City: Minnetonka State: MN Zip: 55343

Telephone: 224-231-1594 Fax: 855-893-8626

Contact Person: Maleta Beahan

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: Please see attached copy of 10-K Report.

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday 5:00 am 5:00 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

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.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Karen Peterson

Responsible Person of Optum Infusion Services 501, 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.

DocuSigned by:
Karen Peterson
Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson
Print Name of Authorized Person

6/1/2020
Date

Managing Pharmacist

Pharmacist Name: Alysia Heller License #: 19575

Pharmacy Name: Optum Infusion Services 501, Inc.

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: _____ Date: _____ Case #: _____

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.

DocuSigned by:
Alysia Heller
6E7F73EE66F344C...

Alysia Heller

Signature

6/1/2020

Date

EXHIBIT "B"

ORGANIZATIONAL CHART

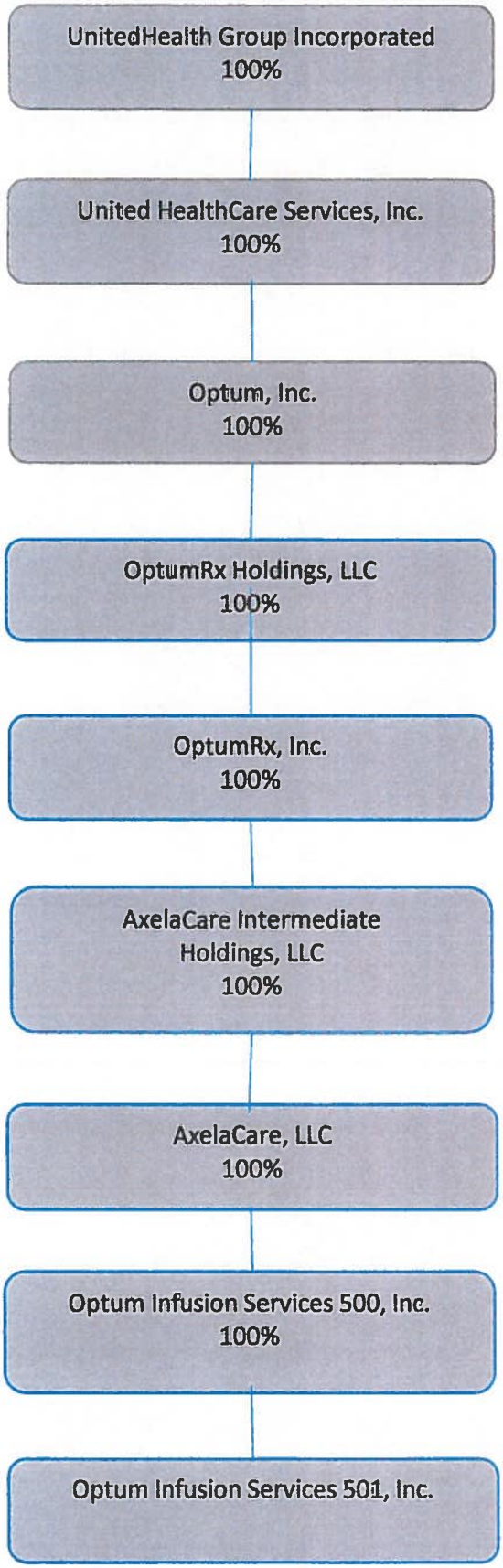

UnitedHealth Group Incorporated
100%
United HealthCare Services, Inc.
100%
Optum, Inc.
100%
OptumRx Holdings, LLC
100%
OptumRx, Inc.
100%
AxelaCare Intermediate Holdings, LLC
100%
AxelaCare, LLC
100%
Optum Infusion Services 500, Inc.
100%
Optum Infusion Services 501, Inc.

EXHIBIT "C"

DESCRIPTION OF SERVICES

OPTUM®

Description of Services

Optum Infusion Services 501, Inc.

Optum infusion pharmacies provide a variety of services to patients, including home delivery of medications, telephonic counseling, and prior authorization assistance. Optum Infusion Services 501, Inc. pharmacy location in Las Vegas, Nevada is a non-dispensing pharmacy and will not store any drug inventory. Work done at this location will include:

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

This Nevada pharmacy will support dispensing activities for pharmacies located in California, Florida, Kansas, Maryland, Nebraska, New Jersey, Pennsylvania, and Tennessee.

