4

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*
☑ *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: AdhereRx, Inc.

Physical Address: 1343 N. Colorado Street, Suite 109, Gilbert, AZ 85233

Mailing Address: 1343 N. Colorado Street, Suite 109

City: Gilbert State: AZ Zip Code: 85233

Telephone: (602) 649-4145 Fax: (602) 962-2234

Toll Free Number: (866) 463-5550 (Required per NAC 639.708)

E-mail: bret.koertge@adherehealth.com Website: http://www.adhererx.com

Managing Pharmacist: Bret Koertge License Number: AZ - S024593

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: Closed-door	☐ ☑ 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.

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

Bret Koertge
Print Name of Authorized Person

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: North Carolina

Parent Company if any: AdhereHealth

Mailing Address: 501 Corporate Centre Drive, Ste. 400

City: Franklin State: TN Zip: 37067

Telephone: (629) 216-3027 Fax: (615) 345-7460

Contact Person: J.R. Garrett

For any corporation non publicly traded, disclose the following:

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

a) Bradley J. Mundt Precision Drive, S... Loveland C...
Name Address

b) Jason Z Rose Corporate Centre Drive Frank...
Name Address

c) Brian S Sauer Street Promenade Santa Monica
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

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

• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online • Add Entity to My Email Notification List • View Filings • Print a Pre-Populated Annual Report form • Print an Amended a Annual Report form

Business Corporation

Legal Name
AdhereRx Incorporated
Prev Legal Name
Physicians Pharmacy Alliance, Inc.
Prev Legal Name
U 1st Pharmacy, Inc.

Information

SosId: 0651809
Status: Current-Active
Date Formed: 11/6/2002
Citizenship: Domestic
Fiscal Month: December
Annual Report Due Date: April 15th
Current**Annual Report Status:**
Registered Agent: CT Corporation System

Addresses

Mailing
118 MacKenan Dr. Suite 200
Cary, NC 27511

Principal Office
118 MacKenan Dr. Suite 200
Cary, NC 27511

Reg Office
160 Mine Lake Ct Ste 200
Raleigh, NC 27615

Reg Mailing
160 Mine Lake Ct Ste 200
Raleigh, NC 27615

Officers

Chairman
Bradley J. Mundt
Precision Drive,
Loveland

President
Jason Z Rose
Corporate Centre Drive,
Franklin TN

Secretary
Brian S Sauer
Street Promenade
Santa Monica

Stock

Class: Common
Shares: 1000
No Par Value: Yes

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ADHERERX INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of November, 2002, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of July, 2020.

Elaine F. Marshall

Secretary of State

Certification# 107853054-1 Reference# 16391156- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Bret Koertge

Responsible Person of AdhereRx, Inc.

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

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

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

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

Bret Koertge
Print Name of Authorized Person

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Bret Koertge, 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 AdhereRx, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

I, Bret Koertge, 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 July, 2020.

NOTARY PUBLIC

SHANE HUFFMAN
Notary Public - Arizona
Maricopa County
Commission # 557753
My Comm. Expires Jan 27, 2023

Posted April 1, 2020

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 03/31/2020
Receipt Number: 202082125
Receipt Amount $: 480.00

Pharmacy - Limited Service

Mail Order

PERMIT NO	EXPIRES
Y008343	10/31/2021

Issued to : ADHERERX INCORPORATED
ADHERERX INCORPORATED
501 CORPORATE CENTRE DR STE 400 FRANKLIN, TN 37067

ADHERERX INCORPORATED
1343 N COLORADO ST SUITE 109
GILBERT, AZ 85233

Kam Gardner
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : ADHERERX INCORPORATED
LICENSE NUMBER : Y008343
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

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*** N/A

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: Blink Health Pharmacy LLC d/b/a Blink Pharmacy Plus

Physical Address: 3 Penn Center West, Suite 320 Pittsburgh PA 15276

Mailing Address: 1407 Broadway, Suite 2100

City: New York State: NY Zip Code: 10018

Telephone: 412-376-4342 Fax: 866-347-7092

Toll Free Number: 844-963-0320 (Required per NAC 639.708)

E-mail: licensing@blinkhealth.com Website: www.blinkhealth.com/blink-pharmacy-plus

Managing Pharmacist: Michael Stanley License Number: RP448577 (PA)

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
		☐	☒ Mail Service Sterile Compounding **
		☐	☒ Other Services: _____

All boxes must be checked
For the application to be complete

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. N/A
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 Nameth EVP, Pharmacy
Print Name of Authorized Person

7/22/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Blink Health Pharmacy LLC

Mailing Address: 1407 Broadway, Suite 2100

City: New York State: NY Zip: 10018

Telephone: 314-956-9369 Fax: 646-304-6779

Contact Person: Kathleen Reardon

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 0

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

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

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 8:00 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: N/A

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLINK HEALTH PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLINK HEALTH PHARMACY LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

6696402 8300

SR# 20206243749

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

Authentication: 203287548

Date: 07-15-20

Blink Health Pharmacy LLC
1401 Broadway, Suite 2100
New York, NY 10018
FEIN #30-1027668

Geoffrey Chaiken **Chief Executive Officer**	**Michael Nameth** **Executive Vice President, Pharmacy**
Kathleen Reardon **Chief Healthcare Counsel & Corporate Secretary**	**Frederick Duff** **Vice President, Finance**

No Officer has an ownership interest in the entity.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

07/21/2020

License Information

BLINK HEALTH PHARMACY, LLC DBA BLINK PHARMACY PLUS

3 PENN CENTER WEST, SUITE 320
PITTSBURGH, Pennsylvania 15276

Board/Commission:	State Board of Pharmacy	Status Effective Date:	10/23/2019
LicenseType:	Pharmacy	Issue Date:	10/23/2019
Specialty Type:		Expiration Date:	08/31/2021
License Number:	PP482929	Last Renewal:	
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
MICHAEL ROBERT STANLEY	Pharmacist Manager	Pharmacist	RP448577	Active	10/28/2019	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.

1352

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacy

License Number
PP482929

Expiration Date
08/31/2021

Active

BLINK HEALTH PHARMACY, LLC DBA BLINK PHARMACY PLUS
3 PENN CENTER WEST, SUITE 320
PITTSBURGH, PA 15276

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE.

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.

BLINK HEALTH PHARMACY, LLC DBA BLINK PHARMACY PLUS
3 PENN CENTER WEST, SUITE 320
PITTSBURGH, PA 15276

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

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

20 0024608

License Type
Pharmacy

BLINK HEALTH PHARMACY, LLC DBA BLINK P
MICHAEL ROBERT STANLEY
3 PENN CENTER WEST, SUITE 320
PITTSBURGH, PA 15276

License Status
Active

Initial License Date
10/23/2019

Expiration Date
08/31/2021

License Number
PP482929

Acting Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S. § 911

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

BLINK HEALTH PHARMACY, LLC DBA BLINK HEALTH PHARMACY
3 PENN CENTER WEST, SUITE 320
PITTSBURGH, PA, 15276

Phone: 412-376-4342
Owner: MICHAEL STANLEY

LICENSE

License No: AA0001810902
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: New Business
Inspection Date: 10/23/2019
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CATHERINE LUTZ	10/23/2019 9:55:21 AM	Michael Stanley - RP448577
Signature of Inspector	Date/Time	Signature of Owner/Representative

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Pennsylvania)
) ss.
Allegheny COUNTY)

I, Michael Nameth, 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 EVP, Pharmacy for Blink Health Pharmacy LLC d/b/a Blink Pharmacy Plus (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, Michael Nameth, 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
22nd day of July, 2020.

NOTARY PUBLIC

Commonwealth of Pennsylvania - Notary Seal
Veronica C. Berton, Notary Public
Allegheny County
My commission expires October 6, 2023
Commission number 1249239
Member, Pennsylvania Association of Notaries

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Nameth

Responsible Person of Blink Health Pharmacy LLC d/b/a Blink Pharmacy Plus

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

Michael Nameth EVP, Pharmacy
Print Name of Authorized Person

7/22/2020
Date

4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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

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☐ *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: Epic Pharmacy LLC DBA Epic Pharmacy

Physical Address: 2249 NW 39th St Oklahoma city, OK - 73112

Mailing Address: 2249 NW 39th St

City: Oklahoma city State: OK Zip Code: 73112

Telephone: 405. 724. 7852 Fax: 405. 724. 7853

Toll Free Number: 1. 888. 688. 0054 (Required per NAC 639.708)

E-mail: epicrx@epicpharmacyokc.com Website: www.epicpharmacyokc.com

Managing Pharmacist: Valimohammed Panara License Number: 16396 (OK)

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.

Hamza

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

HAMZA MUHAMMAD

Print Name of Authorized Person

06.25.20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited ✓

Partnership Name: Epic Pharmacy LLC

Mailing Address: 2249 NW 39th St

City: Oklahoma city State: OK Zip Code: 73112

Telephone Number: 405. 724. 7852 Fax Number: 405. 724. 7853

Contact Person: Valimohammed Panara

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
Hamza Muhammad	L	40 %.
Jagdishbhai Hapani	L	30 %.

List names of 4 largest partners and percentage of ownership:

Name: Hamza Muhammad %: 40 %.

Name: Jagdish bhai Hapani %: 30 %.

Name: Kausherbanu Panara %: 30 %.

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: NP %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 6:00 pm Saturday 10:00 am 2:00 pm

Sunday closed am closed pm 24 Hours No

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, HAMZA MUHAMMAD

Responsible Person of EPIC 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.

Hamza

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

HAMZA MUHAMMAD

Print Name of Authorized Person

06.25.20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Collin COUNTY)

I, HAMZA MUHAMMAD, 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 HAMZA MUHAMMAD for EPIC 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, Hamza Muhammad, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

HAMZA MUHAMMAD
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 25th day of June, 2020.

NOTARY PUBLIC

ZACK LOGSDON
Notary Public, State of Texas
Comm. Expires 04-04-2024
Notary ID 128948530

OFFICE OF THE SECRETARY OF STATE

STATE OF OKLAHOMA

CERTIFICATE OF REGISTRATION
OF
LIMITED LIABILITY COMPANY

WHEREAS, the Application for Registration of

EPIC PHARMACY LLC

organized under the laws of the State of **DELAWARE** *has filed in the office of the Secretary of State duly authenticated evidence of its organization and application for registration to transact business in this State, as provided by the laws of the State of Oklahoma.*

NOW THEREFORE, I, *the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this Certificate evidencing the registration of said limited liability company to transact business in this state.*

IN TESTIMONY WHEREOF, I *hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.*

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

Filed in the city of Oklahoma City this 10th day of June, 2019.

Secretary of State

OKLAHOMA Secretary of State Electronic Filing

CERTIFICATE OF REGISTRATION
FOREIGN LIMITED LIABILITY COMPANY
Document Number: 41169910002 Submit Date: 6/10/2019

LIMITED LIABILITY COMPANY NAME

The Name of the Limited Liability Company is:
EPIC PHARMACY LLC

ADDRESS

8 THE GREEN, A
DOVER, DE 19901 USA

Email - mail@sginccpa.com

REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Agent Name
KAUSHERBANU PANARA
Address
I COUNCIL ROAD
OKLAHOMA CITY USA

FOREIGN ENTITY

The state or other jurisdiction of its formation:
DELAWARE

Formation Date:
6/10/2019

ATTACHMENTS

File Label	File Name and Path
LETTER OF CONSENT	Letter of Consent.pdf
FORMATION	FORMATION.pdf
CERTIFICATE OF GOOD STANDING	Certificate of Good Standing.pdf

SIGNATURE

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and by attaching the signature I agree and understand that the typed electronic signature shall have the same legal effect as an original signature and is being accepted as my original signature pursuant to the Oklahoma Uniform Electronic Transactions Act, Title 12A Okla. Statutes Section 15-101, et seq.

Dated - 6/10/2019

Signature Names
VALIMOHAMMED PANARA

[End Of Image]

CONSENT TO USE OF NAME

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

I hereby execute the following consent to the use of same name or indistinguishable name pursuant to the provisions of Title 18, Section 1141.1 or Section 2008.2b **or** Title 54, Section 500-108A, whichever is applicable:

1. Name of consenting business entity:
EPIC PHARMACY LLC

2. State or jurisdiction of formation of consenting business entity: OKLAHOMA/DELAWARE

3. Business entity is a: **(PLEASE CHECK ONE)**

- ☐ Corporation
- ☒ Limited Liability Company
- ☐ Limited Partnership
- ☐ Limited Liability Partnership
- ☐ Trade Name
- ☐ Other

4. Name of proposed business entity to which this consent is being given:
EPIC PHARMACY LLC

5. State or jurisdiction of formation of business entity receiving consent: OKLAHOMA/DELAWARE

6. In the event the consenting name is **identical** to the proposed name, the consenting entity is about to: **(PLEASE CHECK ONE)**

- ☒ Change its name
- ☐ Cease to do business
- ☐ Withdraw from Oklahoma
- ☐ Be wound up

The consent to use of name must be signed by the authorized person(s) of the consenting business entity.

- **Signed this** 07th **day of** June, 2019 **by:**

Hamza S Muhammad

Signature

HAMZA S MUHAMMAD

Printed Name

MANAGING MEMBER

Title

Signature

Printed Name

Title

(SOS FORM 0033-07/12)

Congratulations!

EPIC PHARMACY LLC

is now formed and you are now permitted to do business!

State of formation: Delaware Filing date: 05/23/19

As part of the formation process we have placed the official state documents in your account. This will show you are registered to do business in your state. Also included are the Initial Resolutions which release all power to the managers or members and show the formation details of your company. An Operating Agreement is also included which provides a guideline on how your LLC will operate. Other documents such as membership certificates and banking resolutions are included as well which will evidence who owns the company and who has authority to sign on behalf of the company. If you are opening a business bank account the bank may want to see all of these documents so it is a good idea to print them out and take them with you.

The documents placed in your online account are always available to view. In addition to the Documents section, you may always add additional services under the Services tab should you need our assistance with further state registrations, ongoing state compliance, and registered agent services.

Thank you for letting us help form your LLC. The best part of our job is meeting different people from various business backgrounds and helping them launch their companies. Please do not hesitate to contact us further should you have any questions regarding your company or our services.

Thanks,

Filings Team

INITIAL RESOLUTIONS

I, Patrick Brickhouse , of A Registered Agent, Inc. , being the Organizer of EPIC PHARMACY LLC, a Delaware Limited Liability Company, hereby resolve to relinquish signing authority to the Members named below and adopt the following resolutions:

1. **Resolved,** the named Members of the Limited Liability Company are hereby named as Members and own an interest in the Limited Liability Company:

   Hamza Muhammad

   Kausherbanu Panara

   JagdishBhai Hapani Hapani

2. **Resolved,** that EPIC PHARMACY LLC was organized on 05/23/19 in the State of Delaware with assigned filing number 7435124.

3. **Resolved,** that the copy of the Articles of Organization of the above named Limited Liability Company is complete.

4. **Resolved,** that the general provisions of an operating agreement be adopted and included as official records of the Limited Liability Company. If members chooses to adopt a more detailed operating agreement, then such agreement will take precedence over general provisions in the original operating agreement.

5. **Resolved,** that member has formed a limited liability company, and is entitled to the full extent of their limitation of liability pursuant to state law. Furthermore, members' failure to maintain formalities of a limited liability company does not preclude them from liability protection under state law.

Pat Brick 05/23/19

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPIC PHARMACY LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MAY, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7435124 8300

SR# 20195294717

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

Authentication: 202976503

Date: 06-06-19

OKLAHOMA
State Board of Pharmacy
2920 N Lincoln Blvd, Suite A, Oklahoma City, OK 73105
Marty Hendrick, Pharm. D., D.Ph., Executive Director
pharmacy@pharmacy.ok.gov • www.pharmacy.ok.gov
Phone: 405.521.3815 • Fax: 405.521.3758

July 1, 2020

CERTIFIED LICENSE VERIFICATION

Name:	EPIC PHARMACY LLC EPIC PHARMACY
Address:	2249 NW 39TH STREET OKLAHOMA CITY, OK 73112
License Number:	1-8487
Date Issued:	06/14/2019
Expiration Date:	06/30/2021
License Type:	RETAIL
Disciplinary Action:	NONE
Licensure Status:	GOOD STANDING
Last Date of Inspection:	06/21/2019
Verification Date:	July 1, 2020
Verified By:	*(JAMIE THOMPSON)*
Title:	Customer Service Representative
SEAL:	

A Constitutional Board Established in 1907

President	Vice-President	Member	Member	Member	Member
Greg Adams, D.Ph. *Clinton*	Jim Spoon, D.Ph. *Sand Springs*	Mark St. Cyr, D.Ph. *Jones*	Jason Willeford *Norman*	Justin Wilson, D.Ph. *Norman*	Kyle Whitehead, D.Ph. *Enid*

OKLAHOMA
State Board of Pharmacy
2920 N Lincoln Blvd Ste A, Oklahoma City, OK 73105

405-521-3815 • Fax 405-521-3758

PHARMACY
#1-8487

RETAIL
EXPIRES JUN 30, 2021

EPIC PHARMACY LLC
EPIC PHARMACY
2249 NW 39TH STREET
OKLAHOMA CITY, OK 73112

Permits

Drug Supplier

2021

Amount: $170.00
Receipt: 2020-1524
Date: 5/15/2020

This License is not transferable.
License must be conspicuously displayed in the location to which it is issued.

Important Information

- **Change of Location:** This license is not transferable for a change of location. A new license is required.
- **Change of Name:** This license is not transferable for a change of name. A new license is required.
- **Change of Owner:** This license is not transferable for a change of owner. A new license is required when the ownership changes by 20% or more.
- **Forms & Applications, Current Announcements and Laws & Rules are available at the Board's website:** www.pharmacy.ok.gov
- **Board Contact:**

  Email: pharmacy@pharmacy.ok.gov

  Phone: 405-521-3815

  Fax: 405-531-3758

All changes in any information required for the licensure must be reported to the Board within ten (10) days.

It is your responsibility to keep this license current.

Oklahoma State Bureau of Narcotics and Dangerous Drugs Control

This is to certify that

EPIC PHARMACY LLC
DBA: EPIC PHARMACY
2249 NW 39TH ST
OKLAHOMA CITY, OK 73162-0000

67456 OBN CERTIFICATE OF REGISTRATION NO.

is (duly registered with the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control and is (hereby) authorized to legally handle

John M. Scully

John M. Scully, Director
EXPIRES OCTOBER 31, 2022

Schedule(s) 2, 2N, 3, 3N, 4, 5
pursuant to O.S. § 2-302. (This registration is not transferable on change of ownership or business activity.) Date Issued 07/03/2019

Certificate of Registration must be readily retrievable at all times.

The Oklahoma Bureau of Narcotics will not be mailing this certificate to you.

4D

RECEIVED
7-23-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☑ *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: First Choice Home Infusion LLC

Physical Address: 107 Imperial Boulevard, Ste 9, Hendersonville, TN 37075

Mailing Address: P.O. Box 1585

City: Hendersonville State: TN Zip Code: 37077

Telephone: 615-351-3604 Fax: 844-324-3244

Toll Free Number: 866-665-3244 (Required per NAC 639.708)

E-mail: mark@firstchoiceiv.com Website: _____

Managing Pharmacist: Rodney McCormick License Number: 0000010157

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	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☑	☐ Other Services: Specialty

****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.

Mark Osborne

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

Mark Osborne

Print Name of Authorized Person

7-16-20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Tennessee

Parent Company if any: First Choice Home Infusion LLC

Mailing Address: P.O. Box 1585

City: Hendersonville State: TN Zip: 37077

Telephone: 615-351-3604 Fax: 844-324-3244

Contact Person: Mark Osborne

For any corporation non publicly traded, disclose the following:

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

a) Mark Osborne ' Southburn Drive, Hendersonville, TN 100%
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 4:00 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

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

LIST OF OFFICERS & DIRECTORS
FOR FIRST CHOICE HOME INFUSION LLC

Mark Osborne: Managing Member

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mark Osborne

Responsible Person of First Choice Home 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

Mark Osborne
Print Name of Authorized Person

7-16-20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Tennessee)
) ss.
Sumner COUNTY)

I, Mark Osborne, 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 First Choice Home 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, Mark Osborne, 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
17 day of July, 2020.

NOTARY PUBLIC

KAREN R. BRENNENSTUHL
Notary Public - State at Large
Kentucky
My Commission Expires May 28, 2024
Notary ID KYNP8261

Posted April 1, 2020

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

FIRST CHOICE HOME INFUSION, LLC
PO BOX 1585
HENDERSONVILLE, TN 37077-1585

April 9, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0359010

Issuance Date: 04/09/2020
Copies Requested: 1

Document Receipt

Receipt # : 005478646 Filing Fee: $20.00

Payment-Check/MO - FIRST CHOICE HOME INFUSION LLC, HENDERSONVILLE, TN $20.00

Regarding: **First Choice Home Infusion, LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	736156
Formation/Qualification Date:	10/28/2013	Date Formed:	10/28/2013
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SUMNER 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

First Choice Home Infusion, 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: Nichole Hambrick

Verification #: 038991337

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

April 21, 2020

First Choice Home Infusion, LLC
P.O. Box 1585
Hendersonville, TN 37077-1585

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:	First Choice Home Infusion, LLC
ADDRESS:	107 Imperial Blvd., Ste.9 Hendersonville, TN 37075
LICENSE NUMBER:	5294
ISSUE DATE:	April 04, 2014
EXPIRATION DATE:	April 30, 2022
CURRENT STATUS:	Licensed
STATUS DATE:	April 04, 2014
SPECIAL ENDORSEMENT:	Controlled Substance Registration

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

Sincerely,

Sheila W Baker
Tennessee Board of Pharmacy

VERFFACLTY

State of Tennessee
Department of Health

12085 5 5
50094

TENNESSEE BOARD OF PHARMACY
PHARMACY
FIRST CHOICE HOME INFUSION, LLC
107 IMPERIAL BLVD, SUITE 9
HENDERSONVILLE TN 37075

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

ID NUMBER: 0000005294
EXPIRATION DATE: 04/30/2022

CONTROLLED SUBSTANCE REGISTRATION

John W Sidwell
DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171

4E

RECEIVED 6/16/2020

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH____***

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: LeMed Pharmacy III , LLC

Physical Address: 2417 3rd Ave, Ste 406 Bronx NY 1045

Mailing Address: 2417 3rd Ave, Ste 406

City: Bronx State: NY Zip Code: 10451

Telephone: 347-913-4656 Fax: 713-231-2727

Toll Free Number: 844-795-3633 (Required per NAC 639.708)

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

Managing Pharmacist: PARINAZ BROKHIM BASSIRI-TEHRANI License Number: 038369

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.

Parinaz Bassiri Tehrani

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

PARINAZ BROKHIM BASSIRI-TEHRANI — Print Name of Authorized Person

6-5-2020 — Date

Board Use Only Date Processed: JUN 17 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NY

Parent Company if any: LMSP MIDDLE HOLDINGS, LLC

Mailing Address: 2417 3rd Ave, Ste 406

City: Bronx State: NY Zip: 1041

Telephone: 347-913-4656 Fax: 713-231-2727

Contact Person: PARINAZ BROKHIM BASSIRI-TEHRANI

For any corporation non publicly traded, disclose the following:

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

a) RASILA DHADUK (Name) 2417 3RD AVE, STE 406 BRONX NY , 10451 (Address)

b) MITA PIPALIA (Name) 2417 3RD AVE, STE 406 BRONX NY , 10451 (Address)

c) VIPUL PAREKH (Name) 2417 3RD AVE, STE 406 BRONX NY , 10451 (Address)

d) SHALEEN PATEL (Name) 2417 3RD AVE, STE 406 BRONX NY , 10451 (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? MARCH 4, 2004

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 9:00AM-7:30PM _____am _____pm

Saturday 9:00AM-4:00PM _____am _____pm

Sunday CLOSE _____am _____pm

24 Hours _____

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

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

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

List of officers and directors

RASILA DHADUK

MITA PIPALIA

VIPUL PAREKH

SHALEEN PATEL

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, PARINAZ BROKHIM BASSIRI-TEHRANI

Responsible Person of LeMed Pharmacy III , 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.

Parinaz Bassiri-Tehrani

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

PARINAZ BROKHIM BASSIRI-TEHRANI
Print Name of Authorized Person

6-5-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Bronx COUNTY)

I, PARINAZ BROKHIM BASSIRI-TEHRANI, 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 LeMed Pharmacy III , 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, PARINAZ BROKHIM BASSIRI-TEHRANI, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name P Bassiri-Tehrani 6-11-2020

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

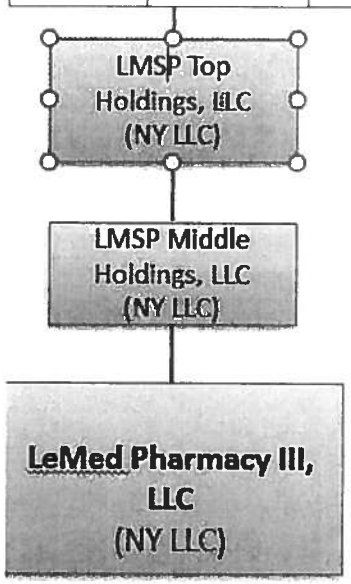
Vipul Parekh
NOTARY PUBLIC

VIPUL PAREKH
NOTARY PUBLIC-STATE OF NEW YORK
No. 01PA6121158
Qualified In Bronx County
My Commission Expires 01-10-2021

Applicant: LeMed Pharmacy III, LLC.

The direct ownership of LeMed Pharmacy III, LLC , is held by LMSP Middle Holdings, LLC; LMSP Middle Holdings, LLC is wholly owned by LMSP Top Holdings, LLC, which is wholly owned by :

Owner Name	Title	% Ownership	Date of Birth	Social Security Number	Home Address	Contact Number	Fax Number	Email Address
Rasila Dhaduk	Member	26.67%			Phillip Drive, Parsippany, NJ	5066	-2727	yahoo.com
Mita Pipalia	Member	26.67%			Phillip Drive, Parsippany NY,	-0910	2727	ahoo.com
Vipul Parekh	Member	26.67%			Syldeo Dr Parsippany NJ	4063	2727	@hotmail.
Shaleen Patel	Member	20%			Palliser Road, Irvington NY	19	272	yahoo.com



THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2019-22

SUPERVISING PHARMACIST
PARINAZ B. TEHRANI

THIS IS TO CERTIFY

LEMED PHARMACY III LLC
2417 THIRD AVE.
SUITE 406
BRONX, NY 10451

is duly recorded as a

REGISTERED PHARMACY

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

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF SEPTEMBER, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF AUGUST, 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
026863

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

NYSED.gov

OP Office of the Professions

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 *

06/11/2020

Type : PHARMACY
Legal Name : LEMED PHARMACY III LLC
Trade Name :
Street Address :
2417 THIRD AVE.
SUITE 406
BRONX, NY 10451-0000

Registration No : 026863
Date First Registered : 09/28/04
Registration Begins : 09/01/19
Registered through : 08/31/22
Supervisor : 038369 TEHRANI PARINAZ B
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.

CERTIFICATE OF AMENDMENT
OF THE
ARTICLES OF ORGANIZATION
OF

LEROY PHARMACY III LLC

Under Section 211 of the Limited Liability Company Law

FILER:
Servico Inc.
P.O. Box 871
Albany, New York 12201

Acct: 2802
CUSTOMER REFERENCE: 37184

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 28, 2019.

Whitney Clark
Deputy Secretary of State

Rev. 06/13

190327000 256

NEW YORK STATE OF OPPORTUNITY. | **Division of Corporations, State Records and Uniform Commercial Code**

New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

(This form must be printed or typed in black ink)

ARTICLES OF ORGANIZATION OF

LMSP Middle Holdings, LLC

(Insert name of Limited Liability Company)

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

LMSP Middle Holdings, LLC

SECOND: The county within this state in which the office of the limited liability company is to be located is: Bronx County

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

159 East Gun Hill Road
Bronx, NY 10467

X _____
(Signature of Organizer)

Janice Parmar
(Print or Type Name of Organizer)

190327000256

256

ARTICLES OF ORGANIZATION
OF

LMSP Middle Holdings, LLC

(Insert name of Limited Liability Company)

Under Section 203 of the Limited Liability Company Law

Filer's Name and Mailing Address:

Rebecca Ware

Name:

Bass, Berry & Sims PLC

Company, if Applicable:

150 Third Avenue South, Suite 2800

Mailing Address:

Nashville, TN 37201

City, State and Zip Code:

Drawdown
Delaney #30

NOTES:

1. This form was prepared by the New York State Department of State for filing articles of organization for a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores.
2. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
3. The Limited Liability Company Law requires that the name end with "Limited Liability Company," "LLC" or "L.L.C." The name of the limited liability company must be uniformly stated throughout this certificate.
4. The filer may not be the limited liability company being formed.
5. The certificate must be submitted with a $200 filing fee made payable to the Department of State.

(For Office Use Only)

1cc

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED MAR 27 2019
TAX $
BY: 17

RECEIVED
2019 MAR 27 AM 9:10

2019 MAR 27 AM 10:00
FILED

260

CERTIFICATE OF AMENDMENT
OF THE
ARTICLES OF ORGANIZATION
OF

LEROY PHARMACY III LLC

Under Section 211 of the Limited Liability Company Law

IT IS HEREBY CERTIFIED THAT:

(1) The name of the company is: **LEROY PHARMACY III LLC**

(2) The Articles of Organization was filed by the Department of State on March 4, 2004.

(3) The Articles of Organization is hereby amended to effect the following change(s):

To amend the name of the company in paragraph first, which shall now read as follows:

FIRST: The name of the limited liability company is:

LEMED PHARMACY III, LLC

IN WITNESS WHEREOF, this certificate has been subscribed by the undersigned who affirm(s) that the statements made herein are true under the penalties of perjury.

DATED: June 18, 2010

s/Rajesh Pipalia
Rajesh Pipalia, Member

Sworn to and Subscribed before me
this 04 day of November 2010

Vipul Parekh
Notary Public, State of New York
Bronx County, # 01PA6121158
My Commission Expires
Jan 10, 2013

4F

RECEIVED 6/16/2020

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*
☐ *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: PREFERRED PHARMACY INC

Physical Address: 3303 HARBOR BLVD STE H7

Mailing Address: 3303 HARBOR BLVD STE H7

City: COSTA MESA State: CA Zip Code: 92626

Telephone: 714-497-2778 Fax: 714-787-4966

Toll Free Number: 877-737-8477 (Required per NAC 639.708)

E-mail: support@preferredrx.com Website: preferredrx.com

Managing Pharmacist: Michael J Agbassi License Number: 80700

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: Prescription delivery services contracted driver/courrier

****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

MICHAEL J AGBASSI
Print Name of Authorized Person

5-26-20
Date

Board Use Only Date Processed: JUN 17 2020 Amount: 600.00

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: SCOTT MONTGOMERY

Business Name: PREFERRED PHARMACY INC

Current Business Address: 3303 HARBOR BLVD STE H7

City: COSTA MESA State: CA Zip Code: 92626

Telephone: 877-737-8477/ 714-497-2778 Fax: 714-787-4966

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 10 am 6 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
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

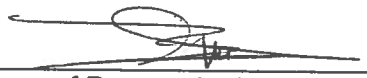
I, MICHAEL J AGBASSI

Responsible Person of PREFERRED PHARMACY INC

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

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

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



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

MICHAEL AGBASSI
Print Name of Authorized Person

5-26-20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA)
) ss.
ORANGE COUNTY)

I, MICHAEL J AGBASSI, 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 PIC for PREFERRED PHARMACY INC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

I, MICHAEL J AGBASSI, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

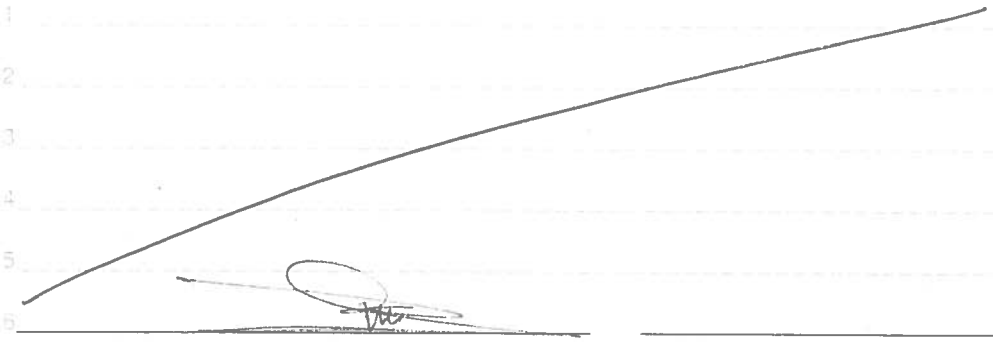
SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

NOTARY PUBLIC

See attached JURAT

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)



Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 3 (Date) day of JUNE (Month), 20 20 (Year),
by
(1) MICHAEL J. AGBASSI
(and (2) ———),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature ———
Signature of Notary Public

BARBARA AUGUSTUS MCKELVEY
Notary Public - California
Orange County
Commission # 2317679
My Comm Expires Jan 21, 2024

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: AFFIDAVIT FOR OUT OF STATE PHARMACY LICENSE Document Date: 6-3-2020
Number of Pages: 1 Signer(s) Other Than Named Above: ———

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Retail Pharmacy Permit

Renewal Certificate

LICENSE NO. PHY 54453
RECEIPT NO. 01340415

VALID UNTIL JUNE 01, 2021

PREFERRED PHARMACY INC
3303 HARBOR BLVD., STE. H7
COSTA MESA CA 92626

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.

05/15/20

05/15/20 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHPHY (09/30/19) PHY

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PREFERRED PHARMACY INC

FILE NUMBER:	C3763137
FORMATION DATE:	03/09/2015
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 27, 2020.

ALEX PADILLA
Secretary of State

NLH

NP-25 (REV 02/2019)

4G

RECEIVED 6-15-2020

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*** 04091

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: Solara Medical Supplies LLC

Physical Address: 2084 Otay Lakes Rd Suite 102, Chula Vista, Ca 91913

Mailing Address: 2084 Otay Lakes Rd Suite 102

City: Chula Vista State: Ca Zip Code: 91913

Telephone: 800-999-7516 Fax: 800-999-7021

Toll Free Number: 800-999-7516 (Required per NAC 639.708)

E-mail: compliance@solaramedicalsupplies.com Website: www.solara.com

Managing Pharmacist: John Williams License Number: RPH36520

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

Luke McGee
Print Name of Authorized Person

6/10/2020
Date

Board Use Only Date Processed: JUN 17 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: Solara Intermediate LLC

Business Name: Solara Medical Supplies LLC

Current Business Address: 2084 Otay Lakes Rd Suite 102

City: Chula Vista State: Ca Zip Code: 91913

Telephone: 8008887516 Fax: 8009997021

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 5 am 5 pm Saturday - am - pm

Sunday - am - pm 24 Hours -

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Luke McGee

Responsible Person of Solara Medical Supplies 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

Luke McGee
Print Name of Authorized Person

6/10/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Pennsylvania)
) ss.
Montgomery COUNTY)

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

1. I am the CEO for Solara Medical Supplies 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, Luke McGee, 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
10th day of June, 2020.

NOTARY PUBLIC

Commonwealth of Pennsylvania - Notary Seal
JOSEPH J PAIVA - Notary Public
Montgomery County
My Commission Expires Jul 10, 2023
Commission Number 1353947

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SOLARA MEDICAL SUPPLIES, LLC

FILE NUMBER:	201814910111
FORMATION DATE:	05/25/2018
TYPE:	DOMESTIC LIMITED LIABILITY COMPANY
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 December 18, 2019.

ALEX PADILLA
Secretary of State

FSB

95

Renewal Certificate

Retail Pharmacy Permit

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

LICENSE NO. PHY 56194
RECEIPT NO. 92770928

VALID UNTIL DECEMBER 01, 2020

SOLARA MEDICAL SUPPLIES LLC
2084 OTAY LAKES RD STE 102
CHULA VISTA CA 91913

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.

10/08/19

10/08/19 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHPHY (12/31/05) PHY

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*
☑ *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: Stoneview Pharmacy

Physical Address: 459 N Gilbert Rd STE A-148

Mailing Address: 459 N Gilbert Rd STE A-148

City: Gilbert State: Arizona Zip Code: 85234

Telephone: 480-809-4289 Fax: 480-809-6561

Toll Free Number: 833-269-2660 (Required per NAC 639.708)

E-mail: Zach@StoneviewPharmacy.com Website: www.StoneviewPharmacy.com

Managing Pharmacist: Zachary Hanks License Number: S020716

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

Zachary Hanks
Print Name of Authorized Person

06/04/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited _____

Partnership Name: StoneviewRx LLC DBA Stoneview Pharmacy

Mailing Address: 459 N Gilbert Rd Ste A-148

City: Gilbert State: Arizona Zip Code: 85234

Telephone Number: 480-809-4289 Fax Number: 480-809-6561

Contact Person: Zachary Hanks

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
Zachary Hanks	G	85%
Nathan Hanks	L	15%

List names of 4 largest partners and percentage of ownership:

Name: Zachary Hanks %: 85%

Name: Nathan Hanks %: 15%

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours N/A

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

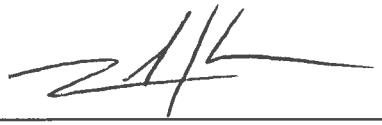
I, Zachary Hanks

Responsible Person of Stoneview 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

Zachary Hanks
Print Name of Authorized Person

06/04/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Zachary Hanks, 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 PIC/Owner for Stoneview 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, Zachary Hanks, 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
04 day of June, 2020.

NOTARY PUBLIC

OFFICIAL SEAL
JASPREET BRAH
Notary Public - State of Arizona
MARICOPA COUNTY
My Comm. Expires Aug. 20, 2021

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

STONEVIEW RX LLC

ACC file number: L20812790

was incorporated under the laws of the State of Arizona on 04/02/2016, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **06/18/2020**

Matthew Neubert, Executive Director

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Stoneview Pharmacy
Address :	459 N Gilbert Rd STE A-148 Gilbert AZ 85234
License No :	Y007205
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	03/07/2017
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 06/18/2020

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/01/2019
Receipt Number: 201970325
Receipt Amount $: 480.00

Pharmacy - Independent

Retail

PERMIT NO	EXPIRES
Y007205	10/31/2021

Issued to :

Stoneview Pharmacy
Zachary Hanks
459 N GILBERT RD STE A-148
GILBERT, AZ 85234

Stoneview Pharmacy
459 N GILBERT RD STE A-148
GILBERT, AZ 85234

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Zachary Hanks
LICENSE NUMBER : Y007205
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A), A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

4l

RECEIVED
6/25/2020

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*
☒ *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: VET PERFECT, INC.

Physical Address: 1580 NW BOCA RATON BOULEVARD, STE 9

Mailing Address: SAME

City: BOCA RATON State: FLORIDA Zip Code: 33432

Telephone: 844-844-0031 Fax: 866·629·4624

Toll Free Number: 844-844-0031 (Required per NAC 639.708)

E-mail: PHARMACY@VETPERFECT.US Website: www.vetito.com

Managing Pharmacist: RANDALL LEE BERMAN License Number: PS15851

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.

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

PETER H. LEACH, VP
Print Name of Authorized Person

June 11, 2020
Date

Board Use Only Date Processed: 6·29·2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: _____

Mailing Address: 1580 NW BOCA RATON BOULEVARD, STE 9

City: BOCA RATON State: FL Zip: 33432

Telephone: 844-844-0031 Fax: 866.629.4624

Contact Person: CARL DURAFFOURD

For any corporation non publicly traded, disclose the following:

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

a) CARL DURAFFOURD (Name) AUDACE AVE,. , BOYNTON BEACH, (Address)

b) PETER H. LEACH & ASSOCIATES DEFIND BENEFIT PENSION PLAN (Name) SUNSENT DRIVE, CLEARWATER, (Address)

c) n/a (Name) (Address)

d) n/a (Name) (Address)

2) Provide the number of shares issued by the corporation. 10,000

3) What was the price paid per share? $.01 PAR VALUE

4) What date did the corporation actually receive the cash assets? 07/12/2018

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 4 pm Saturday 10 am 3 pm

Sunday CLOSED am pm 24 Hours N/A

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

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

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

List of officers and directors

Name	**Officer/Title**	**Home address**
Carl Duraffourd	President/Sec/Treasurer/Director	Audace Avenue, Boynton Beach, F
Peter H. Leach	Vice President	Sunset Drive, Clearwater,

Shareholder	**Shares/Percentage**
Carl Duraffourd	9,350 Shares/93.5%
Peter H. Leach & Associates Defined Benefit Pension Plan	650/6.5%

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, PETER H. LEACH

Responsible Person of VET PERFECT, INC., A FLORIDA CORPORATION

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

PETER H. LEACH
Print Name of Authorized Person

June 11, 2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
) ss.
PALM BEACH COUNTY)

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

1. I am the VICE PRESIDENT for VET PERFECT, INC. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

I, PETER H. LEACH, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name PETER H. LEACH

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

NOTARY PUBLIC

MATTHEW LIPOFF
Commission # GG 75683
My Commission Expires
February 21, 2021

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: VET PERFECT, INC.

Nevada license number: _____

Websites in use or intended to be used: www.vetito.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. pending 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.

Florida 5/12/2020 Lic # PH 32729

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.

Peter H. Leach

Signature of Owner PETER H. LEACH, VP

June 11, 2020

Date

Non Resident Pharmacy Application

Pharmacy
Vet Perfect Inc.
1580 NW Boca Raton Boulevard, Ste 9
Boca Raton, Florida 33432
844-844-0031

Name	Officer/Title	Home address
Carl Duraffourd	President/Sec/Treasurer/Director	. Audace Avenue, Apt. Boynton Beach, F
Peter H. Leach	Vice President	Sunset Drive Clearwater, F

Randall Lee Berman	Pharmacist In Charge Florida License No.: PS15851	Tiffany Trace Drive Boca Raton, F Tel: 6-5717

Shareholders	Shares/Percentage
Carl Duraffourd	9,350 Shares/93.5%
Peter H. Leach & Associates Defined Benefit Pension Plan	650/6.5%

Name and contact information for the responsible agent charged with receipt of information from the Board for this application:

Gary N. Gerson, Esq., Attorney in Fact for Carl Duraffourd
Nason Yeager Gerson Harris & Fumero PA
3001 PGA Boulevard, Ste 305
Palm Beach Gardens, Florida 33431

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

July 15, 2020

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Ste 206
Reno, NV 89521

RE: License Certification for Vet Perfect, Inc.

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH32729
ORIGINAL CERTIFICATION:	05/11/2020
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Central Fill

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

Sincerely,

Angela Bellamy
Regulatory Specialist II Lead

/ab

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

PHAB Accredited Health Department
Public Health Accreditation Board

State of Florida
Department of State

I certify from the records of this office that VET PERFECT, INC. is a corporation organized under the laws of the State of Florida, filed on July 12, 2018.

The document number of this corporation is P18000060829.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on February 6, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of June, 2020

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 7468131780CU

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

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

CORPORATION: VET PERFECT, INC.

SECURITIES: 10,000 Shares Common Stock, $0.001 par value

No.	Shareholder	Date of Issuance	Amount Issued	Original Issue No. of Prior Shareholder	Date Surrendered	To Whom Transferred	No. For Transferred Shares	Amount of Shares	% Ownership Interest
1	Dietmedica Limited a UK private limited company (Uncertificated)	7/12/18	10,000	Original Issue	6/11/19	Carl Duraffourd	2	10,000	0%
2	Carl Duraffourd (Uncertificated)	6/11/19	10,000	1	2/10/2020	Carl Duraffourd	3	10,000	0%
3	Carl Duraffourd	2/10/2020	9,350	2					93.50%
4	Peter H. Leach & Associates Defined Benefit Pension Plan	2/10/2020	650	2					6.50%
5									
6									
TOTAL SHARES OUTSTANDING:			**10,000**						**100%**

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C# 9622474

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
05/12/2020	PH 32729	116711

THE PHARMACY

QUALIFICATION(S):
Community Pharmacy

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

Expiration Date: FEBRUARY 28, 2021
VET PERFECT, INC.
1580 NW BOCA RATON BLVD
#9
BOCA RATON, FL - 33432

Ron DeSantis
GOVERNOR

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: FEBRUARY 28, 2021

ACH 9622474
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 05/12/2020 | LICENSE NO. PH 32729 | CONTROL NO 116711
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA
Expiration Date : FEBRUARY 28, 2021
VET PERFECT, INC.
QUALIFICATION(S): Community Pharmacy

Your license number is PH 32729. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

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

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

GROUNDS FOR DISCIPLINE

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

REMOVE SIDE EDGES FIRST, THEN FOLD, CREASE AND TEAR THIS STUB ALONG PERFORATION

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

June 16, 2020

NASON YEAGER GERSON HARRIS FUMERO PA
MICHELLE NAREA
3001 PGA BLVD SUITE 305
PALM BEACH GARDENS, FL 33410

RE: License Certification for Vet Perfect, Inc.

To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH32729
ORIGINAL CERTIFICATION:	05/11/2020
EXPIRATION DATE:	02/28/2021
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
OTHER CERTIFICATIONS:	Community Pharmacy, Central Fill

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

Sincerely,

Angela Bellamy
Regulatory Specialist II Lead

/ab

GREAT SEAL OF THE STATE OF FLORIDA · IN GOD WE TRUST ·

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

PHAB Accredited Health Department
Public Health Accreditation Board

Department of Health

RANDALL LEE BERMAN

License Number: PS15851

Data As Of 6/16/2020

Profession	Pharmacist
License	PS15851
License Status	CLEAR/ACTIVE
License Expiration Date	9/30/2021
License Original Issue Date	10/04/1977
Address of Record	1580 NW Boca Raton Blvd. Ste.9 BOCA RATON, FL 33432 UNITED STATES
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 9280105

DATE	LICENSE NO.	CONTROL NO.
10/01/2019	PS 15851	317853

THE PHARMACIST

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

Expiration Date : SEPTEMBER 30, 2021

RANDALL LEE BERMAN

LICENSEE SIGNATURE

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

June 18, 2020

Nason Yeager Gerson Harris Fumero PA
Michelle Narea
3001 PGA Blvd., Ste. 305
Palm Beach Gardens, FL 33410

RE: License Certification for Randall Lee Berman

To Whom It May Concern:

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

PROFESSION:	Pharmacist
LICENSE NUMBER:	PS15851
ORIGINAL CERTIFICATION:	10/04/1977
EXPIRATION DATE:	09/30/2021
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE
AGENCY ACTION:	No

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

Sincerely,

Gerlisia K. Still
Regulatory Specialist II

/gs

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

PHAB Accredited Health Department
Public Health Accreditation Board

4J

RECEIVED 6-15-2020

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*
☒ *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: Long Island Jewish medical Center at Home Pharmacy, Inc. DBA: Vivo Health Pharmacy at Home

Physical Address: 225 Community Drive, Suite 140, Great Neck, NY 11021

Mailing Address: 225 Community Drive, Suite 140

City: Great Neck State: New York Zip Code: 11021

Telephone: (833)868-8486 Fax: (516)266-5332

Toll Free Number: (833)868-8486 (Required per NAC 639.708)

E-mail: Vivo.pharm225@Northwell.edu Website: www.vivohealthpharmacy.com

Managing Pharmacist: Helen Kim License Number: 059805

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: Mail Order Pharmacy	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
		☐	☒ Mail Service Sterile Compounding **
		☐	☒ Other Services: _____

All boxes must be checked
For the application to be complete

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

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

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

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

Donna Drummond

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

Donna Drummond

Print Name of Authorized Person

6/4/2020

Date

Board Use Only Date Processed:_____ Amount: 600.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: New York

Parent Company if any: Northwell Health, Inc.