Optum infusion pharmacies are accredited by URAC and/or ACHC.

Optum infusion pharmacies play an important role in providing healthcare services to patients with the convenience of receiving their medication by courier, which can improve medication adherence, lower medication cost for consumers, and allow underserved areas to receive high quality pharmacy services.

EXHIBIT "D"

CERTIFICATE OF INCORPORATION

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 INCORPORATION OF 'OPTUM INFUSION SERVICES 501, INC.', FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2019, AT 4:37 O`CLOCK P.M.

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

Jeffrey W. Bullock, Secretary of State

7571800 8100
SR# 20196644138

Authentication: 203454308
Date: 08-22-19

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:37 PM 08/21/2019
FILED 04:37 PM 08/21/2019
SR 20196644138 - File Number 7571800

CERTIFICATE OF INCORPORATION
OF
OPTUM INFUSION SERVICES 501, INC.

ARTICLE I
NAME

The name of the corporation is Optum Infusion Services 501, Inc.

ARTICLE II
REGISTERED OFFICE AND AGENT

The address of the registered office of the Corporation in the State of Delaware is 1209 Orange Street, in the City of Wilmington, County of New Castle, and the name of the registered agent is The Corporation Trust Company.

ARTICLE III
PURPOSE AND POWERS

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware (the "Delaware General Corporation Law"). The Corporation shall have all power necessary or convenient to the conduct, promotion or attainment of such acts and activities.

ARTICLE IV
CAPITAL STOCK

The total number of shares of stock that the Corporation shall have the authority to issue is 100 shares, all of which shall be common stock having a par value of $0.01 per share.

ARTICLE V
INCORPORATOR

The name and mailing address of the incorporator (the "Incorporator") is Heather A. Lang, 9900 Bren Road East, Minnetonka, MN 55343. Upon filing of this Certificate of Incorporation and the execution of a written organizational consent by which the Incorporator resigns, the powers of the Incorporator shall terminate.

ARTICLE VI
BOARD OF DIRECTORS

The business and affairs of the Corporation shall be managed by or under the direction of a board of directors. The directors of the Corporation shall serve until the annual meeting of the stockholders of the Corporation or until their successor is elected and qualified. The number of directors of the Corporation shall be such number as from time to time shall be fixed by, or in the manner provided in, the bylaws of the Corporation. Unless and except to the extent that the bylaws of the Corporation shall otherwise require, the election of directors of the Corporation need not be by written ballot. Except as otherwise provided in this Certificate of Incorporation, each director of the Corporation shall be entitled to one vote per director on all matters voted or acted upon by the board of directors.

ARTICLE VII
LIMITATION OF LIABILITY; INDEMNIFICATION

No director of the Corporation shall be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, provided that this provision shall not eliminate or limit the liability of a director (a) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (b) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (c) under Section 174 of the Delaware General Corporation Law, or (d) for any transaction from which the director derived an improper personal benefit. The Corporation shall indemnify its directors and officers to the fullest extent permitted by law. The Corporation, by approval of its board of directors, may in its discretion, indemnify the Corporation's employees and agents. Any repeal or modification of this Article VII shall be prospective only and shall not adversely affect any right or protection of, or any limitation of the liability of, a director of the Corporation existing at, or arising out of facts or incidents occurring prior to, the effective date of such repeal or modification.

ARTICLE VIII
BYLAWS

In furtherance and not in limitation of the powers conferred by the Delaware General Corporation Law, the board of directors of the Corporation is expressly authorized and empowered to adopt, amend and repeal the bylaws of the Corporation.