Mailing Address: 2000 Marcus Avenue

City: New Hyde Park State: New York Zip: 11042

Telephone: (516)266-5331 Fax: (516)266-5332

Contact Person: Helen Kim

For any corporation non publicly traded, disclose the following:

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

a) N/A - Sole held by Northwell Health, Inc.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 7 pm Saturday 8 am 4 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, Donna Drummond

Responsible Person of Long Island Jewish Medical Center at Home Pharmacy, 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.

Donna Drummond

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

Donna Drummond

Print Name of Authorized Person

6/4/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
) ss.
Nassau COUNTY)

I, Helen Kim, 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 Vivo Health Pharmacy at Home (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, Helen Kim, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Helen Kim
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
4 day of June, 2020.

NOTARY PUBLIC

HELEN DANN
Notary Public, State of New York
Registration No. 01DA6285306
Qualified in Nassau County
Commission Expires July 1, 20 20

LONG ISLAND JEWISH MEDICAL CENTER AT HOME PHARMACY, INC.

Names and Addresses of Officers and Directors

I. List of Directors

Name	Address
Michael J. Dowling	2000 Marcus Ave., New Hyde Park, NY 11042
Michele L. Cusack	2000 Marcus Ave., New Hyde Park, NY 11042
Laurence A. Kraemer	2000 Marcus Ave., New Hyde Park, NY 11042
Richard T. Miller	2000 Marcus Ave., New Hyde Park, NY 11042
Mark J. Solazzo	2000 Marcus Ave., New Hyde Park, NY 11042
Eugene S. Tangney	2000 Marcus Ave., New Hyde Park, NY 11042

II. List of Officers

Title	Name	Address
Executive Vice President and Chief Operations Officer	Mark J. Solazzo	2000 Marcus Ave. New Hyde Park, NY 11042
President and Chief Executive Officer	Michael J. Dowling	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Chief Financial Officer	Michele L. Cusack	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Chief Expense Officer	Donna K. Drummond	2000 Marcus Ave. New Hyde Park, NY 11042
Executive Vice President and Chief Managed Care Officer	Howard B. Gold	2000 Marcus Ave. New Hyde Park, NY 11042
Executive Vice President and Chief Business Strategy Officer	Richard T. Miller	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Chief Administrative Officer	Eugene S. Tangney	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President, Chief General Counsel, and Secretary	Laurence A. Kraemer	2000 Marcus Ave. New Hyde Park, NY 11042
Senior Vice President and Deputy General Counsel	Mark A. Gloade	2000 Marcus Ave. New Hyde Park, NY 11042
Vice President, Legal Affairs	Harry E. Gindi	2000 Marcus Ave. New Hyde Park, NY 11042

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2017-20

SUPERVISING PHARMACIST
HELEN KIM

THIS IS TO CERTIFY

LONG ISLAND JEWISH MEDICAL CENTER
AT HOME PHARMACY, INC.
225 COMMUNITY DR.
SUITE 140
GREAT NECK, NY 11021

is duly recorded as a

REGISTERED PHARMACY

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

THIS CERTIFICATE IS EFFECTIVE ON THE TWENTY-SIXTH DAY OF DECEMBER, 2017.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 2020.

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
035780

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LONG ISLAND JEWISH MEDICAL CENTER AT HOME PHARMACY, INC. was filed on 07/21/1994, under the name of SCHNEIDER CHILDREN'S HOSPITAL AT HOME PHARMACY, INC., as a Not-for-Profit Corporation 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.

A Certificate of Amendment SCHNEIDER CHILDREN'S HOSPITAL AT HOME PHARMACY, INC., changing its name to LONG ISLAND JEWISH MEDICAL CENTER AT HOME PHARMACY, INC. , was filed 02/06/1995.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of May two thousand and twenty.

Brendan C. Hughes
Executive Deputy Secretary of State

202005260372 * SX

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

NEW YORK STATE BOARD OF PHARMACY. Lawrence H. Mokhiber, Executive Secretary
89 Washington Avenue, 2nd Floor, Albany, NY 12234-1000
Telephone (518) 474-3817, ext. 130; Fax (518) 473-6995
E-mail: pharmbd@mail.nysed.gov Web: www.op.nysed.gov

Re: Verification of a Pharmacy Establishment

We are returning the request and/or payment you submitted for this office to provide an official verification of a pharmacy establishment.

Online verification of the registration status of an in State or nonresident pharmacy, and/or manufacturer/repacker/wholesaler, as well as the license and registration status of licensed professionals can be performed at your convenience **free of charge** at http://www.op.nysed.gov/opsearches.htm . An additional search can be performed on each verification screen to determine if an establishment or licensee has been disciplined by this Department.

Each online verification indicates that, "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." As a result, no other form of verification is available for pharmacy establishments.

Sincerely,

Lawrence H. Mokhiber

Lawrence H. Mokhiber
Executive Secretary

Enclosure

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 *

06/01/2020

Type : PHARMACY
Legal Name : LONG ISLAND JEWISH MEDICAL CENTER
Trade Name : VIVO HEALTH PHARMACY AT HOME
Street Address :
AT HOME PHARMACY, INC.
225 COMMUNITY DR.
SUITE 140
GREAT NECK, NY 11021-0000

Registration No : 035780
Date First Registered : 12/26/17
Registration Begins : 12/26/17
Registered through : 11/30/20
Supervisor : 059805 KIM HELEN
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.

4K

RECEIVED 7/6/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Zoetis US LLC

Physical Address: 1 SE Pfizer Way

Mailing Address: 1 SE Pfizer Way

City: Lee's Summit State: Missouri Zip Code: 64081

Telephone: 816-246-2222 Fax: 816-569-9541

Toll Free Number: 833-982-2270 (Required per NAC 639.708)

E-mail: zoetisSCL@zoetis.com Website: www.zoetis.com

Managing Pharmacist: Crystal Holden License Number: 2010027521

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.

Crystal Holden

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

Crystal Holden

Print Name of Authorized Person

2/17/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Zoetis Inc.

Corporation Name: Zoetis US LLC

Mailing Address: 10 Sylvan Way

City: Parsippany State: NJ Zip: 07054

Telephone: _____ Fax: _____

Contact Person: Marc Levine

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 02-24-2012

Registration number issued: 0001555280

Stock Exchange: NYSE

Hours of Operation for the pharmacy:

Monday thru Friday	8:00 am	5:00 pm	Saturday	8:00 am	12:00 pm
Sunday	Closed am	Closed pm	24 Hours	N/A	

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

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Crystal Holden

Responsible Person of Zoetis US 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.

Crystal Holden

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

Crystal Holden

Print Name of Authorized Person

2/17/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Missouri)
) ss.
Jackson COUNTY)

I, Crystal Holden, 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 Zoetis US 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, Crystal Holden, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Crystal Holde
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
17 day of Feb, 2020.

Angela D Phillips
NOTARY PUBLIC

ANGELA D PHILLIPS
Notary Public, Notary Seal
State of Missouri
Jackson County
Commission # 16789611
My Commission Expires 02-17-2024

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "ZOETIS B INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "ZOETIS B INC." TO "ZOETIS US LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2015, AT 5:34 O'CLOCK P.M.

2892324 8100V

150265714

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

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2153672

DATE: 02-26-15

State of Missouri

Division of Professional Registration

Pharmacy

Class L

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020003546
ZOETIS US LLC
ZOETIS US LLC
CRYSTAL M HOLDEN, PIC
1 SE PFIZER WAY
LEES SUMMIT MO 64081
USA

ZOETIS US LLC
ZOETIS US LLC
CRYSTAL M HOLDEN, PIC
1 SE PFIZER WAY
LEES SUMMIT MO 64081
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy

Pharmacy

Class L

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020003546
Crystal M Holden - 2010027521
ZOETIS US LLC
ZOETIS US LLC
CRYSTAL M HOLDEN, PIC
1 SE PFIZER WAY
LEES SUMMIT MO 64081
USA

EXECUTIVE DIRECTOR

Sarah E. Edgerwood

DIVISION DIRECTOR

10 Sylvan Way
Parsippany, NJ 07054

zoetis

Zoetis Corporate Officers

Name/Position	Home Address	Home Phone
Kristin Peck – President	Brookside Road, Darien,	-1515
John C. Martin – VP	Adams Street, Hoboken,	1069
Marc Levine – VP	Briarwood Drive W, Warren, I	9299

Michael L. Parson
Governor
State of Missouri

Sarah Ledgerwood, Interim Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

MISSOURI BOARD OF PHARMACY
3605 Missouri Boulevard P.O. Box 625
Jefferson City, MO 65109
573-751-0091
573-526-3464 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Kimberly A. Grinston
Executive Director
MissouriBOP@pr.mo.gov
pr.mo.gov/pharmacists

This is to certify that the records of the Missouri Division of Professional Registration indicate the following information regarding Zoetis US LLC.

LICENSE TYPE:	Pharmacy
LICENSE NUMBER:	2020003546
ADDRESS:	Crystal M Holden, PIC 1 SE Pfizer Way Lees Summit, MO 64081
DATE ISSUED:	1/30/2020
STATUS:	Active
EXPIRATION DATE:	10/31/2021
DISCIPLINARY ACTION:	None

Laura Hanke
Missouri Board of Pharmacy

Mar. 18, 2020
Date

This is the only form that will be used by the Missouri Board of Pharmacy for the purpose of license verification.

4L

RECEIVED 7-23-2020

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Burt's Pharmacy, LLC

Physical Address: 2333 Borchard Rd

Mailing Address: 2333 Borchard Rd

City: Newbury Park State: CA Zip Code: 91320

Telephone: 805-498-6675 Fax: 805-498-8017

Toll Free Number: 855-287-8779 (Required per NAC 639.708)

E-mail: customercare@burtsrx.com Website: burtsrx.com

Managing Pharmacist: Robert Leark License Number: CA 60074

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.

RL

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

Robert Leark

Print Name of Authorized Person

6/24/2020

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: CA

Parent Company if any: Burt's Pharmacy, INC

Mailing Address: 2333 Borchard Rd

City: Newbury Park State: CA Zip: 91320

Telephone: 805-498-6675 Fax: 805-498-8017

Contact Person: Robert Leark

For any corporation non publicly traded, disclose the following:

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

a) Robert Leark (Name) Avenida Montanoso Thousand Oaks, CA (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? 0.10

4) What date did the corporation actually receive the cash assets? 11/09/2011

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	930	am	700	pm	Saturday	900	am	100	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

Stock Certificate
for
Burt's Pharmacy, Inc. , a California Corporation

In exchange for valuable consideration, this certificate is issued to Robert Thomas Leark ,

for one-thousand (1,000) *shares in the above corporation.*

THE STOCK REPRESENTED BY THIS CERTIFICATE IS SUBJECT TO RESTRICTIONS ON TRANSFER, AND MAY NOT BE OFFERED FOR SALE, SOLD, TRANSFERRED OR PLEDGED EXCEPT ACCORDING TO, AND ONLY IF ALLOWED BY, THE BYLAWS OF THIS CORPORATION AS AMENDED.

This certificate, and its accompanying stock, is issued as follows:

By:	Signature	Robert Leark CEO *Print name and title*	11/09/11 *Date*
By:	Signature	Robert Leark Secretary *Print name and title*	11/09/11 *Date*

REGISTER OF ISSUANCE OF SHARES OF STOCK

The following individuals or entities have been issued stock by **Burt's Pharmacy, Inc.** , and a record of those issuance(s) appears below. This Register does NOT record transfers of stock between shareholders. All shares are subject to the restrictions on transfer and sales as specified on the certificate and in the Bylaws.

Date Issued	Name of Shareholder	Number of Shares Issued	Amount Paid *(or other consideration)*
11/09/11	Robert Thomas Learle	1,000	$100.00

DEPARTMENT OF
CORPORATIONS
CALIFORNIA'S INVESTMENT & FINANCING AUTHORITY - ESTABLISHED 1913

COMMISSIONER OF CORPORATIONS
STATE OF CALIFORNIA
Notice of Transaction Pursuant to Corporations Code Section 25102(f)
(Electronic Version)

DATE: 11/10/2011

ISSUER INFORMATION

Name: Burt's Pharmacy Inc
Contact: Robert Leark
Address: 2333 Borchard Rd, Newbury Park, CA 91320, USA
Mailing Address: 2333 Borchard Rd, Newbury Park, CA 91320, USA
Telephone: (805) 498-6675
Fax:
Place and type of Organization: California, Corporation

ISSUER'S REPRESENTATIVE INFORMATION

Name:
Contact:
Address:
Mailing Address:
Telephone:
Fax:

TRANSACTION DETAILS

Date of First Sale: 11/09/2011
Securities Offered or Sold in Transaction: Stock - Common
Details or Description of Securities Sold:
Type of Filing and/or Exemption under Securities Act of 1933: Section 4(2) (No public offering)
Filing under Rule 260.103: No

VALUE OF TRANSACTION

	California	Total Offering
Money:	$100.00	$100.00
Other Consideration:	$0.00	$0.00
TOTAL:	$100.00	$100.00

NOTICE FILING FEE: $25.00

I REPRESENT THAT I am submitting this limited offering exemption notice filing on behalf of, and with the authority of, Burt's Pharmacy Inc, and that all representations made herein are current, true, and complete.

Submitted by:

Individual:	Robert Leark
Organization:	Burt's Pharmacy Inc
Address:	2333 Borchard Rd, Newbury Park, CA 91320, USA
Telephone:	(805) 498-6675
Signature:	
Name and Title:	Robert Leark CEO
Date:	11/10/11

The issuer, or the issuer's representative (see Rule 260.102.14), shall sign and date the form and maintain the signed form in its books and records for five years as required by Rule 260.102.14 (10 C.C.R. Section 260.102.14).

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

Entity Status Letter

Date: 6/25/2020

ESL ID: 6912288667

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 3418396

Entity Name: BURT'S PHARMACY, INC.

- [x] 1. The entity is in good standing with the Franchise Tax Board.
- [ ] 2. The entity is **not** in good standing with the Franchise Tax Board.
- [ ] 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 .
- [ ] 4. We do not have current information about the entity.
- [ ] 5. The entity was administratively dissolved/cancelled on through the Franchise Tax Board Administrative Dissolution process.

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web: **ftb.ca.gov**
Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
916.845.6500 from outside the United States
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0540

Entity Status Letter

Date: 6/25/2020

ESL ID: 5532703953

Why You Received This Letter

According to our records, the following entity information is true and accurate as of the date of this letter.

Entity ID: 200914210198

Entity Name: BURT'S PHARMACY, LLC

- [x] 1. The entity is in good standing with the Franchise Tax Board.
- [ ] 2. The entity is **not** in good standing with the Franchise Tax Board.
- [ ] 3. The entity is currently exempt from tax under Revenue and Taxation Code (R&TC) Section 23701 .
- [ ] 4. We do not have current information about the entity.
- [ ] 5. The entity was administratively dissolved/cancelled on through the Franchise Tax Board Administrative Dissolution process.

Important Information

- This information does not necessarily reflect the entity's current legal or administrative status with any other agency of the state of California or other governmental agency or body.
- If the entity's powers, rights, and privileges were suspended or forfeited at any time in the past, or if the entity did business in California at a time when it was not qualified or not registered to do business in California, this information does not reflect the status or voidability of contracts made by the entity in California during the period the entity was suspended or forfeited (R&TC Sections 23304.1, 23304.5, 23305a, 23305.1).
- The entity certificate of revivor may have a time limitation or may limit the functions the revived entity can perform, or both (R&TC Section 23305b).

Connect With Us

Web: **ftb.ca.gov**
Phone: 800.852.5711 from 7 a.m. to 5 p.m. weekdays, except state holidays
916.845.6500 from outside the United States
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments

Secretary of State
Statement of No Change
(Limited Liability Company)

LLC-12NC

19-B16540

FILED

In the office of the Secretary of State
of the State of California

MAR 21, 2019

This Space For Office Use Only

IMPORTANT — Read instructions before completing this form. This form may be used only if a complete Statement of Information has been filed previously and there has been no change.

Filing Fee – $20.00

Copy Fee – $1.00;
Certification Fee - $5.00 plus copy fee

1. Limited Liability Company Name (Enter the **exact** name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, see instructions.)

BURT'S PHARMACY, LLC

2. 12-Digit Secretary of State File Number	**3. State, Foreign Country or Place of Organization** (only if formed outside of California)
200914210198	CALIFORNIA

4. No Change Statement (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

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.

5. The information contained herein is true and correct.

03/21/2019	Robert Leark	Manager	
Date	Type or Print Name of Person Completing the Form	Title	Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. (SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:
Company:
Address:
City/State/Zip:

State of California
Secretary of State

L

56

STATEMENT OF INFORMATION
(Limited Liability Company)

Filing Fee $20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
in the office of the Secretary of State
of the State of California
APR 25 2013

This Space For Filing Use Only

1. **LIMITED LIABILITY COMPANY NAME**
Burt's Pharmacy, LLC

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER: 200914210198

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California): California

No Change Statement

4. **If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed **to Item 15**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE: 2333 Borchard Rd	Newbury Park, CA		91320
6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5			
7. STREET ADDRESS OF CALIFORNIA OFFICE: 2333 Borchard Rd	Newbury Park	CA	91320

Name and Complete Address of the Chief Executive Officer, If Any

8. NAME	ADDRESS	CITY	STATE	ZIP CODE

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

	ADDRESS	CITY	STATE	ZIP CODE
9. NAME: Burt's Pharmacy, Inc	2333 Borchard Rd	Newbury Park, CA		91320
10. NAME: Robert Thomas Leark	3543 Avenida Montuoso	Thousand Oaks, CA		91362
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS
Scott W. Williams

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL**	CITY	STATE	ZIP CODE
299 W. Hillcrest Drive, Suite 214	Thousand Oaks	CA	91360

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
Retail Pharmacy

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

04/23/2013	Robert T. Leark	Manager	RL
DATE	TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM	TITLE	SIGNATURE

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

July 10, 2020

BURT'S PHARMACY LLC
ATTN: ROBERT LEARK
2333 BORCHARD RD
NEWBURY PARK CA 92868

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: BURT'S PHARMACY LLC

License Type: PHARMACY

License Number: PHY 50828

Status: ACTIVE

Issue Date: 05/24/2012

Expiration Date: 05/01/2021

Address of Record: 2333 BORCHARD RD NEWBURY PARK CA 92868

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By Barbara Schleicher

Barbera Schleicher
Public Inquiry Analyst
(916) 518-3081
Barbera.Schleicher@dca.ca.gov

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 50828

NAME: BURT'S PHARMACY LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

2333 BORCHARD RD
NEWBURY PARK CA 91320
VENTURA COUNTY

ISSUANCE DATE

MAY 24, 2012

EXPIRATION DATE

MAY 1, 2021

CURRENT DATE / TIME

JUNE 25, 2020
12:16:40 PM

LICENSE RELATIONSHIPS

NAME: LEARK, ROBERT THOMAS

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 60074 **PRIMARY STATUS:** CLEAR

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
Los Angeles COUNTY)

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

1. I am the managing member for Burtis 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, Robert Leark, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name Robert Leark

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of_____, 20___.

SEE CALIFORNIA
JURAT FORM
ATTACHED

NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 15th day of July, 2020, by Robert Hearn,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

John P. Tata
COMMISSION #2169656
NOTARY PUBLIC • CALIFORNIA
LOS ANGELES COUNTY
Commission Expires November 21, 2020

(Seal)

Signature

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Robert Leark

Responsible Person of Burt's 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

Robert Leark
Print Name of Authorized Person

6/24/2020
Date

4M

RECEIVED
6/29/2020

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*
☐ *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: Cheweux LLC

Physical Address: 4425 E Agave Rd Ste 110,

Mailing Address: Same

City: Phoenix State: AZ Zip Code: 85044

Telephone: (480) 704-5459 Fax: (480) 704-2084

Toll Free Number: (800) 413-3506 (Required per NAC 639.708)

E-mail: prescriptions@cheweuxrx.com Website: cheweuxrx.com Uhurx.com

Managing Pharmacist: Michael Blauser License Number: SO11609

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.

Melanie E. Beauchamp

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

Melanie Elaine Beauchamp — 6/15/20

Print Name of Authorized Person — 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: Melanie Elaine Beauchamp

Business Name: Cheveux LLC

Current Business Address: 4125 East Agave Rd #110

City: Phoenix State: AZ Zip Code: 85044

Telephone: 480 704 5459 Fax: 480 704 - 2084

List any physician shareholders and percentage of ownership.

Name: Ø %: _____

Name: Ø %: _____

Name: Ø %: _____

Name: Ø %: _____

Hours of Operation for the pharmacy:

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

Sunday _____ am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Melanie E. Beauchamp

Responsible Person of Chereux 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

Melanie Elaine Beauchamp — Print Name of Authorized Person

6/15/20 — Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Melanie E. Beauchamp, 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 Cheveux 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, Melanie E. Beauchamp do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Melanie E. Beauchamp
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
22 day of June, 2020.

Andrew Grant Ross
NOTARY PUBLIC

ANDREW GRANT ROSS
Notary Public - State of Arizona
MARICOPA COUNTY
My Commission Expires
March 18, 2022

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

CHEVEUX LLC

ACC file number: L22778411

was incorporated under the laws of the State of Arizona on 04/11/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **02/28/2020**

Matthew Neubert, Executive Director

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This is not a license/permit

Name :	Cheveux LLC
Address :	4425 E Agave Road 110 Phoenix AZ 85044
License No :	Y007705
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	02/20/2019
Expiration Date :	10/31/2020
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 05/31/2019

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 06/07/2018
Receipt Number: 201960896
Receipt Amount $: 480.00

Pharmacy - Limited Service

PERMIT NO
Y007705

EXPIRES
10/31/2020

Issued to : Cheveux LLC
Melanie Beauchamp
4425 E AGAVE ROAD 110
PHOENIX, AZ 85044

Cheveux LLC
4425 E AGAVE ROAD 110
PHOENIX, AZ 85044

Sam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Melanie Beauchamp
LICENSE NUMBER : Y007705
EXPIRES : 10/31/2020

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

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: _____

Nevada license number: _____

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

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

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

6/22/2020
Date

4N

RECEIVED
6/30/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ *New Pharmacy* or ☒ ***Ownership Change*** *(Provide current license number if making changes: PH 03849*
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: New Pharmacy Ventures, LLC d.b.a. Express Veterinary Pharmacy

Physical Address: 2450 E Guadalupe Rd Suite110

Mailing Address: 2450 E Guadalupe Rd Suite110

City: Gilbert State: AZ Zip Code: 85234

Telephone: 480-530-8620 Fax: 480-530-8621

Toll Free Number: 844-468-9244 (Required per NAC 639.708)

E-mail: hello@newpharmacyventures.com Website: https://expressvet.pharmacy/

Managing Pharmacist: Melissa Duchscherer License Number: Arizona S014346

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~~ error	☐	☒ 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: _____

Just changed

****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

Taylor Froiland
Print Name of Authorized Person

6/16/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: 2450 E Guadalupe Rd Ste 110

City: Gilbert State: AZ Zip: 85234

Telephone: 480-530-8620 Fax: 480-530-8621

Contact Person: Taylor Froiland

For any corporation non publicly traded, disclose the following:

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

a) Joe Maclean) W Dilido Dr Miami Beach
Name Address

b) Taylor Froiland S Larkspur Way Chandle
Name Address

c) Adam McCown W Rockrose Way Chandler ,
Name Address

d) _____
Name Address

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

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

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Taylor Froiland

Responsible Person of New Pharmacy Ventures, 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

Taylor Froiland
Print Name of Authorized Person

6/16/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____)
) ss.
_____COUNTY)

I, Taylor Froiland, 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 Member for New Pharmacy Ventures, 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, Taylor Froiland , 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 June, 2022.

NOTARY PUBLIC

OFFICIAL SEAL
MARK D BOESEN
Notary Public - Arizona
MARICOPA COUNTY
Commission # 555690
My Commission Expires
DECEMBER 12, 2022

List of Owners

- Joe Maclean- President 51% Ownership
  - W Dilido Dr
    Miami Beach, FL
  -
  -

- Taylor Froiland- Member 26.95% Ownership
  - S Larkspur Way
    Chandler, A

- Adam McCown- Member 22.05% Ownership
  - W Rockrose Way
    Chandler, A

State Of Delaware

Entity Details

6/18/2020 6:03:44PM

File Number: 7242571
Entity Name: NEW PHARMACY VENTURES, LLC
Entity Kind: Limited Liability Company
Residency: Domestic
Status: Good Standing

Incorporation Date / Formation Date: 1/17/2019
Entity Type: General
State: DELAWARE
Status Date: 1/17/2019

Registered Agent Information

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON
State: DE
Phone: 302-636-5401

Country:
Postal Code: 19808

Delaware

The First State

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

Jeffrey W. Bullock, Secretary of State

7242571 8300

SR# 20205908350

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

Authentication: 203179383

Date: 06-25-20

BOESEN & SNOW LLC
ATTORNEYS AT LAW

17797 N Perimeter Dr, Ste D107
Scottsdale, AZ 85255
(480) 900-4614
www.BoesenSnowLaw.com

Writer's Direct Dial: (602) 326-4497
E-Mail: ASnow@BSLawUSA.com

June 8, 2020

TO WHOM IT MAY CONCERN

Please be advised that the Arizona State Board of Pharmacy has informed this office that it will *not* complete pharmacy license/permit verifications forms. The Board has advised that primary source verification can be performed at their website www.pharmacy.az.gov. As such, attached please find a primary source verification for the permit complete with a date and time stamp.

As always, should you have any further questions or require additional information to complete this application, please do not hesitate to contact me.

Sincerely,

Allyson L. Snow

Allyson Snow, J.D.
Attorney

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	New Pharmacy Ventures LLC dba Express Veterinary Pharmacy
Address :	833 N Cooper Rd Ste 104 Gilbert AZ 85233
License No :	Y008372
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	05/21/2020
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 04/17/2020
Receipt Number: 202082531
Receipt Amount $: 480.00

Pharmacy - Independent

PERMIT NO
Y008372

Issued to : New Pharmacy Ventures LLC dba Express Veterinary Pharmacy
New Pharmacy Ventures LLC
833 N COOPER RD STE 104 GILBERT, AZ 85233

EXPIRES
10/31/2021

New Pharmacy Ventures LLC dba Express Veterinary Pharmacy
833 N COOPER RD STE 104
GILBERT, AZ 85233

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : New Pharmacy Ventures LLC
LICENSE NUMBER : Y008372
EXPIRES : 10/31/2021

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

40

RECEIVED
6-15-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *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: F&F Pharmacies, Inc. dba Junglejims Pharm

Physical Address: 5484 Dixie Highway

Mailing Address: [redacted]

City: Fairfield State: Ohio Zip Code: 45014

Telephone: 513-858-3784 Fax: 513-858-3807

Toll Free Number: 877-858-3784 (Required per NAC 639.708)

E-mail: junglejimspharmacy@yahoo.com Website: www.junglejimrx.com

Managing Pharmacist: Amandeep Sharma License Number: 0332842 3

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

Amandeep Sharma
Print Name of Authorized Person

05/06/2020
Date

Board Use Only Date Processed: JUN 17 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: OHIO

Parent Company if any:

Mailing Address: 100 E. Plane St.

City: Bethel State: OH Zip: 45106

Telephone: 513-734-1335 ext 5 Fax: 513-734-3604

Contact Person: Pamela J Burn

For any corporation non publicly traded, disclose the following:

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

a) Ronald Ferguson
Name Address

b) Kip Ferguson
Name Address

c)
Name Address

d)
Name Address

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

3) What was the price paid per share? 3.33

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: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday Closed am pm

Sunday Closed am pm 24 Hours

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

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

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

List of officers and directors

Ron Ferguson

Kip Ferguson

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General ✓ Limited _____

Partnership Name: F & F Pharmacies Inc

Mailing Address: 100 E. Plane St.

City: Bethel State: OH Zip Code: 45706

Telephone Number: 513-734 1335 25 Fax Number: 513-734-3604

Contact Person: Pamela J. Burns

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
Ronald Ferguson	G	50
Kip L. Ferguson	G	50

List names of 4 largest partners and percentage of ownership:

Name: Ron Ferguson %: 50

Name: Kip Ferguson %: 50

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday Closed am pm

Sunday Closed am pm 24 Hours 20

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

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: _____

Business Name: F&F Pharmacies INC, DBA: Jungle Jim's Pharmacy

Current Business Address: 5484 Dixie Highway

City: Fairfield State: Ohio Zip Code: 45014

Telephone: 513-858-3784 Fax: 513-858-3807

List any physician shareholders and percentage of ownership.

Name: Ron Ferguson %: 50

Name: Kip Ferguson %: 50

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, Amadeep Sharma

Responsible Person of Jungle Jim's 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.

X Sharma

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

X AMANDEEP SHARMA

Print Name of Authorized Person

05/06/2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF OH)
) ss.
Butler COUNTY)

I, AMANDEEP SHARMA, 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 PIC for Jungle Jim's 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, Amandeep Sharma, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

AMANDEEP SHARMA
Name

SUBSCRIBED AND SWORN TO before me, a notary public this 20 day of May, 2020.

NOTARY PUBLIC

NOTARY PUBLIC

DAQUARIA MONIQUE BEARD
Notary Public, State of Ohio
My Commission Expires
December 3, 2024

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show F & F PHARMACIES, INC., an Ohio corporation, Charter No. 1015910, having its principal location in Mt. Orab, County of Brown, was incorporated on July 20, 1998 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of March, A.D. 2020.

Ohio Secretary of State

Validation Number: 202006905204

Ohio

License Look Up

3/9/2020 8:49 PM

RONALD WAYDE FERGUSON RPH

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Pharmacist
License Number	03117452
License Issue Date	07/29/1988
License Expiration Date	09/15/2021
License Effective Date	09/16/2019
City	LOVELAND
State	OH
Country	United States
Board Action	No

Current date & time: 3/9/2020 8:49 PM

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Ohio

License Look Up

3/9/2020 8:54 PM

KIP RYAN FERGUSON RPH

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Pharmacist
License Number	03219369
License Issue Date	07/30/1992
License Expiration Date	09/15/2021
License Effective Date	09/16/2019
City	Cincinnati
State	OH
Country	United States
Board Action	No

Current date & time: **3/9/2020 8:54 PM**

Disclaimer: The Joint Commission and NCQA consider on-line states information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Ohio

License Look Up

3/9/2020 8:58 PM

AMANDEEP SHARMA RPH

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Pharmacist
License Number	03328423
License Issue Date	07/24/2008
License Expiration Date	09/15/2021
License Effective Date	09/16/2019
City	WEST CHESTER
State	OH
Country	United States
Board Action	No

Current date & time: **3/9/2020 8:58 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

4P

RECEIVED 6-11-2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

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

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

FACILITY INFORMATION

Facility Name: A Better choice medical Supply, LLC

Physical Address: 3100 Dixie Hwy waterford, MI 48328
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: PO BOX 431949

City: Pontiac State: MI Zip Code: 48343

Telephone: 888-466-4217 Fax: 888-466-7282

E-mail: Credentialing@abetterchoicemed.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9Am to 5pm Tue: 9Am to 5pm Wed: 9Am to 5pm Thu: 9am to 5pm Fri: 9Am to 4pm Sat: NA to Sun: NA to Holidays: 9am to 5pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nicholas mullane

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: DME- urological/intermittent catheters

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

Name:_____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

1609447000 1		

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

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

Bethany Smith
Print Name of Authorized Person

6/9/2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP General X Limited ____

Partnership Name: A Better choice medical Supply, LLC

Mailing Address: PO Box 431949

City: Pontiac State: MI Zip: 48343

Telephone: 888-466-4217 Fax: 888-466-7282

Contact Person: Nicholas mullane

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
Nicholas mullane	G	51 %
John mullane	G	39 %

continued → on other page

List names of 4 largest partners and percentage of ownership:

Name: Nicholas mullane %: 51

Name: John mullane %: 39

Name: Elizabeth mullane %: 10

Name: N/A %: ____

ABETTER-02 KWELSH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Debbie Rice	
Cailor Fleming Insurance 4610 Market Street P.O. Box 3989 Youngstown, OH 44513-3989	PHONE (A/C, No, Ext): (330) 782-8068 757	FAX (A/C, No):
	E-MAIL ADDRESS: drice@cailorfleming.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : UNITED NATIONAL INSURANCE	13064
INSURED A Better Choice Medical Supply, LLC P.O. Box 431949 Pontiac, MI 48343	INSURER B :	
	INSURER C :	
	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			PAC7190395	2/8/2020	2/8/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
	X Professional Liab						MED EXP (Any one person)	$ 5,000
	X Hired/Non-Owned Auto						PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*Location Covered: 3100 Dixie Hwy., Waterford MI 48328.;

CERTIFICATE HOLDER

For Insurance Verification Only

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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4Q

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

☐ New MDEG ☑ Ownership Change ☑ Name Change ☐ Location Change

(Please provide current license number if making changes: MP or MW MP01439)

☑ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: BioTel INR, LLC (formerly, Roche Health Solutions, Inc.)

Physical Address: 9115 Hague Road, Indianapolis, IN 46256

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

Mailing Address: 1000 Cedar Hollow Road

City: Malvern State: PA Zip Code: 19355

Telephone: 888-312-2328 Fax: 610-828-8048

E-mail: compliance@gobio.com Website: www.coagucheckpatientservices.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 AM to 6:00 PM Tue: 8:00 AM to 6:00 PM Wed: 8:00 AM to 6:00 PM Thu: 8:00 AM to 6:00 PM

Fri: 8:00 AM to 6:00 PM Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Nicole Bigham

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: Durable Medical Equipment - patient meters and test strips for home PT/INR monitoring

**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: Nicole Bigham Telephone: 610-729-5066

APPLICATION FOR NEVADA 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 IN - 258200
Medicaid IA - Q022950
Pennsylvania Medicaid - 001419911
Medicaid AZ - 690611
Medicare - P00704633
Tennessee Medicaid - 1083880447
Medicaid IN - 201408300A
Medicaid MN - 1083880447
New Jersey Medicare - 236589
California Medicare - FQ013A

1) 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 ☑

2) 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 ☑

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner	Name: _____
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner, 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 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 questions 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

Nicole Bigham
Print Name of Authorized Person

06/24/2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: BioTelemetry, Inc.

Corporation Name: CardioNet, LLC

Mailing Address: 1000 Cedar Hollow Road

City: Malvern State: PA Zip: 19355

Telephone: 610-729-5066 Fax: 610-828-8048

License Contact Person: Nicole Bigham

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. BlackRock Fund Advisors %: 13.87
2. ArrowMark Colorado Holdings LLC %: 12.99
3. The Vanguard Group, Inc. %: 10.99
4. Dimensional Fund Advisors LP %: 3.66

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: See copy of Form 10-K

Registration number issued: See copy of Form 10-K

Stock Exchange: See copy of Form 10-K

Include with the application for a publicly traded corporation

List of officers and directors.

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

BioTelemetry, Inc.

LIST OF OFFICERS AND DIRECTORS

Officers:

Joseph Capper – President , CEO and Director

Heather Getz – Executive Vice President and CFO

Cody Cowper – Vice President, General Counsel and Secretary

Fred (Andy) Broadway III – President, BioTel Heart

Dan Wisniewski - Senior Vice President, Technical Operations

Directors:

Kirk E. Gorman – Chairman of the Board of Directors

Rebecca Rimel – Director

Robert J. Rubin, MD – Director

Anthony J. Conti – Director

Joseph A. Frick – Director

Colin Hill – Director

Laura N. Dietch – Director

Tiffany Olson – Director

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Roche Health Solutions Inc.
Date Filed:	05/14/1991
File Number:	7A-809
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/12/2020

Steve Simon
Secretary of State
State of Minnesota

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOTELEMETRY, 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 MAY, A.D. 2020.

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

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

Jeffrey W. Bullock, Secretary of State

5309842 8300

SR# 20203812628

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

Authentication: 202922456

Date: 05-13-20

BioTelemetry inc

June 23, 2020

Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

RE: Roche Health Solutions, Inc.
Permit No.: MP01439
Name Change and Transfer of Ownership

To Whom It May Concern:

Roche Health Solutions, Inc. (RHS) holds the permit captioned above for its facility located at 9115 Hague Road, Indianapolis, IN 46256. This letter and the attached documents are submitted to inform you that a transaction occurred on June 23, 2020 whereby CardioNet, LLC acquired RHS. Post-closing RHS will be a wholly owned subsidiary of CardioNet, LLC, keeping the same tax identification and NPI numbers.

At the time of closing, RHS converted to a limited liability company under the new name of BioTel INR, LLC using the same tax identification and NPI numbers.

Please contact me via email at compliance@gobio.com or telephone at 610-729-5066 should you require any additional information regarding this proposed transaction.

Sincerely,

Nicole Bigham,

Compliance Officer

Enclosures

MEMORANDUM OF INSURANCE

DATE
07-Apr-2020

This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via https://marshdigital.marsh.com/marshconnect/viewMOI.action?clientId=376015024. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.

PRODUCER	COMPANIES AFFORDING COVERAGE
Marsh USA Inc. ("Marsh")	Co. **A** National Union Fire Insurance Company of Pittsburgh, PA
INSURED Roche Health Solutions Inc. 9115 Hague Road STE 100 Indianapolis Indiana 46256-1025 United States	Co. **B** LM Insurance Corp.
	Co. **C** Liberty Insurance Corp.
	Co. **D** AIG Specialty Insurance Company
	Co. **E**
	Co. **F**

COVERAGES

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 MEMORANDUM 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS LIMITS IN USD UNLESS OTHERWISE INDICATED
A	**GENERAL LIABILITY** Commercial General Liability Occurrence	GL 6862465	01-Jan-2020	01-Jan-2021	GENERAL AGGREGATE: $5,000,000 PRODUCTS - COMP/OP AGG: EXCLUDED PERSONAL AND ADV INJURY: $2,000,000 EACH OCCURRENCE: $2,000,000 FIRE DAMAGE (ANY ONE FIRE): $1,000,000 MED EXP (ANY ONE PERSON): EXCLUDED
A A A	**AUTOMOBILE LIABILITY** Any Auto	CA 5320333 (AOS) CA 5320334 (MA) CA 5320335 (VA)	01-Jan-2020 01-Jan-2020 01-Jan-2020	01-Jan-2021 01-Jan-2021 01-Jan-2021	COMBINED SINGLE LIMIT: $2,000,000 BODILY INJURY (PER PERSON): N/A BODILY INJURY (PER ACCIDENT): N/A PROPERTY DAMAGE: N/A
	EXCESS LIABILITY				EACH OCCURENCE: N/A AGGREGATE: N/A
	GARAGE LIABILITY				AUTO ONLY (PER: N/A

					ACCIDENT)
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT N/A
					AGGREGATE N/A
B B C	**WORKERS COMPENSATION / EMPLOYERS LIABILITY**	WA5-63D-505921-090 (AOS) WC5-631-505921-100 (MN & WI) WA7-63D-505921-320 (MA)	01-Jan-2020 01-Jan-2020 01-Jan-2020	01-Jan-2021 01-Jan-2021 01-Jan-2021	WORKERS COMP LIMITS: Statutory EL EACH ACCIDENT: $2,000,000 EL DISEASE - POLICY LIMIT: $2,000,000 EL DISEASE - EACH EMPLOYEE: $2,000,000
A	Products/Completed Operations Liability	GL 6862466	01-Jan-2020	01-Jan-2021	EACH OCCURRENCE/AGGREGATE: $1,000,000/$5,000,000
D	Medical Professional Liability	GL 6862486	01-Jan-2020	01-Jan-2021	EACH MEDICAL INCIDENT/POLICY PERIOD AGGREGATE: $5,000,000/$6,000,000

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

MEMORANDUM OF INSURANCE

DATE
07-Apr-2020

This Memorandum is issued as a matter of information only to authorized viewers for their internal use only and confers no rights upon any viewer of this Memorandum. This Memorandum does not amend, extend or alter the coverage described below. This Memorandum may only be copied, printed and distributed within an authorized viewer and may only be used and viewed by an authorized viewer for its internal use. Any other use, duplication or distribution of this Memorandum without the consent of Marsh is prohibited. "Authorized viewer" shall mean an entity or person which is authorized by the insured named herein to access this Memorandum via https://marshdigital.marsh.com/marshconnect/viewMOI.action?clientId=376015024. The information contained herein is as of the date referred to above. Marsh shall be under no obligation to update such information.

PRODUCER
Marsh USA Inc.
("Marsh")

INSURED
Roche Health Solutions Inc.
9115 Hague Road STE 100
Indianapolis
Indiana 46256-1025
United States

ADDITIONAL INFORMATION

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

Click here for a printer-friendly version of this document.

4R

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

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

Application must be printed legibly or typed

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

☑New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ 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: Control Bionics Inc.

Physical Address: 745 Center Street Suite 303 Milford Ohio 45150

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

Mailing Address: 745 Center Street Suite 303 Milford Ohio 45150

City:_____ State: Zip Code: ___ Telephone: 513-453-4848

_____ Fax: 513-322-4678

E-mail: funding@controlbionics.com Website: www.controlbionics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5 Fri: 9 to 5

Sat: Closed to Sun: Closed to Holidays: Varies to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: James Schorey

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: Speech Generating Device

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

Name:_____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Medicare: 7690210001

Please see attached list of all Medicaid ID's to Date

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

James Schorey

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

James Schorey
Print Name of Authorized Person

06/26/2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Control Bionics Holdings Pty Limited

Corporation Name: Control Bionics Inc.

Mailing Address: 745 Center Street Suite 303

City: Milford State: Ohio Zip: 45150

Telephone: 513-453-4848 Fax: 513-322-4678

Contact Person: Sabrina Selm, Emily Boland

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

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

a) Peter Shann Ford Uni (Name) Neild Ave. Darlinghurs (Address)

b) Nightingale Partners Pty Limited Level (Name) Market Street Sydney I (Address)

c) Phoenix Development Fund Pty Limited Level (Name) Market Street Sydney (Address)

d) R & R Wong Holdings Pty Limite (Name) Yarrbat Ave Balwyn (Address)

2) Provide the number of shares issued by the corporation. 9,599,093

3) What was the price paid per share? $2.09

4) What date did the corporation actually receive the cash assets? July 2006 - Sept. 2019

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.

CONTROL BIONICS | LIFE CHANGING CONNECTIONS

745 Center Street, Ste 303
Milford, Ohio 45150
1-513-453-4848

State	Enrollment Date	Medicaid Number
Alaska	1/14/2019	1696371
Arizona	1/3/2019	469275
DC	6/13/2019	42887384
Idaho	1/23/2019	1235516055
Illinois	1/11/2019	260765O01
Indiana	2/28/2019	300022994
Iowa	1/10/2019	1235516055
Kentucky	1/18/2019	7100593370
Maryland	4/22/2020	444252100
Michigan	1/22/2018	VS0083028
Minnesota	6/27/2019	1235516055
Mississippi	3/5/2019	3404399
Nebraska	1/18/2019	10026761900
New Jersey	3/13/2019	0-677094
New Mexico	8/24/2018	70421391
North Carolina	1/8/2019	1235516055
Ohio	8/24/2018	321710
Oklahoma	1/12/2019	200811540 A
Oregon	3/18/2019	500759661
Pennsylvania	12/20/2018	103588694 0002
Rhode Island	1/1/2019	1235516055
South Carolina	1/22/2019	DM1618
Tennessee	11/1/2019	Q055529
Texas	4/11/2019	3948861
Utah	1/14/2019	3010244
Vermont	7/3/2019	6700834
Washington	3/27/2019	2124372
Wisconsin	1/7/2019	1235516055
Wyoming	4/17/2019	1235516055

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTROL BIONICS INCORPORATED" 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 FEBRUARY, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

4223933 8300

SR# 20190735141

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

Authentication: 202233347

Date: 02-11-19

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Beach Financial Group 369 Pine Street, Suite 103 San Francisco CA 94104	PHONE (A/C, No, Ext): 415 358 2066	FAX (A/C, No):
	E-MAIL ADDRESS: joe@beachfinancialgroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Ace Property & Casualty Insurance Company	20699
INSURED Control Bionics Inc 745 Center Street, Suite # 303 Milford OH 45150	INSURER B :	
	INSURER C :	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC			D94924388	08/22/2019	08/22/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ Included
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ Excluded
								$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			D94924388	08/22/2019	08/22/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			D95317844	03/05/2020	08/22/2020	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Life Science / Medical Device import and distribution

CERTIFICATE HOLDER

For informational purposes

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

Joe Power

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The ACORD name and logo are registered marks of ACORD

KEY INSURANCE GROUP

CONFIRMATION OF INSURANCE

31/07/19

We act as insurance brokers for the client detailed below and at their request confirm the existence and currency of the following insurance:

Life Science Liability Confirmation Of Insurance

Class	Public & Products Liability including Errors Or Omissions
Insured	Control Bionics Holdings Pty Limited
Policy Period	24th July 2019 4pm 31st July 2020 4pm
Insurer	Certain Underwriters at Lloyds of London
Policy No	93398206
Covering	The Insured's legal liability to pay for compensation in respect of Personal Injury or Damage to Property occurring during the Period of Insurance as a result of an occurrence in connection with the Insured's Business or caused by any of the Services, Products sold or supplied by the Insured.

Limits of Insurance:

Coverage 1 - Premises/Operations (Public) Liability:	AUD 20,000,000	each occurrence
Coverage 2 - Products/Services And Clinical Trials Liability:	AUD 20,000,000	in the aggregate
Coverage 4 - Advertising Injury and Personal Injury Liability:	AUD 20,000,000	in the aggregate
Coverage 5 – Errors Or Omissions Liability:	AUD 10,000,000	in the aggregate
U.S.A. Territory Aggregate Limit (Coverages 2, 4 And 5):	AUD 10,000,000	

Territorial Limits: Anywhere in the world

Note: This confirmation is issued as a matter of information only and does not confer any rights upon the confirmation holder. The confirmation does not amend, extend or alter the coverage afforded by the policy / policies detailed herein.

Yours faithfully,

Keith Riddle
For the Company

KEY INSURANCE GROUP
PO Box 4204, East Balwyn VIC 3103
Tel: 0488 766 700 - Fax: (03) 9867 6771
ABN: 64 577 160 521 - AR No. 435323
Authorised Representative of PSC Connect P/L AFSL 344648 ABN 23 141 574 914

...UNLOCKING INSURANCE

4S

RECEIVED 7-16-2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ 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: First Nation Group, LLC

Physical Address: 5030 Nome St. STE C, Denver, CO 80239

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

Mailing Address: 4566 Hwy. 20 East Courtyard Plaza #208

City: Niceville, FL State: Zip Code: 32578 Telephone: (850) 389-8448

Fax: (850) 389-8543

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 6:00 Tue: 9:00 to 6:00 Wed: 9:00 to 6:00 Thu: 9:00 to 6:00 Fri: 9:00 to 6:00 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nathan Doffing

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

☐ Medical Gases**
☑ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: Nathan Doffing Telephone: 303-407-6548

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A _____ _____ _____

_____ _____ _____

_____ _____ _____

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Cheryl L Nilsson

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

Cheryl L. Nilsson

Print Name of Authorized Person

7-2-2020

Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A LIMITED LIABILITY COMPANY General_____ Limited _____

Partnership Name: First Nation Group, LLC

Mailing Address: 4566 Hwy. 20 East Courtyard Plaza #208

City: Niceville State: FL Zip: 32578

Telephone: (850) 389-8448 Fax: N/A

Contact Person: Cheryl Nilsson

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
Cheryl Nilsson – Member	L	51.50
Patton Holdings, Inc. - Member	L	48.5

List names of 4 largest partners and percentage of ownership:

Name: Cheryl Nilsson – Member %: 51.50

Name: Patton Holdings, Inc. - Member %: 48.5

Name: _____ %: _____

Name: _____ %: _____

Email from Colorado Board of Pharmacy

Young, Felicia

From: Kalkis - DORA, Mark < @state.co.us>
Sent: Friday, November 22, 2019 1:22 PM
To: Young, Felicia
Subject: Re: First Nation Group LLC Home State Licensure/Exemption

External Email -- Please use caution before opening attachments or clicking links

Hi Felicia,
The Pharmacy Board does not send letters of the type that you are requesting. You may review Rule 15, Wholesalers, to verify if a license is required. You may also consider contacting the Secretary of State's office to see what their requirements are.
I hope this helps,
Mark

On Thu, Nov 21, 2019 at 10:23 AM Young, Felic @cardinalhealth.com> wrote:

Good afternoon Mark,

My client First Nation Group LLC is a wholesaler of Rx medical devices. Their warehouse is located in Denver, CO. Their Rx medical devices do not contain a Rx drug. It is my understanding that the Colorado Board of Pharmacy does not license Rx medical device wholesalers.

I am requesting that the Colorado Board of Pharmacy issue a home state licensing exemption letter (or email) to First Nation Group LLC so they can provide proof to other state licensing agencies that the Colorado Board of Pharmacy has found First Nation Group LLC to be exempt from home state licensure.

Thanks

Felicia

Felicia Young, B.S.

State Licensing Specialist

Regulatory Sciences

7400 West 110th Street, Suite 300, Overland Park, KS 66210

913.661.3867 dir | 913.451.3846 fax

Ema[illegible]@cardinalhealth.com

This message is for the designated recipient only and may contain privileged, proprietary or otherwise private information. If you have received it in error, please notify the sender immediately and delete the original. Any other use of the email by you is prohibited.

Dansk - Deutsch - Espanol - Francais - Italiano - Japanese - Nederlands - Norsk - Portuguese - Chinese Svenska: http://www.cardinalhealth.com/en/support/terms-and-conditions-english.html

--

Mark Kalkis, R.Ph.
Pharmaceutical Inspector

P: 303.815.0220 | F: 303.869.0274
1560 Broadway, Suite 1500, Denver, CO 80202
mark.kalkis@state.co.us | www.colorado.gov/dora

CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not an intended recipient you are not authorized to disseminate, distribute or copy this e-mail. Please notify the sender immediately if you have received this e-mail by mistake and delete this e-mail and any attachments from your system.

Please Note:

Colorado's statutes don't provide a provision for medical devices and does not currently require licensure.

STATE OF COLORADO

BOARD OF PHARMACY RULES

15.00.00 WHOLESALERS.

15.00.00 WHOLESALERS. 15.01.00 Wholesale Drugs Distributor Registration Requirement. a. A wholesaler means any person engaged in the wholesale distribution of prescription drugs, including, but not limited to repackagers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including manufacturers' and distributors' warehouses; manufacturers' exclusive distributors; authorized distributors of record; drug wholesalers or distributors; independent wholesale drug traders; specialty wholesaler distributors; pharmacy buying cooperative warehouses; retail pharmacies that conduct wholesale distribution; and chain pharmacy warehouses that conduct wholesale distribution.

Reference: DEPARTMENT OF REGULATORY AGENCIES, State Board of Pharmacy Rules 3 CCR 719-1, Page 107, November 14, 2016

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/5/2019

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 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
Hylant - Toledo
811 Madison Ave.
Toledo OH 43604

License#: 23894

CONTACT NAME:
PHONE (A/C, No, Ext): 419-255-1020 **FAX (A/C, No):** 419-255-7557
E-MAIL ADDRESS: toledo_hmi@hylant.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hanover American Insurance Company	36064
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
First Nation Group, LLC
4566 Highway 20, Suite 208
Niceville FL 32578

FIRSNAT-01

COVERAGES **CERTIFICATE NUMBER:** 741390405 **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			ZDWH11352900	12/1/2019	12/1/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							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 X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			UHWH11353200	12/1/2019	12/1/2020	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $ 0							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH ER	
	ANY PROPRIETOR/PARTNER EXECUT VE OFFICER/MEMBER EXCLUDED? Y / N N / A (Mandatory in NH)						E L EACH ACCIDENT	$
	If yes describe under DESCRIPTION OF OPERATIONS below						E L DISEASE EA EMPLOYEE	$
							E L DISEASE - POLICY LIM T	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

First Nation Group LLC
4566 Hwy. 20 East
Courtyard Plaza, Suite 208
Niceville FL 32578

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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Attachment to First Nation Group, LLC's Medical Device Equipment and Gases New Application (State of Nevada State Board of Pharmacy)

First Nation Group, LLC's Officers

Name	Title	Address / Phone
Cheryl L. Nilsson	Chief Executive Officer	Antiqua Way, Niceville, Fl
Stephen D. Baugh	President	Middle Gulf Dr., Sanibel, F
Wendy Tommelleo	Executive Vice President	Thorn Wood Dr, Fort Myers,
Michael Jarosz	Chief Financial Officer	Southwinds Dr Miramar Beach, I

4T

RECEIVED 7/6/2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☒ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Icon Medical Solutions Corp.

Physical Address: 40 Spruce St. Suite 202 Leominster, MA 01453
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 40 Spruce St. Suite 202

City: Leominster State: MA Zip Code: 01453

Telephone: 978-534-6590 Fax: 978-534-6591

E-mail: bryan@iconmedicalcorp.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm Fri: 9am to 5pm Sat: closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bryan Bourgeois

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: Urology, wound care, incontinence

**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: _____

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:

1701480001		
1101458868A		

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name:
- Physician's Assistant — Name:
- Physical Therapist — Name:
- Occupational Therapist — Name:
- Registered Nurse — Name:
- Respiratory Therapist — Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

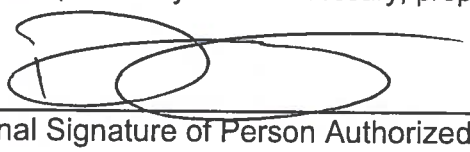
4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

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

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

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



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

Bryan Bourgeois
Print Name of Authorized Person

06/26/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

Owner's Name: Bryan Bourgeois

List all previous names: _____

Social Security Number _____

Date of Birth _____

Place of Birth: City: _____ State: MA Country: United States

Citizenship: USA ✓ other _____

If applicable, list Naturalization Number: N/A Passport Number:

Current residence address: West Street City: _____

State: MA Zip Code: 01453 Telephone Numbe 1133 Fax Numb -6591

Previous address (last 5 years):

Address: West Street City: _____ State: MA Zip Code: 01453

Address: _____ City: _____ State: Zip Code: _____

Address: _____ City: _____ State: Zip Code: _____

Address: _____ City: _____ State: Zip Code: _____

Business Name: Icon Medical Solutions Corp.

Current Business Address: 40 Spruce Street, Suite 202

City: Leominster State: MA Zip Code: 01453

Telephone Number: 978-534-6590 Fax Number: 978-534-6591

Previous Employment (last 5 years):

Name: Icon medical solutions Corp Address: 40 Spruce St. Suite 202

City: Leominster State: MA Zip Code: 01453

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

241

DATE (MM/DD/YYYY) 03/30/20

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	CONTACT NAME:	
DeCarolis Insurance Agency, Inc 146 North Main Street Leominster, MA 01453	PHONE (A/C, No, Ext): 978-342-1444	FAX (A/C, No): 978-343-3991
	E-MAIL ADDRESS: sgriffin@decarolisinsuranceagency.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Icon Medical Soultions, Inc. 40 Spruce St., Suite 202 Leominster, MA 01453	INSURER A : Arbella Protection Ins co.	
	INSURER B : cna surety	
	INSURER C :	
	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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			7520072416	03/28/20	03/28/21	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Medicare supplier bond - MA			63575660	03/22/20	03/22/21	50,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Molina Health Care of Illinois
1520 Kensington Rd,
Suite 212
Oak Brook, IL 60523

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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RECEIVED
6-17-2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☑ Non Publicly Traded Corporation – Pages 1,2,3,5 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Linde Gas North America, LLC

Physical Address: 208 West Main Street, Livingston, TN 38570
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 2301 SE Creekview Drive

City: Ankeny State: IA Zip Code: 50021

Telephone: (515) 257-5073 Fax: (515) 965-6645

E-mail: michele.carmona@linde.com Website: www.linde.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 4:30pm Tue: 8am to 4:30pm Wed: 8am to 4:30pm Thu: 8am to 4:30pm Fri: 8am-4pm

Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Phillip Storie

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

☐ Medical Gases**
☑ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: Corporation Service Company Telephone: 775-882-1013

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:

_____ _____ _____

_____ _____ _____

_____ _____ _____

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☑ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Michele Carmona

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

Michele Carmona

Print Name of Authorized Person

5-27-20

Date

Board Use Only	Received: JUN 24 2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Linde Delaware Investments, Inc.

Corporation Name: Linde Gas North America, LLC

Mailing Address: 2301 SE Creekview Drive

City: Anheny State: IA Zip: 50021

Telephone: (515) 257-5073 Fax:

Contact Person: Michele Carmona

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

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

a) Linde Delaware Investments, Inc., Riverview Drive Danbary, C
Name Address

b)
Name Address

c)
Name Address

d)
Name Address

2) Provide the number of shares issued by the corporation. 101

3) What was the price paid per share? 0

4) What date did the corporation actually receive the cash assets? 100 shares- 10/2017; 1 share 7/5/18

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.

THE LINDE GROUP

Linde

DIRECTORS/OFFICERS

President:
Narayanan Ramprasad
DOB:
DL:
Address: Huron Dr., Chatham, NJ 07928
SS#:
Home Phone

Treasurer:
Tamara Volmer
DOB:
DL:
Address: Guinea Road, Monroe, CT. 06468
SS#:
Home Phor

Secretary:
Anthony Pepper
DOB:
DL:
Address: Racebrook Court, Cheshi
SS#:
Home Phone

Medical Gas Only

FEDERAL EMPLOYER IDENTIFICATION NUMBER -FEIN

61-1509960

For further inquiries, please contact:

Praxair Distribution, Incorporated
2301 SE Creekview Drive, Ankeny, IA 50021
Michele_Carmona@Praxair.com
Office Phone: 515-257-5073
Office Fax: 515-965-6645

ID NUMBER: 0000003458
EXPIRATION DATE: 03/31/2022
This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
LINDE GAS NORTH AMERICA, LLC

COMMISSIONER OF HEALTH

PRAXAIR DISTRIBUTION INC
2301 SE CREEK DR
ANKENY IA 50021

State of Tennessee
Department of Health

12094664
28021

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
LINDE GAS NORTH AMERICA, LLC
208 W MAIN ST
LIVINGSTON TN 38570

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

ID NUMBER: 0000003458
EXPIRATION DATE: 03/31/2022

DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS NORTH AMERICA 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 NINETEENTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS NORTH AMERICA LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2006.

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

Jeffrey W. Bullock, Secretary of State

4225033 8300

SR# 20204158915

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

Authentication: 202955076

Date: 05-19-20

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2019

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
Marsh USA Inc.
1166 Avenue of the Americas
New York, NY 10036-2774
Attn: NewYork.Certs@marsh.com Fax: 212-948-0500

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Old Republic Insurance Company	24147
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Linde Gas North America, LLC
10 Riverview Dr
Danbury, CT 06810

COVERAGES **CERTIFICATE NUMBER:** NYC-010733699-01 **REVISION NUMBER:** 3

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			MWZY 313507-19	10/01/2019	10/01/2020	EACH OCCURRENCE	$	5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	5,000,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	5,000,000
	OTHER							$	
A	AUTOMOBILE LIABILITY			MWTB 313505-19	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident)	$	10,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	
	DED RETENTION $							$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			MWC 313504-19	10/01/2019	10/01/2020	X PER STATUTE OTH-ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$	5,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	5,000,000
							E.L. DISEASE - POLICY LIMIT	$	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability and Automobile Liability policies include contractual liability, separation of insured, are primary and non-contributory and includes blanket additional insured where required by contract.
Automobile Liability coverage includes Motor Carrier Act of 1980. Waiver of Subrogation applies to all policies where required by written contract

CERTIFICATE HOLDER
Linde Gas North America, LLC
10 Riverview Dr
Danbury, CT 06810

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
of Marsh USA Inc.
Michaela Grasshoff

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RECEIVED 6/9/2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Nephron Pharmacy LLC

Physical Address: 4500 12th Street Extension West Columbia, SC 29172
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 4500 12th Street Extension

City: West Columbia State: SC Zip Code: 29172

Telephone: (855)-262-1718 Fax: (855)262-1719

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 6PM Tue: 8AM to 6PM Wed: 8AM to 6PM Thu: 8AM to 6PM Fri: 8AM to 6PM Sat: ____ to ____ Sun: ____ to ____ Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Emily Kennell

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: Nimbus Pump

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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. no

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

X _____

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

Lou W. Kennedy

Print Name of Authorized Person

6/05/2020

Date

Board Use Only	Received: JUN 17 2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: South Carolina

Parent Company if any: Nephron Pharmaceuticals Corporation

Corporation Name: Nephron Pharmacy LLC

Mailing Address: 4500 12th Street Extension

City: West Columbia State: SC Zip: 29172

Telephone: (855)262-1718 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) see attahced
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

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.

nephron
pharmaceuticals
corporation

State of Incorporation: South Carolina
Corporate Address:
4500 12th St. Ext.
West Columbia, SC 29172
Parent Company: Nephron Pharmaceuticals Corporation
FEIN: 84-5187846

Nephron Pharmacy LLC Corporate Officers

Name	Title	Business Contact Information
William P. Kennedy	Director (49%)	4500 12th St. Ext. West Columbia, SC 29172
Lou W. Kennedy	President, CEO, Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172
Ashley E. Kennedy Whitner	Vice President Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172
Courtney B. Kennedy McGowan	Vice President Owner (17%)	4500 12th St. Ext. West Columbia, SC 29172
Daniel Stoner	Secretary/Treasurer	4500 12th St. Ext. West Columbia, SC 29172

ACORD

NEPHPHA-02 RCOLLINS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/1/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1000009384
Hub International Carolinas
1330 Lady Street
Columbia, SC 29201

CONTACT NAME:
PHONE (A/C, No, Ext): (803) 799-5533 FAX (A/C, No): (803) 771-7991
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Great Northern Insurance Company	20303
INSURER B : Federal Insurance Company	20281
INSURER C : Hartford Insurance Group	914
INSURER D : Navigators Insurance Company	42307
INSURER E :	
INSURER F :	

INSURED
Nephron Pharmaceuticals Corp
4500 12th Street Extension
West Columbia, SC 29172

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 CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			35777804	5/1/2020	5/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG See below	$ 2,000,000 $ 2,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ Excluded $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			(19)7359-37-31	5/1/2020	5/1/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			79794104	5/1/2020	5/1/2021	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		22 WE AF4XGL	5/1/2020	5/1/2021	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Products Liability			35777804	5/1/2020	5/1/2021	Products Liability	5,000,000
D	XS Products Liab			GA20LEX0A4AIINV	5/1/2020	5/1/2021	XS Products Liab	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

For Information Only
Nephron Pharmaceuticals Corporation
4500 12th Street Extension
West Columbia, SC 29172

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

James Martin

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: NEPHPHA-02 RCOLLINS

LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 1000009384	NAMED INSURED
Hub International Carolinas		Nephron Pharmaceuticals Corp 4500 12th Street Extension West Columbia, SC 29172
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Wording

The Umbrella is follow form to above General Liability Premises & Auto Liability.

Products Liability is claims made; Retroactive Date is 5/5/93. The primary products liability policy underwritten by Chubb provides a $5,000,000 limit per
occurrence with a $5,000,000 aggregate limit. The excess products liability policy provides $10,000,000 per occurrence in excess of the primary policy.

Healthcare Professional is claims made; Retroactive Date is 11/1/17. Healthcare Professional #36051208 5/1/2020 to 5/1/2021; insuring company is Federal Insurance Company. The primary healthcare professional liability policy provides a $5,000,000 limit per occurrence with a $5,000,000 aggregate limit.

Excess Liability coverage is follow form over Products Liability and Healthcare Professional.

Products Liability & Healthcare Professional - Each Occurrence Retention is $250,000; Shared Aggregate Limit $5,000,000 & Shared Aggregate Retention of $1,250,000.

Excess Products Liability
Carrier: Navigators Syndicate 1221 at Lloyd's of London
Policy # LLR020JC4675
Effective 5/1/2020 to 5/1/2021
$10,000,000 Excess of $15,000,000

Additional Named Insureds
KENNEDY 34TH STREET L.P.
LOOSE SCREW CONSTRUCTION, LLC
WPK-PHOENIX, LLC
KENNEDY CAMPUS, LLC
NEPHRON SC, INC.
NEPHRON IC DISC, INC.
CLERMONT PHARMACEUTICALS, INC.
NEPHRON PHARMACEUTICALS CORPORATION
MICROVAPOR DEVICES, LLC
NEPHRON STERILE COMPOUNDING CENTER LLC
GAMECOCK PROPERTIES, LLC
PEAKEWOOD FARMS, INC.
NEPHRON PHARMACY LLC
L&B REALTY LLC

Cyber Liability
The Cyber Breach Response Limit is 100,000 Notified Individuals, or $1,000,000 for Legal, Forensic & Public Relations/Crisis Management. Should the insured exhaust the Breach Response Limits (either or both the Notified Individuals and the Legal, Forensics, and &
Public Relations/Crisis Management), the insured has a $2,000,000 Additional Breach Response Limit.

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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

4W

RECEIVED
7-14-2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

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

☑ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Nitrous Oxide Corp

Physical Address: 107 Feldspar Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 107 Feldspar Street

City: Tooele State: Zip Code: UT 84074 Telephone: 706-513-5331 (cell)

Fax: 866-481-8761

E-mail: david.strickland@airgas.com Website: www.AirgasNitrousOxide.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 7pm Tue: 7am to 7pm Wed: 7am to 7pm Thu: 7am to 7pm Fri: 7am to 7pm Sat: 7am to 7pm Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Strickland

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

☑ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: David Strickland Telephone: (Cell) 706-513-5331

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

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

Cola Lin
Print Name of Authorized Person

4/5/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Airgas Inc.

Corporation Name: Nitrous Oxide Corp.

Mailing Address: 259 North Radnor-Chester Road, Suite 100

City: Radnor State: PA Zip: 19087

Telephone: (610) 687-5253 Fax:

Contact Person: Lola Lin

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

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

a) N/A
Name Address

b)
Name Address

c)
Name Address

d)
Name Address

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

3) What was the price paid per share? NA

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

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

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.

UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSEE LOOKUP & VERIFICATION SYSTEM

Details for Nitrous Oxide Corp.

License Information

Name:	Nitrous Oxide Corp.
City, State, Zip, Country:	Tooele UT 84074 United States
Profession:	Pharmacy
License Type:	Pharmacy - Class C
License Number:	11633920-1710
Obtained By:	Application
License Status:	Active
Original Issue Date:	02/14/2020
Expiration Date:	08/14/2020
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

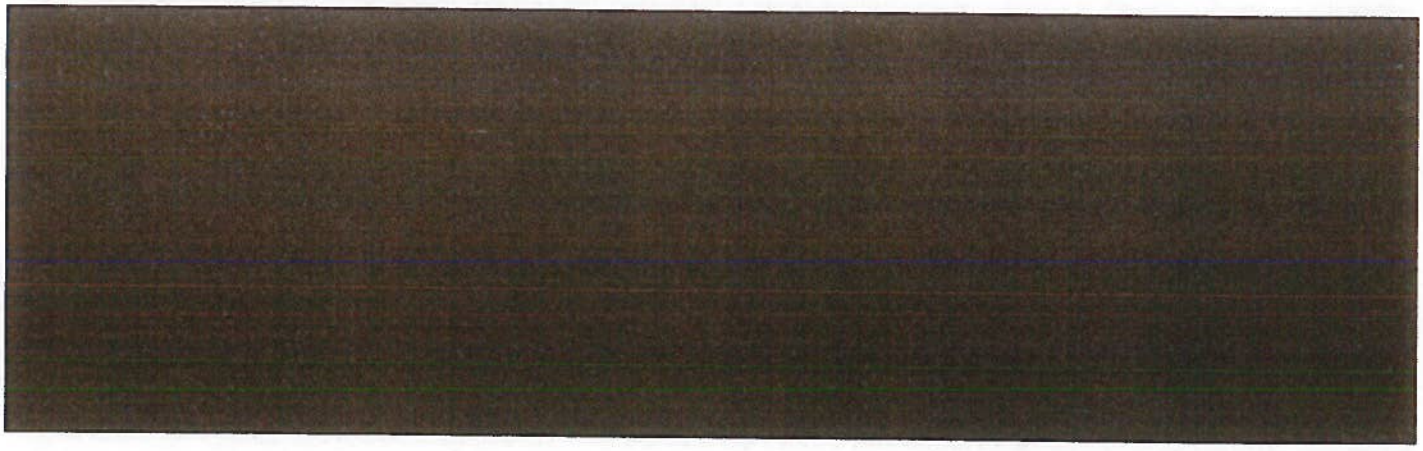
Specialty(s):

Manufacturer, Wholesaler, Distributor

Reports require Adobe® Acrobat® Reader™ Free download

This information is accurate as far as is contained in the Division's official records. It does not reflect whether an entity required to maintain a current registration with the Division of Corporations is current in that registration. You can verify such status at https://secure.utah.gov/bes/bes. Additionally, this verification does not show a complete license history or interruptions of licensure. Original issue dates listed as 01/01/1910 and 01/01/1911 were unknown at the time the Division implemented its first electronic licensing database.

*NOTE: The disciplinary documents linked to this website include final orders issued by DOPL, with the exception of citations. Click here for citations.



FDA Registration Status					
Firm Name	**FDA Establishment Identifier**	**DUNS**	**Business Operations**	**Address**	**Expiration Date**
NITROUS OXIDE CORP.		49509475	MANUFACTURE;	107 S FELDSPAR ST, TOOELE, Utah (UT) 84074, United States (USA)	12/31/2020

Airgas
an Air Liquide company

NITROUS OXIDE CORP.
FEIN: 23-2359281
Incorporated in the State of DE on 11/26/1984

Airgas, Inc. – Parent Company
Address: 259 N. Radnor-Chester Road
Suite 100, Radnor, PA 19087
Ownership: 100%

Martin J. Wehner **Director**
Business Address: 2530 Sever Road NW, Lawrenceville, GA 30043
Business Phone: (678) 407-7532
Ownership: 0%

Andrew R. Cichocki **Director**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor, PA 19087
Business Phone: (610) 687-5253
Ownership: 0%

Nicolas Droin **Director and Vice President**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor, PA 19087
Business Phone: (610) 687-5253
Ownership: 0%

Roger Weber **Vice President and General Manager**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Richard Thompson **VP – Finance**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Lola Lin **Secretary**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Jim Cook **Assistant Secretary**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

BOOK 0213 PAGE 644

PAGE 1

State of Delaware

Office of Secretary of State

I, MICHAEL HARKINS, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT BEFORE PAYMENT FOR STOCK OF JACKSON/ADEN, INC. FILED IN THIS OFFICE ON THE EIGHTH DAY OF FEBRUARY, A.D. 1985, AT 10 O'CLOCK A.M.

Michael Harkins, Secretary of State

AUTHENTICATION: 104335708

DATE: 02/08/1985

725039028

725039028

BOOK 0213 PAGE 645
FILED
FEB 8 1985 10AM
Michael Markin
SECRETARY OF STATE

CERTIFICATE OF AMENDMENT

OF

CERTIFICATE OF INCORPORATION

BEFORE PAYMENT OF CAPITAL

OF

JACKSON/ADEN, INC.

I, the undersigned, being the sole director of Jackson/Aden, Inc., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware,

DO HEREBY CERTIFY:

FIRST: That Article I of the Certificate of Incorporation be and it hereby is amended to read as follows: "The name of the Corporation is Nitrous Oxide Corp."

SECOND: That the corporation has not received any payment for any of its stock.

THIRD: That the amendment was duly adopted in accordance with the provisions of section 241 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, I have signed this certificate this 6th day of February, 1985.

C.D.L. Perkins
Director

RECEIVED FOR RECORD
FEB 8 1985
LEO J. DUGAN, Jr., Recorder

State of Delaware

Office of Secretary of State

I, GLENN C. KENTON, 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 JACKSON/ADEN, INC. FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 1984, AT 10 O'CLOCK A.M.

Glenn C. Kenton

Glenn C. Kenton, Secretary of State

AUTHENTICATION: 0377186

DATE: 11/26/1984

734331017

CERTIFICATE OF INCORPORATION

OF

JACKSON/ADEN, INC.

FIRST: Name. The name of the Corporation is JACKSON/ADEN, INC.

SECOND: Registered Office. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

THIRD: Purposes. The nature of the business or purposes to be conducted or promoted is:

> To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware and to do all things and exercise all powers, rights and privileges which a business corporation may now or hereafter be organized or authorized to do or to exercise under the laws of the State of Delaware.

FOURTH: Capitalization. The total number of shares of stock which the Corporation shall have authority to issue is one thousand (1,000) shares of Common Stock and the par value of each such shares is One Dollar ($1.00) amounting in the aggregate to One Thousand Dollars ($1,000.00).

FIFTH: Incorporator. The name and mailing address of the incorporator is as follows:

Name	Mailing Address
Todd R. Craun	Werco, Inc. One Aldwyn Center Villanova, PA 19085

SIXTH: Additional Powers of Board of Directors. The Board of Directors shall have power, without stockholder action, to make By-Laws for the Corporation and to amend, alter or repeal any By-Laws.

The powers and authorities herein conferred upon the Board of Directors are in furtherance and not in limitation of those conferred by the laws of the State of Delaware. In addition to the powers and authorities herein or by statute expressly conferred upon it, the Board of Directors may exercise all such powers and do all such acts and things as may be exercised or done by the Corporation, subject, nevertheless, to

the provisions of the laws of the State of Delaware, of this Certificate of Incorporation and of the By-Laws of the Corporation.

SEVENTH: Meetings of Stockholders/Voting by Ballot. Meetings of stockholders may be held within or without the State of Delaware, as the By-Laws may provide. The books of the Corporation may be kept (subject to any provisions contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the By-Laws of the Corporation. Elections of directors need not be by ballot unless by By-Laws of the Corporation provide otherwise.

EIGHTH: 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 Incorporaiton, and other provisions authorized by the laws of the State of Delaware at the time in force may be added or inserted in this Certificate of Incorporation, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of whatsoever nature conferred upon stockholders, directors or any other persons whomsoever 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 EIGHTH.

THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to this General Corporation Law of the State of Delaware does make this Certificate, hereby declaring and certifying that this is may act and deed and the fact herein stated are true, and accordingly have hereunto set my hand this 21st day of November, 1984.

Todd R. Craun (Seal)

Commonwealth of Pennsylvania
County of Delaware

On this the 21st day of November A.D. 1984, before me, the undersigned Officer personally appeared Todd R. Craun known to me (satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In Witness Whereof, I have hereunto set my hand and official seal.

Irene C. Maffei
Notary Public

IRENE C. MAFFEI, Notary Public
Radnor Twp., Delaware Co.
My Commission Expires May 23, 1988

RECORD OF INCORPORATOR'S ACTION BY WRITTEN CONSENT

THE UNDERSIGNED, Todd R. Craun, the incorporator of Jackson/Aden, Inc., a Delaware corporation, formed pursuant to Sections 101 and 102 of the Delaware General Corporation Law, signed this statement pursuant to Section 107 and 108 of the Delaware General Corporation Law to set forth action taken as follows:

FIRST: The Certificate of Incorporation of Jackson/Aden, Inc. was filed in the Office of the Secretary of State on November 26, 1984, and a certified copy thereof was recorded on November 26, 1984, in the Office of the Recorder of New Castle County, Delaware, and the undersigned has caused a copy of such Certificate of Incorporation to be inserted in the Minute Book of the Corporation.

SECOND: The form of By-Laws annexed hereto are hereby adopted as the By-Laws for the regulation of the affairs of this Corporation and the same is to be inserted in the Minute Book of this Corporation.

THIRD: The Board of Directors is hereby authorized and empowered to issue the stock of this Corporation up to the aggregate amount authorized by its Certificate of Incorporation, and to accept full payment for such stock.

FORTH: The following named director is hereby elected as director of this Corporation to hold office until his successor is elected and shall qualify:

C.D.L. Perkins

FIFTH: The foregoing is a complete record of the incorporator's action.

Todd R Craun Incorporator

Airgas
Airgas Nitrous Oxide

Product List

Bulk Nitrous Oxide (Cryogenic liquid)

Airgas
an Air Liquide company

Roger Weber
Vice President & General Manager
Nitrous Oxide Corporation
Airgas an Air Liquide Company
6801 West Quaker Road
Disputanta VA 23842
(804) 721-4094
http://www.airgas.com
roger.weber@airgas.com

Re: State of Utah Department of Commerce
Division of Occupational & Processional Licensing
License # 11633920-1710, Pharmacy – Class C

Date: 28.April.2020

Dear sir(s),

Due to the COVID-19 pandemic in the United States, Mr. Travis Drebing with the State of Utah Department of Commerce, Division of Occupational & Processional Licensing has relayed to the Nitrous Oxide Corporation that on-site inspections are on hold, due to this world-wide pandemic, which may also slow down the awarding of the permanent license.

We understand that the application is requesting an inspection report from the home state (Utah) but, we are unable to provide this, due to these circumstances that are beyond our control.

Please understand our time-sensitive situation in obtaining licensing, as we are deemed an essential business by the federal government in being able to support the medical industry.

Airgas is listed as an essential supplier as indicated by the FDA Drug Shortage Unit and the National Emergency Management Association (NEMA).

In advance, thank you for your special consideration.

Respectfully, Roger Weber

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2019

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
Marsh USA Inc.
500 Dallas Street, Suite 1500
Houston, TX 77002
Attn: Houston.Certs@marsh.com

014166-AIRGA-GAWU-19-20

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Union Fire Ins Co Pittsburgh PA	19445
INSURER B : N/A	N/A
INSURER C : Illinois National Insurance Company	23817
INSURER D : American Home Assurance Company	19380
INSURER E : New Hampshire Insurance Company	23841
INSURER F :	

INSURED
American Air Liquide Inc.
Airgas, Inc.
259 N Radnor Chester Road
Radnor, PA 19087-5240

COVERAGES **CERTIFICATE NUMBER:** HOU-003381112-10 **REVISION NUMBER:** 4

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			GL 7032369	07/01/2019	07/01/2020	EACH OCCURRENCE	$	2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	2,000,000
							MED EXP (Any one person)	$	1,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$	2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$	6,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$	6,000,000
								$	
A	AUTOMOBILE LIABILITY			CA 7269735 (AOS)	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	$	5,000,000
A	X ANY AUTO			CA 7269736 (VA)	07/01/2019	07/01/2020	BODILY INJURY (Per person)	$	
A	OWNED AUTOS ONLY / SCHEDULED AUTOS			CA 7269787 (MA)	07/01/2019	07/01/2020	BODILY INJURY (Per accident)	$	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$	
	DED [ ] RETENTION $							$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 031132411 (FL)	07/01/2019	07/01/2020	X PER STATUTE [ ] OTH-ER		
E	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N]	N/A		WC 031132408 (MA,ND,OH,WA,WI, WY)	07/01/2019	07/01/2020	E.L. EACH ACCIDENT	$	2,000,000
D	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 031132410 (CA)	07/01/2019	07/01/2020	E.L. DISEASE - EA EMPLOYEE	$	2,000,000
				Please see Acord 101			E.L. DISEASE - POLICY LIMIT	$	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

American Air Liquide Inc.
Airgas, Inc.
259 N Radnor Chester Road
Radnor, PA 19087-5240

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
of Marsh USA Inc.

Freeman M. Wade — Freeman M. Wade

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The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 014166
LOC #: Houston

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	American Air Liquide Inc. Airgas, Inc. 259 N Radnor Chester Road Radnor, PA 19087-5240
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued: Effective Dates: 7/1/2019 - 7/1/2020
Carrier: New Hampshire Insurance Company: Policy No.: WC 031132409 (AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, ME, MI, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, TX, WV)
Carrier: New Hampshire Insurance Company: Policy No.: WC 031132412 (AK, AZ, NC, NH, NJ, PA, UT, VA, VT)
Carrier: AIU Insurance Company: Policy No.: WC 031132413 (IL, KY, MN, NY)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:
American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
AL America Holdings, Inc.
Air Liquide USA LLC
Air Liquide Industrial U.S. LP
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Holdings LLC
Air Liquide LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Lurgi, Inc.
Plains Nitrogen, LLC
Progressive Resources LLC
WellGen Services, LLC
Airgas, Inc.
Airgas Carbonic, Inc.
Airgas Carbonic, Inc. d.b.a. Airgas Dry Ice
Airgas Data, LLC
Airgas Doral, Inc.
Airgas Merchant Gases, LLC
Airgas On-Site Safety Services, Inc.
Airgas Priority Nitrogen, LLC
Airgas Safety, Inc.
Airgas Specialty Products, Inc.
Airgas USA, LLC
Nitrous Oxide Corporation
Radnor Funding Corp.
Tool Plus, Inc.
Red-D-Arc Inc.

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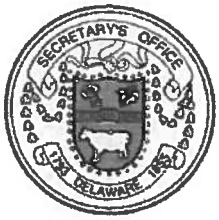
Delaware

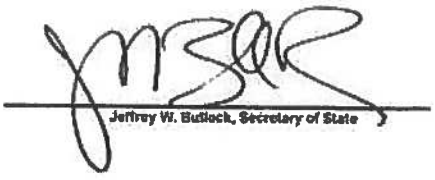
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NITROUS OXIDE CORP." 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 THIRD DAY OF APRIL, 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.





2049053 8300

SR# 20202577792

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

Authentication: 202709305

Date: 04-03-20

4X

RECEIVED 7/2/2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

☐ 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: Nitrous Oxide Corp

Physical Address: 1226 Rialto Road

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

Mailing Address: 1226 Rialto Road

City: Yazoo City State: MS Zip Code: 39194-9485 Telephone: 662-746-7607

Fax: 662-746-7687

E-mail: Danny.Boyd@Airgas.com Website: www.AirgasNitrousOxide.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12am to 12pm Tue: 12am to 12pm Wed: 12am to 12pm Thu: 12am to 12pm Fri: 12am to 12pm Sat: 12am to 12pm Sun: 12am to 12pm Holidays: 12am to 12pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Danny Boyd

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

☑ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: Danny Boyd Telephone: 662-746-7607

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A		

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

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

Nicolas Drain
Print Name of Authorized Person

6/22/2020
Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Airgas Inc.

Corporation Name: Nitrous Oxide Corp.

Mailing Address: 259 North Radnor-Chester Road, Suite 100

City: Radnor State: PA Zip: 19087

Telephone: (610) 687-5253 Fax: _____

Contact Person: Lola Lin

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

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

a) N/A
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? NA

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

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

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.

MISSISSIPPI

Board of Pharmacy

Nitrous Oxide Corp

Permit No.:
18083/16.1

1226 Rialto Road
Yazoo City, MS 39194-9485

Manufacturer

Permit Holder:
Danny R Boyd

This permit is not transferable or assignable.

Issued: 10/20/2017
Renewed: 5/19/2020
Expires: 12/31/2020

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

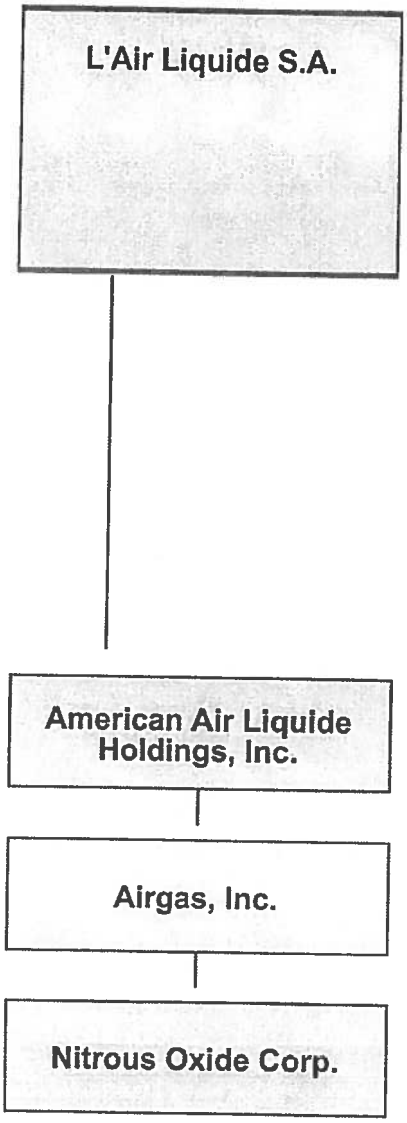
Airgas
Airgas Nitrous Oxide

Nitrous Oxide Corp
Product List

A list of drugs/devices to be manufactured/repackaged:

- Nitrous Oxide, Liquid, USP, 99%.

Nitrous Oxide Organizational Structure



Delaware

The First State

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Jeffrey W. Bullock, Secretary of State

2049053 8300

SR# 20202577792

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

Authentication: 202709305

Date: 04-03-20

State of Delaware

Office of Secretary of State

I, GLENN C. KENTON, 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 JACKSON/ADEN, INC. FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 1984, AT 10 O'CLOCK A.M.

Glenn C. Kenton

Glenn C. Kenton, Secretary of State

AUTHENTICATION: 0377186

734331017

DATE: 11/26/1984

CERTIFICATE OF INCORPORATION

OF

JACKSON/ADEN, INC.

FIRST: Name. The name of the Corporation is JACKSON/ADEN, INC.

SECOND: Registered Office. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

THIRD: Purposes. The nature of the business or purposes to be conducted or promoted is:

> To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware and to do all things and exercise all powers, rights and privileges which a business corporation may now or hereafter be organized or authorized to do or to exercise under the laws of the State of Delaware.

FOURTH: Capitalization. The total number of shares of stock which the Corporation shall have authority to issue is one thousand (1,000) shares of Common Stock and the par value of each such shares is One Dollar ($1.00) amounting in the aggregate to One Thousand Dollars ($1,000.00).

FIFTH: Incorporator. The name and mailing address of the incorporator is as follows:

Name	Mailing Address
Todd R. Craun	Werco, Inc. One Aldwyn Center Villanova, PA 19085

SIXTH: Additional Powers of Board of Directors. The Board of Directors shall have power, without stockholder action, to make By-Laws for the Corporation and to amend, alter or repeal any By-Laws.

The powers and authorities herein conferred upon the Board of Directors are in furtherance and not in limitation of those conferred by the laws of the State of Delaware. In addition to the powers and authorities herein or by statute expressly conferred upon it, the Board of Directors may exercise all such powers and do all such acts and things as may be exercised or done by the Corporation, subject, nevertheless, to

the provisions of the laws of the State of Delaware, of this Certificate of Incorporation and of the By-Laws of the Corporation.

SEVENTH: Meetings of Stockholders/Voting by Ballot. Meetings of stockholders may be held within or without the State of Delaware, as the By-Laws may provide. The books of the Corporation may be kept (subject to any provisions contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or in the By-Laws of the Corporation. Elections of directors need not be by ballot unless by By-Laws of the Corporation provide otherwise.

EIGHTH: 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 Incorporaiton, and other provisions authorized by the laws of the State of Delaware at the time in force may be added or inserted in this Certificate of Incorporation, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of whatsoever nature conferred upon stockholders, directors or any other persons whomsoever 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 EIGHTH.

THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to this General Corporation Law of the State of Delaware does make this Certificate, hereby declaring and certifying that this is may act and deed and the fact herein stated are true, and accordingly have hereunto set my hand this 21st day of November, 1984.

Todd R. Craun (Seal)

Commonwealth of Pennsylvania
County of Delaware

On this the 21st day of November A.D. 1984, before me, the undersigned Officer personally appeared Todd R. Craun known to me (satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In Witness Whereof, I have hereunto set my hand and official seal.

Irene C. Maffei
Notary Public

IRENE C. MAFFEI, Notary Public
Radnor Twp., Delaware Co.
My Commission Expires May 23, 1988

RECORD OF INCORPORATOR'S ACTION BY WRITTEN CONSENT

THE UNDERSIGNED, Todd R. Craun, the incorporator of Jackson/Aden, Inc., a Delaware corporation, formed pursuant to Sections 101 and 102 of the Delaware General Corporation Law, signed this statement pursuant to Section 107 and 108 of the Delaware General Corporation Law to set forth action taken as follows:

FIRST: The Certificate of Incorporation of Jackson/Aden, Inc. was filed in the Office of the Secretary of State on November 26, 1984, and a certified copy thereof was recorded on November 26, 1984, in the Office of the Recorder of New Castle County, Delaware, and the undersigned has caused a copy of such Certificate of Incorporation to be inserted in the Minute Book of the Corporation.

SECOND: The form of By-Laws annexed hereto are hereby adopted as the By-Laws for the regulation of the affairs of this Corporation and the same is to be inserted in the Minute Book of this Corporation.

THIRD: The Board of Directors is hereby authorized and empowered to issue the stock of this Corporation up to the aggregate amount authorized by its Certificate of Incorporation, and to accept full payment for such stock.

FORTH: The following named director is hereby elected as director of this Corporation to hold office until his successor is elected and shall qualify:

C.D.L. Perkins

FIFTH: The foregoing is a complete record of the incorporator's action.

Todd R Craun Incorporator

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/18/2019

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
Marsh USA Inc.
500 Dallas Street, Suite 1500
Houston, TX 77002
Attn: Houston.Certs@marsh.com

014166-AIRGA-GAWU-19-20

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Union Fire Ins Co Pittsburgh PA	19445
INSURER B : N/A	N/A
INSURER C : Illinois National Insurance Company	23817
INSURER D : American Home Assurance Company	19380
INSURER E : New Hampshire Insurance Company	23841
INSURER F :	

INSURED
American Air Liquide Inc.
Airgas, Inc.
259 N Radnor Chester Road
Radnor, PA 19087-5240

COVERAGES **CERTIFICATE NUMBER:** HOU-003381112-10 **REVISION NUMBER:** 4

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			GL 7032369	07/01/2019	07/01/2020	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 6,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 6,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			CA 7269735 (AOS)	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 5,000,000
A	X ANY AUTO			CA 7269736 (VA)	07/01/2019	07/01/2020	BODILY INJURY (Per person)	$
A	OWNED AUTOS ONLY / SCHEDULED AUTOS			CA 7269787 (MA)	07/01/2019	07/01/2020	BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 031132411 (FL)	07/01/2019	07/01/2020	X PER STATUTE OTH-ER	
E	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH)	N/A		WC 031132408 (MA,ND,OH,WA,WI, WY)	07/01/2019	07/01/2020	E.L. EACH ACCIDENT	$ 2,000,000
D	If yes, describe under DESCRIPTION OF OPERATIONS below			WC 031132410 (CA)	07/01/2019	07/01/2020	E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
				Please see Acord 101			E.L. DISEASE - POLICY LIMIT	$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

American Air Liquide Inc.
Airgas, Inc.
259 N Radnor Chester Road
Radnor, PA 19087-5240

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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 of Marsh USA Inc.

Freeman M. Wade

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AGENCY CUSTOMER ID: 014166
LOC #: Houston

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	American Air Liquide Inc. Airgas, Inc. 259 N Radnor Chester Road Radnor, PA 19087-5240
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued. Effective Dates: 7/1/2019 - 7/1/2020
Carrier: New Hampshire Insurance Company. Policy No.: WC 031132409 (AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, ME, MI, MO, MS, MT, NE, NM, NV, OK, OR, RI, SC, SD, TN, TX, WV)
Carrier: New Hampshire Insurance Company. Policy No.: WC 031132412 (AK, AZ, NC, NH, NJ, PA, UT, VA, VT)
Carrier: AIU Insurance Company. Policy No.: WC 031132413 (IL, KY, MN, NY)

NAMED INSUREDS ON THE ABOVE REFERENCED POLICIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING COMPANIES:
American Air Liquide Inc.
American Air Liquide Holdings, Inc.
Air Liquide Helium America, Inc.
Air Liquide Advanced Technologies U.S. LLC
Air Liquide America L.P.
AL America Holdings, Inc.
Air Liquide USA LLC
Air Liquide Industrial U.S. LP
Air Liquide Large Industries U.S. LP
Air Liquide Electronics U.S. LP
Air Liquide Global E&C Solutions US Inc.
Air Liquide Technical Services LLC
Air Liquide America Specialty Gases LLC
Air Liquide Global E&C Solutions Mexico LLC
Air Liquide Holdings LLC
Air Liquide LLC
Air Liquide Advanced Materials Inc.
Air Liquide Advanced Materials LLC
Lurgi, Inc.
Plains Nitrogen, LLC
Progressive Resources LLC
WellGen Services, LLC
Airgas, Inc.
Airgas Carbonic, Inc.
Airgas Carbonic, Inc. d.b.a. Airgas Dry Ice
Airgas Data, LLC
Airgas Doral, Inc.
Airgas Merchant Gases, LLC
Airgas On-Site Safety Services, Inc
Airgas Priority Nitrogen, LLC
Airgas Safety, Inc.
Airgas Specialty Products, Inc.
Airgas USA, LLC
Nitrous Oxide Corporation
Radnor Funding Corp.
Tool Plus, Inc.
Red-D-Arc Inc.

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Airgas
an Air Liquide company

NITROUS OXIDE CORP.
FEIN: 23-2359281
Incorporated in the State of DE on 11/26/1984

Airgas, Inc. – Parent Company
Address: 259 N. Radnor-Chester Road
Suite 100, Radnor, PA 19087
Ownership: 100%

Andrew R. Cichocki **Director**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor, PA 19087
Business Phone: (610) 687-5253
Ownership: 0%

Nicolas Droin **Director and Vice President**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor, PA 19087
Business Phone: (610) 687-5253
Ownership: 0%

Richard Thompson **VP – Finance**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Lola Lin **Secretary**
Business Address: 259 N. Radnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

Jim Cook **Assistant Secretary**
Business Address: 259 N. R
adnor-Chester Road, Suite 100, Radnor PA 19087
Business Phone: (610) 263-2033
Ownership: 0%

4Y

RECEIVED
6/15/2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5 S Corp ☐ 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: Recovery DME, Inc.