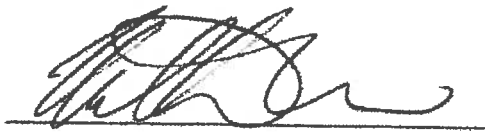
ARTICLE IX
RESERVATION OF RIGHT TO AMEND CERTIFICATE OF INCORPORATION

The Corporation reserves the right at any time, and from time to time, to amend, alter, change, or repeal any provision contained in this Certificate of Incorporation, and other provisions authorized by the laws of the State of Delaware in force at the time may be added or

inserted, in the manner now or hereafter prescribed by law; and all rights, preferences, and privileges of any nature conferred upon stockholders, directors, or any other persons by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this Article IX.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned, being the Incorporator hereinabove named, for the purpose of forming a corporation pursuant to the Delaware General Corporation Law, hereby certifies that the facts hereinabove stated are truly set forth, and accordingly executes this Certificate of Incorporation this 20 day of August, 2019.



Heather A. Lang, Incorporator

4HH

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 IA03291
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: Valley Health Surgery and Rehab Hospital Pharmacy

Physical Address: 8656 West Patrick Lane

City: Las Vegas NV State: Zip Code: 89148 Telephone:

(702) 777 - 7100 Fax: (702) 777-7101 Toll Free Number: N/A

E-mail: christopher.grawe@uhsinc.com

Website: TBD

Managing Pharmacist: Christopher Grawe License Number: 20044

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☐ Retail	☐	☒ Off-site Cognitive Services
☒	☒ Hospital (# beds 66)	☒	☐ 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

Steve Filton, Authorized Official
Print Name of Authorized Person

6/11/20
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Valley Health System LLC

Business Name: Valley Health Surgery and Rehab Hospital

Current Business Address: 8656 West Patrick Lane

City: Las Vegas State: NV Zip Code: 89148

Telephone: (702) 777-7100 Fax: (702) 777-7101

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 6:00 am 4:30 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:

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Steve Filton

Responsible Person of Valley Health System, 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

Steve Filton, Authorized Official
Print Name of Authorized Person

6/11/20
Date

Managing Pharmacist

Pharmacist Name: Christopher Grawe License #: 20044

Pharmacy Name: Valley Health Surgery and Rehab Hospital Pharmacy

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: _____ Date: _____ Case #: _____

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.

Signature _____ Date 6-9-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALLEY HEALTH SYSTEM 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 JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALLEY HEALTH SYSTEM LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 1998.

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

Jeffrey W. Bullock, Secretary of State

2847793 8300

SR# 20205453828

Authentication: 203035072

Date: 06-02-20

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

Officers and Directors of Valley Hospital Medical Center, Inc.
Sole Member of Valley Health System, LLC

Name	Title	Corporate Address
Marvin Pember	President & Director	367 South Gulph Road King of Prussia, PA 19406
Steve Filton	Vice President & Director	367 South Gulph Road King of Prussia, PA 19406
Matthew D. Klein	Vice President, Secretary & Director	367 South Gulph Road King of Prussia, PA 19406
George H. Brunner, Jr.	Assistant Secretary	367 South Gulph Road King of Prussia, PA 19406
Cheryl K. Ramagano	Treasurer	367 South Gulph Road King of Prussia, PA 19406
Robert M. Zurad	Assistant Treasurer	367 South Gulph Road King of Prussia, PA 19406

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

Date 6-9-20

GENERAL INSTRUCTIONS

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

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

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

Application for Hospital Pharmacy
Nature of Pharmacy or Wholesaler

Valley Health Surgery and Rehab Hospital Pharmacy, 8656 West Patrick Lane, Las Vegas, NV 89148
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Crowe | Christopher | Steven
Last Name | First Name | Middle Name

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

Flamenco Ct. | Las Vegas | NV, 89139
Present Residence Address-Street or RFD | City | State/Zip

Dates
Present Business Address | City | State/Zip

Dates
Present Position with the Pharmacy or Wholesaler | Phone: Residence | Business

Mt. Vernon, Jefferson City, Illinois
Date of Birth | Place of Birth (City, County, State)

26 | Male
Age | Social Security Number or ITIN | Sex

Brown | Brown | White | 175 lbs | Athletic | 6'0"
Color of Eyes | Color of Hair | Complexion | Weight | Build | Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

(Single) Married Separated Divorced Widowed Engaged

Applicant's initial

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden)_____ SS# or ITIN_____

Date of Birth_____ Place of Birth_____

Resident address_____
Street City State Zip

Telephone: Residence_____ Business .....