Physical Address: 9449 Balboa Ave. Ste 110, San Diego, CA 92123
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 9449 Balboa Ave. Ste 110, San Diego, CA 92123

City: San Diego State: CA Zip Code: 92123

Telephone: 800-214-8618 Fax: 800-579-3460

E-mail: nic@recoverydme.com Website: www.recoverydme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nicolas Izatt

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: Braces, TENS, Walkers,

**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: Parley Call Telephone: 702-205-5402

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: PTAN: 6861120001 _____ _____

Medi-Cal NPI: 1417255761 _____ _____

_____ _____ _____

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. No

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Nicolas Izatt

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

Nicolas Izatt

Print Name of Authorized Person

6/9/20

Date

Board Use Only	Received: JUN 17 2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION S Corp

State of Incorporation: California

Parent Company if any: _____

Corporation Name: Recovery DME, Inc.

Mailing Address: 9449 Balboa Ave. Ste 110

City: San Diego State: CA Zip: 92123

Telephone: 800-214-8618 Fax: 800-579-3460

Contact Person: Nicolas Izatt

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

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

37% a) Nicolas Izatt ; 5 Eaglenest Drive, Woodland Hills, UT,
Name Address

33% b) Rebekkah Thomas . Whispering Oaks Circle, Granite Bay, C
Name Address

30% c) Parley Call Spider Creek Ct., Las Vegas, NV
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? 12

4) What date did the corporation actually receive the cash assets? 12,000

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.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/31/2019

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 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: JAMES FREAD, STATE FARM AGENCY 9923 CHANNEL RD StateFarm LAKESIDE, CA 92040	CONTACT NAME: State Farm General Insurances PHONE (A/C, No, Ext): 619-938-1600 FAX (A/C, No): 619-938-1607 E-MAIL ADDRESS: james@agentjames.biz
INSURED: RECOVERY DME, INC. 9449 BALBOA AVE STE 110 SAN DIEGO, CA 92123	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : State Farm General Insurance Company — 25151 INSURER B : INSURER C : 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	Y		90-C6-X842-8 G	08/01/2019	08/01/2020	EACH OCCURRENCE	$ 2,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

10 notice for non-payment of premium, 30 days all others.

CERTIFICATE HOLDER

NSC
PO BOX 100142
Columbia, SC 29202

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

James M. Fread

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Recovery DME
ASSISTING YOU ON THE ROAD TO RECOVERY!

9449 Balboa Ave. Ste 110, San Diego, CA 92123
Ph: 800-214-8618 Fax: 800-579-3460

Officers and Shareholders List

Owner Name	Owership %	Officer Title	Tax ID	Phone Number	Address
Nicolas Izatt	37%	President & CEO			S Eaglenest Drive, Woodland Hills, UT 84653
Rebekkah Thomas	33%	Vice President & Secreta			Whispering Oaks Circle, Granite Bay, CA 95746
Parley Call	30%	Shareholder			Spider Creek Court, Las Vegas, NV 89149

State of California
Secretary of State

S

Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)
FEES (Filing and Disclosure): $25.00.
If this is an amendment, see instructions.
IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

FV00485

FILED

In the office of the Secretary of State
of the State of California

MAR-02 2018

This Space for Filing Use Only

1. CORPORATE NAME
RECOVERY DME INC.

2. CALIFORNIA CORPORATE NUMBER
C3393528

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. **If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**
☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed **to Item 17**.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

	CITY	STATE	ZIP CODE
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 9449 BALBOA AVE, STE 110, SAN DIEGO, CA 92123			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 9449 BALBOA AVE, STE 110, SAN DIEGO, CA 92123			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4			

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

	ADDRESS	CITY	STATE	ZIP CODE
7. CHIEF EXECUTIVE OFFICER/ NICOLAS IZATT	32693 RITTER CT, TEMECULA, CA 92592			
8. SECRETARY REBBEKKAH THOMAS	4425 WHISPERING OAKS CIRCLE, GRANITE BAY, CA 95746			
9. CHIEF FINANCIAL OFFICER/ NICOLAS IZATT	32963 RITTER CT, TEMECULA, CA 92592			

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

	ADDRESS	CITY	STATE	ZIP CODE
10. NAME NICOLAS IZATT	32693 RITTER CT, TEMECULA, CA 92592			
11. NAME				
12. NAME				

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
NICOLAS IZATT

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, **IF AN INDIVIDUAL** CITY STATE ZIP CODE
32693 RITTER CT, TEMECULA, CA 92592

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
DURABLE MEDICAL EQUIPMENT

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

03/02/2018	NICOLAS IZATT	CEO	
DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE

Alex Padilla
California Secretary of State

Step Three: Confirm the Entity and Select the Filing for Submission

C3393528 - RECOVERY DME INC.

Jurisdiction:	CALIFORNIA
Status:	ACTIVE
Registration Date:	05/03/2011
Agent for Service of Process:	NICOLAS IZATT 32693 RITTER CT TEMECULA CA 92592
Entity Address:	9449 BALBOA AVE, STE 110 SAN DIEGO CA 92123
Entity Mailing Address:	9449 BALBOA AVE, STE 110 SAN DIEGO CA 92123

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Recovery DME
9449 Balboa Avenue, Suite #110
San Diego, CA 92123

LICENSE NUMBER: 74163
EXPIRATION DATE: 7/10/2020

Instate Retail Firm

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual 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 shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

State of California

Department of Public Health
Food and Drug Branch

Home Medical Device Retail Exemptee License

Damon Hamelin
9449 Balboa Avenue, Suite #110
San Diego, CA 92123

LICENSE NUMBER: 26111
FIRM LICENSE NUMBER: 74163

EXPIRATION DATE: 10/4/2020

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the provisions of Part 5, SEC. 36. Section 111656.4 inclusive, of the California Health and Safety Code, and is not transferable to any other person.

License Printed: 10/24/2019

OSP 07 102308

State of California

Department of Public Health
Food and Drug Branch

Home Medical Device Retail Exemptee License

Nicolas Zeb Izatt
9449 Balboa Avenue, Suite #110
San Diego, CA 92123

LICENSE NUMBER: 25974
FIRM LICENSE NUMBER: 74163

EXPIRATION DATE: 10/5/2020

The person named herein is licensed as a Home Medical Device Retail Facility Exemptee from the issue date to and including the expiration date. This license is issued in accordance with the provisions of Part 5, SEC. 36. Section 111656.4 inclusive, of the California Health and Safety Code, and is not transferable to any other person.

License Printed: 9/17/2019

OSP 07 102308

Certificate of Accreditation

Exemplary Provider® Award

Granted To

Recovery DME Inc.

dba Recovery DME

9449 Balboa Ave Ste 110 San Diego, CA 92123

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety • Honesty • Caring®

Accreditation Quality Standards

DMEPOS

Durable Medical Equipment, Prosthetics, Orthotics and Supplies

EXPIRATION DATE: OCTOBER 31, 2022

Sandra Carney

Founder & CEO, The Compliance Team, Inc.

027290

October 15, 2019

Date

DMEPOS

PHARMACY

RURAL HEALTH

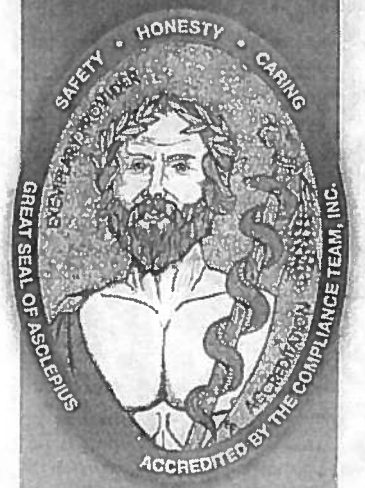
PATIENT-CENTERED MEDICAL HOME

CLINIC

PHYSICIAN

INFUSION

OCULARIST



The Promise of HEALTHCARE EXCELLENCE

4Z

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

■ New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

■ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc.

Physical Address: 12075 Pritchard Rd. Jacksonville, FL 32220
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: Attn QRA - Facility Licensing 7000 Cardinal Pl.

City: Dublin State: OH Zip Code: 43017

Telephone: 904-378-8940 Fax: 904-378-8940

E-mail: licensure@cardinalhealth.com Website: www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12A to 11:59P Tue: 12A to 11:59P Wed: 12A to 11:59P Thu: 12A to 11:59P Fri: 12A to 11PM Sat: N/A to Sun: 9P to 11:59P Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Grant Thompson

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
■ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: 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:

2160117		

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- ■ Practitioner — Name: N/A
- ■ Advanced Practitioner of Nursing — Name: N/A
- ■ Physician's Assistant — Name: N/A
- ■ Physical Therapist — Name: N/A
- ■ Occupational Therapist — Name: N/A
- ■ Registered Nurse — Name: N/A
- ■ Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

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

Keegan Chamberlain
Print Name of Authorized Person

05/26/2020
Date

Board Use Only	Received: 6/10/2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Ohio

Parent Company if any: AssuraMed Group, Inc.

Corporation Name: RGH Enterprises, Inc

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip: 44087

Telephone: 330-963-6998 Fax: 614-652-0674

License Contact Person: Cynthia Rhodes

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1._____ %: _____

2._____ %: _____

3._____ %: _____

4._____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 04/09/1990

Registration number issued: 770802

Stock Exchange: NYSE under CAH

Include with the application for a publicly traded corporation

List of officers and directors.

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

CardinalHealth

12075 Pritchard Road
Jacksonville, Florida 32220

Officer Name	Title
Wayne R. Robinson	Senior Vice President, Tax
Scott B. Zimmerman	Vice President and Treasurer
Matthew Douglas Sullivan	Corporate Secretary
Keegan David Chamberlain	Director, Regulatory Management

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/28/2019

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	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: Greenwich Insurance Company	22322
	INSURER B: Markel Bermuda Limited	AA3190829
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570077164521 **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. **Limits shown are as requested**

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			RGD943716714	06/30/2019	06/30/2020	EACH OCCURRENCE	$5,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$5,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	
	DED [ ] RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
B	Products Liab			13970010567UMB2019 Prod Comp Ops & Pharm Lia SIR applies per policy terms & conditions	06/30/2019	06/30/2020	Per Occurence Aggregate	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As respects to Products Liability policy evidenced above, Aon Risk Solutions (U.S.) is generating and distributing this certificate in an administrative capacity. Aon Bermuda Ltd. is the broker for the defined policy. Florida Agency For Health Care Administration is a Certificate Holder as respects to Evidence of Insurance For Edgepark Medical Supplies and The Attached List Of Locations: 21051 SW 115th Avenue, Tualatin, OR 97062, 1360 Madeline Road, Suite #500, Elgin, IL 60124, 5400 Sandshell Drive, Suite #160, Ft. Worth, TX 76137, 3980 Earlstone St., Ontario, CA 91761, 4234 Surles Court, Suite 100, Durham, NC 27703, 384 Hazelwood Logistics Center Drive, Hazelwood, MO 63042, 4 Liebich Lane, Halfmoon, NY 12065, 1810 Summit Commerce Park, Twinsburg, OH 44087, 8510 Westside Industrial Drive, Jacksonville, FL 32219, Uromed, Inc., 7340 Mcginnis Ferry Road, Suwanee,

CERTIFICATE HOLDER

Florida Agency For Health Care
Administration
2727 Mahan Drive, Ms#34
Tallahassee FL 32308 USA

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570077164521

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570077164521	
CARRIER: See Certificate Number: 570077164521 / NAIC CODE	EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
	[X] Claims Made							

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AGENCY	NAMED INSURED
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles

GA 30024, Uromed, Inc., 8917 Western Way, Suite 12, Jacksonville, FL 32256, Rgh Enterprises, Inc., 1265 South River Road, Suite 200, Cranbury, NJ 08512, Rgh Enterprises, Inc., 2584 NE 181St Ave., Bldg. F, Gresham, OR 92730.

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AGENCY CUSTOMER ID: 570000070825
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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077164521	
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Addendum

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, Ltd.
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, Inc.
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, Inc.
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

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AGENCY CUSTOMER ID: 570000070825
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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077164521	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077164521	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insured Listing

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
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POLICY NUMBER	
See Certificate Number: 570077164521	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077164521	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies, Inc.
Instant Diagnostic Systems, Inc.
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd.
Kinray I, LLC
KPR Australia Pty. Ltd.
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc.

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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
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See Certificate Number: 570077164521	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, Inc.
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
UroMed, Inc.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, INC., an Ohio corporation, Charter No. 770802, having its principal location in Hudson, County of Summit, was incorporated on April 9, 1990 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of April, A.D. 2020.

Ohio Secretary of State

Validation Number: 202011200728

CardinalHealth

May 26, 2020

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, Inc 12075 Pritchard Rd. Jacksonville, FL 32220

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State MDEG License. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain

4AA

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☑ New MDEG ☐ Ownership Change

(Please provide current license number if making changes: MP or MW_____)

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

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

FACILITY INFORMATION

Facility Name: Secure Medical Products, Inc.

Physical Address: 390 SW 12th Avenue

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

Mailing Address: same as physical address

City: Deerfield Beach State: FL Zip Code: 33442

Telephone: 866-767-9764 Fax: 754-277-7664

E-mail: karlasecuremedproducts@outlook.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 4pm Tue: 8am to 4pm Wed: 8am to 4pm Thu: 8am to 4pm Fri: 8am to 4pm Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Paulina Lacs - Member/President

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

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☑ Orthotics and Prosethics
Other: _____

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

Name:_____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Mcare #776998001	NPI #1154887644	

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: N/A
- Advanced Practitioner of Nursing — Name: N/A
- Physician's Assistant — Name: N/A
- Physical Therapist — Name: N/A
- Occupational Therapist — Name: N/A
- Registered Nurse — Name: N/A
- Respiratory Therapist — Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Pauline Lacs

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

Pauline Lacs

Print Name of Authorized Person

06/01/2020

Date

Board Use Only	Received: 6/10/2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: Ark Medical Solutions

Corporation Name: Secure Medical Products, Inc.

Mailing Address: 390 SW 12th Avenue

City: Deerfield Beach State: Florida Zip: 33442

Telephone: 866-767-9764 Fax: 754-227-7664

Contact Person: Paulina Lacs

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

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

	Name	Address
a)	Paulina Lacs	390 SW 12th Avenue Deerfield Beach FL 33442
b)	N/A	N/A
c)	N/A	N/A
d)	N/A	N/A

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

3) What was the price paid per share? 1800.00

4) What date did the corporation actually receive the cash assets? 03/10/2020

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors. (see attached)

BUSINESS BILL OF SALE

The business property, assets and name described below are hereby sold and transferred from the named seller to the named buyer. The seller is the legal and sole owner of the business, which is free of liens, warrants, mortgages, debts, and all other encumbrances.

Seller: Ralph J. Amato Jr.

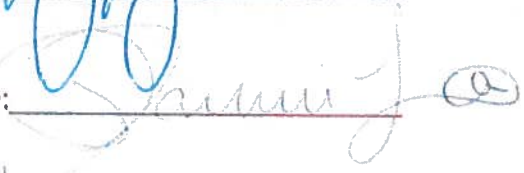
Buyer: Ark Medical Solutions, LLC

Business Name: Secure Medical Products, Inc.

Business Address: 390 S. W. 12 th Av. Deerfield Beach, Fl 33442

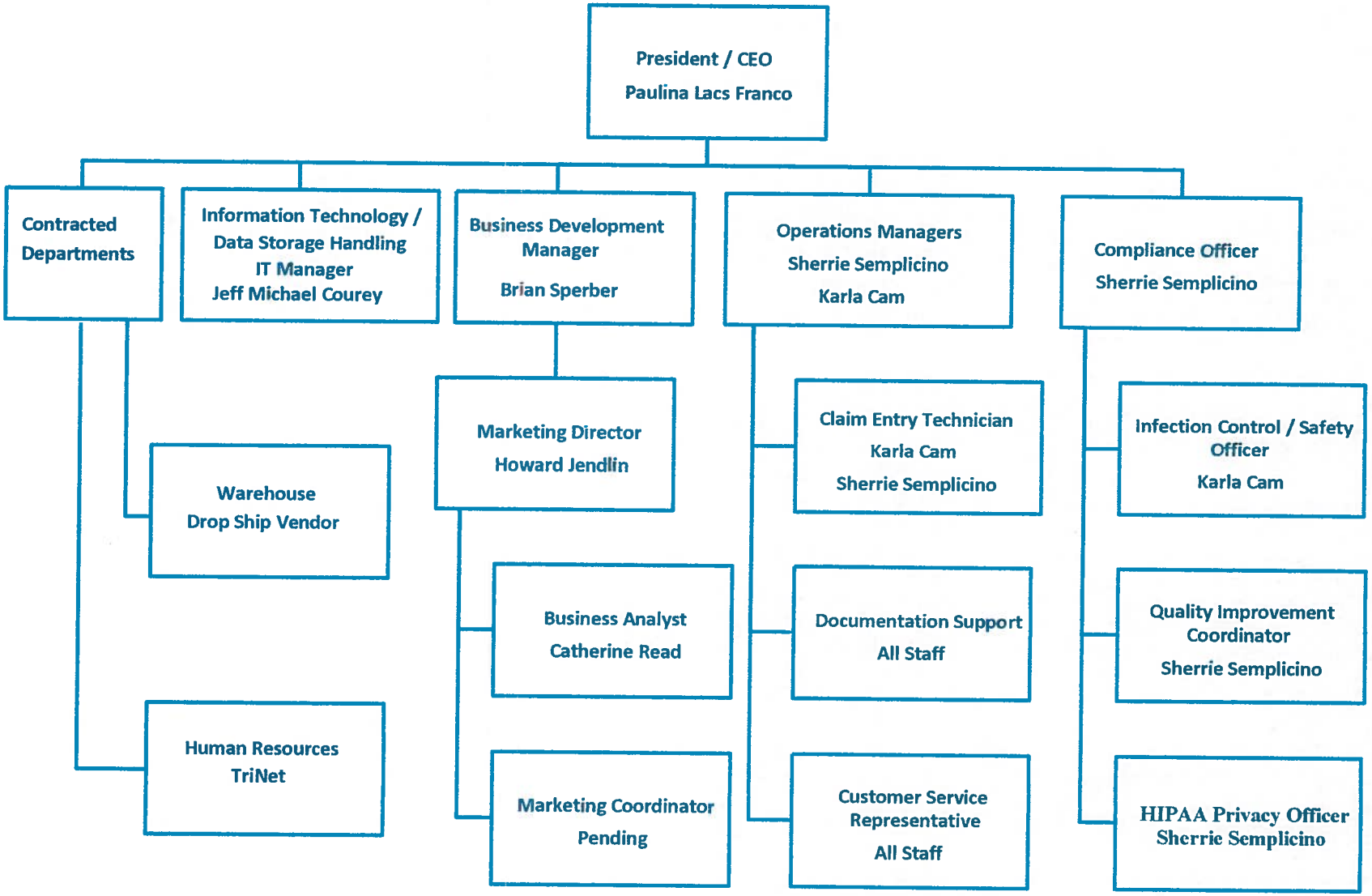
Assets: Medicare PTAN as listed in the Sales Contract

Seller Signature:

Buyer Signature: 

Date: 3/10/20

Secure Medical Products, Inc.



SECUMED-01 REDELSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/3/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # L094577 Seeman Holtz Property & Casualty, LLC 301 Yamato Road #2250 Boca Raton, FL 33431	CONTACT NAME: PHONE (A/C, No, Ext): (561) 451-1900 FAX (A/C, No): (561) 451-4532 E-MAIL ADDRESS: csr@seemanholtzpc.com
INSURED Secure Medical Products, Inc. 390 SW 12th Ave. Deerfield Beach, FL 33442	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Benchmark Insurance Company — 41394 INSURER B : Employers Prefered Insurance Company — 10346 INSURER C : 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 CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER [X] POLICY [ ] PRO-JECT [ ] LOC OTHER			R1019 G1340-1	4/3/2020	4/3/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Prof. Liability	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ Included
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			R1019 G1340-1	4/3/2020	4/3/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			UM1019 1341-1	4/3/2020	4/3/2021	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			EIG4536169-00	4/3/2020	4/3/2021	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket Additional Insured where required by written contract

CERTIFICATE HOLDER

National Supplier Clearinghouse
2300 Springdale Drive, Bldg 1
Camden, SC 29020

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

ACORD 25 (2016/03)

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State of Florida
Department of State

I certify from the records of this office that SECURE MEDICAL PRODUCTS, INC. is a corporation organized under the laws of the State of Florida, filed on January 17, 2019.

The document number of this corporation is P19000006889.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on March 27, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

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

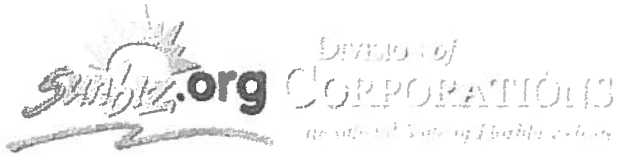
Secretary of State

Tracking Number: 2519206663CC

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

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

DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Profit Corporation
SECURE MEDICAL PRODUCTS, INC.

Filing Information

Document Number	P19000006889
FEI/EIN Number	83-3628922
Date Filed	01/17/2019
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	07/16/2019
Event Effective Date	NONE

Principal Address

390 SW 12TH AVE
DEERFIELD BEACH, FL 33442

Changed: 03/27/2020

Mailing Address

390 SW 12TH AVE
DEERFIELD BEACH, FL 33442

Changed: 03/27/2020

Registered Agent Name & Address

Lacs, Paulina
390 SW 12TH AVE
DEERFIELD BEACH, FL 33442

Name Changed: 03/27/2020

Address Changed: 03/27/2020

Officer/Director Detail

Name & Address

Title COO

LACS, PAULINA
390 SW 12TH AVE
DEERFIELD BEACH, FL 33442

Annual Reports

Report Year	Filed Date
2020	03/27/2020

Document Images

03/27/2020 -- ANNUAL REPORT	View image in PDF format
07/16/2019 -- Amendment	View image in PDF format
01/17/2019 -- Domestic Profit	View image in PDF format

STOCK TRANSFER AGREEMENT
SECURE MEDICAL SUPPLIES, INC

THIS **STOCK TRANSFER AGREEMENT** (this "Agreement") is made and entered into as of this 10th day of March, 2020 (the "Effective Date"), by and between:

RALPH J. AMATO, JR. an individual with an address at 1194 Hillsboro Mila #46 Deerfield Beach, Fl 33062 ("Transferor");

and

ARK MEDICAL SOLUTIONS, LLC, a Florida limited liability company ("Transferee")

(Transferor and Transferee may be referred to hereafter individually as a "Party" or collectively as the "Parties").

RECITALS

WHEREAS, Transferor is the owner of 100 (100%) percent of the issued and outstanding shares of stock in Secure Medical Supplies INC, a Florida Business Corporation with an address at 390 S.W. 12th Avenue, Deerfield Beach, Florida 33442 ("Corporation"), owning one hundred (100) shares of such stock; and

WHEREAS, Transferor desires to transfer and convey to Transferee, and Transferee desires to accept from Transferor, one hundred (100) shares of stock in the Corporation, such that Transferee will become the sole owner of one hundred (100) shares of stock of Corporation, which constitutes the entire issued and outstanding stock of such Corporation, pursuant to the terms and conditions hereof.

NOW, THEREFORE, in consideration of the premises, the mutual covenants herein contained, and other good and valuable consideration, the Parties, intending to be legally bound, hereby agree as follows:

1. TRANSFER; PURCHASE PRICE.

1.1 Transfer. On the basis of the representations, warranties and covenants, and subject to the terms and conditions set forth in this Agreement, on the Closing Date, Transferor hereby agrees to transfer and deliver to Transferee, and Transferee hereby agrees to accept and acquire from Transferor, one hundred (100) shares of stock in the Corporation (collectively, the "Stock"), in consideration of the Purchase Price set forth in Section 1.2 of this Agreement.

1.2 **Purchase Price**. In consideration of the Stock, Purchaser shall pay to Transferor an amount equal to one hundred eighty thousand ($180,000.00) Dollars (the "Purchase Price").

2. REPRESENTATIONS, WARRANTIES AND COVENANTS.

2.1 Representations, Warranties and Covenants of Transferor. Transferor represents and warrants to Transferee that the statements set forth in this Section 2.1 are true, accurate and complete as of the Effective Date, and shall be true, accurate and complete as of the Closing Date:

2.1.1 Transferor has full power, authority and legal capacity to enter into and perform Transferor's obligations under this Agreement and to carry out the transaction contemplated hereby.

2.1.2 This Agreement constitutes a legal, valid and binding obligation of Transferor, enforceable against Transferor in accordance with its terms.

2.1.3 The execution, delivery and performance by Transferor of this Agreement, and the consummation by Transferor of the transactions contemplated hereby, have been duly authorized by all necessary corporate action of the Corporation and Transferor, and no other action is necessary on the part of the Corporation or Transferor to authorize this Agreement or to consummate the transactions contemplated hereby.

2.1.4 Transferor is transferring the Stock free and clear of all liens, claims, pledges, security interests, charges, assessments, and encumbrances of any kind.

2.1.5 The Corporation is a Business Corporation duly incorporated, validly existing and in good standing under the laws of the State of Florida.

2.1.6 The representations and warranties of Transferor set forth in this Agreement, and the documents furnished by Transferor in connection with this Agreement, do not contain any material misstatement of fact or omit to state a material fact necessary to make the statements contained therein, in the circumstances in which they were made, not misleading.

2.2 Representations, Warranties and Covenants of Transferee. Transferee represents and warrants to Transferor and the Corporation that the statements set forth in this Section 2.2 are true, accurate and complete as of the Effective Date, and shall be true, accurate and complete as of the Closing Date:

2.2.1 Transferee has full power, authority and legal capacity to enter into and perform Transferee's obligations under this Agreement and to carry out the transaction contemplated hereby.

2.2.2 This Agreement constitutes a legal, valid and binding obligation of Transferee, enforceable against Transferee in accordance with its terms.

2.2.3 Transferee is purchasing the Stock for Transferee's own use, and Transferee has no intent to sell, transfer, or otherwise dispose of all or any portion of the Stock.

2.2.4 Transferee has the necessary capital to enter into this Agreement, and has and shall have the financial resources to timely satisfy the Purchase Price and carry out the obligations contemplated hereby.

2.2.5 Transferee is not bound by any agreement, instrument or governmental order prohibiting Transferee's acquisition of the Stock hereunder.

2.2.6 Transferee acknowledges that (i) the Stock have not been registered under the Securities Act or any state securities laws, (ii) there is no public market for the Stock and there can be no assurance that a public market will develop, (iii) Transferee must bear the economic risk of its investment in the Stock for an indefinite period of time, and (iv) the Stock is subject to the restrictions on transferability set forth in any Shareholders' Agreement.

2.2.7 The representations and warranties of Transferee set forth in this Agreement, and the documents furnished by Transferee in connection with this Agreement, do not contain any material misstatement of fact or omit to state a material fact necessary to make the statements contained therein, in the circumstances in which they were made, not misleading.

2.3 Survival. Each representation and warranty set forth herein shall survive the Closing Date and remain in full force and effect thereafter.

3. CLOSING.

3.1 Closing. The closing of the transactions contemplated hereunder ("Closing") shall take place on or about March 10, 2020 ("Closing Date"), at such time and place as mutually agreed to by the Parties; provided, however, that the Closing shall not take place unless and until such time as all of the conditions set forth in this Section 3 have been satisfied (or waived, in writing, by the Party for whose benefit such condition has been established). This Agreement may be terminated by Transferor or Transferee if the Closing has not occurred within sixty (60) days of the scheduled Closing Date, provided that the terminating Party has fulfilled its obligations under this Agreement and is not responsible for the delay.

3.2 Conditions to Transferee's Obligation to Close. The obligation of Transferee to consummate the transactions contemplated by this Agreement shall be subject to the satisfaction and fulfillment, prior to or on the Closing Date, of the following express conditions precedent, unless waived by Transferee in writing:

3.2.1 The representations, warranties and covenants of Transferor made pursuant to this Agreement shall be true, accurate and complete in all material respects at and as of the Closing Date, as though such representations, warranties and covenants were made at and as of such time except to the extent affected by the transactions herein contemplated.

3.2.2 All of the agreements and covenants of Transferor to be performed on or before Closing shall have been performed.

3.2.3 All documents and instruments required to be delivered by Transferor to Transferee at or prior to the Closing shall have been so delivered, in a form reasonably acceptable to Transferee.

3.2.4 There shall be no federal, state or local law or regulation enacted or issued, or writ, order, judgment, injunction or decree issued by any governmental entity, which materially restrains the transactions contemplated under this Agreement.

3.3 Conditions to Transferor's Obligation to Close. The obligation of Transferor to consummate the transactions contemplated by this Agreement shall be subject to the satisfaction and fulfillment, prior to or on the Closing Date, of the following express conditions precedent:

3.3.1 The representations, warranties and covenants of Transferee made pursuant to this Agreement shall be true, accurate and complete in all material respects at and as of the Closing Date, as though such representations, warranties and covenants were made at and as of such time except to the extent affected by the transactions herein contemplated.

3.3.2 All of the agreements and covenants of Transferee to be performed on or before Closing shall have been performed.

3.3.3 All documents and instruments required to be delivered by Transferee to Transferor at or prior to the Closing shall have been so delivered, in a form reasonably acceptable to Transferor and the Corporation.

3.3.4 There shall be no federal, state or local law or regulation enacted or issued, or writ, order, judgment, injunction or decree issued by any governmental entity, which materially restrains the transactions contemplated under this Agreement.

3.4 Closing Deliverables by Transferee. At or prior to the Closing, Transferee shall deliver to Transferor and the Corporation:

3.4.1 The Purchase Price payable in accordance with Section 1.3

3.4.2 Shareholders' Agreement or a joinder thereto executed by Transferee.

3.5 Closing Deliverables by Transferor. At or prior to the Closing, Transferor shall deliver to Transferee:

3.5.1 Good, valid and marketable title to the Stock, free and clear of liens, claims, pledges, security interests, charges, assessments, and encumbrances of any kind.

3.5.2 Fully executed assignment documents conveying Transferor's stock certificates to Transferee in accordance with this Agreement. Notwithstanding, Corporation and Transferee shall be responsible any applicable authorities, including, without limitation, any taxing or permitting authorities, banks, vendors, as may be required to effectuate the intention of this Agreement and the transfer of stock ownership provided herein.

3.5.3 All documentation required by the landlord to effectuate the assignment of the lease for the leased premises at which Corporation is located, all documentation related thereto.

3.5.4 All other documents and instruments as may be reasonably necessary to effect the transaction contemplated herein.

4. RELEASE.

4.1 By Transferor. Transferor hereby covenants, agrees, represents and warrants for and on behalf of Transferor and Transferor's heirs, executors, administrators, representatives, agents, successors and assigns, that Transferor shall fully and unconditionally releases, waives, acquits and forever discharges Transferee and his heirs, executors, administrators, representatives, agents, successors and assigns (each a "Transferee Releasee") of and from any and all Claims, whether known or unknown, foreseen or unforeseen, direct or indirect, fixed or contingent, any of them had, may now have, or may at any time in the future have, against any Transferee Releasee for any event, cause or circumstance occurring on or before the Closing Date, except for any Claim (i) arising out of any inaccuracy in, or breach of, any representation, warranty, covenant or agreement of Transferee contained in this Agreement, or (ii) in which Transferor seeks contribution or indemnification pursuant to this Agreement.

4.2 By Transferee. Transferee hereby covenants, agrees, represents and warrants for and on behalf of Transferee and Transferee's heirs, executors, administrators, representatives, agents, successors and assigns, that Transferee shall fully and unconditionally releases, waives, acquits and forever discharges Transferor and his heirs, executors, administrators, representatives, agents, successors and assigns (each a "Transferor Releasee") of and from any and all Claims, whether known or unknown, foreseen or unforeseen, direct or indirect, fixed or contingent, any of them had, may now have, or may at any time in the future have, against any Transferor Releasee for any event, cause or circumstance occurring on or after the Closing Date, except for any Claim (i) arising out of any inaccuracy in, or breach of, any representation, warranty, covenant or agreement of Transferor contained in this Agreement, or (ii) in which Transferee seeks contribution or indemnification pursuant to this Agreement.

5. RESIGNATION.

5.1 Resignation. As of the Closing Date, Transferor shall resign as an officer and/or director of the Corporation, to the extent applicable, and Corporation shall accept such resignation. The resignation of Transferor shall be reflected in the books and records of the Corporation.

5.1 Employment Status. The Parties acknowledge that Transferor is not an employee of Corporation.

6. MISCELLANEOUS.

6.1 Entire Agreement. This Agreement and the Exhibits attached hereto constitutes the complete and exclusive statement of the agreement among the Parties with respect to the subject matter hereof and shall supersede all prior written and oral statements, including any prior representation, statement, condition, or warranty, with respect to such subject matter. No agreements, promises, covenants, representations, warranties or indemnities have been made or relied upon by any of the Parties hereto, other than those that are expressly herein set forth.

6.2 Amendment: Waiver. No amendment, modification, or waiver of any provision of this Agreement shall be binding unless in writing and signed by the Party against whom the operation of such amendment, modification, or waiver is sought to the enforced. No delay in the exercise of any right shall be deemed a waiver thereof, nor shall the waiver of a right or remedy in a particular instance constitute a waiver of such right or remedy generally.

6.3 Assignment. This Agreement may not be assigned by any Party without the prior written consent of the other Parties.

6.4 Binding Effect. This Agreement shall be binding upon and inure to the benefit of the Parties hereto, and their respective heirs, executors, administrators, successors and permitted assigns.

6.5 Severability. If any provision of this Agreement shall be deemed by a court of competent jurisdiction to be legally invalid or unenforceable, then the validity and enforceability of the remainder of the Agreement shall not be affected and such provision shall be deemed modified to the minimum extent necessary to make such provision consistent with applicable law, and, in its modified form, such provision shall then be enforceable.

6.6 No Strict Construction. The Parties hereto have participated jointly in the negotiation and drafting of this Agreement. In the event an ambiguity or question of intent or interpretation arises, this Agreement shall be construed as if drafted jointly by the Parties hereto, and no presumption or burden of proof shall arise favoring or disfavoring any Party hereto by virtue of the authorship of any of the provisions of this Agreement.

6.7 Titles and Captions. All articles, section and paragraph titles and captions contained in this Agreement are for convenience only and are not deemed a part of the context hereof.

6.8 Use of Certain Terms. All pronouns and any variations thereof are deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the persons may require. The words "include" and "including" shall be deemed to be followed by the phrase "without limitation"; and the terms "hereof," "herein" and "hereunder" and words of similar

import shall be deemed to refer to this Agreement (or such other cross-referenced document) as a whole and not to any particular provision, unless the context clearly indicates otherwise.

6.9 Governing Law; Venue. All issues and questions concerning the construction, validity, enforcement and interpretation of this Agreement shall be governed by, and construed in accordance with, the laws of the State of Florida without giving effect to any choice of law or conflict of law rules or provisions that would cause the application of the laws of any other jurisdiction. In the event of any litigation arising from this Agreement, the Parties hereto agree that the forum for said litigation shall be the state or federal courts sitting in the State of Florida.

6.10 Notices. Any and all notices and other correspondence required or permitted to be given in connection with, or pursuant to, this Agreement shall be in writing and delivered by hand, by recognized national overnight courier that provides receipt against delivery, or by deposit in the United States mail, registered or certified mail, return receipt requested, with full postage or charges prepaid. The notice shall be addressed to the recipient at the address set forth above, or to such other addresses as the Parties may, from time-to-time, designate by written notice to each other in the foregoing manner. Notices given by mail shall be deemed effectively given on the earlier of the date shown on the proof of receipt of such mail or, unless the recipient proves that the notice was received later or not received, three (3) days after the date of mailing thereof.

6.11 Further Assurances. Each Party agrees to promptly execute and deliver to the other Parties such further documents, instruments and assurances and take such further actions as the other Parties may reasonably request in order to carry out the intent and purpose of this Agreement and to establish and protect the rights and remedies created or intended to be created hereunder.

6.12 Counterparts; Attestation. This Agreement may be executed in any number of counterparts, each of which shall be deemed to be an original as against any Party whose signature appears thereon, and all of which shall together constitute one and the same instrument. This Agreement shall become binding when one or more counterparts hereof, individually or taken together, shall bear the signatures of all the Parties reflected herein as the signatories. Facsimile signatures shall have the same authority and effect as original signatures. The absence of a witness's signature, if such signature is required hereunder, shall not defeat or undermine the execution hereof or the validity of a Party's signature as long as each Party's respective signature is affixed to the signature page hereof.

(SIGNATURE PAGE FOLLOWS)

IN WITNESS WHEREOF, the Parties have executed this Agreement on the date first written above.

WITNESS:

TRANSFEROR:

RALPH J. AMATO, JR.

WITNESS:

TRANSFEREE:

Accepted and Agreed to:

SECURE MEDICAL SUPPLIES, INC

By: _____

Chief Executive Officer

STOCK PURCHASE AGREEMENT

This Stock Purchase Agreement (the "Agreement") is made and entered into as of March 10, 2020, between Ark Medical Solutions, LLC (the "Buyer") and Ralph J. Amato, Jr. (the "Seller").

This Agreement sets forth the terms and conditions upon which Seller is selling to Buyer and Buyer is purchasing from Seller one hundred percent (100%) of the shares (the "Shares") of Secure Medical Supplies INC. (the "Company") in a private stock sale transaction.

In consideration of the mutual agreements contained herein, the parties agree as follows:

I. SALE OF THE SHARES AND OTHER ASSETS

1.01 Assets Being Sold. Subject to the terms and conditions in this Agreement, Seller is selling the Shares and the following assets to Buyer:

a. All tangible and intangible assets of the Company free and clear of all debts, encumbrances, liens or charges;
b. All telephone numbers currently used on the Company's premises;
c. All furniture, fixtures, equipment, supplies, inventory, goodwill, customer records, and insurance contracts.
d. The Company's Medicare supplier number including related licenses and accreditations.

1.02 Consideration. The Total Purchase Price of the items listed above shall be one hundred eighty thousand dollars ($180,000) to be paid by Buyer to Seller as follows:

a. At Closing, Buyer will send sixty-six thousand dollars ($66,000) in immediately available funds by wire transfer to Transaction Trust Services, LLC. This distribution reflects a credit for the $10,000 deposit in escrow that Buyer previously provided to Transaction Trust Services, LLC.
b. Buyer will pay Seller the remaining balance of one hundred four thousand dollars ($104,000) as follows:
    1. Buyer will pay to Seller the sum of ten thousand dollars ($10,000) per month for a period of nine (9) months beginning sixty (60) days after the Closing.
    2. Buyer will pay to Seller fourteen thousand dollars ($14,000) in the tenth month.
    3. Buyer will personally guarantee a Promissory Note.

1.03 Effective Date. The Closing of the transaction will take place on or about March 10, 2020 or at such other date and time as the parties agree in writing.

1.04 Delivery by the Seller. Seller has instructed the transfer agent, upon receipt of the Settlement Funds, to deliver to Buyer at Closing the certificate representing the Shares purchased.

II. RELATED TRANSACTIONS

2.01 Seller and Buyer acknowledge that Seller is the only shareholder in Secure Medical Supplies INC.

III. REPRESENTATIONS AND WARRANTIES OF SELLER

3.01 Authority; No Violation. The execution and delivery of this Agreement by the Seller, and the consummation by Seller of the transaction contemplated hereby have been duly approved. Neither the execution and delivery of this Agreement nor the consummation of the transaction will constitute a violation or default under any term or provision of the Certificate of Incorporation or bylaws of the Company, or of any contract, commitment, indenture, other agreement or restriction of any kind or character to which the Seller is a party or by which the Seller is bound.

3.02 Litigation. To the knowledge of the Seller, there are no actions, proceedings, or investigations pending or threatened against the Seller. There is no event or condition of any kind or character pertaining to the shares of the Seller that may materially and adversely affect this private stock sale.

3.03 Sole Shareholder. Seller represents that he is the sole shareholder in the Company.

3.04 Consents and Approvals. Except as set forth herein, no consent, waiver, approval, order, permit or authorization of, or declaration or filing with, or notification to, any person or governmental body is required on the part of Seller or Company in connection with the execution and delivery of this Agreement or the compliance by Seller with any of the provisions herein.

3.05 Default. Company is not in default under or in violation of any provisions of its Articles of Incorporation or bylaws. Company is not in default under any surety or other bonds and contracts, and, to the knowledge of Seller, there has been no occurrence nor exists any condition or circumstance that, with either notice or passage of time or both, would result in or constitute a default by Company under any of such surety and other bonds and contracts.

3.06 Subsidiaries. Company does not own or control (directly or indirectly) any shares of capital stock of or other equity interest in any corporation, partnership, joint venture or other entity.

3.07 Debt. Company has paid in full all debt of the Company prior to the Closing Date.

3.08 Transactions. Company has not sold any durable medical equipment since its inception.

IV. REPRESENTATIONS AND WARRANTIES BY BUYER.

The Buyer hereby represents and warrants as follows:

4.01 Authority; No Violation. The execution and delivery of this Agreement by the Buyer, and the consummation by the Buyer of the transaction contemplated hereby has been duly approved. Neither the execution and delivery of this Agreement nor the consummation of the transaction will constitute a violation or default under any term or provision of the Certificate of Incorporation or bylaws of the Company, or of any contract, commitment, indenture, other agreement or restriction of any kind or character to which the Buyer is a party or by which the Buyer is bound.

4.02 Litigation. To the knowledge of the Buyer, there are no actions, proceedings, or investigations pending or threatened against the Buyer. There is no event or condition of any kind or character pertaining to the acquisition of the Shares from the Seller that may materially and adversely affect this private stock sale.

4.03 Representations Regarding the Acquisition of the Shares.

a. The Buyer understands the speculative nature and the risks of investments associated with the Company and confirms that it is able to bear the risk of the investment, and that there may not be any public market for the Shares purchased herein;

b. Neither the Buyer nor the Seller are under an obligation to register or seek an exemption under any federal and/or state securities acts for any sale or transfer of the Shares to the Buyer, and Buyer is solely responsible for determining the status, in its hands, of the shares acquired in the transaction and the availability, if required, of exemptions from registration for purposes of sale or transfer of the Shares;

c. The Buyer has sufficient knowledge and experience in financial and business matters, and is sufficiently familiar with investments of the type represented by the Shares, including familiarity with previous private and public purchases of speculative and restricted securities, that Buyer is capable of evaluating the merits and risks associated with purchase of the Shares; and

d. In evaluating the merits of the purchase of the Shares, Buyer has relied on those representations and warranties made by Seller herein and the representations and warranties made by Seller during the due diligence process.

e. Seller will maintain a surety bond for the premises until a bond has been obtained by Buyer.

f. Seller will maintain the current insurance for the premises until the Buyer has obtained insurance.

V. SURVIVAL OF REPRESENTATIONS; INDEMNIFICATION.

5.01 Survival of Representations. All representations, warranties, and agreements made by any party in this Agreement or pursuant hereto shall survive the execution and delivery hereof and any investigation at any time made by or on behalf of any party.

VI. MISCELLANEOUS

6.01 Closing is contingent upon the following:

a. A valid Assignment of Lease executed by the landlord, Buyer and Seller.

b. Satisfactory transfer of all licenses associated with the Company.

c. A valid Stock Transfer Agreement executed by the Buyer and Seller.

d. Resignation of all officers and directors of the Company as of the Closing Date.

e. A certificate of good standing for the Company from the Florida Department of State.

f. The surety bond for the Company remains in place until Buyer's bond application has been approved.

g. Any and all current insurance remains in place until Buyer's insurance application has been approved.

6.02 Expenses. Each of the parties shall bear its own expenses incurred in conjunction with the Closing hereunder.

6.03 Parties in Interest. All the terms and provisions of this Agreement shall be binding upon, shall inure to the benefit of, and shall be enforceable by the heirs, beneficiaries, representatives, successors, and assigns of the parties hereto.

6.04 Prior Agreements; Amendments. This Agreement supersedes all prior agreements and understandings between the parties with respect to the subject matter hereof. This Agreement may be amended only by a written instrument duly executed by the parties hereto or their respective successors or assigns.

6.05 Headings. The section and paragraph headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretations of this Agreement.

6.06 Confidentiality. Each party hereby agrees that all information provided by the other party and identified as "confidential" will be treated as such, and the receiving party shall not make any use of such information other than with respect to this Agreement. If the Agreement shall be

terminated, each party shall return to the other all such confidential information in their possession, or will certify to the other party that all such confidential information that has not been returned has been destroyed.

6.07 Indemnification.

a. Seller hereby agrees to indemnify and hold Company and Buyer harmless from and against all damages to and liabilities of Company and Buyer by reason of or resulting from (i) a breach of any representation or warranty of Seller contained in or made pursuant to this Agreement or (ii) the failure of the Seller duly to perform or observe any term, provision, covenant or agreement to be performed or observed by him pursuant to this Agreement.
b. Seller hereby agrees to indemnify, defend and hold Buyer harmless from and against all damages to and liabilities of the Company and Buyer arising before the Closing Date.
c. Buyer hereby agrees to indemnify, defend and hold Seller harmless from and against all damages to and liabilities of Seller by reason of or resulting from (i) a breach of any representation or warranty of Buyer contained in or made pursuant to this Agreement, (ii) any failure of Buyer duly to perform or observe any term, provision, covenant or agreement to be performed or observed by Buyer pursuant to this Agreement, or (iii) any liability of Seller related to any third party consents or approvals identified herein.
d. Buyer hereby agrees to indemnify, defend and hold Seller harmless from and against all damages to and liabilities of the Company and Seller arising after the Closing Date.

6.08 Further Accommodations. In case at any time after the Closing any further action is necessary, appropriate or convenient to carry out the purposes of this Agreement, each of the Parties will take such further action as any other Party reasonably may request, all at the sole cost and expense of the requesting Party.

6.09 Notices. All notices, requests, demands, and other communications hereunder shall be in writing and shall be deemed to have been duly given if delivered or mailed (registered or certified mail, postage prepaid, return receipt requested) to the parties at their address specified herein, with a copy sent as follows:

If to the Seller:
Ralph J. Amato, Jr.
1194 Hillsboro Mila #46
Deerfield Beach, FL 33062

If to the Buyer:
Paulina Lacs
390 S.W. 12th Avenue
Deerfield Beach, FL 33442

With a copy to:

Coleen F. Middleton, Esq.
The Law Offices of Coleen F. Middleton, Esq. PLLC
1229 Chestnut Street
PMB 202
Philadelphia, PA 19107

6.10 Counterparts. This Agreement may be executed simultaneously in several counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

6.11 Applicable Law. This Agreement shall be governed by, and construed in accordance with the laws of the State of Florida.

IN WITNESS WHEREOF, this Agreement has been duly executed and delivered by the Buyer, the Seller and the Company on the date first above written.