Spouse's employer_____ Occupation_____

Address of employer_____
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial _____

FAMILY INFORMATION-Continued

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

Name_____

Address_____

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Steven Grauer			Factory Worker Lyle Dr Hoffman, IL 62256
Mother	Karen Grauer (Kirgan)			Lyle Dr, Hoffman IL, Accountant
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	N/A			
Spouse	N/A			
Spouse	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Trinity Lutheran Hoffman K-8	Hoffman IL	- 2008	Yes No
High School	Carlyle Community High School	Carlyle, IL	2008-2012	Yes No
College University				Yes No
Other	Southern IL University Edwardsville	Edwardsville, IL	2012 - 2018	No

Type of degree obtained, if any Pharm D.

College or university where obtained Southern IL University Edwardsville School of Pharmacy

Applicant's initial CL

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ~~No~~

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

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

B. Have you registered for the draft? Yes ~~No~~

County Clinton State Illinois Date registered 12-2-2012

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ~~No~~ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ~~No~~

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ~~No~~

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ~~No~~

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ~~No~~
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ~~No~~
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ~~No~~
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial CC

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → No → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → No → If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2019-2020	; Flamenco Ct	Las Vegas	NV
2018-2019	830 E College St,	Carbondale,	IL
1993-2018	134 Lyle Dr,	Hoffman,	IL

Applicant's initial CG

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
04/2019-Current	Henderson Hospital, 1050 W Galleria Dr, Henderson NV	~3000 hrs
Title	Description of Duties	Name of Supervisor
Clinical Pharmacists		Evelyn Clair
8/2018-4/2019	Walgreens, 206 S Wall St, Carbondale IL	1000 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
~~Pharmacist~~ Pharmacists	Retail Pharmacists	Amanda Hertzog
Title	Description of Duties	Name of Supervisor
04/2013-04/2018	Walmart Pharmacy, 6610 Wesley Dr Wood River IL	~5000 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Intern	Counseling, Prescription Filling, Maintain Records, Dispense Prescriptions	Chris Hunter
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial CL

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Blythe Pruett	Home	Fairview Heights, Illinois, 62208.				8 yrs
Employer Express Scripts	Business					
Name Kimberly Shubert	Home	Las Vegas, Nevada, 89134,				1.6 yrs
Employer Henderson Hospital	Business					
Name Brandon Abernathy	Home	Carlyle, Illinois, 62231,				10 yrs
Employer Apex	Business					
Name Dixie Fritsche	Home	Hoffman, Illinois, 62250,				26 yrs
Employer Pipe Fitting	Business					
Name Charlee Fritsche	Home	Shattuc, Illinois, 62231,				22 yrs
Employer Social Worker	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but notlimited to the following:

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

Yes — (No)

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes — (No)
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — (No)

.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes — (No)

.....

If yes to the above, state where, when and for what reason:

.....

.....

Applicant's initial _____

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes (No)

15. Have you or any person with whom you have been a participant in any group been the subject of any administrative action or proceeding relating to the pharmaceutical industry? Yes (No)

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes (No)

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes (No)

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes (No)

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? (Yes) No

20. Will you be employed fulltime with the pharmacy or wholesaler? (Yes) No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? (Yes) No



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 6-9-20

Applicant's initial

STATE OF Nevada
ss.

COUNTY OF Clark

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

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

Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of June 2020

Helen K Vitelle
Notary Public

(seal)

HELEN K. VITELLE
Notary Public, State of Nevada
Appointment No. 14-14994-1
My Appt. Expires Feb 15, 2023

Applicant's initial CG

Applicant's initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 6-9-20

GENERAL INSTRUCTIONS

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

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

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

Application for Hospital Pharmacy
Nature of License

Valley Health Surgery and Rehab Hospital Pharmacy
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Crowe (Last Name) Christopher (First Name) Steven (Middle Name)

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

3 Flamencodts (Present Residence Address-Street or RFD) Las Vegas (City) Nevada, 89139 (State/Zip)

Henderson Hospital (Present Business Address) Dates (Henderson (City) Nevada, 89014 (State/Zip)