BUYER: Paulina Lacs

Name: Paulina Lacs

Title: Member

SELLER:

Name: Ralph F. Amato Jr

Title: As PRESIDENT

4BB

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(**Check only**) Application must be printed legibly or typed

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

☑New MDEG ☐ Ownership Change
(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5
☑ Partnership - Pages 1,2,3,6
☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Sleep Data Holdings, LLC

Physical Address: 5471 Kearny Villa Rd., Ste 200 San Diego, Ca. 92123
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 5471 Kearny Villa Rd., Ste 200

City: San Diego State: CA Zip Code: 92123

Telephone: 800-619-4672 Fax: 619-299-6222

E-mail: mail@sleepdata.com Website: www.sleepdata.com

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: closed major Holidays only to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Bretton Hevener

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

☐ Medical Gases**
☑ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: _____

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

Name: Mary Paige Davis Telephone: 800-619-4672

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:

6615780001, 6615780002	6615780005	1366990897
6615780003,6615780004	1144767542	1053865204
1316226251	1699055962	10026790500

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

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: _____
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Roseanne Rodriguez

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

Roseanne Rodriguez

Print Name of Authorized Person

5/29/2020

Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP General_____ Limited X

Partnership Name: Sleep Data Holdings, LLC

Mailing Address: 5471 Kearny Villa Rd., Ste 200

City: San Diego State: CA Zip: 92123

Telephone: 619-299-6299 Fax: 619-299-6222

Contact Person: Roseanne Rodriguez

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
David French	L	99.5
French Investment Group	L	.5

List names of 4 largest partners and percentage of ownership:

Name: David French %: 99.5

Name: French Investment Group %: .5

Name: _____ %: _____

Name: _____ %: _____

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/13/2019

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: Patriot Risk & Insurance Services 2415 Campus Drive, Suite #200 Irvine, CA 92612 www.patrisk.com 0K07568	CONTACT NAME: PHONE (A/C, No, Ext): (949) 486-7900 FAX (A/C, No): (949) 486-7950 E-MAIL ADDRESS:
INSURED: Sleep Data Holdings, LLC 5471 Kearny Villa Road, Suite #200 San Diego CA 92123	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Travelers Casualty Insurance Company of America 19046 INSURER B : Markel Insurance Company 38970 INSURER C : Underwriters at Lloyd's, London 15642 INSURER D : Landmark American Insurance Company 33138 INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 50554454 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ✓ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ✓ POLICY ☐ PRO-JECT ☐ LOC OTHER:			6802N7110041942	8/1/2019	8/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $300,000 $5,000 $2,000,000 $4,000,000 $4,000,000
A	AUTOMOBILE LIABILITY ✓ ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BA3N1169201942	8/1/2019	8/1/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	✓ UMBRELLA LIAB ✓ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION $			CUP2N7354321942	8/23/2018	8/23/2019	EACH OCCURRENCE AGGREGATE	$2,000,000 $2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC015348501	8/1/2019	8/1/2020	✓ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
C	Cyber Liability			MBG19C001177	8/1/2019	8/1/2020	Ea Claim: $1,000,000 / Agg: $1,000,000 Deductible: $25,000 Per Claim	
D	Professional Liability			LHM777424	8/1/2019	8/1/2020	Ea Claim: $1,000,000 / Agg: $3,000,000 Deductible: $5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: locations- 5471 Kearny Villa Rd., Ste 200, San Diego, Ca. 92123; 2125 S El Camino Real., Ste 204, Oceanside, Ca. 92054; 1415 Ridgeback Rd., Ste 1, Chula Vista, Ca. 91913; 488 E Valley Prkwy., Ste 105, Escondido, Ca. 92025

CERTIFICATE HOLDER

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

Dave Jacobson

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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.

VM

☒ 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: Acertis Pharmaceuticals, LLC

Physical Address: 2050 Cabot Boulevard West, Suite 200-A

City: Langhorne State: PA Zip Code: 19047

Telephone Number: (267) 938-4800 Fax Number: (267) 938-4849

Toll Free Number: N/A

E-mail: kfarley@virtusrx.com Website: http://www.virtusrx.com

Facility Manager: Kathleen Farley

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ 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 D

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

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

Kathleen Farley
Print Name of Authorized Person

05/15/2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Virtus Pharmaceuticals, LLC

Mailing Address: 2050 Cabot Boulevard West, Suite 200

City: Langhorne State: PA Zip: 19047

Telephone: (267) 938 -4815 Fax: (267) 938-3839

Contact Person: Timothy E. Wheeler

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

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

a) Virtus Pharmaceuticals, LLC — 2050 Cabot Blvd, Suite 200, Langhorne, PA 19047
Name — Business Address

b) n/a
Name — Business Address

c) n/a
Name — Business Address

d) n/a
Name — Business Address

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

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

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

Include with the application for a non-publicly traded corporation

List of officers and directors 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

Resident State Licenses and Verification

Enclosed are copies of the resident state Pennsylvania licenses. The license verification form is currently pending with the resident state licensing agency, the Pennsylvania Department of Health. Upon receipt, the completed form will be provided to your office.

361

Certificate of Registration

Certificate No. 3000010020
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ACERTIS PHARMACEUTICALS, LLC
2050 CABOT BOULEVARD
SUITE 200A
LANGHORNE, PA 19047

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 06, 2019
Expiration Date: The Last Day of June, 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.

362

Certificate of Licensure

Certificate No. 8000003004
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ACERTIS PHARMACEUTICALS, LLC
2050 CABOT BOULEVARD
SUITE 200A
LANGHORNE, PA 19047

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: May 06, 2019
Expiration Date: The Last Day of June, 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.

363

Certificate of Registration

Certificate No. 3000010020
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

ACERTIS PHARMACEUTICALS, LLC
2050 CABOT BOULEVARD
SUITE 200A
LANGHORNE, PA 19047

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: May 06, 2019
Expiration Date: The Last Day of May, 2020

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.

Certificate of Licensure

Certificate No. 8000003004
(A certificate starting with a number 4. 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG. PA 17101
(717) 787-4779

ACERTIS PHARMACEUTICALS, LLC
2050 CABOT BOULEVARD
SUITE 200A
LANGHORNE, PA 19047

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: May 06, 2019
Expiration Date: The Last Day of May, 2020

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.

Attachment B

Regarding DEA Registration

Acertis Pharmaceuticals, LLC (Acertis) is a virtual manufacturer of prescription drugs and controlled substances. Acertis utilizes contract manufacturers to produce its products and a licensed third party to distribute. Acertis will never physically handle any products. As such, DEA registration is not required. Provided below is the information for Acertis' third party distributor and contract manufacturers.

Third Party Distributor:

Woodfield Distribution, LLC
1113 Gillingham Lane, Suite A
Sugarland, TX 77478

Contract Manufacturers:

Catalent Pharma Solutions
2725 Scherer Drive North
St. Petersburg, FL 33716

Epic Pharma, LLC
227-15 North Conduit Avenue
Laurelton, NY 11413

Attachment C

Facility Manager Resume

Mark I. Sedar

From: Valenti, Amanda C. @porziols.com>
Sent: Friday, June 12, 2020 12:41 PM
To: Mark I. Sedar
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Hi Mark,

Kathleen is the company's Chief Operating Officer. She is a full-time employee.

Regards,

Amanda

From: Mark I. Sedar [pharmacy.nv.gov]
Sent: Tuesday, June 02, 2020 10:53 AM
To: Valenti, Amanda C.
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

EXTERNAL MESSAGE

Good morning Amanda,

Thanks for sending over the license. I am missing the $25K Surety Bond and I have a question regarding the resume of the FM Kathleen Farley. Her resume meets the requirements that we require, but it appears she is only a consultant? Ms. Farley would not meet our requirements outlined below if she is not a full-time employee.

Per NAC 639.5935 Representative of wholesaler: General requirements; exceptions; approval; enforcement. (NRS 639.070, 639.100)

4. A representative of a wholesaler designated pursuant to this section:
   (a) Must be actively involved in and aware of the actual daily operation of the wholesaler;
   (b) Must be employed full-time in a managerial level position with the wholesaler;
   (c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences; and
   (d) May serve in this representative capacity for only one wholesaler at a time.

Thank you,

Mark Sedar

From: Valenti, Amanda .com>
Sent: Monday, June 1, 2020 1:05 PM

To: Mark I. Seda. pharmacy.nv.gov>
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

Hi Mark,

Attached please find the updated home state licenses for Acertis Pharmaceuticals, LLC.

Best Regards,

Amanda

From: Mark I. Sea macy.nv.gov]
Sent: Thursday, May 28, 2020 6:49 PM
To: Valenti, Amanda C.
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

EXTERNAL MESSAGE

Thanks, Amanda. Good timing, the hardcopy of the application showed up in the mail yesterday. One additional item, can you supply an updated Home State License. The license in the application expires in May 2020.

Mark Sedar

From: Valenti, Amanda C. porziols.com>
Sent: Thursday, Mav 28, 2020 3:23 PM
To: Mark I. Sedar pharmacy.nv.gov>
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

Hi Mark,

I have attached the current Delaware Certificate of Good Standing for Acertis Pharmaceuticals, LLC.

Please let me know if you need anything else in order to process this application.

Thank you!

Amanda

From: Mark I. Sedar @pharmacy.nv.gov]
Sent: Wednesday, May 20, 2020 10:36 AM
To: Valenti, Amanda C.
Subject: RE: Acertis Pharmaceuticals, LLC - Application Status

EXTERNAL MESSAGE

Good morning Amanda,

KATHLEEN M. FARLEY, MBA

Wood Hollow Dr
Pittstown, N.J.
-7499 @gmail.com 3576

SENIOR EXECUTIVE PHARMACEUTICAL GENERICS, BRANDED OPERATIONS AND SUPPLY CHAIN

Restructuring/Revitalizing ♦ Matrix Organization ♦ Transformational Leadership
Global Regulatory Experience ♦ Executive Talent Development ♦ Executive Black Belt

Extensive global leadership experience in Pharmaceutical, Chemical, Biotech, Medical Device and OTC technical operations, manufacturing and supply chain. Proven record of success in managing a broad range of multi-million dollar operations in both Branded and Generic Pharmaceuticals and in transforming Clinical/Development start-up's to Commercial manufacturing operations. Additional experienced and expertise in start-up/shut downs of operations in Asia Pacific and Latin America. Manufacturing Advisory Board member for Gilead Sciences.

PROFESSIONAL EXPERIENCE

CORE STRATEGY SOLUTIONS LLC **Jan 2012 – Present**
President/Owner
Independent Consultant providing advice on short-term and long-term strategies aimed at optimizing Global Manufacturing Operations and Supply Chain. Previous clients include Laurus Labs of India, American Securities and numerous PE's.

- Advisory board member to Gilead Sciences.
- Part-time professor at Rutgers MBA program, ranked #3 in the US. Taught Supply Chain Strategy to graduate level MBA students.

EPIC Pharmaceuticals, Laurelton, NY **Jan 2017 –April 2018**
VP/GM Operations
Full P&L responsibility for ~$250M Revenues for Epic Pharma a Generic pharmaceuticals company with product lines including oral solid doses in CII's and Antibiotics. Hired in January as VP Operations responsible for Quality, Manufacturing, Supply Chain, Engineering & Facilities, IT and was promoted in July to the VP/GM position to include site Regulatory, R&D, HR and Finance with full CMO accountability and solid dotted line for Sales/Marketing of Epic private label. Additionally, Full Supply chain responsibility for Puracap companies (OTC, Brand and international generics) was included in April 2017 which included Developing and implementing a New Products Launch Committee, Network and Vendor management organizations as well as a Portfolio (Market diversification) initiative to focus and strengthen our pipeline.

MANNKIND CORP, Danbury CT **Aug 2013 – Dec 2015**
Vice President, Strategic/Technical Operations
Key Relationship lead to Partner (Sanofi), including manufacturing/supply chain, to manage and ensure that both parties met the strategic intent of the Supply Agreement for AFREZZA (inhaled insulin). Responsible for Manufacturing, Technical Operations, External CMO's (Med Devices), EtE Supply Chain including Clinical supply, ERP system implementation and Continuous Improvement (LEAN.)

- Led organization to achieve the first Commercial launch of Afrezza, 6 months earlier than planned by transforming culture and mindset from Development/R&D to GMP/FDA commercial environment.

MANNKIND CORP, Danbury CT (Cont)
Vice President, Strategic/Technical Operations

- Key negotiator on the supply agreement with Sanofi and building a sustainable EtE supply chain that satisfied potential partners Business Continuity requirements for key Vendors and CMO's.
- Developed the Overall EtE Strategic Supply Plan within a 90-day window of starting with the company and was presented and approved by the Board of Directors.
- Reduced COGs by 30% against approved budget for launch including estimated headcount.

TEVA PHARMACEUTICALS, Horsham, PA **Oct 2009 – Jan 2012**
Vice President, US Technical Operations, Solid Dose & Liquids/Creams/Ointments

Head of US manufacturing operations, Technical Services, Engineering and Third party supply for Generic and Branded solid dose and specialty products. Responsibilities included oversight of 8 manufacturing facilities that supply 10 billion doses as well as external suppliers that produce an additional 8 billion doses to the US, supporting $6B in sales and 400+ product families. Total Budget responsibility of $500M (ex-product cost) and ~3000 employees. Member of Teva's Global Leadership team (Top 1%) to provide long-range strategic options for the Manufacturing/Operations division to the CEO.

- Established "FDA Readiness" at sites by establishing site councils and implementing metrics focused on customer complaints, site scorecards, "right the first time" concepts and quality systems upgrades.
- Implemented contingency and scenario planning at both regional and site level into long-range strategies to address WIP, Equipment and Headcount needs.
- Led the US "Product Optimization" effort by developing and implementing a functional review of all technical issues related to commercial products and drove accountability throughout the organization, including R&D, to resolve the issues.
- Redirected the Company "network" strategy focused on cost containment to a more holistic view of appropriate investment in WIP, assets and talent development. Created a "launch" platform site at one of the US sites from the original planned shutdown.

MERCK & CO, INC. PHARMACEUTICALS, Whitehouse Station, NJ **1981 – 2009**
Vice President, Manufacturing Franchise Head *(2007 – 2009)*

Head of the manufacturing operations area, responsible for end-to-end supply of Merck's top 5 products representing $8.5B in sales. Senior member of Merck's top two Franchise Operating Committees acting as liaison to the manufacturing division to translate and implement the strategic direction of the corporation. Developed the Long Range Strategic plan for the Diabetes/Obesity and BRIE (Bone, Respiratory, Immunology, and Endocrinology) Franchises.

- Spearheaded overall integration of the manufacturing division into the corporate Franchise concept by developing key roles/responsibilities, standards of work, LEAN business practices and Customer-focused interfaces.
- Redesigned and optimized Merck's top selling Singulair ($4B) supply chain with an overall savings of $100M in operating spend, time cycles and inventory efficiencies using LEAN methodology. Created a long range supply vision for addressing Patent expiry in 2012.

MERCK & CO, INC. PHARMACEUTICALS, (cont)

Latin American Operations Executive *(1997 – 2007)*
Vice President *(2005 – 2007),* ***Exec/SR director*** *(2001 – 2005),* ***Director Operations*** *(1997 – 2001)*
Regional P&L responsibility for manufacturing operations in Latin America. Supported $1B+ in sales with budget responsibility $150M+ and 1000 employees. Senior member of the LA Executive committee responsible for the long-term strategic direction of the business.

- Reorganized and restructured Latin America from 4 Merck owned facilities, 4 Licensees and 1 Joint Venture with 2000+ employees in 1997 to 3 Merck facilities and less than 800 employees in 2005. All, while providing world-class quality of supply and customer service levels.
- Implemented continuous improvements objectives during 2005-2007, reducing operating by 10% sales and marketing write-offs by 50% and headcount by 50% while meeting a 30% increasing demand in volume and complexity in regulatory environment.

International Manufacturing Services *(1993 – 1997)*
Director Mfg. Services *(1994 – 1997),* ***Technical Operations Mgr.*** *(1993 – 1994)*
Technical advisor to Asia Pacific and Latin America for API (Chemical/Agricultural) and Brazil operations. Capital team leader and project engineer for start-up of facility and operations in China, Korea, and Mexico.

- Created, developed and implemented the Emerging Markets strategy to take advantage of early registration process in Mexico which resulted in $500M+ NPV savings for Vioxx alone. Led first worldwide launch of Crixivan as a result of implementation of this strategy.
- Revitalized the Japan Chemical facility to become FDA approved, enabling the facility to supply the US in both API and Agricultural products.

Technical Operations *(1981 – 1993)*
Held a series of positions with increasing responsibility as a chemical (API) technical expert in commercializing new chemical entities from research lab scale to full commercial plant scale. Positions included Technical Advisor to international API facilities and Project Engineer responsible for the transfer of chemical operations to a third party plant in Mexico.

EDUCATION

MBA, Communications, Fordham University, Lincoln Center, New York, NY

BS, Chemical Engineering / Biomedical Engineering,
Michigan State University, East Lansing, MI

PROFESSIONAL ASSOCIATIONS

Society of Women Engineers

Attachment D

Proof of FDA Registration

Verified
MS
3/27/20

Begin forwarded message:

From: <edrls@fda.hhs.gov>
Date: March 19, 2019 at 6:48:16 PM EDT
To: <hpatel@virtusrx.com>
Subject: Labeler Code Request Approved
Reply-To: <edrls@fda.hhs.gov>

eDRLS - Electronic Drug Registration & Listing System

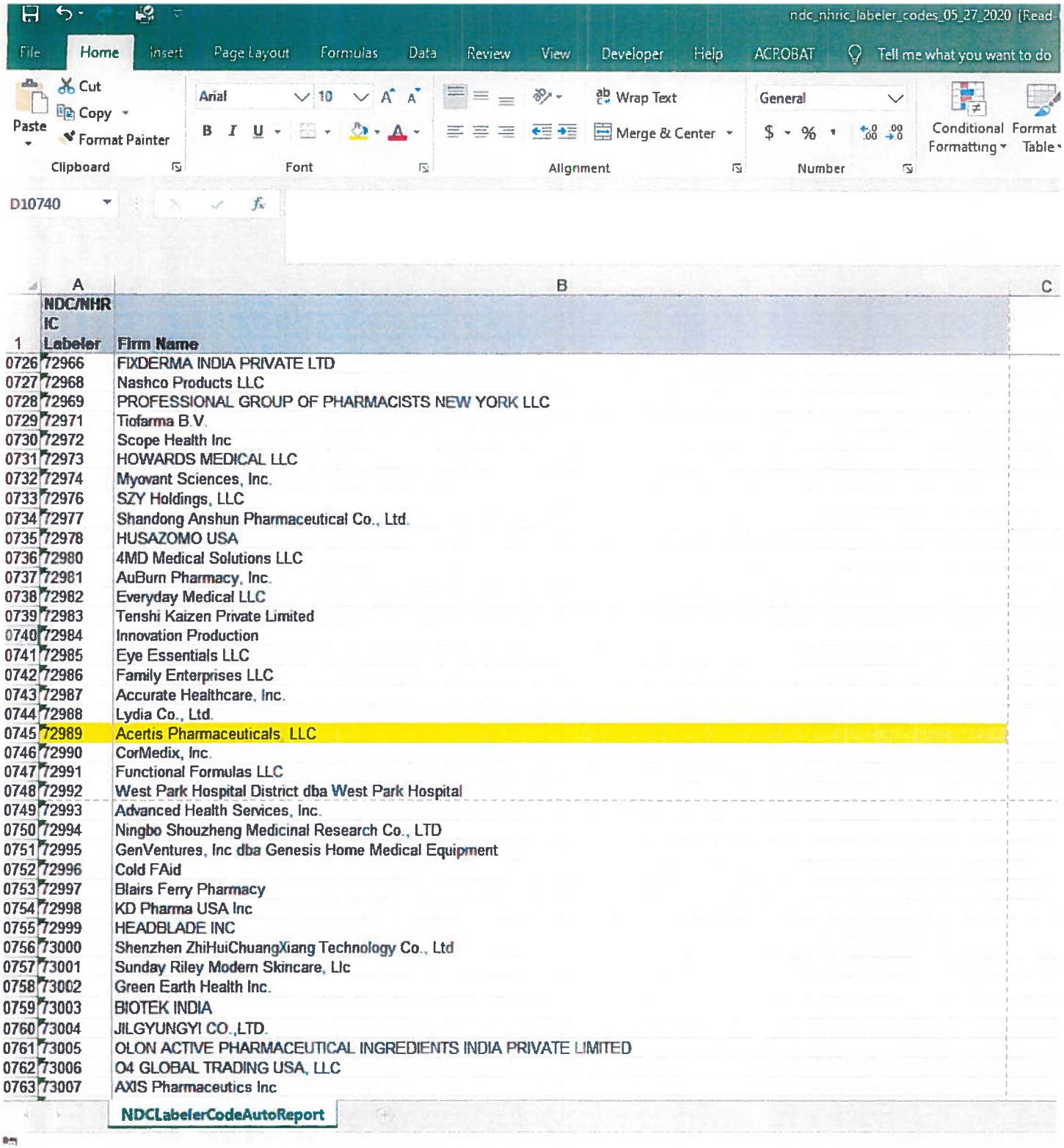
Current Date: 19-MAR-2019
Labeler DUNS: 969483143
Labeler Name: Acertis Pharmaceuticals, LLC
Labeler Code: 72989

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).


ndc_nhric_labeler_codes_05_27_2020 [Read
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
General
Number
Conditional Formatting
Format Table
D10740
NDC/NHRIC Labeler
Firm Name
0726 72966 FIXDERMA INDIA PRIVATE LTD
0727 72968 Nashco Products LLC
0728 72969 PROFESSIONAL GROUP OF PHARMACISTS NEW YORK LLC
0729 72971 Tiofarma B.V.
0730 72972 Scope Health Inc
0731 72973 HOWARDS MEDICAL LLC
0732 72974 Myovant Sciences, Inc.
0733 72976 SZY Holdings, LLC
0734 72977 Shandong Anshun Pharmaceutical Co., Ltd.
0735 72978 HUSAZOMO USA
0736 72980 4MD Medical Solutions LLC
0737 72981 AuBurn Pharmacy, Inc.
0738 72982 Everyday Medical LLC
0739 72983 Tenshi Kaizen Private Limited
0740 72984 Innovation Production
0741 72985 Eye Essentials LLC
0742 72986 Family Enterprises LLC
0743 72987 Accurate Healthcare, Inc.
0744 72988 Lydia Co., Ltd.
0745 72989 Acertis Pharmaceuticals, LLC
0746 72990 CorMedix, Inc.
0747 72991 Functional Formulas LLC
0748 72992 West Park Hospital District dba West Park Hospital
0749 72993 Advanced Health Services, Inc.
0750 72994 Ningbo Shouzheng Medicinal Research Co., LTD
0751 72995 GenVentures, Inc dba Genesis Home Medical Equipment
0752 72996 Cold FAid
0753 72997 Blairs Ferry Pharmacy
0754 72998 KD Pharma USA Inc
0755 72999 HEADBLADE INC
0756 73000 Shenzhen ZhiHuiChuangXiang Technology Co., Ltd
0757 73001 Sunday Riley Modern Skincare, Llc
0758 73002 Green Earth Health Inc.
0759 73003 BIOTEK INDIA
0760 73004 JILGYUNGYI CO.,LTD.
0761 73005 OLON ACTIVE PHARMACEUTICAL INGREDIENTS INDIA PRIVATE LIMITED
0762 73006 O4 GLOBAL TRADING USA, LLC
0763 73007 AXIS Pharmaceutics Inc
NDCLabelerCodeAutoReport

Attachment X

LLC Officer Information

Acertis Pharmaceuticals, LLC

Vinod Melvani
Chief Executive Officer

Kathleen Farley
Chief Operating Officer

Debra Cesard
Chief Financial Officer

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 "ACERTIS 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

5554757 8300

SR# 20204916350

Authentication: 203005842

Date: 05-28-20

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 "ACERTIS 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 JULY, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

5554757 8300

SR# 20195791928

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

Authentication: 203148232

Date: 07-02-19

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. 404004988

Application/License No. _____

Acertis Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2050 Cabot Blvd West Suite 200, Langhorne, PA 19047 (Address of Applicant/Principal), as PRINCIPAL, and The Ohio Casualty Insurance Company (Surety Company), a corporation organized under the laws of the state of NH (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 62 Maple Ave., Keene, NH 03431 (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 2, 2020 (Effect iv eDate).

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, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

CFO

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

The Ohio Casualty Insurance Company
Surety Company's Representative

David G. Galla, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Witness

Witness

Countersigned by:

Nevada Resident Agent

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No 8200422-973235

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Kathleen V. DePolis; David G. Galla; Patricia L. Zeczkowski

all of the city of Grayslake state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of January, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 30th day of January, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 3rd day of June, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

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: Bayshore Pharmaceuticals LLC

Physical Address: 788 Morris Turnpike, Suite 200

City: Short Hills NJ Zip Code: 07078

State: Telephone Number: 973-315-1818 Fax Number: 973-376-5500

Toll Free Number: cat

E-mail: catrina.purcell@bayshoreus.com Website: http://www.bayshoreus.com

Facility Manager: Mark Moshier

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: Sunrise Pharmaceuticals
Address: 665 East Lincoln Ave; Rahway, NJ 07065

Name: Cerovene
Address: 612 Corporate Way; Valley Cottage, NY 10989

Name: Beximco Pharmaceuticals Ltd
Address: 17 Dhanmondi R/A Road No. 2; Dhaka, India 1205

Name: Centaur Pharmaceuticals Pvt. Ltd.
Address: Plot No. 4, International Biotech Park; Hinajewadi, Phase-II, Pune-411057, India

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

Mark A Mochier
Print Name of Authorized Person

6/15/2020
Date

Board Use Only	Date Processed:_____	Amount: 700.00

Bayshore

Officer -

Mark Moshier, President

Bayshore Pharmaceuticals

788 Morris Turnpike, Suite 200

Short Hills, NJ 07078

Ownership -

80% - IPCA Pharmaceuticals US

51 Cragwood Road

South Plainfield, NJ 07080

908-412-6561

10% - SP Ventures XII LLC

29 Cambridge Drive

Short Hills, NJ 07078

201-341-3327

10% - Paradiso Development LLC

92 Candace Lane

Chatham, NJ 07928

973-635-4841

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NEW JERSEY

Parent Company if any: _____

Mailing Address: 788 MORRIS TURNPIKE, SUITE 200

City: SHORT HILLS State: NJ Zip: 07078

Telephone: 973-315-1818 Fax: _____

Contact Person: CATRINA PURCELL CATRINA.PURCELL@BAYSHOREUS.COM

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 Bayshore Ownership Sheet
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

0738084

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:

788 MORRIS TPKE. STE 200 SHORT HILLS, NJ 07078-

Reg. No.
5004254

BAYSHORE PHARMACEUTICALS, LLC
788 MORRIS TPKE, STE 200
SHORT HILLS, NJ 07078-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

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. 13BSBII7821

Application/License No. _____

Bayshore Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 788 Morris Turnpike, Suite 200, Short Hills NJ 07078 (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, Bond T-11, 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 June 2, 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, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY
Hartford Fire Insurance Company

Surety Company's Representative

Amy Jo Francis, 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

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

BAYSHORE PHARMACEUTICALS, LLC
0600370149

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 15, 2011.

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:

THOMAS E DURKIN III
101 HUDSON STREET
SUITE 2100
JERSEY CITY, NJ 07302

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of May, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6107670876

Verify this certificate online at

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

Bayshore

Mark Moshier

Cambridge Drive

Short Hills,

As an experienced executive and entrepreneur in the specialty pharmaceutical industry, Mr. Moshier has extensive experience in organizational re-structuring, sales/marketing, operations, strategic sourcing and procurement, strategic planning, product portfolio selection, and general management. He has proven experience in establishing and building the US business for international based manufacturing companies (India, EU, and Asia.)

March 2011-Present	President of Bayshore Pharmaceuticals
2007-2010	Executive Vice President Global API Sourcing at Mylan Laboratories
2006-2007	President of Matrix Laboratories US Operations
2002-2006	Founder/President of Shore Pharm LLC (sold to Matrix Laboratories – India)
1992 – 2002	Began career in generic industry as National Sales Manager at SST Corporation and Betachem Inc
1984	BS Degree from Syracuse University

Bayshore Pharmaceuticals LLC
788 Morris Turnpike, Suite 200
Short Hills, NJ 07078
973-315-1818

Verified 6/1/20 MS

FDA Documentation

-----Original Message-----
From: CDER Electronic Drug Registration and Listing [mailto:EDRLS@fda.hhs.gov]
Sent: Tuesday, August 16, 2011 01:12 PM
To: 'mark.moshier@bayshoreus.com'
Subject: RE: LABELER CODE eREQUEST

Dear Mark Moshier,

No additional information is needed. We have assigned BayShore Pharmaceuticals LLC a labeler code **76385**. If you have any further questions regarding this matter, please contact us by either email (edrls@fda.hhs.gov) or phone (301-210-2840

Thank you.

Regards,

Makini Mbughuni, eDRLS Team

From: Mark Moshier [mailto:mark.moshier@bayshoreus.com]
Sent: Tuesday, August 16, 2011 12:51 PM
To: Mark Moshier; CDER Electronic Drug Registration and Listing
Subject: Re: LABELER CODE eREQUEST

Dear Makini
Please let me know if you need any additional information to complete this request and, if possible, advise of the timing of the Labeler Code being issued.
Thanks and regards
Mark

-----Original Message-----
From: Mark Moshier [mailto:mark.moshier@bayshoreus.com]
Sent: Tuesday, August 2, 2011 04:31 PM
To: 'CDER Electronic Drug Registration and Listing', 'mark.moshier@bayshoreus.com'
Subject: Re: LABELER CODE eREQUEST

Dear Makini,
Response are in **CAPS** below.
Please let me know if any additional information is required and thank you for your assistance.
Regards
Mark

-----Original Message-----
From: CDER Electronic Drug Registration and Listing [mailto:EDRLS@fda.hhs.gov]
Sent: Tuesday, August 2, 2011 03:59 PM
To: 'mark.moshier@bayshoreus.com'
Subject: LABELER CODE eREQUEST

Dear Mark Moshier:

eDRLS is in receipt of Labeler Code Request SPL for the firm Bayshore Pharmaceuticals, LLC. Kindly provide/ confirm the following information so we can assist you on the assignment of your labeler code:

1) Name of the firm
BAYSHORE PHARMACEUTICALS LLC
2) Business type (Corporation, LLC, Proprietorship, etc.)
LLC
3) Address where drug activity is taking place
51 JFK PARKWAY 1ST FLOOR WEST, SHORT HILLS, NJ 07078
4) Type of drug activity taking place (manufacturer, distributor, contract manufacturer, repacker, relabeler, analytical lab)
MARKETING/DISTRIBUTION
5) Type of drug product (Rx or OTC, also Human or vet)
HUMAN RX and OTC
6) US agent information (if firm is located outside of the United States of America)
N/A

Regards,
Makini Mbughuni, eDRLS Team

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 June 17, 2020

You have searched Finished drug products

Search Results: *'76385'*

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
BENZTROPINE MESYLATE	76385-103-10	5 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-103	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-104-01	1 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-104	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-105-01	2 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-105	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-104-10	1 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-104	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-105-10	2 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-105	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
BENZTROPINE MESYLATE	76385-103-01	5 mg/1	TABLET	ORAL	ANDA090168	Bayshore Pharmaceuticals LLC (NJ)	76385-103	BENZTROPINE MESYLATE	BENZTROPINE MESYLATE	HUMAN PRESCRIPTION DRUG	01/31/2014	N/A	ANDA
Carvedilol	76385-112-50	12.5 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-112	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-110-50	3.125 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-110	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-113-01	25 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-113	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-113-50	25 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-113	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-111-01	6.25 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-111	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-110-01	3.125 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-110	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-112-01	12.5 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-112	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA
Carvedilol	76385-111-50	6.25 mg/1	TABLET, FILM COATED	ORAL	ANDA078384	Bayshore Pharmaceuticals LLC	76385-111	Carvedilol	CARVEDILOL	HUMAN PRESCRIPTION DRUG	10/01/2016	N/A	ANDA

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
Pindolol	76385-132-01	10 mg/1	TABLET	ORAL	ANDA211712	Bayshore Pharmaceuticals LLC	76385-132	pindolol	PINDOLOL	HUMAN PRESCRIPTION DRUG	02/01/2020	N/A	ANDA
Primaquine Phosphate	76385-102-01	15 mg/1	TABLET	ORAL	ANDA204476	Bayshore Pharmaceuticals, LLC	76385-102	Primaquine Phosphate	PRIMAQUINE PHOSPHATE	HUMAN PRESCRIPTION DRUG	08/01/2014	N/A	ANDA
Sotalol	76385-116-01	160 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-116	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/06/2017	N/A	ANDA
Sotalol	76385-115-50	120 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-115	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/06/2017	N/A	ANDA
Sotalol	76385-115-01	120 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-115	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/06/2017	N/A	ANDA
Sotalol	76385-114-01	80 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-114	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/15/2017	N/A	ANDA
Sotalol	76385-114-50	80 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-114	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/15/2017	N/A	ANDA
Sotalol	76385-116-50	160 mg/1	TABLET	ORAL	ANDA207428	Bayshore Pharmaceuticals LLC	76385-116	Sotalol Hydrochloride	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/06/2017	N/A	ANDA
Sotalol Hydrochloride	76385-125-01	80 mg/1	TABLET	ORAL	ANDA207429	Bayshore Pharmaceuticals LLC	76385-125	Sotalol Hydrochloride Tablets AF	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/21/2020	N/A	ANDA
Sotalol Hydrochloride	76385-125-50	80 mg/1	TABLET	ORAL	ANDA207429	Bayshore Pharmaceuticals LLC	76385-125	Sotalol Hydrochloride Tablets AF	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/21/2020	N/A	ANDA
Sotalol Hydrochloride	76385-126-01	120 mg/1	TABLET	ORAL	ANDA207429	Bayshore Pharmaceuticals LLC	76385-126	Sotalol Hydrochloride Tablets AF	SOTALOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/21/2020	N/A	ANDA

Showing 1 to 50 of 53 entries Previous 1 2 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

Bayshore

Bayshore Pharmaceuticals LLC Ownership

80% - IPCA Pharmaceuticals US

51 Cragwood Road

South Plainfield, NJ 07080

10% - SP Ventures XII LLC

29 Cambridge Drive

Short Hills, NJ 07078

10% - Paradiso Development LLC

92 Candace Lane

Chatham, NJ 07928

Bayshore Pharmaceuticals LLC
788 Morris Turnpike, Suite 200
Short Hills, NJ 07078
973-315-1818

4EE

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
☐ 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: Estreno Pharmaceuticals LLC

Physical Address: 1560 Sawgrass Corporate Parkway, 4th Floor, Suite 453

City: Sunrise State: FL Zip Code: 33323 Telephone Number: 1-800-674-3512 Fax Number: 1-954-206-0687

Toll Free Number: 1-800-674-3512

E-mail: egettenberg@estrenopharma.com Website: estrenopharma.com

Facility Manager: Ellen Gettenberg

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: N/A New 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

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 ☑

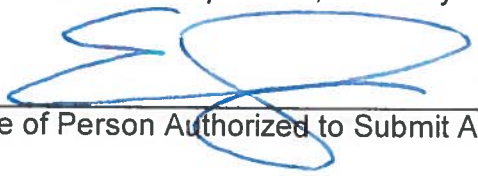
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

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

Ellen Gettenberg
Print Name of Authorized Person

6/15/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: ACE Pharma Holdings LLC

Mailing Address: 385 W John Street Suite 100

City: Hicksville State: NY Zip: 11801

Telephone: 1-800-674-3512 Fax: 1-954-206-0687

Contact Person: Ellen Gettenberg

For any corporation non publicly traded, disclose the following:

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

a) Atul Sharma (50%) . Ocean Drive #4 Hallandale Beach, FL 33009
Name Business Address

b) Rajneesh Ahuja (50%) Ocean Drive Hallandale Beach, FL 33009
Name Business Address

c) Ace Pharma Holdings LLC W John Street Suite 100 Hicksville NY 11801
Name Business Address

d) _____
Name Business Address

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

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

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

Include with the application for a non publicly traded corporation

List of officers and directors

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

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Halsey Beshears, Secretary

Ron DeSantis, Governor

JANUARY 22, 2020

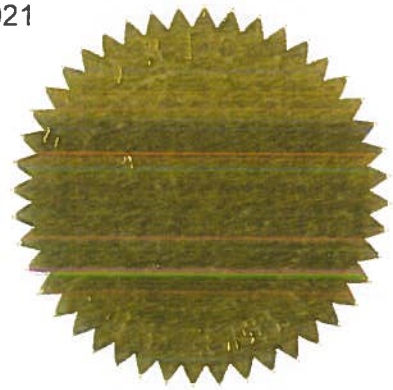
NAME:	ESTRENO PHARMACEUTICALS LLC
ADDRESS:	1560 SAWGRASS CORPORATE PARKWAY, 4TH FLOOR SUITE #453, SUNRISE FL 33323
PROFESSION:	PRESCRIPTION DRUG MANUFACTURER - VIRTUAL
LICENSE NUMBER:	45:12
STATUS:	CURRENT
ISSUE DATE:	SEPTEMBER 12, 2019
EXPIRATION DATE:	SEPTEMBER 30, 2021

To Whom It May Concern:

The license is in a CURRENT status and EXPIRES SEPTEMBER 30, 2021

Verification by:

Ian Howard
Regulatory Specialist I
Florida Department of Business and Professional Regulation



You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
4510	

The RX DRUG MANU V
Named below
Under the provisions of Chapter FS.
Expiration date: APR 30, 2021

ESTRENO PHARMACEUTICALS, LLC
1560 SAWGRASS CORPORATE PARKWAY
4TH FLOOR #453
SUNRISE FL 33323

ISSUED: 04/30/2019

DISPLAY AS REQUIRED BY LAW

SEQ # L1904300000676

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ESTRENO 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 TWENTY-NINTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ESTRENO PHARMACEUTICALS LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

7066788 8300

SR# 20205957812

Authentication: 203190942

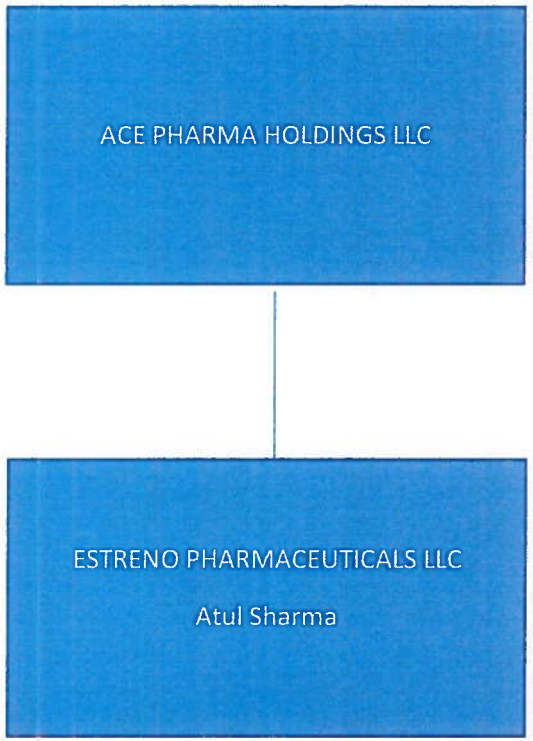
Date: 06-29-20

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

Estreno
Pharmaceuticals LLC

Estreno Pharmaceuticals LLC

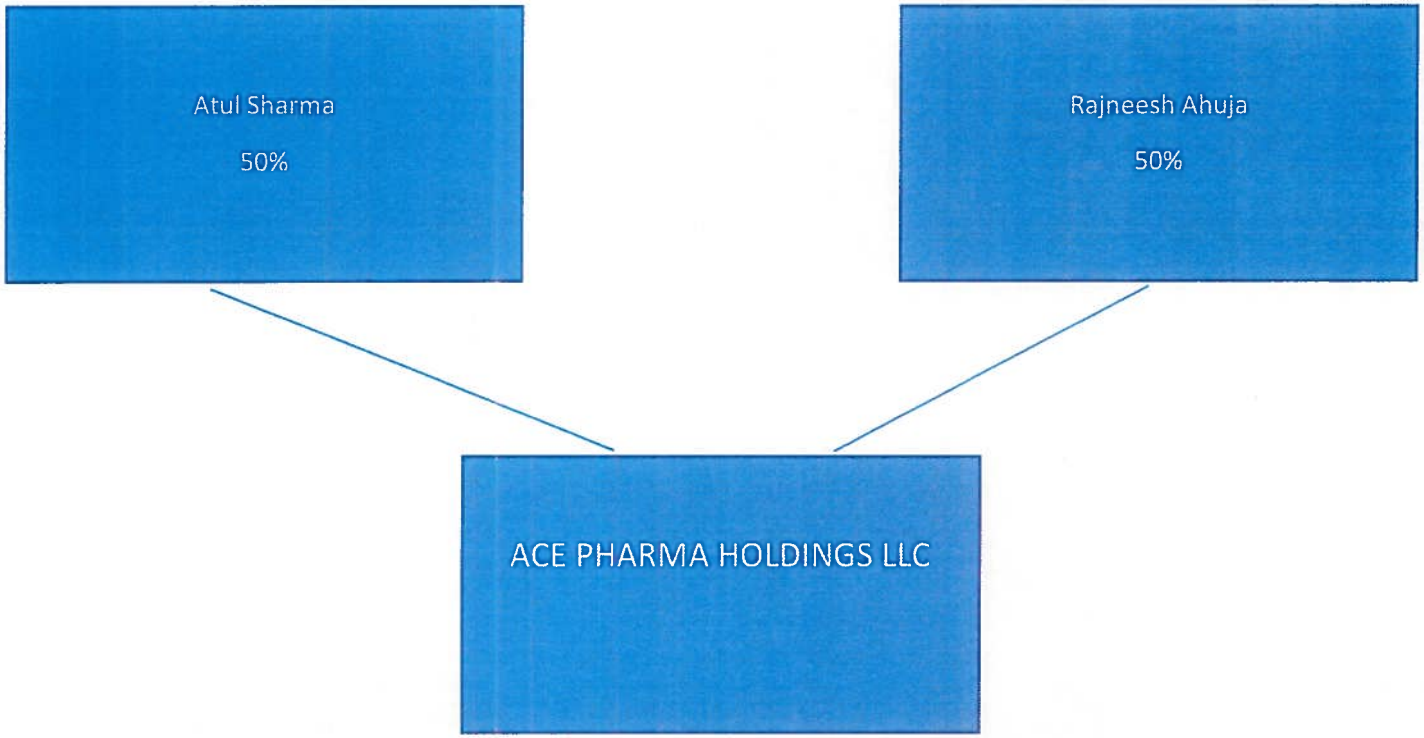
ORGANIZATIONAL CHART



Estreno
Pharmaceuticals LLC

ACE Pharma Holdings LLC

ORGANIZATIONAL CHART



Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **estreno**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Estreno Pharmaceuticals, LLC	3015157527	116831644	MANUFACTURE;	1560 Sawgrass Corporate Parkway FL 4, Sunrise, Florida (FL) 33323, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Thursday, Jun 11, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified MS 7/8/20

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 **Estreno**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Estreno Pharmaceuticals, LLC	3015157527	116831644	MANUFACTURE;	1560 Sawgrass Corporate Parkway FL 4, Sunrise, Florida (FL) 33323, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Wednesday, Jul 8, 2020

Officer List

Owner:

ACE Pharma Holdings LLC
FEIN: 83-3097687

Delaware Limited Liability Company

Atul Sharma, Member
Ocean Driv
Hallandale Beach, FL 33009

Rajneesh Ahuja, Member
Ocean Drive
Hallandale Beach, FL 33009

Ellen Gettenberg, Chief Operating Officer
Queen Palm Lane
Tamarac, FL 33319

List of Employees Handling Devices:

Ellen Gettenberg

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. NLP5932481

Application/License No. APP07272020

Estreno Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1560 Sawgrass Corporate PKWY, 4th Flr, Sunrise, FL 33323 (Address of Applicant/Principal), as PRINCIPAL, and Old Republic Surety Company (Surety Company), a corporation organized under the laws of the state of Wisconsin (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 445 S Moorland Rd, Brookfield, WI 53005 (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 July 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.

OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint

JEAN JOHNSON, TODD HOPKINS, BARBARA MICEK, KATIE JORGENSEN, ERIC KIRCHNER, OF SIOUX FALLS, SD

its true and lawful Attorney(s)-in-Fact, with full power and authority, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bail deposit, surety bonds guaranteeing payment of benefits, workers compensation, mine bonds guaranteeing payment of benefits, coal mine health and safety act bonds, black lung bonds) as follows:

ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice president, or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds, and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company
(i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
(ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned andsealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
(iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits ofthe authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER, that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification there of authorizing the execution and delivery of any bond, undertaking; recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 19TH day of JUNE, 2020

OLD REPUBLIC SURETY COMPANY

Karen J. Huffner
Assistant Secretary

SEAL

Alan Paylic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA-SS

On this 19TH day of JUNE, 2020, personally came before me, Alan Paylic and Karen J Huffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.

NOTARY PUBLIC

Kathryn R. Pearson
Notary Public
My commission expires: 9/28/2022

(Expiration of notary commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

40-8000

Signed and sealed at the City of Brookfield, WI this 27th day of July, 2020

SEAL

Karen J. Huffner
Assistant Secretary

OLD REPUBLIC SURETY COMPANY

ELLEN GETTENBERG

Ft. Lauderdale, Florida 33319 Mobil

SUMMARY

Highly dynamic, strategic, and business oriented professional with extensive experience in marketing, sales, and sales operations in generic and specialty pharmaceuticals. Proven track record of successful start-up of a generic pharmaceutical company, obtaining significant share and profit for the organization. Recognized thought leader and creative thinker with ability to build relationships and work with cross-functional teams. Solid relationships with the majority of customers at the executive and purchasing levels. Areas of expertise:

- Strategic pipeline / portfolio planning
- Product Launches
- Market Share Growth
- Senior Leadership Team
- Market Analysis / Competitive Intel
- Vision Creation / Implementation
- Event Planning
- Corporate Messaging
- CDR
- Trade Show Creation / Development
- Negotiation
- Cross-Functional Teams
- Marketing Collateral

PROFESSIONAL EXPERIENCE

Estreno Pharmaceuticals LLC, Sunrise, FL **Present**
Start-up pharmaceutical company

Chief Operating Officer

President

ECI Pharmaceuticals LLC, Ft. Lauderdale, FL **2013 – 4/2019**
Start-up pharmaceutical company

Vice President, Commercial Operations (2015 – present)
Director, Business Development (2013 – 2014)
Responsible for Sales Operations, Sales and Marketing, and Business Development to the retail trade. Also manage all sales communication, market research, supply chain management, pricing and forecasting for complete product line for start-up company.

- Directly increased gross sales from <$10million to >$125million in less than three years.
- Created commercial infrastructure to support rapid growth.
- Implemented EDI and iContracts for electronic transmission of purchase orders, invoicing, and chargeback reconciliation. In the process of implementing SAP B1 (companywide ERP system) and Tracelink for track and trace regulations, ensuring company will be compliant for DQSCA in November 2017.
- Identify product opportunities to expand existing business with new products.
- Developed and maintain ongoing relationships with all customers, including wholesalers, retailers, GPOs.
- Manage and maintain daily business operations: order processing, returns, customer service, demand planning.
- Work with Accounting to oversee gross to net sales calculation and reconciliation, commissions and profit share calculations, and necessary accruals to ensure accurate visibility to net profits.

ACELLA PHARAMCEUTICALS, LLC, Alpharetta, GA **2011- 2013**
Specialty pharmaceutical company with focus on Dermatologicals, Nutritionals, and Women's Health.

Director, Marketing
Responsible for managing all product management, market research, pricing and forecasting for complete product line for start up company.

- Doubled market share of flagship hormone product in 9 months while not exceeding $100k budget. Efforts included traditional advertising campaign as well as social media, direct to physician tele-detailing and involvement in patient advocacy groups.
- Implemented proprietary forecasting model to create sales and financial budgets and objectives.
- Identified opportunities to maximize gross profits on products with limited competition. Incremental annual sales of $7million in 2011.

APOTEX CORP., Weston, FL **2004 – 2010**
Largest Canadian-owned global pharmaceutical company. Apotex products are sold in the US and in more than 115 countries worldwide.

Director, Marketing (2007 –2010)
Associate Director, Marketing (2006 –2007)
Sr. Product Manager (2004 –2006)
Managed US Marketing team, oversaw product and marketing strategy development, worked on cross-functional team on planning and business development and delivered disciplined headcount and budget management. Oversaw all US marketing activities and related projects which maximized Apotex Corp. growth and profitability across all dosage forms and therapeutic categories.

- Recognized by senior executive team for creating portfolio strategy of potential early development opportunities and exclusive launches.
- Established current US commercially-driven pipeline strategy to deliver high profit launches to US market. Increased number of first to files in most recent two years by approximately 20% after implementing strategy.
- Identified third party opportunities for technologies and capabilities out of scope for internal development.
- Drove product selection for US market by making final recommendation, including market research, forecast and financial analysis for all candidates. Selected 8 -10 products bi-monthly for US pipeline.
- Maintained database of potential opportunities. Consistently reviewed candidates for trends.
- Prioritized pipeline 5+ years out for maximum growth and profit opportunities.
- Created balanced portfolio of all launch types to ensure active annual launch calendar 5+ years out.
- Conducted category analyses of all therapeutic classes and/or dosage forms, including Oncology, Topical Creams and Ointments, Respiratory, Nasals, Ophthalmic, XR/SR, Injectable, transdermal products.
- Held recurring pipeline discussions with customers for input and feedback.
- Sponsored key strategic business solution of an automated forecasting system that streamlined processes for product selection to be used by all markets, US, Canada, and International.
- Delivered joint IS / Marketing project of proprietary forecasting software that increased efficiencies in accuracy, revision control and organization.
- Lead key IS initiative delivering solution resulting in savings of $70K annually.
- Restructured department to 8 professionals covering portfolio management, product management, market research and marketing communications to meet corporate operational efficiencies.

IVAX PHARMACEUTICALS, INC., Miami, FL **1999 - 2004**
Manufacturer of endocrinology, cardiovascular, central nervous system, analgesic / anti-inflammatory, anti-diarrhea and anti-infective pharmaceuticals.

Marketing Manager
Led product management and marketing for Clozapine, specialty generic product for treatment of schizophrenia, ONXOL (paclitaxel) Injection, generic product for treatment of breast and ovarian cancer that had brand sales of $1B in 2000, and Cyclosporine, generic immunosuppressive used in post transplant therapy.

- Increased Clozapine market share to > 50% during tenure.
- Launched ONXOL, the first generic injectable product for treatment of cancer.
- Oversaw company media and advertising campaign, including creation of new website.
- Handled event planning and collateral for IVAX national sales meetings and industry trade shows.
- Took on additional responsibilities of launching new products and managing all IVAX generic manufactured products.

BAUSCH & LOMB PHARMACEUTICALS, INC., Tampa, FL **1998 – 1999**
Bausch & Lomb is an eye health care company that manufactures and sells a wide variety of eye care products.

Product Manager Multisource
Responsible for product management and sales promotion for full line of generic ophthalmic pharmaceuticals.

RUGBY® LABORATORIES, INC., Norcross, GA **1991 – 1998**
Rugby® Laboratories, Inc. is a subsidiary of Watson Pharmaceuticals, Inc. The company now focuses on providing a wide array of over-the-counter (OTC) products to pharmacies, retailers, and managed healthcare facilities, as well as military and government accounts across US. Until 1998, the company marketed a full line of generic Rx products in addition to OTC.

Product Manager (1995 - 1998)
Associate Product Manager, OTC (1994 - 1994)
Territory Sales Representative (1991 - 1994)

EDUCATION

Bachelor of Arts (BA), Mathematics / Economics, Boston University, Boston, Massachusetts

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
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: Nestlé HealthCare Nutrition, Inc.

Physical Address: 1007 US Hwy 202/206, Building JR2

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: 908-333-9298 Fax Number: N/A

Toll Free Number: N/A

E-mail: Shawn.fanning@us.nestle.com Website: www.nestlehealthscience.us

Facility Manager: Shawn Fanning

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors and Nursing Home Pharmacies.

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment C

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

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

Name: See Attachment D
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

SF

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

Shawn Fanning
Print Name of Authorized Person

June 24, 2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Nestlé Holdings, Inc.

Mailing Address: 1007 US Hwy 202/206, Building JR2

City: Bridgewater State: NJ Zip: 08807

Telephone: 908-333-9298 Fax: N/A

Contact Person: Shawn Fanning

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

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

a) Nestlé Holdings, Inc., 900 Long Ridge Road, Building #2, Stamford, CT 06902
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. 50,000

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 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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0741182

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:

1007 US HIGHWAY 202/206, BLDG JR2 BRIDGEWATER, NJ 08807-

Reg. No.
5004607

NESTLE HEALTHCARE NUTRITION IN
NESTLE HEALTH SCIENCE
1007 US HIGHWAY 202/206, BLDG JR2
BRIDGEWATER, NJ 08807-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

Shawn Fanning

Profile

- 17+ years of Supply Chain/Operations experience within Nestle.
- 5+ years of experience in Management of Supply Chain Operations within Manufacturing with another 5+ years of Corporate Supply Chain Leadership
- Robust history of Business Planning Processes, Total Delivered Cost Savings and Management, and Service Orientation and Metrics
- Responsibility for complex sourcing networks with up to 6 DCs and 15 Contract Manufacturers.
- Product offerings ranging from nutrition to start your day off right, products for an aging population, Medical Devices, and institutional sole source of nutrition for the critically ill.
- Active participant in the divestment and acquisitions of multiple brands/segments of the business, including management presentations, due diligence, and off-boarding/on-boarding of the affected business.
- Strong appreciation for the power for good talented resources and the importance within a team and organization.

Education

University of Wisconsin Bachelor of Business Administration
Operations and Materials Management - 2004 completion
Magna Cum Laude, 3.64 GPA

University of Wisconsin, Certificate in Information Technology - 2004

APICS – CPIM Certification - 2004
Completed Certification with examination in Strategic Management of Resources, Execution and Control of Operations, Detailed Scheduling and Planning, Master Planning of Resources, and Basics of Supply Chain Management.

Employment

Nestlé Health Science
Bridgewater, NJ

Vice President of Supply Chain

2017 - Present

- Leading and managing the Supply Chain function for NHS U.S. with sales of >$1 Billion. The responsibilities include a wide variety of product types with varied degrees of velocities, formats, shelf life, and sources. Includes both retail and hospital channels of business and divesting businesses such as Nutrament and Medical Devices.
- Responsibilities include Demand and Supply, Import/Export, Warehousing and Transportation, Customer Facing Supply Chain, Data and Project Management teams, Contract Manufacturing, Procurement, and Customer Service
- Member of U.S. Leadership team, reporting to the Business Executive Officer for the region.
- Continuous improvement efforts in use of technology; ranging from statistical forecasting implementation to automation in our Customer Service Functions. Strong mitigation of rising transportation costs through a variety of initiatives including boundary realignments, UBER Freight, Packaging simplicity, backhaul management, and other optimization projects.
- Key Stakeholder in the Monthly Business Planning (S&OP) process
- Strong appreciation for people development with many engrained processes to keep development front of mind for Supply Chain leaders

Nestlé Health Science

Head of Supply Chain

2014 - 2017

Florham Park, NJ

- Responsibility for leading a team of professionals in Demand & Supply Planning, Import/Export, Project Management, and Physical Logistics. Involved challenging supply constrained circumstances and dynamically growing demand.
- Product offerings ranging from nutrition to start your day off right, products for an aging population, Medical Devices, and institutional sole source of nutrition for the critically ill.
- Management includes a high complexity product portfolio through several manufacturing strategies and sources as well as a DC network between 4-6 DCs for each product.
- Responsibilities focused on the strategic direction of our operation with daily coaching to several reports on the management of daily/tactical challenges.

Nestlé Nutrition
Florham Park, NJ

Associate Director of Demand and Supply - Performance Nutrition

2013-2014

- Responsible for all aspects of Demand & Supply Planning for Performance Nutrition business unit. Forecast demand for the US Market, managing and directing the consensus demand plan at multiple levels, ensuring robust S&OP business processes and facilitating interaction between Sales, Marketing and Operations.
- Ensure effective supply planning for all finished products, to guarantee high levels of customer service with an optimum inventory. Maintain a close relationship with the factories to ensure supply plans are optimized for total delivered cost while also responding effectively to market demand.
- Provide orientation, training & development to individual team members in support of high performance team goals
- Develop team to ensure growth and learning and active succession planning process.
- Coordinate budget planning and target setting activities with Sales, Marketing, Manufacturing and Finance in support of yearly operation plan

Nestlé Nutrition
Florham Park, NJ

Supply Planning Manager

2012-2013

- Daily and Weekly management of the Supply Plan and Operations link for the Puree and Juice Businesses with 156 SKUs with a total average value of $36.5M
- Re-established Customer Service Levels above 99% within the Puree business after challenging operational times by detailed monitoring and communication of plans and outlook. Appropriate customer service levels were maintained through a proper stock unbundling at a SKU level to absorb volatility that would have otherwise affected the business further.
- Effectively managed potential salvage to minimal write-off costs. Management of 2013 discontinuation of 6 SKUs to an average of $4,000 per SKU in write-offs.
- Assisted in Supply Planning Infant Formula during challenging times for the operations.
- Assisted in Demand Planning for Juice during short-handed resources within demand planning.

Nestlé Nutrition
Eau Claire, WI

Performance and Supply Chain Manager

2006-2012

- Transformed Supply Chain Operations to an operational review format through establishment of Daily, Weekly, and Monthly meetings and metrics.
- Training of Material Planners, Production Schedulers, and Warehouse Supervisors
- Development and management of Operations Performance department within the facility. This includes the launch of Focus Improvement Pillar and DMAIC Problem Solving Methodologies (eg White Belts, Green Belts, etc.)
- Successfully recruited valuable and effective professionals for planning responsibilities.

- Oversee an annual materials procurement budget of over $164 million including 400+ materials.
- Created programs/procedures to reduce waste and decrease costs close to $100,000 annually.
- Reduced working capital figures from 7 weeks of raw materials stock cover down to 3 weeks. Packaging stock cover from over 5 weeks down to 2 weeks.
- Worked on assignment over-seas in Switzerland for 5 weeks on several projects including one to investigate and prepare for a Schedule Attainment improvement initiative.

Industrial Performance Manager & ERP Implmentation Site Coordinator *2005-2006*

- Led implementation of SAP system for procurement, finance, distribution, and master data in Eau Claire and Gateway operations.
- Led in analyzing capacity utilizations for Eau Claire and Gateway for strategic projects or operations forecasting.
- Identified, assisted, and implemented cost savings projects ranging from $15,000 to $750,000.

Materials Planner *2004-2005*

- Experienced in production planning, material planning, and day-to-day logistics operations.
- Engaged in product portfolio reorganizations and business merges.

Intern, Warehousing and Purchasing *2003-2004*

- Created and developed Supplier Service Level Tool for market-wide use.
- Assisted in Supervising Receiving and Shipping activities.

From: Biella,Alexandre,BRIDGEWATER,NHSc Bridgewater Regulatory Affairs <Alexandre.Biella@us.nestle.com>
Sent: Tuesday, April 14, 2020 10:13 AM
To: Miele, Kerry M.; George,Angela,BRIDGEWATER,NHSc Bridgewater Legal and Compliance
Cc: Fazio, Frank (PLS)
Subject: FW: Labeler Code Request Approved

Follow up
Completed

EXTERNAL MESSAGE

Our Labeler Code confirmatory message...

Alexandre Biella
Office: +1 (908) 333-9298
Mobile: +1 (732) 266-4690

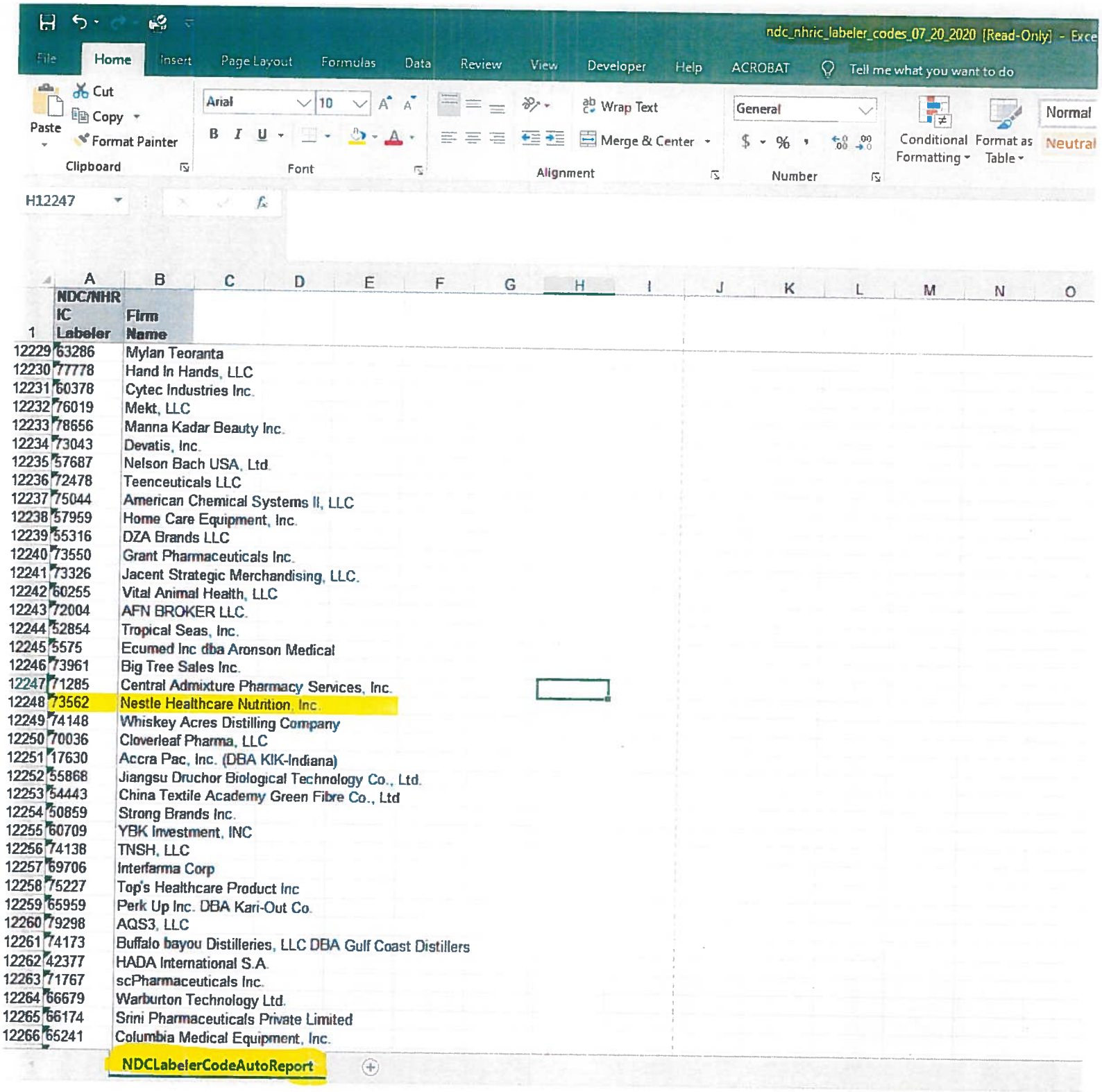
From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, January 14, 2020 8:28 AM
To: Biella,Alexandre,BRIDGEWATER,NHSc Bridgewater Regulatory Affairs <Alexandre.Biella@us.nestle.com>
Subject: Labeler Code Request Approved

This message is from an EXTERNAL SENDER. BE CAUTIOUS, particularly with links and attachments.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 14-JAN-2020
Labeler DUNS: 006247332
Labeler Name: Nestle Healthcare Nutrition, Inc.
Labeler Code: 73562

Verified
WS
7/20/20


ndc_nhric_labeler_codes_07_20_2020 [Read-Only] - Exce
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
General
Number
Conditional Formatting
Format as Table
Normal
Neutral
H12247
NDC/NHRIC Labeler
Firm Name
12229 63286 Mylan Teoranta
12230 77778 Hand In Hands, LLC
12231 60378 Cytec Industries Inc.
12232 76019 Mekt, LLC
12233 78656 Manna Kadar Beauty Inc.
12234 73043 Devatis, Inc.
12235 57687 Nelson Bach USA, Ltd.
12236 72478 Teenceuticals LLC
12237 75044 American Chemical Systems II, LLC
12238 57959 Home Care Equipment, Inc.
12239 55316 DZA Brands LLC
12240 73550 Grant Pharmaceuticals Inc.
12241 73326 Jacent Strategic Merchandising, LLC.
12242 60255 Vital Animal Health, LLC
12243 72004 AFN BROKER LLC.
12244 52854 Tropical Seas, Inc.
12245 5575 Ecumed Inc dba Aronson Medical
12246 73961 Big Tree Sales Inc.
12247 71285 Central Admixture Pharmacy Services, Inc.
12248 73562 Nestle Healthcare Nutrition, Inc.
12249 74148 Whiskey Acres Distilling Company
12250 70036 Cloverleaf Pharma, LLC
12251 17630 Accra Pac, Inc. (DBA KIK-Indiana)
12252 55868 Jiangsu Druchor Biological Technology Co., Ltd.
12253 54443 China Textile Academy Green Fibre Co., Ltd
12254 50859 Strong Brands Inc.
12255 60709 YBK Investment, INC
12256 74138 TNSH, LLC
12257 69706 Interfarma Corp
12258 75227 Top's Healthcare Product Inc
12259 65959 Perk Up Inc. DBA Kari-Out Co.
12260 79298 AQS3, LLC
12261 74173 Buffalo bayou Distilleries, LLC DBA Gulf Coast Distillers
12262 42377 HADA International S.A.
12263 71767 scPharmaceuticals Inc.
12264 66679 Warburton Technology Ltd.
12265 66174 Srini Pharmaceuticals Private Limited
12266 65241 Columbia Medical Equipment, Inc.
NDCLabelerCodeAutoReport

Attachment D

Nature of Business

Nestlé HealthCare Nutrition, Inc. (Nestlé) is a virtual manufacturer of prescription drugs. Nestlé will utilize contract manufacturers to produce its products and a licensed third party logistics provider to warehouse and distribute its products. Nestlé will never physically manufacture or ship any products. Provided below is the name and address for Nestlé's contract manufacturers and third party distributor.

Contract Manufacturers:

Adare Pharmaceuticals Srl.
Via Martin Luther King 13
Pessano Con Bornago, Milan, 20060 Italy
FDA Registration #: 1000573478

Confab Laboratories Inc.
4355 Sir-Wilfrid-Laurier Blvd.
St-Hubert, Quebec J3Y 3X3
FDA Registration #: 3000198340

Third Party Distributor:

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086

Attachment E

Corporate Officer and Director Information

Nestlé HealthCare Nutrition, Inc.
1007 US Hwy 202/206, Building JR2
Bridgewater, NJ 08807

Corporate Officers:

Anna Mohl
President and Business Executive Officer

James Pepin
Vice President - General Counsel and Secretary to the Board

Luis Briz Ordieres
Vice President - Finance and Treasurer

David Harbeck
Vice President - Director and Medical Nutrition Sales

Directors:

Anna Mohl
Luis Briz Ordieres
David Harbeck

Each corporate officer and director may be reached at the facility address provided above.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NESTLE HEALTHCARE NUTRITION, 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 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 SAID "NESTLE HEALTHCARE NUTRITION, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 1972.

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

Jeffrey W. Bullock, Secretary of State

786792 8300

SR# 20202235891

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

Authentication: 202615073

Date: 03-18-20

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. 9351954

Application/License No. _____

Nestle HealthCare Nutrition, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1007 US Hwy 202/206, Building JR2, Bridgewater, NJ 08807 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor, Schaumburg, IL 60196 (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 9, 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 9th day of June, 2020.

APPLICANT/PRINCIPAL

Nestle HealthCare Nutrition, Inc.

Authorized Representative

SURETY COMPANY

Fidelity and Deposit Company of Maryland

Surety Company's Representative

Annette Audinot, Attorney-in-fact
print name
NV Non-Resident License # 611035

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness
Kelly O'Malley

Witness
Abby Simkin

Countersigned by:

N/A
Nevada Resident Agent

Nestle HealthCare Nutrition, Inc. CORPORATE Seal 1972 DELAWARE

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Annette Audinot, its true and lawful agent and Attorney-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 and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 11th day of July, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 11th day of July, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of June, 2020.

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition
As Of December 31, 2019

ASSETS

Bonds		$ 255,279,821
Stocks		21,280,401
Cash and Short Term Investments		2,878,421
Reinsurance Recoverable		25,356,035
Federal Income Tax Recoverable		140,480
Other Accounts Receivable		20,383,843
TOTAL ADMITTED ASSETS		$ 325,319,001

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses		$ 795,381
Ceded Reinsurance Premiums Payable		43,024,327
Remittances and Items Unallocated		0
Payable to parents, subs and affiliates		0
Securities Lending Collateral Liability		0
TOTAL LIABILITIES		$ 43,819,708
Capital Stock, Paid Up	$ 5,000,000	
Surplus	276,499,293	
Surplus as regards Policyholders		281,499,293
TOTAL		$ 325,319,001

Securities carried at $164,223,431 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2019 would be $322,248,132 and surplus as regards policyholders $288,428,424.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2019.

Laura J Lazarczyk
Corporate Secretary

State of Illinois
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 25th day of February, 2020.

Daryl Joiner
Notary Public

DARRYL JOINER
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires 2/24/2022

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: AndersonBrecon Inc. d/b/a PCI of Illinois

Physical Address: 5775 Logistics Parkway

City: Rockford State: IL Zip Code: 61109

Telephone Number: 815-387-4985 Fax Number: N/A

Toll Free Number: N/A

E-mail: eric.badertscher@pciservices.com Website: www.pciservices.com

Facility Manager: Eric Badertscher

Professional qualifications and experience of facility manager: Actively involved and aware of daily operations and has direct responsibility for quality agreements, regulatory inspections and customer audits.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☒ Other: Clinical Trial participants (Researchers)

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: Clinical Trial Drugs
☐ 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: Otsuka
Address: 2440 Research Boulevard, Rockville, MD 20850

Name: Myovant Sciences, Inc.
Address: 2000 Sierra Point Parkway, 9th Floor, Brisbane, CA 94005

Name: United Therapeudics Corp.
Address: 1040 Spring Street, Silver Springs, MD 20910

Name: Sage Therapeutics
Address: 215 First Street, Cambridge, MA 02142

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

Eric Bodertscher
Print Name of Authorized Person

1/3/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: Packaging Coordinators, Inc.

Mailing Address: 3001 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Telephone: 215-613-3603 Fax: 215-613-3691

Contact Person: Jeannie Lynne Metzinger

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

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

a) N/A
Name Business Address

b) N/A
Name 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? Zero par value

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.

AndersonBrecon Inc. d/b/a PCI of Illinois Business Information Sheet

Corporate Officers / Owners

Name	Title	Home Address, DOB, SSN	Contact Information	Share of Company
Remy Hauser	Director	Resenbergweg Zug, Switzerland	6000 6001	None
Sujit John	Director	Clover Lane Princeton, Township,	2600 2601	None
Salim Haffar	Director/CEO	Alda Road Mamaroneck, N	-2636 -1675	None
Serge Dupuis	Director/CFO	Saratoga Farm Road Malta, N	-1621 (I , -1675	None
Jeannie Lynne Metzinger	Senior Vice President of Global Quality & Regulatory	Redgate Road Dresher, PA	(H - 8906 -3603	None
Bradley Karl Payne	Senior Vice President of Global Operations	Kater Street, Philadelphia, PA	2441 ?441	None

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO
004.003922

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

EXPIRES
12/31/2020

LICENSED WHOLESALE DRUG DISTRIBUTOR

ANDERSONBRECON INC
DBA PCI OF ILLINOIS
ERIC BADERTSCHER
5775 LOGISTICS PKWY
ROCKFORD, IL 61109-3608

BRYAN A SCHNEIDER
SECRETARY

JESSICA BAER
DIRECTOR

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

13387428

File Number 4831-278-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ANDERSONBRECON INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1968, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 22ND *day of* JULY ***A.D.*** 2020 .

Authentication #: 2020400426 verifiable until 07/22/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

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. 2289469

Application/License No. _____

AndersonBrecon Inc. d/b/a PCI of Illinois (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 5775 Logistics Parkway, Rockford, IL 61109 (Address of Applicant/Principal), as PRINCIPAL, and North American Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New Hampshire (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1450 North American Lane, Suite 1100, Schaumburg, IL 60173 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 10, 2019 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 10th day of September, 20 19.

APPLICANT/PRINCIPAL

COMPANY

AndersonBrecon Inc. d/b/a PCI of Illinois

Authorized Representative

SURETY

North American Specialty Insurance Company

Surety Company's Representative

Thelma M. Lett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Bonnie Rice

Witness

Witness

Andrea Allman

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DOLORES WASHBURN, Notary Public
City of Philadelphia, Phila. County
My Commission Expires June 28, 2021

Countersigned by:

N/A

Nevada Resident Agent

SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY
WESTPORT INSURANCE CORPORATION

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Kansas City, Missouri and Washington International Insurance Company a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Kansas City, Missouri, and Westport Insurance Corporation, organized under the laws of the State of Missouri, and having its principal office in the City of Kansas City, Missouri does hereby make, constitute and appoint:

CAROLYN E. WHEELER, VICKI NOBINGER, MARY Y. VOLMAR, LORETTA M. JONES, SANDRA KING, BONNIE L. RICE, RACHEL A. CHAVERIAT, JULIE KARNES,

REBECCA HOBBS, SANDY McELHANEY, MARIAH SMITH, ANDREA ALLMAN, JESSICA FREDERICK, MICHELLE LUTE-HEATHERLY and THELMA M. LETT JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

ONE HUNDRED TWENTY FIVE MILLION ($125,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on March 24, 2000 and Westport Insurance Corporation by written consent of its Executive Committee dated July 18, 2011.

"RESOLVED, that any two of the President, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the 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 binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

NORTH AMERICAN SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1973 NEW HAMPSHIRE

WASHINGTON INTERNATIONAL INSURANCE COMPANY CORPORATE SEAL NEW HAMPSHIRE

By _____
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company
& Senior Vice President of Westport Insurance Corporation

By _____
Mike A. Ito, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company
& Senior Vice President of Westport Insurance Corporation

WESTPORT INSURANCE CORPORATION CORPORATE SEAL MISSOURI

IN WITNESS WHEREOF, North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 14th day of February, 20 19.

North American Specialty Insurance Company
Washington International Insurance Company
Westport Insurance Corporation

State of Illinois
County of Cook ss:

On this 14th day of February, 20 19, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Senior Vice President of Westport Insurance Corporation and Michael A. Ito Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Senior Vice President of Westport Insurance Corporation, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

OFFICIAL SEAL
M. KENNY
Notary Public - State of Illinois
My Commission Expires
12/04/2021

M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Vice President and Assistant Secretary of North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company, Washington International Insurance Company and Westport Insurance Corporation which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 10th day of September, 20 19.

Jeffrey Goldberg, Vice President & Assistant Secretary of Washington International Insurance Company &
North American Specialty Insurance Company & Vice President & Assistant Secretary of Westport Insurance Corporation

Logistics Parkway - Employee Access List for Vault/Cage	
EE Name	**Job Title**
Bravo,Teresa	Warehouse Technician1,Clinical
Brue,Jeffrey	Lead, Warehouse
Clark,Steven K	Supervisor, Warehouse
Colon,Rafael	Warehouse Technician2,Clinical
Ditsworth,James E	Warehouse Technician2,Clinical
Elder,Charles O	Wrhs Tech3, Clinicals/Class C
Freet,William	Manager, Warehouse
Johnson,Joseph W	Warehouse Technician2,Clinical
Licht,Jason L	Warehouse Technician1,Clinical
Loyola,Alejandro	Wrhs Tech2, Clinicals/Class C
Mackenzie,Theresa C	Wrhs Tech3, Clinicals/Class C
Mandujano,Alexiz	Warehouse Person 3/CDL
Mock,Dale	Lead, Warehouse
Pickering,Josh R	Wrhs Tech2, Clinicals/Class C
Rivera,Audon	Supervisor, Warehouse
Rodriguez Rucoba, Rafael	Production Line Leader 2
Russom,Josh M	Supervisor, Warehouse
Sierra,Adriana	Warehouse Technician1,Clinical
Smaha,Randy T	Clinical Materials Management
White,Austin	Lead, Warehouse

Curriculum Vitae

Personal Information			
Name:	**Eric Badertscher**		
Date of Hire:	**07/07/02**	Department:	**Regulatory Affairs**
Location :	**Rockford**	Time in Current Position:	**1 Year 8 Months**

PCI Experience

Title:	From Date:	To Date:	Major Responsibilities:
Regulatory Affairs Manager	01/2014	Present	*--Host Regulatory and customer audits, perform required regulatory submissions, manage regulatory registrations.* *-- Actively engaged in all daily operations of the warehouse*
Senior Quality Engineer	09/2008	01/2014	*--Perform Exception and customer complaint investigations, manage continuous improvement projects. Manage vendor management program, perform audits of suppliers and internal processes.*
Quality Manager	09/2006	08/2008	*--Manage the quality department, including tech writing and batch record review, host Regulatory and customer audits, manage the release of product.*
Quality Engineer	09/2005	08/2006	*-- Perform Exception and customer complaint investigations, manage continuous improvement projects.*
Quality Supervisor	07/2002	08/2005	*--Supervise the quality department, including the release of material, tech writing and batch record review. Manage the pest control program.*

Professional Experience prior to joining PCI

Title:	From Date:	To Date:
Operations Supervisor-Overhaul and Repair	09/1997	12/2001
Loan Officer	01/1997	8/1997
Aircraft Armament Systems Specialist	07/1987	12/1996

Education:

Name of School:	Major/Minor	Status (Complete/Attending)	Degree/Diploma
Rockford College	Business Administration	Attending	N/A
Northern Illinois University	Business Administration	Complete	Master's Degree
University of Maryland	Business Management/ Management	Complete	Bachelor's Degree
Community College of the Air Force	Aircraft Armament	Complete	Associate's Degree

Other Training / Certifications / Professional Licenses / Awards / Publications :

Basic HACCP Certification (International HACCP Alliance-2014)
Certified Quality Auditor (ASQ-2009)
Lean Sigma Green Belt (The SAM Institute-2005)

Signature: _____ Date: 9/10/15

Certificate Number No. 26967 BOOK 55 PAGE 1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

Whereas, *Articles of Incorporation duly signed and verified of*

ANDERSON PACKAGING, INC.

have been filed in the Office of the Secretary of State on the 2nd *day of* January *A. D. 19*68*, as provided by "THE BUSINESS CORPORATION ACT" of Illinois, in force July 13, A. D. 1933.*

Now Therefore, I, PAUL POWELL, *Secretary of State, of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate of incorporation and attach thereto a copy of the Articles of Incorporation of the aforesaid corporation.*

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, Done at the City of Springfield this* 2nd *day of* January *A.D. 19*68 *and of the Independence of the United States the one hundred and* 92nd.

Paul Powell

SECRETARY OF STATE.

BOOK 55 PAGE 2

FORM B C A-47

BEFORE ATTEMPTING TO EXECUTE THESE BLANKS BE SURE TO READ CAREFULLY THE INSTRUCTIONS ON THE BACK THEREOF.

(THESE ARTICLES MUST BE FILED IN DUPLICATE)

(Do not write in this space)

Date Paid 1-2-68
Initial License Fee $ .50
Franchise Tax $ 150.00
Filing Fee $ 75.00
Clerk

STATE OF ILLINOIS, } ss.
WINNEBAGO COUNTY

TO PAUL POWELL, Secretary of State:

The undersigned,

Name	Number	Address Street	City	State
Ralph S. Zahm	501 7th Street		Rockford,	Illinois

being one or more natural persons of the age of twenty-one years or more or a corporation, and having subscribed to shares of the corporation to be organized pursuant hereto, for the purpose of forming a corporation under "The Business Corporation Act" of the State of Illinois, do hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation hereby incorporated is: ANDERSON PACKAGING, INC.

ARTICLE TWO

The *address* of its initial registered office in the State of Illinois is: 1313 Samuelson Road

~~State~~, in the City of Rockford (61101 (Zip Code)) County of Winnebago and the *name* of its initial Registered Agent at *said address* is: John R. Anderson

ARTICLE THREE

The duration of the corporation is: Perpetual

ARTICLE FOUR

The purpose or purposes for which the corporation is organized are:

To conduct a general manufacturing and mercantile business.

ARTICLE FIVE

PARAGRAPH 1: The aggregate number of shares which the corporation is authorized to issue is...100,000....., divided into.....no.....classes. The designation of each class, the number of shares of each class, and the par value, if any, of the shares of each class, or a statement that the shares of any class are without par value, are as follows:

Class	Series (If any)	Number of Shares	Par value per share or statement that shares are without par value
Common	None	100,000	$10.00

PARAGRAPH 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are:

None

ARTICLE SIX

The class and number of shares which the corporation proposes to issue without further report to the Secretary of State, and the consideration (expressed in dollars) to be received by the corporation therefor, are:

Class of shares	Number of shares	Total consideration to be received therefor:
Common	100	$ 1,000
		$

ARTICLE SEVEN

The corporation will not commence business until at least one thousand dollars has been received as consideration for the issuance of shares.

ARTICLE EIGHT

The number of directors to be elected at the first meeting of the shareholders is: three

ARTICLE NINE

PARAGRAPH 1: It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be $.....

PARAGRAPH 2: It is estimated that the value of the property to be located within the State of Illinois during the following year will be $.....

PARAGRAPH 3: It is estimated that the gross amount of business which will be transacted by the corporation during the following year will be $.....

PARAGRAPH 4: It is estimated that the gross amount of business which will be transacted at or from places of business in the State of Illinois during the following year will be $.....

NOTE: If all the property of the corporation is to be located in this State and all of its business is to be transacted at or from places of business in this State, or if the incorporators elect to pay the initial franchise tax on the basis of its entire stated capital and paid-in surplus, then the information called for in Article Nine need not be stated.

The incorporator elects to pay the initial franchise tax on the basis of the corporation's entire stated capital and paid in surplus.

BOOK 55 PAGE 5

Ralph S. Zahm
.....
.....
.....
.....
.....
.....
} Incorporators

NOTE: There may be one or more incorporators. Each incorporator shall be either a corporation, domestic or foreign, or a natural person of the age of twenty-one years or more. If a corporation acts as incorporator, the name of the corporation and state of incorporation shall be shown and the execution must be by its President or Vice-President and verified by him, and the corporate seal shall be affixed and attested by its Secretary or an Assistant Secretary.

OATH AND ACKNOWLEDGMENT

STATE OF ILLINOIS
Winnebago .....County } ss.

I, Ruth H. Baxter ....., A Notary Public, do hereby certify that on the 22 day of Dec. 196 7,

Ralph S. Zahm .....

personally appeared before me and being first duly sworn by me acknowledged the signing of the foregoing document in the respective capacities therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.

Place (NOTARIAL SEAL) Here

Ruth H. Baxter
Notary Public

FORM B C A-47

ARTICLES OF INCORPORATION

ANDERSON PACKAGING, INC.

The following fees are required to be paid at the time of issuing certificate of incorporation: *Filing fee*, $20.00; *Initial license fee* of 50c per $1,000.00 or 1/20 of 1% of the amount of stated capital and paid-in surplus the corporation proposes to issue without further report (Article Six); *Franchise tax* of 1/20 of 1% of the *issued*, as above noted. However, the minimum *annual franchise* tax is $10.00 and varies monthly on $20,000 or less, as follows: January, $15; February, $14.17; March, $13.34; April, $12.50; May, $11.67; June, $10.84; July, $10.00; Aug., $9.17; Sept., $8.34; Oct., $7.50; Nov., $6.67; Dec., $5.84; (See Sec. 133, BCA).

In excess of $20,000 the *franchise tax* per $1,000.00 is as follows: Jan., $0.75; Feb., .7084; March, .6667; April, .625; May, .5834; June, .5417; July, .50; Aug., .4584; Sept., .4167; Oct., .375; Nov., .3334; Dec., .2917. All shares issued in excess of the amount mentioned in Article Six of this application must be reported within 60 days from date of issuance thereof, and franchise tax and license fee paid thereon; otherwise, the corporation is subject to a penalty of 1% for each month on the amount until reported and subject to a fine of not to exceed $500.00.

The same fees are required for a subsequent issue of shares except the filing fee is $1.00 instead of $20.00.

FILED
JAN 2 1968
Secretary of State

(Rev. 1—Req. 4—50M—9-65) 18803

572

35.00 pd

1-[illegible]910

Articles of Incorporation of

Anderson Packaging, Inc.

Return to Rockford St. Bank

WINNEBAGO COUNTY } SS
STATE OF ILLINOIS }

Filed for Record on the 3rd day
of January A.D. 1968 at 4:35
o'clock P.M. Recorded in L. 55
of Corp Record Page 1

William M. Thoo

STATE OF ILLINOIS,

Office of the

Secretary of State

Certificate Number 23150

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

Whereas, *Articles of amendment to the Articles of Incorporation duly signed and verified of*

ANDERSON PACKAGING, INC.

have been filed in the Office of the Secretary of State, on the 22nd *day of* May *A. D. 19*75*, as provided by "THE BUSINESS CORPORATION ACT" of Illinois, in force July 13, A. D. 1933.*

Now Therefore, I, MICHAEL J. HOWLETT, *Secretary of State, of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate of amendment, and attach thereto a copy of the Articles of Amendment to the Articles of Incorporation of the aforesaid corporation.*

In Testimony Whereof, *I hereto set my hand, and cause to be affixed the Great Seal of the State of Illinois,*

Done at the City of Springfield this 22nd *day of* May *A.D. 19*75* *and of the Independence of the United States the one hundred and* 99th.

Michael J. Howlett

SECRETARY OF STATE.

207-L

FORM BCA-55

(Do not write in this space)
Date Paid 5-22-75
License Fee $
Franchise Tax $
Filing Fee $ 25.00
Clerk

(File in Duplicate)

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF

ANDERSON PACKAGING, INC.

(Exact Corporate Name)

To MICHAEL J. HOWLETT
Secretary of State
Springfield, Illinois

3724 44

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of Section 55 of "The Business Corporation Act" of the State of Illinois, hereby executes the following Articles of Amendment:

ARTICLE FIRST: The name of the corporation is:

ANDERSON PACKAGING, INC.

ARTICLE SECOND: The following amendment or amendments were adopted in the manner prescribed by "The Business Corporation Act" of the State of Illinois: Paragraph 1 of Article Five of the Articles of Incorporation is amended to read as follows:

"The aggregate number of shares which the corporation is authorized to issue is 100,000, divided into one class. The designation of each class, the number of shares of each class, and the par value, if any, of the shares of each class, or a statement that the shares of any class are without par value, are as follows:

Class	Series (If any)	Number of Shares	Par value per share or statement that shares are without par value
Common	None	100,000	No par value

FILED

MAY 23 1975

Michael J. Howlett

SECRETARY OF STATE

(Disregard separation into classes if class voting does not apply to the amendment voted on.)

ARTICLE THIRD: The number of shares of the corporation outstanding at the time of the adoption of said amendment or amendments was 2105; and the number of shares of each class entitled to vote as a class on the adoption of said amendment or amendments, and the designation of each such class were as follows:

Class	Number of Shares
Common	2,105

(Disregard separation into classes if class voting does not apply to the amendment voted on.)

ARTICLE FOURTH: The number of shares voted for said amendment or amendments was 2105; and the number of shares voted against said amendment or amendments was 0. The number of shares of each class entitled to vote as a class voted for and against said amendment or amendments, respectively, was:

Class	Number of Shares Voted	
	For	Against

(Disregard these items unless the amendment restates the articles of incorporation.)

Item 1. On the date of the adoption of this amendment, restating the articles of incorporation, the corporation had _____ shares issued, itemized as follows:

Class	Series (If Any)	Number of Shares	Par value per share or statement that shares are without par value

Item 2. On the date of the adoption of this amendment restating the articles of incorporation, the corporation had a stated capital of $_____ and a paid-in surplus of $_____ or a total of $_____.

(Disregard this Article where this amendment contains no such provisions.)

ARTICLE FIFTH: The manner in which the exchange, reclassification, or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for in, or effected by, this amendment, is as follows:

(Disregard this Paragraph where amendment does not affect stated capital or paid-in surplus.)

ARTICLE SIXTH: Paragraph 1: The manner in which said amendment or amendments effect a change in the amount of stated capital or the amount of paid-in surplus, or both, is as follows:

(Disregard this Paragraph where amendment does not affect stated capital or paid-in surplus.)

Paragraph 2: The amounts of stated capital and of paid-in surplus as changed by this amendment are as follows:

	Before Amendment	After Amendment
Stated capital.....$		$
Paid-in surplus.....$		$

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its President, and its corporate seal to be hereto affixed, attested by its Secretary, this 24th day of April, 19 75.

ANDERSON PACKAGING, INC.
(Exact Corporate Name)

By Lorin C. Hecox
Its President

Place (CORPORATE SEAL) Here

ATTEST:
Ralph T. Anderson
Its Secretary

STATE OF ILLINOIS }
COUNTY OF WINNEBAGO } ss.

I, Robert E. Guzzardo, a Notary Public, do hereby certify that on the 24th day of April 19 75, Lorin Hecox personally appeared before me and, being first duly sworn by me, acknowledged that he signed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES AUG. 29, 1978
Issued thru Illinois Notary Assoc.

Robert E. Guzzardo
Notary Public

Place (NOTARIAL SEAL) Here

Form BCA-55

Box 4533 File 278-1

ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
of

ANDERSON PACKAGING, INC.

FILED
MAY 22 1975
Michael J. Howlett
Secretary of State

FILE IN DUPLICATE

Filing Fee $25.00

Filing Fee for Re-Stated Articles $100.00

(49795—30M—3-73) 10

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CP USA, LLC", CHANGING ITS NAME FROM "CP USA, LLC" TO "PACKAGING COORDINATORS, LLC", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF JUNE, A.D. 2012, AT 8:01 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

5118926 8100

120755957

AUTHENTICATION: 9655272

DATE: 06-19-12

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:01 PM 06/19/2012
FILED 08:01 PM 06/19/2012
SRV 120755957 - 5118926 FILE

CERTIFICATE OF AMENDMENT

OF THE

CERTIFICATE OF FORMATION

OF

CP USA, LLC

1. The name of the limited liability company is CP USA, LLC (the "Company").

2. The Certificate of Formation of the Company is hereby amended as follows:

   a. FIRST: The name of the limited liability company formed hereby is Packaging Coordinators, LLC.

   b. The following is hereby deleted in its entirety:

      FOURTH: The name and address of the authorized person is Richard B. Goldstein, Fried, Frank, Harris, Shriver & Jacobson LLC, One New York Plaza, New York, New York 10004.

3. This Certificate of Amendment shall be effective upon filing.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate of Formation of CP USA, LLC this 19th day of June, 2012.

CP USA, LLC

By: _____
Name: William T. Mitchell, III
Title: President and Chief Executive Officer

State of Delaware

The Official Website for the First State

The Secretary of State of Delaware issued a certificate for PACKAGING COORDINATORS, LLC whose file number is 5118926 on 06/19/2012 under request number 120755957 for authentication number 9655272.

Back

FLC

L-101 NJSA 42(1/94)

FILED
MAY 22 2012
STATE TREASURER

New Jersey Department of the Treasury
Division of Revenue
Registration of Foreign Limited Liability Company

This form may be used to obtain authorization for a foreign Limited Liability Company to conduct business in New Jersey, pursuant to New Jersey State law. Applicants must insure strict compliance with NJSA 42, the New Jersey Limited Liability Company Act, and insure that all applicable filing requirements are met. This form is intended to simplify filing with the STATE. Applicants are advised to seek out private legal assistance before submitting filings to the STATE'S OFFICE.

1. Name of Limited Liability Company: 0600 3P7094

   CP USA, LLC

2. Alternate name of Limited Liability Company:

   N/A

3. The purpose for which this Limited Liability Company is organized is: To conduct the business of providing commercial packaging services to the pharmaceutical, medical device and biotech industries.

4. Limited Liability Company State:

   Formed under the laws of the State of Delaware

5. Original Date of formation:

   April 27, 2012

6. Registered Agent Name & Address (must be in NJ):

   Corporation Service Company, 830 Bear Tavern Road, West Trenton, NJ 08628

7. Date Limited Liability Company intends to start business activity in NJ:

8. Other provisions (list below or attach to certificate):

The undersigned represent(s) that this Limited Liability Company has been formed under the laws of the state of origin and continues to exist as an active, valid Limited Liability Company or registered Limited Liability Partnership in that state. The undersigned also attest(s) that they are authorized to sign this certificate on behalf of the Limited Liability Company and that this filing complies with New Jersey State law as detailed in NJSA 42.

Name: Catalent USA Packaging, LLC (the Sole Member) Date: May 8, 2012

Samrat S. Khichi
SVP, General Counsel & Secretary

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
CERTIFICATE OF AUTHORITY

CP USA, LLC
0600387094

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Foreign Limited Liability Company organized under the laws of Delaware, has complied with all the requirements of Title 42:2B of the New Jersey Statutes, and that the business or activity of said Foreign Limited Liability Company to be carried on within the State of New Jersey is such as may be lawfully carried on by Foreign Limited Liability Company filed under the laws of this State for similar business or activity. The Certificate of Authority was duly filed May 22nd, 2012.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this at Trenton, this 22nd day of May, 2012

Andrew P Sidamon-Eristoff
State Treasurer

Certificate Number: 1249766625

Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JUNE 1, 2012

4831-278-1

C T CORPORATION SYSTEM
600 S 2ND ST
SPRINGFIELD, IL 62704

RE ANDERSONBRECON INC.

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF AMENDMENT FOR THE ABOVE NAMED CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

FORM **BCA 10.30** (rev. Dec. 2003)
ARTICLES OF AMENDMENT
Business Corporation Act

Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to Secretary of State.