Clinical Pharmacist (Occupation) Dates 04/2019-Current

Phone: Residence [redacted]

Business 702-963-7190

Date of Birth

Mt Vernon, Jefferson, Illinois (Place of Birth (City, County, State))

26 (Age)

Social Security Number or ITIN

Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	White	175lbs	Athletic	6'04

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? (Yes) No → If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

(Single) → Married → Separated → Divorced → Widowed → Engaged →

Applicant's initial

A. Current Marriage N/A
Date City, County and State

Spouse's full name (Maiden)_____ SS# or ITIN_____

Date of Birth_____ Place of Birth_____

Resident address_____
Street City State Zip

Telephone: Residence_____ Business .....

Spouse's employer_____ Occupation_____

Address of employer_____
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial _____

FAMILY INFORMATION-Continued

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

Name_____

Address_____

Contact person_____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Steven Crowe		Lyle Dr, Hoffman IL	Factory Worker
Mother	Karen Crowe (Rogers)		Lyle Dr, Hoffman IL	Accountant
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	N/A			
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Trinity Lutheran Hoffman K-8	Hoffman IL	→ 2008	(Yes) No
High School	Carlyle Community High School	Carlyle IL	2008-2012	(Yes) No
College University				(Yes) No
Other	Southern IL University Edwardsville	Edwardsville IL	2012-2018	Yes No

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained STLE School of Pharmacy

Applicant's initial _____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

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

B. Have you registered for the draft? (Yes) → No →

County Winnebago State Illinois Date registered 12-2-2015

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ← (No) ← (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ← (No) ← If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
2019-2020	Flamenco Ct	Las Vegas	Nevada
2015-2019	830 E. College St	Carbondale	Illinois
1993-2015	134 Lyle Dr	Hoffman	Illinois

Applicant's initial CB

6. EMPLOYMENT:

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

04/2019-Current | Henderson Hospital 1050 W Galleria Dr | N/A
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Clinical Pharmacist | Hospital Pharmacist | Evelyn Chu
Title | Description of Duties | Name of Supervisor

8/2018-4/2019 | Walgreens 206 S Wall St, Carbondale IL | New Job
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Pharmacist | Retail Pharmacist | Amanda Heisler
Title | Description of Duties | Name of Supervisor

04/2013-04/2018 | Walmart Pharmacy 610 Wesley Dr Wood River IL | Graduated
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Pharmacy Intern / Pharmacy Tech | Chris Hutte
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

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

Applicant's initial CH

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Blake Pruett	Home	Fairview Heights, IL, 62208,				8 yrs
Employer Express Scripts	Business					
Name Kimberly Shubert	Home	Las Vegas, NV, 89139,				6 yrs
Employer Henderson Hospital	Business					
Name Brendan Abernathy	Home	Carlyle, IL, 62231,				10 yrs
Employer Apex	Business					
Name Darren Fritsch	Home	Hoffman, IL, 62250,				22 yrs
Employer Pipe fitter	Business					
Name Charlee Fritsch	Home	Shattuc, IL, 62231,				22 yrs
Employer Social Worker	Business					

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

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

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

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

Yes → No →
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes → No →
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial CD

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

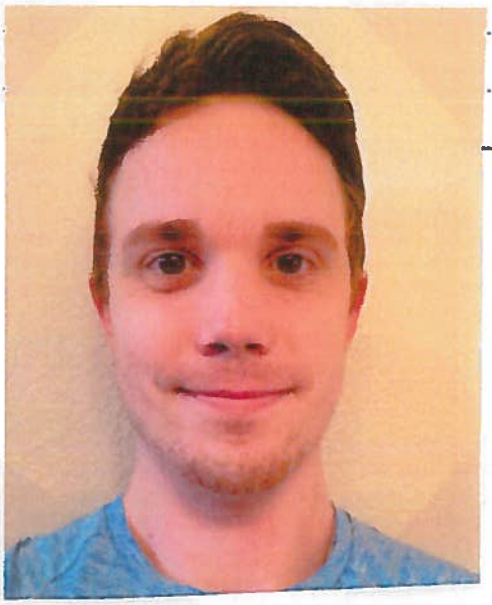
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 6-9-22

Applicant's initial