FILED
JUN 01 2012
JESSE WHITE
SECRETARY OF STATE

File # 4831-278-1 Filing Fee: $50 Approved: ✓

Submit in duplicate — Type or Print clearly in black ink — Do not write above this line

1. Corporate Name **(See Note 1 on page 4.)**: **Anderson Packaging, Inc.**

2. Manner of Adoption of Amendment:
The following amendment to the Articles of Incorporation was adopted on **May 24** (Month & Day), **2012** (Year) in the manner indicated below:

Mark an "X" in one box only.

- ☐ By a majority of the incorporators, provided no directors were named in the Articles of Incorporation and no directors have been elected. **(See Note 2 on page 4.)**
- ☐ By a majority of the board of directors, in accordance with Section 10.10, the Corporation having issued no shares as of the time of adoption of this amendment. **(See Note 2 on page 4.)**
- ☐ By a majority of the board of directors, in accordance with Section 10.15, shares having been issued but shareholder action not being required for the adoption of the amendment. **(See Note 3 on page 4.)**
- ☐ By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the Articles of Incorporation were voted in favor of the amendment. **(See Note 4 on page 4.)**
- ☑ By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the Articles of Incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10. **(See Notes 4 and 5 on page 4.)**
- ☐ By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment. **(See Note 5 on page 4.)**

3. Text of Amendment:
   a. When amendment effects a name change, insert the New Corporate Name below. Use page 2 for all other amendments.
   Article I: Name of the Corporation: **AndersonBrecon Inc.** (New Name)

(Name Change Amendment to become effective as of June 1, 2012)

(All changes other than name include on page 2.)

Printed by authority of the State of Illinois. February 2008 - 5M - C 173.14

Text of Amendment

b. If amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety.
For more space, attach additional sheets of this size.

4. The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows (If not applicable, insert "No change"):

No Change

5. a. The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital is as follows (if not applicable, insert "No change"):
(Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)

No Change

b. The amount of paid-in capital as changed by this amendment is as follows (if not applicable, insert "No change"):
(Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)
(See Note 6 on page 4.)

No Change

	Before Amendment	After Amendment
Paid-in Capital:	$_____	$_____

Complete either Item 6 or Item 7 below. All signatures must be in BLACK INK.

6. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated May 24, (Month & Day), 2012 (Year) — Anderson Packaging, Inc. (Exact Name of Corporation)

_____ (Any Authorized Officer's Signature)

John G. Clou, Executive Vice President, General Counsel & Secretary (Name and Title (type or print))

7. If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.

OR

If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, a majority of the directors, or such directors as may be designated by the board, must sign below, and type or print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated _____ (Month & Day), _____ (Year)

_____	_____
_____	_____
_____	_____
_____	_____

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ 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: Praxair Distribution, Inc.

Physical Address: 145 Shimersville Road

City: Bethlehem State: PA Zip Code: 18015

Telephone Number: (484) 387-2935 Fax Number: (515) 965-6645

Toll Free Number: 1-800-772-9247

E-mail: Michele_Carmona@Praxair.com Website: WWW.Praxair.com

Facility Manager: John Goddard

Professional qualifications and experience of facility manager: BS in Chemistry, eighteen years of industry experience, 12yrs management experience, and 5 years in current facility manager role.

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: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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.

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

John Goddard
Print Name of Authorized Person

03/03/20
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: Praxair, Inc.

Mailing Address: 2301 SE Creekview Drive

City: Ankeny State: Iowa Zip: 50021

Telephone: (515) 257-5073 Fax: (515) 965-6645

Contact Person: Michele Carmona

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

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

a) N/A
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

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.

Praxair Distribution, Inc.
2301 SE Creekview Drive, Ankeny, IA 50021

DIRECTORS/OFFICERS

President: Dick Marini

Treasurer: Tamara Volmer

Secretary: Anthony M Pepper

STATE OF INCORPORATION

Delaware
File # with State of DE: 712918
Incorporated: 10/26/1988

FEDERAL EMPLOYER IDENTIFICATION NUMBER

94-1693764

States that Praxair Distribution, Inc. is licensed in:

AL,AR,AZ,CA,CO,CT,DC,DE,GA,IA,ID,IL,KS,KY,LA,MA,MD,MI,MN,MO,MS,MT,NC,ND,NE,NH,NJ,NV,NY,OH, OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WI,WV,WY

WORKERS COMPENSATION / EMPLOYERS' LIABILITY INSURANCE

Insurer	Marsh USA Inc.
Address	1166 Avenue of the Americas, New York, NY 10036-2774
Policy Number	MWC 313504-19
Policy Expiration	10/1/2020

For further inquiries, please contact:

Praxair Distribution, Incorporated
Attn: Michele Carmona
2301 SE Creekview Drive, Ankeny, IA 50021
Michele_Carmona@Praxair.com
Office Phone: 515-257-5073
Office Fax: 515-965-6645

Pennsylvania Department of Health

Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate(s): **1000003625** issued: 3/26/2015 expires: 4/30/2021

Praxair Distribution Inc 145 Shimersville Rd; Bethlehem, PA 18015

Back to DD&C Home

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Assembly Version 4.0.18274.4

Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Certificate of Registration

Certificate No. 1000003625
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Manufacturer (Prescription)
Distributor (Prescription)

PRAXAIR DISTRIBUTION INC
145 SHIMERSVILLE RD
BETHLEHEM, PA 18015

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: March 26, 2015
Expiration Date: The Last Day of April, 2020

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRAXAIR DISTRIBUTION, 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 THIRD DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRAXAIR DISTRIBUTION, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20201879201

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

Authentication: 202508913

Date: 03-03-20

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Praxair Distribution**

CSVExcel

Filter: Bethlehem

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Praxair Distribution, Inc.	1000121428	065591187	MANUFACTURE;	145 Shimersville Rd, Bethlehem, Pennsylvania (PA) 18015, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries (filtered from 82 total entries)
Previous1Next
Data Current through: Thursday, Mar 19, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified NS 3/16/2020

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Praxair Distribution, Inc.
Business Trade Name:
GTS/Welco

145 Shimersville Rd
BETHLEHEM , PA 18015
Registration Number: 2529486
FEI Number*: 1000121428
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
PRAXAIR, INC.[6]
145 Shimersville Rd.
Bethlehem, PA US 18015
Owner/Operator Number: 9924021[7]

Official Correspondent:
Kevin J Brady
145 Shimersville Rd.
Bethlehem, PA 18015
Phone: 610-7587239

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

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Page Last Updated: 04/06/2020

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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

USA.gov

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U.S. Department of **Health & Human Services**

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SURETY RIDER

To be attached to and form a part of

Bond No. 5753874-0112

dated effective October 11, 1995
(MONTH-DAY-YEAR)

executed by Praxair Distribution, Inc. , as Principal,
(PRINCIPAL)

and by SAFECO Insurance Company of America , as Surety,

in favor of Nevada Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Bond Amount from:

Fifteen Thousand & 00/100 ($15,000.00)

To:

Twenty Five Thousand & 00/100 ($25,000.00)

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective March 3, 2020
(MONTH-DAY-YEAR)

Signed and Sealed March 3, 2020
(MONTH-DAY-YEAR)

Praxair Distribution, Inc.
(PRINCIPAL)

By: Christopher M. Tiberio, Executive Director Insurance
(PRINCIPAL)

SAFECO Insurance Company of America
(SURETY)

By: Maureen McNeill
Maureen McNeill, Attorney-in-Fact

S-0443/GEEF 10/99

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 25th day of June, 2020, before me personally appeared Christopher M. Tiberio to me known, who being by me duly sworn, did depose and say the ____he____ is the Executive Director Insurance of the Praxair Distribution, Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of 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.

Barbara J. Cahill
Notary Public

My Commission Expires on: 2/29/2024

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

American States Insurance Company
First National Insurance Company of America
General Insurance Company of America
Safeco Insurance Company of America

Certificate No: 8201332

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American States Insurance Company is a corporation duly organized under the laws of the State of Indiana, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America are corporations duly organized under the laws of the State of New Hampshire (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maureen McNeill all of the city of Philadelphia, state of Pennsylvania each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

American States Insurance Company
First National Insurance Company of America
General Insurance Company of America
Safeco Insurance Company of America

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be Assistant Secretary of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America, which are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorney-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 3rd day of March, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

SURETY RIDER

To be attached to and form a part of

Bond No. 5753874-0112

dated effective October 11, 1995
(MONTH-DAY-YEAR)

executed by Praxair Distribution, Inc.
(PRINCIPAL), as Principal,

and by SAFECO Insurance Company of America, as Surety,

in favor of Nevada Department of Taxation
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Bond Amount from:

Fifteen Thousand & 00/100 ($15,000.00)

To:

Twenty Five Thousand & 00/100 ($25,000.00)

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective March 3, 2020
(MONTH-DAY-YEAR)

Signed and Sealed March 3, 2020
(MONTH-DAY-YEAR)

Praxair Distribution, Inc.
(PRINCIPAL)

By: Christopher M. Tiberio, Executive Director Insurance
(PRINCIPAL)

SAFECO Insurance Company of America
(SURETY)

By: Maureen McNeill
Maureen McNeill, Attorney-in-Fact

S-0443/GEEF 10/99

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

American States Insurance Company
First National Insurance Company of America
General Insurance Company of America
Safeco Insurance Company of America

Certificate No: 8201332

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That American States Insurance Company is a corporation duly organized under the laws of the State of Indiana, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America are corporations duly organized under the laws of the State of New Hampshire (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Maureen McNeill all of the city of Pennsylvania, state of PA each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

American States Insurance Company
First National Insurance Company of America
General Insurance Company of America
Safeco Insurance Company of America

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be Assistant Secretary of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America, which are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorney-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of American States Insurance Company, First National Insurance Company of America, General Insurance Company of America, and Safeco Insurance Company of America do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 4th day of March, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

Individual Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be the person described in and who executed the foregoing instrument and ____he____ thereupon acknowledged to me that ____he___ executed the same.

_____
Notary Public

Partnership/L.L.C. Acknowledgment

State of _____
County of _____

On the _____ day of _____, 20_____, before me personally appeared _____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____he_____ thereupon acknowledged to me that ___he___ executed the same as and for the act and deed of said firm.

_____
Notary Public

Corporate Acknowledgment

State of Connecticut
County of Fairfield

On the 10th day of March, 2020, before me personally appeared Christopher M. Tiberio to me known, who being by me duly sworn, did depose and say the ____he____ is the Executive Director Insurance of the Praxair Distribution, Inc. the corporation described in and which executed the foregoing instrument that _____he_____ knows the seal of 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.

Barbara Cahill
Notary Public

My Commission Expires on: 2/29/2020

John Goddard
_ comcast.net
·2935

Objective

To secure a position within a company that will utilize my experience as a manager and a chemist and broaden my knowledge and skills.

Education

Juniata College, Huntingdon PA, 1991-1995
Kutztown University, Kutztown PA, 2000-2002 BS in Chemistry

Experience

Praxair Distribution

Facility Manager, Bethlehem PA July 2015-Current
Responsibilities include all safety, quality, and financial goals and metrics for the facility, planning of the facility budget and project planning. Managing all regulatory aspects including, FDA and EPA. Managing facility audits including regulatory agency, internal, and customer.

Operations Manager, Pasadena TX December 2013-June 2015
Responsibilities include managing the quality control, production and distribution of a 50 employee ISO 9001-2008 and ISO 17025 accredited Industrial hygiene gas manufacturing facility including two satellite locations, project management, and ensuring all safety, quality, and financial goals of the facility are maintained.

Operations Support Manager, November 2012-December 2013
Responsibilities included training of plant management, implementation of Praxair policies and procedures in Specialty Gas acquisitions, streamlining production processes, performing internal audits and implementing the resulting corrective actions.

Facility Manager, Bethlehem PA April 2011-October 2012
Responsibilities included all safety, quality, and financial goals and metrics for the facility, planning of the facility budget and project planning.

Production Manager, Bethlehem PA January 2008-April 2011
Responsibilities included the daily scheduling of up to 50 employees and two supervisors, accountable for overall production including the laboratories to ensure on time delivery of orders, conducting safety and procedural meetings, and maintaining all safety and quality objectives.

Laboratory Manager, Bethlehem PA 2005-2007
Responsibilities included scheduling and training laboratory employees in three separate labs, maintaining all SOP's, following all EPA and ISO17025 requirements, conducting internal audits, performing routine and preventative maintenance on instruments and communicating with customers.

John Goddard
[redacted]@comcast.net
2935

Chemist Bethlehem, PA 2002-2005
Responsibilities included analyzing gaseous mixtures per the EPA Protocol and per FDA/NF regulations. Instrumentation included, NDIR, FTIR, GC, ICP and specific process analyzers.

411

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: Profounda, Inc.

Physical Address: 10501 S. Orange Avenue, Suite 124

City: Orlando State: Florida Zip Code: 32824

Telephone Number: 407-270-7790 Fax Number: _____

Toll Free Number: _____

E-mail: todd@profounda.com Website: www.profounda.com

Facility Manager: Todd MacLaughlan

Professional qualifications and experience of facility manager: CEO - Resume attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ 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: Knight Therapeutics
Address: 3400 De Maisonneuve Blvd. W. Suite 1055 Quebec H3Z388

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.

Todd MacLaughlan

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

Todd MacLaughlan

Print Name of Authorized Person

6/24/20

Date

Board Use Only	Date Processed:	Amount: 600.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DELAWARE

Parent Company if any: _____

Mailing Address: 10501 S. Orange Avenue, Suite 124

City: Orlando State: Florida Zip: 32824

Telephone: 407-270-7790 Fax: _____

Contact Person: Todd MacLaughlan

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

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

a) Todd Maclaughlan 10501 S. Orange Avenue, Suite 124 Orlando Florida 32824
Name Business Address

b) Joddes Limited 6111 Royalmount Ave. Montreal, QC H4P 2T4
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 29,790,000

3) What was the price paid per share? $0.16

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.

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

±

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Profounda**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Profounda Inc	3011873350	078862060	MANUFACTURE;	10501 S Orange Ave, STE 124, Orlando, Florida (FL) 32824, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, May 12, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified NS 6/24/20

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 **Profounda**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Profounda Inc	3011873350	078862060	MANUFACTURE;	10501 S Orange Ave, STE 124, Orlando, Florida (FL) 32824, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Monday, Jun 29, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

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 June 29, 2020

You have searched Finished drug products

Search Results: *'69051'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
+ IMPAVIDO	69051-300-01	50 mg/1	CAPSULE	ORAL	NDA204584	Profounda Inc	69051-300	miltefosine	MILTEFOSINE	HUMAN PRESCRIPTION DRUG	10/29/2015	N/A	NDA	2 BLISTER PACK in 1 CARTON (69051-300-01) > 14 CAPSULE in 1 BLISTER PACK	Antileishmanial [EPC]

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/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

RESUME

Todd MacLaughlan

Windsor Pointe Dr

Orlandc

Summary

An experienced Pharmaceutical entrepreneurial executive with a background in Sales, Marketing, Business Development and General management. Experience includes early stage genomic activities to drug development and late stage marketing of global brands, fund raising and start-up experience.

profounda.com

Specialties: Marketing, Business Development, Licensing, General Management, Strategy, Operations, pharmaceuticals, biotech, product acquisition, Brand and Generic drugs, etc

Experience

CEO
Profounda, Inc

March 2013 – Present. Orlando, Florida Area

Leading development activities for new Rx ANDA and OTC products.

CEO
ECLIPSE PHARMACEUTICALS

2007 – 2014 (7 years) Orlando, FL

Provide Pharmaceutical Business Development and Licensing consulting expertise working with an experienced team of BD&L professionals

Senior Vice President Business Development
inVentiv Health

December 2009 – March 2011 (1 year 4 months) Somerset, NJ

Coordinated business development efforts for consulting and contract sales organizations

Capabilities Leader (VP/General Manager) Sterile
Cardinal Health

2006 – 2007 (1 year) Somerset, NJ

Managed $300 Million Sterile and Biotechnology contract services business with global responsibility for five product development and manufacturing plants.

General Manager
CIMA LABS
January 2005 – September 2006 (1 year 9 months) Eden Prairie, MN

Full P&L responsibility for $75 million, 300 person oral solid drug delivery company that formulated and manufactured Rx and OTC products under GMP conditions for multiple small and large global leading pharmaceutical companies in addition to supporting drug delivery solutions for Cephalon's pipeline, the parent company for Cima Labs.

VP Business Development
Watson
2002 – 2004 (2 years) – Morristown, NJ

Global business development responsibility for both brand and generic business. Led business development team in in-licensing, out-licensing, development, commercialization agreements and also authorized generic agreements which accounted for 25% of the EPS in 2003.

VP Business Development
Bayer Corporation
2001 – 2003 (2 years) – West Haven, CT

Led business development team of 5 people and commercialization agreements for Cipro & Avelox and partnering efforts on behalf of North America for Vardenafil which resulted in a co-promotion with GSK.

Senior Director Licensing
Searle
1992 – 1998 (6 years) Skokie, IL

Lead Monsanto / Searle's deal making around various drug discovery efforts allowing various genomic tools and chemistry libraries including the Biotech deal of the Year with Millennium Pharmaceuticals. Also led in-licensing efforts for phase III products in Women's Health and business development and licensing efforts in the Cardiovascular therapeutic area.

Senior Sales Representative - Product Manager
Allergan Canada **Markham, ON Canada**
1985 – 1987 (2 years)

Led marketing efforts for Allergan Canada's Rx contact lens business, OTC saline and gas perm lens products.

Sales Representative
Syntex Canada **Ottawa, ON Canada**
1982 – 1985 (3 years)

Pharmaceutical sales

Education:

MBA – Northwestern University – Graduated 1999
BSc (hons) Chemistry – University of Prince Edward Island – Graduated 1982

PROFOUNDA

Enclosed please find PROFOUNDA, INC.'s application for licensure pursuant to the statutes of your state. Please allow the information in this cover sheet to supplement application information.

DESCRIPTION OF OPERATIONS

Current Address (As of 4/15/2018):

PROFOUNDA, INC.

10501 S. Orange Ave. Suite 124

Orlando, FL 32824

Previous Address:

PROFOUNDA, INC.

5790 Hoffner Ave, STE 507

Orlando, FL 32822

PROFOUNDA, INC. is a virtual manufacturer (Rx) and as such does not currently manufacture Rx product at the applicant location, however PROFOUNDA has the ability and does store and distribute Rx and Cosmetic products from the Orlando location under Florida Drug Manufacture License #20332 . As a virtual manufacturer, PROFOUNDA has been assigned Drug Establishment number 3011873350. All of PROFOUNDA's contract manufacturers have or will have FDA Establishment numbers. Profounda is registered with the FDA as a labeling and packaging facility under FDA Labeler Code 69051, DUNS number 078862060.

DOMICILE LICENSE/VERIFICATION (STATE)

PROFOUNDA, INC. is located in Florida. PROFOUNDA, INC. has a license in the State of Florida #20332.

OFFICERS

Todd MacLaughlan, CEO

Home Address:

8895 Windsor Pointe Dr.

Orlando, FL 32829

CONTRACT MANUFACTURERS

1. Haupt Pharma Amareg GmbH (HPA) (*Impavido (miltefosine)*)
   FDA drug establishment registration 3008293991
   Donaustaufe
   D-93055, Regensburg, Germany

2. Carton Service, Inc. DBA Pharma Packaging Solutions (*Impavido (miltefosine)*)
   FDA drug establishment registration 3002763532
   JD Varnell Industrial Parkway
   Clinton, TN 37716

None of the contract manufacturers will distribute PROFOUNDA products

THIRD PARTY LOGISTICS PROVIDERS

PROFOUNDA, INC. has entered into an agreement with the third party logistic provider – Life Science Logistics. 1105 Northfield Drive. #400, Brownsberg, IN 46112

LABELER CODES

The FDA has assigned PROFOUNDA INC. labeler code 69051.

SAMPLES

PROFOUNDA INC. distributes samples in the following manner: PROFOUNDA, INC. is currently only distributing Cosmetic samples (Rhinase). PROFOUNDA, INC is not distributing samples for Rx products nor do we plan to.

OTHER STATES LICENSES

PROFOUNDA, INC. has a Drug Manufacture License in the State of Florida #20332.

See Attached Appendix II for States we currently hold a license.

All other necessary State Licenses are being sought simultaneously with this application.

CONTROLLED SUBSTANCES

PROFOUNDA, INC. does not manufacture, store or distribute any controlled substances and is therefore not required to be registered with the DEA. No DEA number is assigned.

CURRENT PRODUCT LIST

Product Name (Cosmetic)	**ID Number (NDC or other)**	**CMO Name**
Rhinase Nasal Mist	69051-201-00	
Rhinase Nasal Gel	69051-201-00	
Rhinase Combo-Pack (Mist and gel)	69051-500-01	
Xynase Nasal Mist	69051-700-01	
(Prescription)		
Impavido (Miltefosine)	69051-300-01	Haupt Pharma Amareg GmbH (HPA) Carton Services, Inc. DBA Pharma packaging Solutions

FDA New Drug Application (NDA) 204684

PROFOUNDA, INC. does not currently contract manufacture or distribute any products, drugs or devices other than those they own the rights to.

Todd MacLaughlan, CEO

Profounda, Inc.

PROFOUNDA

Appendix I to Profounda State Licensing Info Sheet

Distribution Center

Profounda is located in a Business/Warehouse Center Complex located in Orlando Florida. The Complex has 24 hour security cameras in addition to Profounda internal nest camera security system as well as a monitored alarm system.

The Profounda Distribution Center is located within the Warehouse/Office space occupied by Profounda Inc. The total space is approximately 3600 sq. feet and consists of warehouse/storage/distribution space, kitchen/team room, open office space as well as upstairs open office space. Profounda's offices are only accessible to employees and invited guests. Front Entry is only open weekdays Monday-Friday during business hours of 8:30 – 5pm.

The distribution space has a shipping and receiving area, storage area, packaging area and a quarantine area. The space is locked with limited access to authorized Profounda personnel.

The space temperature controlled and is electronically monitored daily for temperature and humidity. There are Standard Operating Procedures to cover the distribution operations conducted at Profounda.

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

PROFOUNDA INC
10501 S. ORANGE AVENUE
SUITE 124
ORLANDO FL 32824

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

20332 ISSUED: 05/17/2020

PRESCRIPTION DRUG MANUFACTURER
PROFOUNDA INC

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date APR 30, 2022 L2005170001749

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
20332	

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2022

PROFOUNDA INC
10501 S. ORANGE AVENUE
SUITE 124
ORLANDO FL 32824

ISSUED: 05/17/2020

DISPLAY AS REQUIRED BY LAW

SEQ # L2005170001749

STATE		LICENSE TYPE	LIC. NUMBER	EXP.
Arizona		Non resident manufacturer	M001204	10/31/2021
Arkansas		Wholesale Distributor	WD04730	12/31/2020
Connecticut		Out of State Manufacturer of Drugs, Cosmetics & Medical Devices	CSM-0000824-OOS	No expiration date
District of Col.		Non Resident Distributor	DM0001338	5/30/2020
Florida		Prescription Drug Manufacturer	20332	4/30/2020
Louisiana		Distributor of Legend Drugs	9443	12/31/2019
Minnesota		Manufacturer	461297	5/31/2020
New Hampshire		Prescription Drug/Device Manufacturer Wholesaler/Distributor	6363	6/30/2019
New Mexico		Wholesale Distributor	WD000012255	12/31/2020
North Dakota		Virtual Manufacturer	Whol1998	6/30/2019
Ohio		Lic. to distribute dangerous drug	12654800	6/30/2019
South Dakota		Wholesale or other Drug Distributor	600-2607	12/31/2019
Tennessee	Eddie	pending		
Vermont		Wholesale Drug Outlet	39.0108959	7/31/2021

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROFOUNDA, 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 MAY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFOUNDA, INC." WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2013.

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

5346993 8300

SR# 20203873215

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

Authentication: 202927919

Date: 05-13-20

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. 5289495

Application/License No. _____

Profounda Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10501 S Orange Ave STE 124 Orlando, FL 32824 (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 2103 CityWest Boulevard, Suite 1300 Houston, TX 77042 (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 July 1, 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.

Bond No. 5289495

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 1st day of July, 2020.

APPLICANT/PRINCIPAL
Profounda Inc

Authorized Representative

SURETY COMPANY
SureTec Insurance Company

Surety Company's Representative

Eric Fauerbach, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Notary Public State of Florida
Donnie James Taylor
My Commission GG 221249
Expires 05/23/2022

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

POA #: 5289495

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

Eric Fauerbach

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:

Principal: Profounda Inc
Obligee: Nevada State Board of Pharmacy
Amount: $ 25,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, 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 President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 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 President 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 1st day of July 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 8:00 am and 5:00 pm CST.

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Sovereign Pharmaceuticals, LLC

Physical Address: 7590 Sand Street

City: Fort Worth State: TX Zip Code: 7 6 8

Telephone Number: 817-284-0429 Fax Number: 817-284-0531

Toll Free Number: 817-284-0429

E-mail: hburke@sovpharma.com Website: www.sovpharm.com

Facility Manager: Paul Hafey

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: Acella Pharmaceuticals, LLC
Address: 1880 McFarland Parkway, Suite 110, Alpharetta, GA 3005

Name: E5 Pharma, LLC
Address: 225 NE Mizner BLVD, Suite 770, Boca Raton, FL 33432

Name: Edenbridge Pharmaceuticals, LLC
Address: 169 Lackawanna Ave, Suite 110, Parsippany, NJ 07054

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.

Harold A Deas Jr

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

Harold A. Deas, Jr — March 17, 2020

Print Name of Authorized Person — Date

Board Use Only Date Processed:_____ Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE (Limited Liability Company)

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Acella Pharmaceuticals, LLC

Mailing Address: 7590 Sand Street

City: Fort Worth State: TX Zip: 76118

Telephone: 817-284-0429 Fax: 817-284-0531

Contact Person: Harold A. Deas, Jr

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

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

a) Acella Holdings, LLC 1880 McFarland Parkway, Suite 110- B, Alpharetta, GA 30005
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

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

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

TEXAS
Department of
State Health Services

License Number: 0036171 ***Current Date: 04/15/2020 10:22 AM***

Name:	**SOVEREIGN PHARMACEUTICALS LLC**
License Type:	**Prescription Drug Manufacturer**
License Status:	**Current**
Expiry Date:	**01/01/2022**
Effective Rank Date:	**09/20/1993**
Modifier(s):	**Contract Manufacturer**
	Prescription
	Controlled Substance

Addresses

Physical Loc	Address	**SOVEREIGN PHARMACEUTICALS LLC** **7590 SAND ST** **FORT WORTH , TX** **TARRANT** **76118** **US**
Mailing Address	Address	**SOVEREIGN PHARMACEUTICALS LLC** **FORT WORTH , TX** **TARRANT** **76118** **US**

Food & Drug Owner

Licensee's Role:	**Food & Drug License**
Related Party Role:	**Food & Drug Owner**

Related Party Name	License	Address
SOVEREIGN PHARMACEUTICALS LLC	**Owner #A034679** **Status:** **Current** **Expiration Date:**	**FORT WORTH , TX** **TARRANT** **76118** **US**

OWNERS INFORMATION SHEET

Names of Persons	Names of Business	Addresses	Position Held	Marketing Start Date	Marketing Status	Percent of Interest of Person in Business
	Acella Holdings, LLC (Parent Company)	McFarland Parkway, Suite Alpharetta,	Owner	09/06/2013		100%
Harold A. Deas	Sovereign Pharmaceuticals, LLC	Sand Street Fort Worth,	CEO	01/02/2020	*N/A	0%
Paul Hafey	Sovereign Pharmaceuticals, LLC	Sand Dr. Fort Worth, T	President	01/02/2020	*N/A	0%

*Sovereign Pharmaceuticals, LLC is a contract manufacturing company that does not market products directly. Products are marketed and licensed under our clients.

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 Conversion for Sovereign Pharmaceuticals, LLC (file number 801211201), a Domestic Limited Liability Company (LLC), was filed in this office on December 29, 2009.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 02, 2010

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 April 15, 2020.

Ruth R. Hughs
Secretary of State

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)

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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 **Sovereign Pharmaceuticals, LLC**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sovereign Pharmaceuticals, LLC	3003229412	623168267	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	7590 Sand Street, Fort Worth, Texas (TX) 76118, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Wednesday, Apr 15, 2020

Verified 5/11/2020 MS

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

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 **Sovereign**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sovereign Pharmaceuticals, LLC	3003229412	623168267	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	7590 Sand Street, Fort Worth, Texas (TX) 76118, United States (USA)	12/31/2020
Sovereign Technologies		040602202	MANUFACTURE;	1108 9th Ave NE, Hickory, North Carolina (NC) 28601, United States (USA)	12/31/2020

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Showing 1 to 2 of 2 entries
Previous1Next
Data Current through: Monday, May 11, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

PAUL D. HAFEY

Silverado Trail, Keller, T[illegible] ·8500 (C) [illegible]YAHOO.COM

SUMMARY OF QUALIFICATIONS:

Over 39 years of experience providing strategic leadership in Product Development, Analytical Development, Quality Assurance and Business Development. Experienced with various Product and Process Development equipment, Analytical instrumentation and Project Management. Experienced with FDA, EMEA, MHRA, DEA, OSHA, ICH guidelines, CMC, cGMPs and USP/NF. Ability to communicate effectively within and across departments and with outside clients. Experienced with bulk drug substances, generic, DESI, OTC and NCE/NME pharmaceutical products.

CAREER SUMMARY:

Sovereign Pharmaceuticals LLC **4/08 – Present**
FORT WORTH, TX

President and CEO 10/16 – Present
Responsibilities include Manufacturing, Packaging, Quality Control, Quality Assurance, Research and Development, Analytical Development, Business Development and Administration of the company.

- Managing 14 direct reports and 250 total personnel
- Responsible for the day to day operations of the company
- Responsible for the fiscal oversight of the company
- Continuation of VP of R&D and RA responsibilities
- Responsible for building industry relationships to drive growth
- Grew production revenue 2 fold in 3 years
- Responsible for building a dynamic team to drive revenue growth
- Responsible for driving efficiency to increase profits
- Emphasized safety to drive down worker compensation claims
- Oversite of the financial health of the company
- Responsible for project management
- Accountable for Regulatory inspections, FDA, DEA etc.

Vice President
Research and Development and Regulatory Affairs 4/08 – 10/16
Responsibilities include pre-formulation, formulation, clinical supplies manufacturing, intellectual property (patents), process development, process scale up and process transfer, laboratory metrology and Regulatory Affairs. Analytical responsibilities include analytical method development and validation. Client responsibilities include interactions with clients and management of client projects.

- Managing a group of 24 people, Ph.D., M.S., B.S.
- Developing and managing department and project budgets
- Strategic planning for the growth of the company
- Responsible for acquiring new clients and projects
- Grew R&D revenue 10 fold in 10 years

- Responsible for development of formulations and processes
- Responsible for development of analytical methods and method validation
- Responsible for project management
- Responsible for CMC of IND, NDA and ANDA applications
- Responsible for establishing department procedures
- Accountable for the development and protection of Intellectual Property
- Responsible for production, labeling and shipping of clinical supplies for nonclin tox, phase 1, 2, 3, 4 and BA/BE studies.
- Designed and managed a 90 site international clinical study.
- Responsible for Regulatory Affairs
- Responsible for Metrology
- Participated in drafting of DSCSA law through GPhA subcommittee
- Participate in tradeshows to advertise company and increase revenue

UCB PHARMACEUTICALS (Formerly Celltech) 1/93 – 4/08
Rochester, NY

Associate Director
Global Drug Product Research and Development 11/06 – 4/08
Responsibilities include pre-formulation, formulation, clinical supplies manufacturing, intellectual property (patents) and performance of due diligence. Shared responsibilities with process group include process development, process scale up, process transfer and pilot plant.

- Managing a group of 6 people, Ph.D., B.S.
- Responsible for development of Global formulations and processes
- Responsible for IND and IMPD applications
- Established Global SOPs
- Accountable for the protection of Intellectual Property
- Responsible production of clinical supplies for phase 1 and 2
- Perform due diligence

Associate Director
Global Pharmaceutical Technology Development 7/05 – 11/06
Responsibilities include pre-formulation, formulation, process development, process scale up, process transfer, validation, clinical supplies manufacturing, pilot plant, intellectual property (patents) and performance of due diligence. Established the group as a cost effective pre-formulation, formulation and analytical development group for new products while maintaining regulatory and cGMP standards.

- Managing a group of 24 people, Ph.D., M.S., B.S. and A.A.S
- Responsible for development of Global formulations and processes
- Responsible for IND and IMPD applications

- Established Global SOPs
- Established technical transfer requirements from process to manufacturing
- Accountable for reformulation of key products
- Accountable for the development of commercial processes
- Accountable for the protection of Intellectual Property
- Responsible for production of ICH batches and clinical supplies
- Responsible for NDA and ANDA applications
- Participated in Due diligence activities

CELLTECH PHARMACEUTICALS (Formerly Medeva)
Rochester, NY

Director Product Development 10/01 – 07/05

Responsibilities include re-establishing a product development group at the Rochester site. Established the group as a cost effective pre-formulation, formulation and analytical development group for new products while maintaining regulatory and cGMP standards.

- Grew the group from 2 to 13 people. 7 Ph.D., 3 M.S., 3 B.S.
- Reformulated Pennkinetic product with 70% reduction in manufacturing time.
- Accountable for product life cycle management.
- Accountable for the formulation development of NCEs
- Accountable for development of new delivery systems.
- Established a system for capturing intellectual property and implemented a scientific review committee.
- Responsible for maintaining intellectual property. Took patent filings from no patents being submitted to 4 patents submitted and 5 additional patentable products under review in the last 2 ½ years.
- Participate in 3 and 5 year strategic planning process.
- Team leader for the New Opportunities Committee (NOC)
- Responsible for the review of IND, NDA and ANDA applications and supplements
- Direct interaction with FDA, such as end of phase 2 meetings, PAIs, telecons
- Established a Contract Services business to utilize excess capacity. Developed the business plan, responsible for bid proposals, contract review, promotional materials and tradeshows. Established cash flow within 4 months of inception, 21 months ahead of schedule.

Incubator Project 04/01 - 10/01

One of three individuals company wide selected to review the company's intellectual property portfolio for the identification and development of new products.

- Review of Celltech Rochester's intellectual property (Patents, trademarks and trade names)
- SWOT analysis of Celltech Rochester's proprietary delivery system
- Identified 105 target products for development using Celltech's delivery system
- Assisted in writing a business plan for launching a subsidiary company

Director, Analytical and Information Development 12/97 – 04/01
Directed the development and validation of stability indicating analytical methods for new and existing products. Responsible for the development of CMC sections, specifically method development, method validation and setting specifications.

- Managing a group of 28 people, Ph.D., M.S., B.S. and A.A.S.
- Responsible for development of methods, validation of methods and specifications for excipients, intermediates and finished products for NDA filings and stability testing.
- Responsible for the transfer of methods and specifications between outside laboratories to Medeva's laboratories and the transfer of methods between Medeva laboratories
- Team leader for projects and team sponsor of projects.
- Writing and review of CMC sections.
- Writing proposals for projects estimating costs, time, personnel resources and equipment needs.
- Strategic planning by developing FTE resource charts, 5 year plans and risk assessment.
- Provide support for due diligence auditing for the purchase of new products.
- Development of API sources.
- Responsible for master batch records and SOPs.
- Interaction with the FDA on site, via teleconference and at CDER.
- Several successful NDA/ANDA filings.
- Additional duties include Technical Program Coordination group

Director, Technical Program Coordination 10/96 - 12/97
Responsible for the coordination and oversight of technical projects. Lead the methylphenidate site transfer team. Designed and built 2 analytical laboratories and pilot plant facility. Worked with other sites on technical issues such as blend uniformity, content uniformity, tablet appearance or any other trouble shooting activity required.

- Review of reports and other documentation used for FDA filings
- Coordinate contract work.
- Project team leader for product site transfer using SUPAC guidelines.

- Team leader for the transfer of methylphenidate products from the California facility to the Rochester facility. ($200 million product)
- Responsible for capital and expense budgeting for Pharmaceutical Sciences Department.

Interim Assignment To Medeva Americas (California site) 11/95 - 10/96

- Work directly on 483 issues to bring subsidiary company into CGMP compliance. Interim Quality Control Manager and Quality Assurance Manager.

Manager Research and Development (Texas site) 1/93 - 10/95

- Managed a group of 10 people.
- Overall operation of the Research Analytical Laboratory including method development, method validation and method evaluation and stability testing.
- Vendor and internal auditing.
- Auditing of contract manufactures and contract laboratories.
- Development of new products.
- IQ, OQ & PQ of equipment and processes.
- Designed and built a new lab and water system for the facility. Assisted in the development and training of SOPs, Product Specifications and Raw Material Specifications.
- Evaluated new products for purchasing.
- Reviewed technical documents for FDA filing.

ROXANE LABORATORIES, INC., SUBS. BOEHRINGER INGELHEIM LTD. 8/79 - 12/92

Section Head Quality Assurance 7/92 - 12/92

- Responsible for the quality of 16 packaging lines, 6 tablet presses and compounding of drug products.
- Supervised 19 people working a 24 hour/7day work scheduled.
- Responsible for QA oversight of aseptic filing and Nitrogen testing of packaged product headspace.
- Sampling performed using the Mil Standard 105E.

Assistant Analytical Chemist IV 11/89 -6/92

- Launched chemotherapy division (one of 3 people), a $200 million product line
- Responsible for setting up an Analytical/QC Lab: Calibration schedules & records; Stability schedules & records.
- Qualification of equipment.
- Method development and validation.
- Hazardous waste disposal; Safety.
- Performed Raw Material Testing; Stability testing. FDA record keeping.
- Technical reports for NDA & ANDA filings.

Assistant Analytical Chemist III 1/89 - 11/89

Senior Technical Associate (Revised to Assistant Analytical Chemist II, January 1989) in Analytical Development 1/84 - 1/89

- Emphasis on method development, method evaluation and troubleshooting dissolutions of pharmaceutical products, used in meeting FDA requirements.
- Trained new laboratory personnel.

Technical Associate in Analytical Development 1/82 - 1/84

- Emphasis on method validations used in ANDA filings to FDA and troubleshooting of products.
- Conducted some method development work.

Technical Assistant in Analytical Development 3/80 - 1/82

- Performed dissolutions and assays to determine stability of active ingredients in drug formulations with the use of HPLC and UV spectrophotometry as well as extractive/colorimetric methods.
- Conducted some method evaluation work.

Laboratory Technician in Research and Development 8/79 - 3/80

- Formulated, mixed and manufactured pharmaceuticals.
- Worked in a high potency suite.
- Performed physical testing and packaging. Implemented stability program.

INSTRUMENTATION AND SKILLS: HPLC with Vista CDS 401 computer, Technicon Sasdra System, UV/Fluorometric spectrophotometry, TLC, Atomic Absorption, FT-IR, GC with FID and NPD, PASCAL programming. Other duties include hazardous waste disposal, Hazardous spill clean up team and safety committee. Microsoft Office (Word, Excel, Outlook), PowerPoint presentations, Microsoft Project

PUBLICATIONS: 2 HPLC Methods, USP/NF

PATENTS: 3 product patents

MEMBERSHIPS: American Chemical Society, AAPS

EDUCATION: **Bachelor of Arts**, Capital University,
Multidiscipline Major: **Chemical Laboratory Administration**
(Chemistry, Business Administration, Accounting (minor))

Associates of Arts, The Ohio State University.

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. 107269311

Application/License No. _____

Sovereign Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7590 Sand Street, Fort Worth, TX 76118 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Indemnity & Surety Co. (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 7590 Sand Street, Fort Worth, TX 76118 (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 01, 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 25th day of June, 2020.

APPLICANT/PRINCIPAL

Paul Harley

Authorized Representative

SURETY COMPANY

Christy L M. Owens

Surety Company's Representative

FEDERAL CASUALTY AND SURETY COMPANY OF AMERICA HARTFORD, CONN.

Christopher M. Owens, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Cartrina Richey
Witness

Witness

Countersigned by:

Nevada Resident Agent

TRAVELERS

Agency Name or Code _____
Producer Name _____

Bond Express – GENERAL SURETY APPLICATION

(Specific applications are required for Motor Vehicle Dealer Bonds, Mortgage Broker Bonds, and Lost Instrument Bonds.)
This application must be fully completed, as well as signed, witnessed, and dated by the Applicant and all other Indemnitors.
THIS IS A LEGAL DOCUMENT - PLEASE TYPE OR PRINT LEGIBLY.

Bond No. _____

Applicant's Name in full *(As it should appear on the bond)*	Phone 817-284-0429 Fax Email phafey@sovpharm.com	☐ Sole Ownership ☐ Corporation ☐ Partnership ☒ LLC
Sovereign Pharmaceuticals, LLC		
Business Address *(Street Address, City, State and Zip Code)* **7590 Sand Street, Fort Worth Texas 76118**		Social Security Number **75-2913512 (FEIN)**

Type of Bond Required	Amount of Bond $ 25,000	Applicant's Current Occupation **Pharmaceutical manufacturer**	Business License Number
Number of years under current ownership **Four Months**	Years experience **30**	Market value of primary residence $	Balance of mortgage $

Currently bonded? ☐ Yes ☒ No If yes, give name of surety and reason for change

1

Has the Applicant or anyone involved professionally or personally ever

a Experienced any prior or pending losses, been declined by another surety company, or had a bond(s) non-renewed?	☐ Yes ☒ No
b Had any unresolved lawsuits or judgments against them?	☐ Yes ☒ No
c Failed in business or declared bankruptcy in the past seven years?	☐ Yes ☒ No
d Been convicted of a felony or crime involving dishonesty, including theft or fraud?	☐ Yes ☒ No
e Had their license suspended, revoked or denied, or been subject to any legal/administrative proceedings resulting in disciplinary action?	☐ Yes ☒ No
f Been party to a surety bond claim?	☐ Yes ☒ No

(If any answers are yes, please provide details on a separate page.)

Obligee Name and Address

N/A

GIVE THE FOLLOWING INFORMATION ON EACH OWNER OR STOCKHOLDER

Name **Acella Holdings, LLC**			Social Security Number **32-0418747 (FEIN)**	Percent Ownership **100%**
Address **McFarland Parkway,**	City **Alpharetta,**	State	Zip	Telephone **678-325-5186**
Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone
Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone
Name			Social Security Number	Percent Ownership
Address	City	State	Zip	Telephone

2

COMPLETE FOR PROBATE/COURT BONDS

****PLEASE PROVIDE COPIES OF ALL APPLICABLE COURT DOCUMENTS INCLUDING WILLS, PETITIONS, COURT ORDERS, TRUSTS, ETC.***

Name of ☐ Deceased _____ Date of Death _____ ☐ Minor _____ DOB/Age _____ ☐ Incompetent* _____ DOB/Age _____ (including Veteran) *Describe condition of ward	Applicant's relationship to Deceased/Minor/Incompetent Date Appointed	Is the Applicant indebted to the estate or trust? ☐ Yes ☐ No If yes, please explain	Does the Applicant share in the estate? ☐ Yes ☐ No If yes, what %?

3

Applicant's qualifications for handling estate	List liabilities/debts of estate or trust
List assets of estate or trust Bonds _____ Stocks _____ Real Estate _____ Cash _____ Other _____	Name and Address of Attorney Area of expertise

Does the estate include an ongoing business? ☐ Yes ☐ No If yes, please provide a description.	Will the attorney remain involved throughout the duration of this estate? ☐ Yes ☐ No
Is this bond required on the demand of an interested person other than the court? ☐ Yes ☐ No If yes, who?	Are guardianship/conservatorship funds to be used for support of the minor/incompetent? ☐ Yes ☐ No If yes, please provide copies of monthly expenditures and income.
Does the presiding court require an annual accounting be filed? ☐ Yes ☐ No	Is there a will or trust? ☐ Yes ☐ No If so, please provide a copy.
List all heirs, relationship to the deceased, and the percentage they share in the estate: .	Are there any disputes among the heirs? ☐ Yes ☐ No If yes, please provide details.
Submission Checklist: ☐ Wills & Codicils ☐ Court Papers ☐ Financial Inventory ☐ Attorney or Applicant Resume	

COMPLETE FOR PUBLIC OFFICIAL BONDS

***We will consider all public official bonds $50,000 and under except: special bond issues and bonds for tax collectors, treasurers & their subordinates, and deputies who collect money. (Please contact us for guidance on these exceptions.)**

Has the Applicant experienced any public official losses in the last five years? ☐ Yes ☐ No (If yes, please provide details)			
Official Title of Applicant	☐ Elected ☐ Appointed	Term of office in years	Start Date: _____ End Date: _____
Has the Applicant previously occupied this position? ☐ Yes ☐ No			If yes, during what period?
Does the Applicant currently have E&O or Liability Insurance? ☐ Yes ☐ No If so, please provide the following information. Company: _____ Limit: _____ Policy number: _____			

4

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor(s), all hereinafter referred to as "Indemnitors," hereby certify that the declarations made and answers given are the truth without reservation, and are made for the purpose of inducing TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, ST. PAUL FIRE AND MARINE INSURANCE COMPANY, any of their present or future direct or indirect parent companies, any of the respective present or future direct or indirect affiliates or subsidiaries of such companies and parent companies, and/or any of the aforementioned entities' successors or assigns, hereinafter referred to, individually and/or collectively, as "Company," to furnish a certain bond or undertaking applied for and any renewal and increase of the same or of any bond or undertaking of similar nature given in substitution or renewal thereof (all comprehended in the word "Bond" as herein used). Indemnitors agree that Company may decline the Bond applied for or may cancel or terminate same without incurring liability whatsoever to Indemnitors. In consideration of Company executing said Bond or the forbearance of cancellation of said Bond, Indemnitors do undertake and agree as follows:

Indemnitors will pay all premiums, as they fall due, until Company has been provided with competent legal evidence that the Bond has been duly discharged. Indemnitors will at all times indemnify and exonerate Company from and against any and all loss, cost and expense of whatever kind which it may incur or sustain as a result of or in connection with the furnishing of the Bond and/or the enforcement of this Agreement, including unpaid premiums, interest, court costs and counsel fees, and any expense incurred or sustained by reason of making any investigation. To this end Indemnitors promise: a) to promptly reimburse Company for all sums paid and b) to deposit with Company on demand an amount sufficient to discharge any claim made against the Company on the Bond. This sum may be used by Company to pay such claim or be held by Company as collateral security against loss or cost on the Bond.

5

Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.

Regardless of the date of signature(s), this Agreement is effective as of the date of execution of the Bond and is continuous until Company is satisfactorily discharged from liability pursuant to the terms and conditions contained herein. An Indemnitor may terminate participation in this Agreement with respect to future renewals or substitution bonds or undertakings by providing written notice to Company of such intent to terminate. Such notice shall be addressed to Travelers Bond & Specialty Insurance, Attention: Senior Vice President Commercial Surety, One Tower Square, Hartford, Connecticut 06183 and shall become effective sixty (60) days after Company's receipt of the same. Termination hereunder shall not relieve the terminating Indemnitor(s) from liability with respect to any renewals or substitution bonds or undertakings issued, or for which Company has obligated itself to issue, before the effective date of termination.

Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.

Signed this 20th **day of** April, 2020.

If Indemnitor is an Individual, sign below:

Instructions: Signatures of individual Indemnitors must be witnessed. Indemnitors must include their Social Security Number. All signatures must be dated with names printed or typed on the line provided.

(Witness Signature) (Date)

(Print or Type Name)

(Indemnitor Signature) (Date)

(Print or Type Name)

(SSN)

(Witness Signature) (Date)

(Print or Type Name)

(Indemnitor Signature) (Date)

(Print or Type Name)

(SSN)

(Witness Signature) (Date)

(Print or Type Name)

(Indemnitor Signature) (Date)

(Print or Type Name)

(SSN)

If Indemnitor is a Corporation, Limited Liability Company or Partnership, sign below:

Instructions: If the entity is: 1) a corporation, an authorized officer should sign on behalf of the corporation, 2) a limited liability company, a manager or member should sign on behalf of the LLC, or 3) a partnership, a partner should sign on behalf of the partnership. Please provide the entity's federal tax identification number on the line provided.

The undersigned hereby affirms to Company as follows: I am a duly authorized official of the business entity Indemnitor on whose behalf I am executing this Agreement. In such capacity I am familiar with all of the documents which set forth and establish the rights which govern the affairs, power and authority of such business entity including, to the extent applicable, the certificate or articles of incorporation, bylaws, corporate resolutions and/or partnership, operating or limited liability agreements of such business entity. Having reviewed all such applicable documents and instruments and such other facts as deemed appropriate, I hereby affirm that such entity has the power and authority to enter into this Agreement and that I am duly authorized to execute this Agreement on behalf of such entity.

Sovereign Pharmaceuticals, LLC
(Indemnitor Name)

75-2913512
(Federal Tax ID)

(Seal)

Harold A Deas Jr
(Indemnitor Signature)

Harold A. Deas, Jr - Chief Executive Officer **4/20/2020**
(Print or Type Name and Title) (Date)

(Seal)

(Witness Signature)

(Print or Type Name and Title) (Date)

4KK

Please note that an initial application was submitted to your office on 10/30/19. As advised by your office, a new application is now required to be submitted to provide notification of the ownership change. (See Attachment B)

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.
See Attachment B

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

- ☐ Publicly Traded Corporation – Pages 1,2,3,4
- ☒ 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: Tusker Medical Inc.

Physical Address: 155 Jefferson Drive, Suite 200

City: Menlo Park State: CA Zip Code: 94025

Telephone Number: 650-223- 6900 Fax Number: 650-223-6768

Toll Free Number: _____

E-mail: CCustodio@tuskermed.com Website: http://www.tuskermed.com/

Facility Manager: Cirilo Custodio

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment D

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 E
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

Cirilo Custodio
Print Name of Authorized Person

06/24/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Smith & Nephew Consolidated, Inc.

Mailing Address: 155 Jefferson Drive, Suite 200

City: Menlo Park State: CA Zip: 94025

Telephone: 650-223- 6900 Fax: 650-223-6768

Contact Person: Cirilo Custodio

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

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

a) Smith & Nephew Consolidated, Inc.
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

3) What was the price paid per share? $1

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 F

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 G

Attachment A

Regarding the Resident State License and Verification Form

A copy of the updated California resident state license and completed license verification form is attached.

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 – Reno, NV 89509 – (775) 850-1440

LICENSE VERIFICATION

Name: Tusker Medical Inc.

Address: 155 Jefferson Drive, Suite 200

City: Menlo Park State: CA Zip: 94025

I hereby authorize the California Department of Public Health 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
11219	Valid	2-27-2020	2-27-2021

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

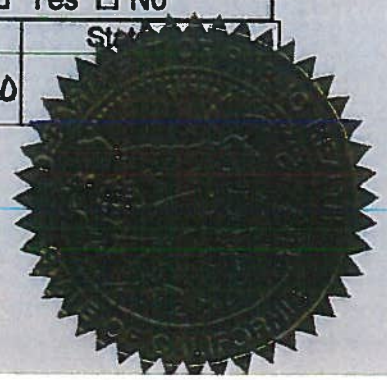
Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☐ No

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	St
[signature]	Office Technician	CA	4-2-2020	



OSP 07 102306

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Tusker Medical Inc.
155 Jefferson Drive, Suite 200
Menlo Park, CA 94025

LICENSE NUMBER: 111219
EXPIRATION DATE: 2/27/2021

The person named herein is licensed to manufacture devices 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: 4/16/2020

Attachment B

Regarding the Ownership Change

Tusker Medical Inc. was acquired by Smith & Nephew Consolidated, Inc. Enclosed is legal documentation of the change.

Delaware

The First State

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

"TRUMPET MERGER CORP.", A DELAWARE CORPORATION,

WITH AND INTO "TUSKER MEDICAL, INC." UNDER THE NAME OF 'TUSKER MEDICAL, INC.', A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2020, AT 11:38 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

5934790 8100M
SR# 20200491362

Authentication: 202242968
Date: 01-23-20

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

EXECUTION

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:38 AM 01/23/2020
FILED 11:38 AM 01/23/2020
SR 20200491362 - File Number 5934790

CERTIFICATE OF MERGER

OF

TRUMPET MERGER CORP.

(a Delaware corporation)

WITH AND INTO

TUSKER MEDICAL, INC.

(a Delaware corporation)

January 23, 2020

Pursuant to Section 251 of the General Corporation Law of the State of Delaware (the "DGCL"), Tusker Medical, Inc., a Delaware corporation (the "Company"), hereby certifies the following information relating to the merger of Trumpet Merger Corp., a Delaware corporation ("Merger Sub"), with and into the Company (the "Merger"):

FIRST. The name and state of incorporation of each of the constituent corporations in the Merger (the "Constituent Corporations") are as follows:

Name	State of Incorporation
Trumpet Merger Corp.	Delaware
Tusker Medical, Inc.	Delaware

SECOND. The Agreement and Plan of Merger, dated as of **January 23, 2020** (the "Merger Agreement"), by and among the Company, Merger Sub, Smith & Nephew Consolidated, Inc., a Delaware corporation, and Apple Tree Life Sciences, Inc., a Delaware corporation, setting forth the terms and conditions of the Merger, has been approved, adopted, executed, and acknowledged by each of the Constituent Corporations in accordance with the requirements of Section 251 of the DGCL.

THIRD. The corporation surviving the Merger is the Company (the "Surviving Corporation") and the name of the Surviving Corporation shall remain "Tusker Medical, Inc."

FOURTH. At the effective time of the Merger, in accordance with Section 251 of the DGCL, the Certificate of Incorporation of the Company as in effect immediately prior to the Merger shall be amended and restated to read, in its entirety, as set forth in Exhibit A attached hereto, and, as so amended, shall be the certificate of incorporation of the Surviving Corporation.

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Merger to be executed on the date first written above.

TUSKER MEDICAL, INC.

By: Michael Zagger

Name: Michael Zagger

Title: Vice President

[Signature Page to Certificate of Merger]

Exhibit A

See attached.

FINAL

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF TUSKER MEDICAL, INC.

FIRST. The name of the corporation (the "Corporation") is Tusker Medical, Inc.

SECOND. The address of the Corporation's registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, county of New Castle, Delaware 19808. The name of its registered agent at such address is the Corporation Service Company.

THIRD. 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, Section 101, *et. seq.*, as amended from time to time (the "DGCL"), or successor provisions.

FOURTH. The total number of shares of stock which the Corporation shall have authority to issue is 1,000. All such shares are to be common stock, par value of $1 per share, and are to be of one class.

FIFTH. Unless and except to the extent that the bylaws of the Corporation shall so require, the election of directors of the Corporation need not be by written ballot.

SIXTH. In furtherance and not in limitation of the powers conferred by the laws of the State of Delaware, the Board of Directors of the Corporation is expressly authorized to make, alter and repeal the bylaws of the Corporation.

SEVENTH. A director of the Corporation shall not be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except to the extent such exemption from liability or limitation thereof is not permitted under the DGCL as the same exists or may hereafter be amended. Any amendment, modification or repeal of the foregoing sentence shall not adversely affect any right or protection of a director of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

EIGHTH. The Corporation may indemnify and advance expenses to, to the fullest extent permitted by law, any person made or threatened to be made a party to an action or proceeding, whether criminal, civil, administrative or investigative, by reason of the fact that he or she, or his or her testator or intestate is or was a director, officer, employee or agent of the Corporation or any predecessor of the Corporation, or serves or served at any other enterprise as a director, officer, employee or agent at the request of the Corporation or any predecessor to the Corporation. Without limiting the generality or the effect of the foregoing, the Corporation may enter into one or more agreements with any person that provide for indemnification greater or different than that provided in this Article Eighth. Any amendment, modification or repeal of the foregoing sentences of this Article Eighth shall not adversely affect any right or protection of a director or officer of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

NINTH. 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 State of Delaware at the time in force 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 Ninth, in any case, subject to the limitations contained in the last sentence of Article Eighth.

Attachment C

Facility Manager's Resume

CIRILO T. CUSTODIO, III

) Hanchett Ave,
ahoo.com 4740

EXPERIENCE

PIVOT MEDICAL, A STRYKER SPORTS MEDICINE COMPANY, Sunnyvale, CA — February 2012 to Present
Unit Manager, Pivot Operations

- Managed production of over 50 sterile disposable devices and reusable instruments used for hip arthroscopy. Launched 29 new products in 4 years. Devices include bone anchors, suture passers, blades, drill bits, cannulas, guides and obturators.
- Within 2 years prior to the acquisition by Stryker, increased Production throughput from over 30K finished devices in 2012 to over 63K finished devices in 2013. After acquisition, Production ramped up to145K finished devices in 2015.
- Responsible for a 12 person manufacturing team and a Team Lead. Performs annual reviews and all hiring and onboarding activities.
- Generated over 50 ECOs to improve manufacturing documentation and Quality System documents. Trains Production and Quality technicians and engineers to updated procedures.
- Active in Stryker's Integrative Business Planning process where forecasts are reviewed and supply plans are submitted on a monthly cadence.
- Performs daily prioritization of components through Incoming Inspection and communicates these to Quality Inspectors.
- Collaborates with Buyer to set delivery schedules for large POs and to ensure supplier deliveries are on-time.
- Leads Manufacturing Transfer activities to domestic and international contract manufacturers.
- Active participant in internal audits, corporate audits, and audits by our Notified Body.
- Compiles production metrics and presents to Senior Management at quarterly Business Unit Review and annual Management Review meetings.
- Completed project to design a sterilization shipper box that would maximize sterilization tote capacity at Sterigenics (Hayward, CA). Coordinates sterilization of product through Gamma Irradiation and Ethylene Oxide.
- Attends R&D project meeting and interacts with all levels of the organization to ensure successful Operations.

TDC MEDICAL, INC., Sunnyvale, CA — October 2009 to February 2012
(A division of Vention Medical)
Operations Project Manager

- Managed high volume production of a daily disposable device to treat emphysema. Project leader for clinical manufacturing of a sleep apnea device. Supported assembly of an active implantable neurostimulator device.
- Engaged in material procurement, inventory reporting, and inventory control. Scheduled production and planned resource allocation. Wrote semi-annual technician reviews.
- Reorganized the stockroom and reduced the number of inventory locations in the MRP system, thereby, reducing time to kit parts and minimizing transaction errors.
- Led time study activities to identify processes for cycle time reduction.
- Developed order fulfillment system to support international clinical studies.
- Wrote manufacturing process instructions, component specifications, inspection records, and routers. Compiled DCOs and generated process deviations and NCMRs.
- Issued work orders, compiled DHR documentation, reviewed for accuracy, and closed work orders. Trained technicians and ensured that training records are current and complete.
- Supported incoming inspection and in-process inspection.

PARACOR MEDICAL, INC., Sunnyvale, CA — November 2005 to October 2009
Manufacturing Manager

- Supervised staff of up to 15 assemblers manufacturing a nitinol-based Class III device to treat Congestive Heart Failure.
- Issued Device History Records (DHRs), scheduled training, worked with cross functional groups and manufactured product under FDA QSR and in an ISO13485 certified manufacturing environment.
- Managed all aspects of Raw Material and Finished Goods inventory. Communicated with suppliers to ensure incoming parts are delivered on-time and meet material specifications. Tracked inventory accuracy on a monthly basis.
- Interacted with FDA and external auditing agencies, initiated Process Auditing and participated as an auditor for quarterly Internal Audits.
- Created a Process Certification Training Program, with successful implementation within 4 months from date of hire.

- Set monthly objectives, monitored production team's performance and reported monthly throughput numbers against these objectives.
- Responsible for all clinical shipments in support of the PEERLESS-HF pivotal trial.
- Wrote and reviewed – Work Instructions through the change control system, Non-Conformance Reports, CAPAs and Process FMEAs.
- Monitored production processes using SPC.
- Lead role in 5S implementation. Organized web-based training sessions and ran group training exercises using blended learning techniques to facilitate understanding and retention of 5S principles.
- Improved performance of manufacturing group for DHR completion accuracy and reduction of cycle times.
- Modified assembler interaction with MFP database which allowed increased accuracy of inventory, while maintaining proper material lot traceability. Generated method of measuring inventory accuracy.
- Conducted bi-monthly meetings to communicate build priorities to QA and Production staff.
- As company's Safety Officer, conducted quarterly Safety Committee meetings and controlled Hazardous Materials/Waste.

OPERON BIOTECHNOLOGIES, Alameda, CA — May 1997 to July 2005

(Acquired & Operated by/under the following Companies: Qiagen Sciences KK, Japan, Qiagen Operon, and Operon Technologies)

Project Manager, Tokyo Japan, August 2003 to July 2005

- Intra-company transferee on a 2-year assignment in Tokyo, Japan involving custom oligonucleotide production.
- Managed multiple projects, designed experiments, and wrote reports aimed to increase production efficiencies and expand production capabilities thereby increasing the company's competitiveness within the Japanese oligo market.
- Continued technology transfer, machine installation, validation and scale-up activities.
- Monitored product quality, failure rates, and production numbers.
- Recommended ways to improve all aspects of manufacturing through weekly meetings with the company President and constant interaction with the Production Manager.

Project Manager, Alameda, CA, June 2001 to July 2003

- Worked closely with Director of Manufacturing to facilitate global expansion.
- Traveled to Japan to provide direct support for sister DNA synthesis company: Sawady Technology Co., Ltd.
- Managed project to transfer synthesis technologies and associated production process, including cross-cultural training to Sawady personnel.
- Recommended synthesizer implementation strategies, organized set-up and validation at Cologne (Germany) and Germantown, Maryland manufacturing sites.
- Managed capacity expansion activities. Achieved company goal of increasing oligo production capacity by 2000 oligos per month over 2 quarters in California.

DNA Production Manager, Alameda, CA, July 2000 to June 2001

- Responsible for all aspects of the DNA synthesis lab, including continual assessment of product flow, implementation of production changes, management of staff through production slots, prioritization of customer orders, and inventory maintenance.
- Actively managed large-scale projects, including a $2.5 million expansion project which doubled synthesis capacity both domestically and internationally, and a Valve Rebuild project which resulted in monthly savings of over $10,000 to the company.
- Developed, wrote, and implemented SOPs for specific production duties including a machine maintenance program.
- Managed a staff of 4 supervisors and 15 lab technicians over 3 shifts. Conducted all interviews and hiring duties. Responsible for completing annual performance evaluations for all staff and recommending bonuses and promotions.

Staff Scientist, Alameda, CA, February 1998 to June 2000

- Involved in extensive experiments to improve detritylation, coupling, oxidation, and capping reactions. Results were utilized to decrease production costs and/or decrease turnaround time.

Lab Technician, Alameda, CA, May 1997 to January 1998

- Performed daily production duties including synthesizer set-up, routine system maintenance, and chemical preparation.

EDUCATION

- ***UNIVERSITY OF CALIFORNIA AT BERKELEY***
  B.A., Molecular & Cell Biology, December 1995

Attachment D

FDA Registration

U.S. Department of Health & Human Services

A A A

FDA U.S. FOOD & DRUG ADMINISTRATION

Follow FDA | En Español

SEARCH

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Establishment Registration & Device Listing

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New Search Back To Search Results

Establishment:
Tusker Medical Inc.
155 Jefferson Dr
Menlo Park , CA 94025
Registration Number: 3012130335
FEI Number*: 3012130335
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
Tusker Medical
155 Jefferson Drive
Menlo Park, CA US 94025
Owner/Operator Number: 10051128

Official Correspondent:
Pavan Sethi
155 Jefferson Drive
Menlo Park, CA 94025
Phone: 1-408-5137529

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

Page Last Updated: 02/24/2020
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
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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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U.S. Department of Health & Human Services

Verified MS 11/2/20

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or Business Trade Name :** *tusker*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
Tusker Medical Inc.[9]	CA/USA	3012130335	2020
• Tympanostomy Tube Delivery Product With Drug - Tympanostomy Tube Delivery System[10]			Manufacturer

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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. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=tusker®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=tusker®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=239720
10. ./rl.cfm?lid=651000&lpcd=QJA
11. ./rl.cfm

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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

USA.gov

For Government For Press

Attachment E

Nature of Business

Tusker Medical Inc. (Tusker) is a prescription device manufacturer. Tusker will physically manufacture and sell its product. Tusker will utilize a third party logistics provider (3PL) to distribute its product to its customers. Provided below is the information for Tusker's 3PL.

RxCrossroads 3PL LLC
1001 Cheri Way
Suite 100
Fairdale, KY 40118

Attachment F

Corporate Officer and Director Information

Tusker Medical Inc.

Corporate Officers:

Scott Schaffner
President

Michael Zagger
Vice President

Simon Fraser
Secretary

Bettina Thomas
Treasurer

Attachment G

Delaware Certificate of Good Standing

Service Request# 20203584827

555

State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8382747
TUSKER MEDICAL
155 JEFFERSON DRIVE,
SUITE 200
MENLO PARK, CA 94025

05-12-2020

DESCRIPTION		AMOUNT
5934790 - TUSKER MEDICAL, INC.		
8100H Certified Copy History - 1 Copies		
	Certification Fee	$400.00
	Document Page Fee	$90.00
	Expedite Certified 24 Hour	$50.00
5934790 - TUSKER MEDICAL, INC.		
Entity Status - Long Form		
	Certification Fee	$175.00
	Expedite Fee, 24 Hour	$60.00
	TOTAL CHARGES	$775.00
	TOTAL PAYMENTS	$775.00
	BALANCE	$0.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "TUSKER MEDICAL, 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 FIFTEENTH DAY OF JANUARY, A.D. 2016, AT 7:05 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF FEBRUARY, A.D. 2016, AT 1:39 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ADVANCED ENT SOLUTIONS, INC." TO "TUSKER MEDICAL, INC.", FILED THE FIRST DAY OF MARCH, A.D. 2016, AT 7:35 O`CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE TWENTY-THIRD DAY OF MARCH, A.D. 2016, AT 5:34 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CORRECTION IS THE TWENTY-THIRD DAY OF MARCH, A.D. 2016 AT 5:28 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

5934790 8310

SR# 20203584827

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

Authentication: 202897443

Date: 05-12-20

Delaware

The First State

RESTATED CERTIFICATE, FILED THE NINTH DAY OF JUNE, A.D. 2017, AT 8:10 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2018, AT 5:13 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF MARCH, A.D. 2019, AT 5:55 O`CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-THIRD DAY OF JANUARY, A.D. 2020, AT 11:38 O`CLOCK A.M.

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

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

5934790 8310

SR# 20203584827

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

Authentication: 202897443

Date: 05-12-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "TUSKER MEDICAL, INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2016, AT 7:05 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SECOND DAY OF FEBRUARY, A.D. 2016, AT 1:39 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ADVANCED ENT SOLUTIONS, INC." TO "TUSKER MEDICAL, INC.", FILED THE FIRST DAY OF MARCH, A.D. 2016, AT 7:35 O`CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE TWENTY-THIRD DAY OF MARCH, A.D. 2016, AT 5:34 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CORRECTION IS THE TWENTY-THIRD DAY OF MARCH, A.D. 2016 AT 5:28 O'CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

5934790 8100H
SR# 20203584827

Authentication: 202918600
Date: 05-12-20

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

Attachment H

Surety Bond

JPMORGAN CHASE BANK, N.A.
GLOBAL TRADE SERVICES
131 SOUTH DEARBORN, 6th FLOOR
MAIL CODE: IL1-0236
CHICAGO, IL 60603-5506
SWIFT: CHASUS33

DATE : 22 Jun 2020

IRREVOCABLE STANDBY LETTER OF CREDIT REFERENCE NO.: NUSCGS033579

TO: NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY,
SUITE 206
RENO NV 89521

DEAR SIR/MADAM,

WE HEREBY ISSUE OUR IRREVOCABLE STANDBY LETTER OF CREDIT IN YOUR FAVOR.

BENEFICIARY	: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PARKWAY, SUITE 206 RENO NV 89521
ACCOUNT PARTY	: TUSKER MEDICAL, INC 155 JEFFERSON DRIVE, SUITE 200 MENLO PARK, CA 94025
DATE OF EXPIRY	: 31-MAY-2021
PLACE OF EXPIRY	: OUR COUNTER
AMOUNT	: USD 25,000.00
APPLICABLE RULE	: ISP LATEST VERSION

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF SMITH AND NEPHEW, INC., 1450 E BROOKS RD, MEMPHIS, TN, 38116-1804 FOR THE ACCOUNT OF TUSKER MEDICAL, INC., 155 JEFFERSON DRIVE, SUITE 200, MENLO PARK, CA 94025, WE HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF USD 25,000.00.

2. WE HAVE BE INFORMED BY OUR CLIENT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/ LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. PURSUANT TO NRS 639.515(4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT JPMORGAN CHASE BANK, N.A., 10420 HIGHLAND MANOR DRIVE, 4TH FLOOR, TAMPA, FLORIDA 33610, ATTN: STANDBY LETTER OF CREDIT DEPT.

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD

OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, TO BENEFICIARY'S ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THE CREDIT, WE SHALL GIVE THE BOARD A NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE AND RETURN THE DOCUMENTS TO BENEFICIARY.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE OR IN PART ONLY UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION WHICH SHALL BE IN THE FORM OF ATTACHMENT B, ATTACHED HERETO AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

14. THIS CREDIT SHALL BE PERPETUAL UNTIL IT IS CANCELLED AS PROVIDED HEREIN. THEREFORE, JPMORGAN CHASE BANK, N.A. HAS EXECUTED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE ISSUANCE DATE STATED ABOVE.

15. IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT SHALL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR ADDITIONAL 1 YEAR PERIODS FROM THE PRESENT OR EACH FUTURE EXPIRATION DATE, UNLESS AT LEAST 90 DAYS PRIOR TO THE CURRENT EXPIRY DATE WE SEND NOTICE IN WRITING TO YOU AT THE ABOVE ADDRESS, THAT WE ELECT NOT TO AUTOMATICALLY EXTEND THIS LETTER OF CREDIT FOR ANY ADDITIONAL PERIOD. HOWEVER IN NO EVENT SHALL THIS LETTER OF CREDIT BE AUTOMATICALLY EXTENDED BEYOND THE FINAL EXPIRY DATE OF MAY 31, 2022.

Continuation of our Reference NUSCGS033579

16.THIS LETTER OF CREDIT IS SUBJECT TO AND GOVERNED BY THE LAWS OF THE STATE OF NEW YORK, WITHOUT REGARD TO PRINCIPLES OF CONFLICT OF LAWS AND, EXCEPT AS OTHERWISE EXPRESSLY STATED HEREIN, IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590 ("ISP98") AND IN THE EVENT OF ANY CONFLICT, THE ISP98 WILL CONTROL.

All inquiries regarding this transaction may be directed to our Client Service Group at the following Telephone Number or Email Address quoting our reference NUSCGS033579.
Telephone Number: 1-800-634-1969
Email Address: gts.client.services@jpmchase.com

Yours Faithfully,
JPMorgan Chase Bank, N.A.,

Authorized Signature
Ruxandra Cravcenco
ED - Operations Manager

Continuation of our Reference NUSCGS033579

ATTACHMENT A

CERTIFICATE OF DRAWING

JPMORGAN CHASE BANK, N.A.
10420 HIGHLAND MANOR DRIVE, 4TH FLOOR
TAMPA, FLORIDA 33610
ATTN: STANDBY LETTER OF CREDIT DEPT

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: NUSCGS033579

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE
206 RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. A LAWFUL ORDER IMPOSING FINES AND/OR COSTS AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. NUSCGS033579 (CREDIT).

2. THE UNDERSIGNED IS AUTHORIZED UNDER THE TERMS OF THE CREDIT TO PRESENT THIS CERTIFICATE OF DRAWING AS THE SOLE MEANS FOR DEMANDING PAYMENT ON THE CREDIT.

3. THE BOARD IS THEREFORE MAKING A DRAWING UNDER THE CREDIT IN THE AMOUNT OF USD_____ .

4. THE AMOUNT DEMANDED DOES NOT EXCEED THE PRINCIPAL SUM.

5. SUMS RECEIVED SHALL BE USED BY THE BOARD IN ACCORDANCE WITH THE TERMS OF THE CREDIT.

6. THE AMOUNT OF DRAWING REQUESTED SHALL BE PAYABLE TO THE BOARD IN LAWFUL, IMMEDIATELY AVAILABLE FUNDS TO BE RECEIVED BY THE BOARD AT THE ABOVE ADDRESS NO LATER THAT 11:00 AM EASTERN TIME ON _____.

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE OF DRAWING ON THIS DAY OF , 20 .

NEVADA STATE BOARD OF PHARMACY

BY:
LARRY L. PINSON, PHARM.D.
EXECUTIVE SECRETARY
.

Continuation of our Reference NUSCGS033579

ATTACHMENT B

CERTIFICATE FOR CANCELLATION

JPMORGAN CHASE BANK, N.A.
10420 HIGHLAND MANOR DRIVE, 4TH FLOOR
TAMPA, FLORIDA 33610
ATTN: STANDBY LETTER OF CREDIT DEPT

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: NUSCGS033579

BENEFICIARY: NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY, SUITE 206
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY FOR THE NEVADA STATE BOARD OF PHARMACY (BOARD) HEREBY CERTIFIES TO THE ISSUER THAT:

1. THE LICENSE FOR WHICH THE CREDIT WAS ISSUED HAS EXPIRED, BEEN REVOKED, BEEN CANCELLED, OR OTHERWISE IS NO LONGER IN EFFECT, THEREBY MAKING THE CANCELLATION OF THE CREDIT APPROPRIATE.

2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT.

THEREFORE, THE UNDERSIGNED HAS EXECUTED AND DELIVERED THIS CERTIFICATE OF CANCELLATION ON THIS DAY OF , 20 .

NEVADA STATE BOARD OF PHARMACY

BY:
LARRY L. PINSON, PHARM.D.
EXECUTIVE SECRETARY

tusker

June 23, 2020

SHIPPED VIA FEDEX

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

Dear Sir or Madam:

Enclosed please find a completed Application for Out-of-State Wholesaler License providing notification of a change in ownership for Tusker Medical Inc. **Please note that an initial application was submitted to your office on October 30, 2019, but a license has not yet been issued. As advised by your office, a new application and fee are required to be submitted.** Kindly process the application along with the following enclosed:

- A cashier's check or money order for $500.00 made payable to: "Nevada State Board of Pharmacy."
- Attachment A: Regarding the Resident State License and Verification Form.
- Attachment B: Regarding the Ownership Change.
- Attachment C: Facility Manager's Resume.
- Attachment D: FDA Registration.
- Attachment E: Nature of Business.
- Attachment F: Corporate Officer and Director Information.
- Attachment G: Delaware Certificate of Good Standing.
- Attachment H: Surety Bond.

Should you need further information, please feel free to contact me.

Very truly yours,

Cirilo Custodio
Primary Contact

Enclosures

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:05 PM 01/15/2016
FILED 07:05 PM 01/15/2016
SR 20160255927 - File Number 5934790

CERTIFICATE OF INCORPORATION OF ADVANCED ENT SOLUTIONS, INC.

ARTICLE I

The name of the corporation is Advanced ENT Solutions, Inc. (the "*Company*").

ARTICLE II

The address of the Company's registered office in the State of Delaware is 1209 Orange Street, in the City of Wilmington, County of New Castle, Delaware 19801. The name of the registered agent at such address is The Corporation Trust Company.

ARTICLE III

The purpose of the Company is to engage in any lawful act or activity for which corporations may be organized under the Delaware General Corporation Law, as the same exists or as may hereafter be amended from time to time.

ARTICLE IV

This Company is authorized to issue one class of shares to be designated Common Stock. The total number of shares of Common Stock the Company has authority to issue is 10,000,000 with par value of $0.0001 per share.

ARTICLE V

The name and mailing address of the incorporator are as follows:

David McIntyre
4970 El Camino Real, Suite 220
Los Altos, CA 94022

ARTICLE VI

In furtherance and not in limitation of the powers conferred by statute, the board of directors of the Company is expressly authorized to make, alter, amend or repeal the bylaws of the Company.

ARTICLE VII

Elections of directors need not be by written ballot unless otherwise provided in the bylaws of the Company.

ARTICLE VIII

To the fullest extent permitted by the Delaware General Corporation Law, as the same exists or as may hereafter be amended from time to time, a director of the Company shall not be personally liable to the Company or its stockholders for monetary damages for breach of fiduciary duty as a director. If the Delaware General Corporation Law is amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Company shall be

eliminated or limited to the fullest extent permitted by the Delaware General Corporation Law, as so amended.

Neither any amendment nor repeal of this Article, nor the adoption of any provision of this Certificate of Incorporation inconsistent with this Article, shall eliminate or reduce the effect of this Article in respect of any matter occurring, or any cause of action, suit or claim accruing or arising or that, but for this Article, would accrue or arise, prior to such amendment, repeal or adoption of an inconsistent provision.

ARTICLE IX

Subject to any provisions in the bylaws of the Company related to indemnification of directors or officers of the Company, the Company shall indemnify, to the fullest extent permitted by applicable law, any director or officer of the Company who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (a "***Proceeding***") by reason of the fact that he or she is or was a director, officer, employee or agent of the Company or is or was serving at the request of the Company as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with any such Proceeding. The Company shall be required to indemnify a person in connection with a Proceeding initiated by such person only if the Proceeding was authorized by the Board.

The Company shall have the power to indemnify, to the extent permitted by the Delaware General Corporation Law, as it presently exists or may hereafter be amended from time to time, any employee or agent of the Company who was or is a party or is threatened to be made a party to any Proceeding by reason of the fact that he or she is or was a director, officer, employee or agent of the Company or is or was serving at the request of the Company as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, against expenses (including attorneys' fees), judgments, fines and amounts paid in settlement actually and reasonably incurred by such person in connection with any such Proceeding.

A right to indemnification or to advancement of expenses arising under a provision of this Certificate of Incorporation or a bylaw of the Company shall not be eliminated or impaired by an amendment to this Certificate of Incorporation or the bylaws of the Company after the occurrence of the act or omission that is the subject of the civil, criminal, administrative or investigative action, suit or proceeding for which indemnification or advancement of expenses is sought, unless the provision in effect at the time of such act or omission explicitly authorizes such elimination or impairment after such action or omission has occurred.

ARTICLE X

Except as provided in ARTICLE VIII and ARTICLE IX above, the Company reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

I, the undersigned, as the incorporator of the Company, have signed this Certificate of Incorporation on JANUARY 15, 2016

David McIntyre, Incorporator

Exhibit A

See attached.

FINAL

AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF TUSKER MEDICAL, INC.

FIRST. The name of the corporation (the "Corporation") is Tusker Medical, Inc.

SECOND. The address of the Corporation's registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, county of New Castle, Delaware 19808. The name of its registered agent at such address is the Corporation Service Company.

THIRD. 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, Section 101, *et. seq.*, as amended from time to time (the "DGCL"), or successor provisions.

FOURTH. The total number of shares of stock which the Corporation shall have authority to issue is 1,000. All such shares are to be common stock, par value of $1 per share, and are to be of one class.

FIFTH. Unless and except to the extent that the bylaws of the Corporation shall so require, the election of directors of the Corporation need not be by written ballot.

SIXTH. In furtherance and not in limitation of the powers conferred by the laws of the State of Delaware, the Board of Directors of the Corporation is expressly authorized to make, alter and repeal the bylaws of the Corporation.

SEVENTH. A director of the Corporation shall not be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except to the extent such exemption from liability or limitation thereof is not permitted under the DGCL as the same exists or may hereafter be amended. Any amendment, modification or repeal of the foregoing sentence shall not adversely affect any right or protection of a director of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

EIGHTH. The Corporation may indemnify and advance expenses to, to the fullest extent permitted by law, any person made or threatened to be made a party to an action or proceeding, whether criminal, civil, administrative or investigative, by reason of the fact that he or she, or his or her testator or intestate is or was a director, officer, employee or agent of the Corporation or any predecessor of the Corporation, or serves or served at any other enterprise as a director, officer, employee or agent at the request of the Corporation or any predecessor to the Corporation. Without limiting the generality or the effect of the foregoing, the Corporation may enter into one or more agreements with any person that provide for indemnification greater or different than that provided in this Article Eighth. Any amendment, modification or repeal of the foregoing sentences of this Article Eighth shall not adversely affect any right or protection of a director or officer of the Corporation hereunder in respect of any act or omission occurring prior to the time of such amendment, modification or repeal.

NINTH. 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 State of Delaware at the time in force 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 Ninth, in any case, subject to the limitations contained in the last sentence of Article Eighth.

2

Delaware Division of Corporations

Division of Corporations Survey

401 Federal Street, Suite 4
Dover, DE 19901
Fax: 302-739-7219

On a scale of 1 (unacceptable) to 10 (outstanding), please rate the following questions.

1. How would you rate the **overall quality** of service provided by the Division of Corporations?
   1 2 3 4 5 6 7 8 9 10 NA

2. How would you rate the **convenience** of our services?
   1 2 3 4 5 6 7 8 9 10 NA

3. How would you rate the **promptness** of service provided?
   1 2 3 4 5 6 7 8 9 10 NA

4. How would you rate the **accessibility** of the Division of Corporations staff?
   1 2 3 4 5 6 7 8 9 10 NA

5. How would you rate the **training/information** you received from the Division of Corporations staff?
   1 2 3 4 5 6 7 8 9 10 NA

6. How would you rate the **written materials** received from the Division of Corporations? (Were they easy to read and helpful? i.e., guidelines, forms, DCIS Manual.)
   1 2 3 4 5 6 7 8 9 10 NA

7. Were Division of Corporations **staff attentive and helpful** relative to your comments and concerns?
   1 2 3 4 5 6 7 8 9 10 NA

8. Did Division of Corporations staff display **professionalism & courtesy**?
   1 2 3 4 5 6 7 8 9 10 NA

9. Are Division of Corporations staff **knowledgeable**?
   1 2 3 4 5 6 7 8 9 10 NA

Please let us know about experiences and incidents with the Division of Corporations (i.e., staff, equipment, connectivity, customer service) that impressed or disappointed you.

Comments: _____

_____

Company name and contact information: _____

If you would prefer, you may take this survey online at
https://surveymonkey.com/r/corporationssurvey

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH MW00710

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 See Attachment A

☐ 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: Zealand Pharma US, Inc.

Physical Address: 293 Boston Post Road West - #330

City: Marlborough State: MA Zip Code: 01752

Telephone Number: 908-500-0465 Fax Number: 508-842-8928

Toll Free Number: N/A

E-mail: mnguyen@zealandpharma.com Website: www.zealandpharma.com

Facility Manager: Matthew Nguyen

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

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 D

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 E
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

Matthew Nguyen
Print Name of Authorized Person

5/13/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Zealand Pharma A/S

Mailing Address: 293 Boston Post Road West - #330

City: Marlborough State: MA Zip: 01752

Telephone: 908-500-0465 Fax: 508-842-8928

Contact Person: Matthew Nguyen

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

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

a) Zealand Pharma A/S (Name) Sydmark 11 2860 Soborg Denmark (Business Address)

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

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

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

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 F

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 G

Attachment A

Regarding the Changes

All of Valeritas, Inc.'s assets have been acquired by Zealand Pharma US, Inc., a wholly owned subsidiary of Zealand Pharma A/S, in a cash purchase and the assumption of certain liabilities related to the ongoing business of Valeritas, Inc. In addition to the change of ownership, the company changed its name to and will continue operations as Zealand Pharma U.S., Inc. Enclosed is documentation of the name and ownership change.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:	:	Chapter 11
	:	
	:	Case No. 20-10290 (LSS)
VALERITAS HOLDINGS, INC., *et al.*,[1]	:	
	:	(Jointly Administered)
Debtors.	:	
	:	**Re: D.I. 25, 129, 188, and 232**

NOTICE OF CLOSING OF SALE

PLEASE TAKE NOTICE that, on March 20, 2020, the United States Bankruptcy Court for the District of Delaware (the "Court") entered the *Order (I) Authorizing the Sale of Substantially All of the Debtors' Assets Free and Clear of Liens, Claims, Encumbrances, and Interests, (II), Approving the Agreement, (III), Authorizing the Assumption and Assignment of Certain Executory Contracts and Unexpired Leases, and (IV) Granting Related Relief* [D.I. 232], authorizing the sale of substantially all of the assets of Valeritas Holdings, Inc. and its affiliated debtors (collectively, the "Debtors") to Zealand Pharma A/S or its designee (the "Purchaser").

PLEASE TAKE FURTHER NOTICE that, on April 2, 2020, the sale of the Debtors' assets to the Purchaser closed.

PLEASE TAKE FURTHER NOTICE that copies of all of the filings in the Debtors' chapter 11 cases are available free of charge on the website of the Court-appointed claims and noticing agent in these chapter 11 cases, KCC, at https://www.kccllc.net/Valeritas. Additionally, if you have an inquiry regarding these chapter 11 cases generally or need further information regarding this notice, **please either visit KCC's website or contact KCC at (877) 709-4747 (toll-free).**

[*Remainder of Page Intentionally Left Blank*]

[1] The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number, are: Valeritas Holdings, Inc. (8907); Valeritas, Inc. (1056); Valeritas Security Corporation (9654); Valeritas US, LLC (0007). The corporate headquarters and the mailing address for the debtors is 750 Route 202 South, Suite 600, Bridgewater, New Jersey 08807.

Dated: April 2, 2020
Wilmington, Delaware

Respectfully submitted,

DLA PIPER LLP (US)

/s/ Maris J. Kandestin

Maris J. Kandestin (DE 5294)
1201 North Market Street, Suite 2100
Wilmington, Delaware 19801
Telephone: (302) 468-5700
Facsimile: (302) 394-2341
Email: maris.kandestin@us.dlapiper.com

-and-

Rachel Ehrlich Albanese (admitted *pro hac vice*)
1251 Avenue of the Americas
New York, New York 10020
Telephone: (212) 335-4500
Facsimile: (212) 335-4501
Email: rachel.albanese@us.dlapiper.com

Counsel to the Debtors and Debtors in Possession

ZEALAND PHARMA US, INC.

COMMON STOCK PURCHASE AGREEMENT

This Common Stock Purchase Agreement (the "***Agreement***") is made as of August 8, 2018 by and between **Zealand Pharma US, Inc.** , a Delaware corporation (the "***Company***") and **Zealand Pharma A/S** ("***Purchaser***"). Certain capitalized terms used below are defined in the terms and conditions set forth in **Exhibit A** attached to this Agreement, which are incorporated by reference.

Total shares of Stock purchased:	1,000 shares of Common Stock (the "***Stock***")
Purchase Price per share:	$0.0001
Total Purchase Price:	$0.10
Form of Payment:	Cash: $0.10

[Remainder of page intentionally left blank]

Additional Terms/Acknowledgements: The undersigned Purchaser acknowledges receipt of, and understands and agrees to, this Common Stock Purchase Agreement, including the terms and conditions set forth in **Exhibit A** attached to this Agreement, which are incorporated by reference.

COMPANY:

Zealand Pharma US, Inc.

By: _____

Name: Britt Meelby Jensen
Title: Chief Executive Officer

E-mail: _____

Address: _____

_____

_____

PURCHASER:

Zealand Pharma A/S

By: _____

Name: Britt Meelby Jensen
Title: Chief Executive Officer

E-mail: _____

Address: Smedeland 36
2600 Glostrup, Copenhagen
Denmark

EXHIBIT A

TERMS AND CONDITIONS INCORPORATED INTO COMMON STOCK PURCHASE AGREEMENT

1. Purchase and Sale of Stock. Purchaser agrees to purchase from the Company, and the Company agrees to sell to Purchaser, the number of shares of Stock for the consideration set forth in the cover page to this Agreement. The closing of the transactions contemplated by this Agreement, including payment for and delivery of the Stock, will occur at the offices of the Company immediately following the execution of this Agreement, or at such other time and place as the parties may mutually agree.

2. Investment Representations. In connection with the purchase of the Stock, Purchaser represents to the Company the following:

(a) Purchaser is aware of the Company's business affairs and financial condition and has acquired sufficient information about the Company to reach an informed and knowledgeable decision to acquire the Stock. Purchaser is purchasing the Stock for investment for Purchaser's own account only and not with a view to, or for resale in connection with, any "distribution" thereof within the meaning of the Securities Act of 1933, as amended (the "*Act*").

(b) Purchaser understands that the Stock has not been registered under the Act by reason of a specific exemption therefrom, which exemption depends upon, among other things, the bona fide nature of Purchaser's investment intent as expressed in this Agreement.

(c) Purchaser further acknowledges and understands that the Stock must be held indefinitely unless the Stock is subsequently registered under the Act or an exemption from such registration is available. Purchaser further acknowledges and understands that the Company is under no obligation to register the Stock. Purchaser understands that the certificate evidencing the Stock will be imprinted with a legend that prohibits the transfer of the Stock unless the Stock is registered or such registration is not required in the opinion of counsel for the Company.

(d) Purchaser is familiar with the provisions of Rule 144 under the Act as in effect from time to time, that, in substance, permits limited public resale of "restricted securities" acquired, directly or indirectly, from the issuer of such securities (or from an affiliate of such issuer), in a non-public offering subject to the satisfaction of certain conditions.

(e) Purchaser further understands that at the time Purchaser wishes to sell the Stock there may be no public market upon which to make such a sale, and that, even if such a public market then exists, the Company may not be satisfying the current public information requirements of Rule 144, and that, in such event, Purchaser may be precluded from selling the Stock under Rule 144 even if the minimum holding period requirement had been satisfied.

(f) Purchaser further warrants and represents that Purchaser has either (i) preexisting personal or business relationships, with the Company or any of its officers, directors or controlling persons, or (ii) the capacity to protect Purchaser's own interests in connection with the purchase of the Stock by virtue of the business or financial expertise of Purchaser or of professional advisors to Purchaser who are unaffiliated with and who are not compensated by the Company or any of its affiliates, directly or indirectly.

(g) Purchaser acknowledges that Purchaser has read all tax related sections and further acknowledges Purchaser has had an opportunity to consult Purchaser's own tax, legal and financial advisors regarding the purchase of common stock under this Agreement.

(h) Purchaser acknowledges and agrees that in making the decision to purchase the common stock under this Agreement, Purchaser has not relied on any statement, whether written or oral, regarding the subject matter of this Agreement, except as expressly provided in this Agreement and in the attachments and exhibits to this Agreement.

(i) If the Purchaser is not a United States person (as defined by Section 7701(a)(30) of the Internal Revenue Code of 1986, as amended (the "***Code***")), the Purchaser has satisfied itself as to the full observance of the laws of its jurisdiction in connection with any invitation to subscribe for the Stock or any use of this Agreement, including (i) the legal requirements within its jurisdiction for the purchase of the Stock, (ii) any foreign exchange restrictions applicable to such purchase, (iii) any governmental or other consents that may need to be obtained and (iv) the income tax and other tax consequences, if any, that may be relevant to the purchase, holding, redemption, sale, or transfer of the Stock. The Purchaser's subscription and payment for and continued beneficial ownership of the Stock will not violate any applicable securities or other laws of the Purchaser's jurisdiction.

3. Restrictive Legends. All certificates representing the Stock will have endorsed thereon legends in substantially the following forms (in addition to any other legend which may be required by other agreements between the parties to this Agreement):

(a) "THE SHARES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933 AS AMENDED. THEY MAY NOT BE SOLD, OFFERED FOR SALE, PLEDGED OR HYPOTHECATED IN THE ABSENCE OF AN EFFECTIVE REGISTRATION STATEMENT AS TO THE SECURITIES UNDER SAID ACT OR AN OPINION OF COUNSEL SATISFACTORY TO THE CORPORATION THAT SUCH REGISTRATION IS NOT REQUIRED."

(b) "THE SHARES REPRESENTED BY THIS CERTIFICATE ARE SUBJECT TO A RIGHT OF FIRST REFUSAL OPTION IN FAVOR OF THE CORPORATION AND/OR ITS ASSIGNEE(S) AS PROVIDED IN THE BYLAWS OF THE CORPORATION."

(c) "THE SHARES REPRESENTED BY THIS CERTIFICATE ARE SUBJECT TO A TRANSFER RESTRICTION, AS PROVIDED IN THE BYLAWS OF THE CORPORATION."

(d) Any legend required by appropriate blue sky officials.

4. Market Stand-Off Agreement. Purchaser will not sell, dispose of, transfer, make any short sale of, grant any option for the purchase of, or enter into any hedging or similar transaction with the same economic effect as a sale of, any Common Stock or other securities of the Company held by Purchaser (other than those included in the registration), including the Stock (the "***Restricted Securities***"), during the 180-day period following the effective date of the Company's first firm commitment underwritten public offering of its Common Stock (or such longer period as the underwriters or the Company will request in order to facilitate compliance with FINRA Rule 2241 or NYSE Member Rule 472 or any successor or similar rule or regulation) . Purchaser agrees to execute and deliver such other agreements as may be reasonably requested by the Company and/or the managing underwriters that are consistent with the foregoing or that are necessary to give further effect to the foregoing provision. In order to enforce the foregoing covenant, the Company may impose stop-transfer instructions with respect to Purchaser's Restricted Securities until the end of such period. The underwriters of the Company's stock are intended

third party beneficiaries of this Section 4 and have the right, power and authority to enforce the provisions hereof as though they were a party to this Agreement.

5. Miscellaneous.

(a) Waiver of Information Rights. Purchaser hereby acknowledges and agrees that, except for such information as required to be delivered to Purchaser by the Company pursuant to any other agreement by and between the Company and Purchaser, Purchaser has no right to receive any information from the Company by virtue of such Purchaser's purchase of the Shares, ownership of the Shares, or as a result of Purchaser being a holder of record of stock of the Company. Without limiting the foregoing, to the fullest extent permitted by law, Purchaser hereby waives Purchaser's inspection rights under Section 220 of the Delaware General Corporation Law and all such similar information and/or inspection rights that may be provided under the law of any jurisdiction, or any federal, state or foreign regulation, that are, or may become, applicable to the Company, the Company's capital stock or the Shares (the "***Inspection Rights***"). Purchaser hereby covenants and agrees never to directly or indirectly commence, voluntarily aid in any way, prosecute, assign, transfer, or cause to be commenced any claim, action, cause of action, or other proceeding to pursue or exercise the Inspection Rights.

(b) Notices. All notices required or permitted hereunder will be in writing and will be deemed effectively given: (i) upon personal delivery to the party to be notified; (ii) when sent by confirmed electronic mail or facsimile if sent during normal business hours of the recipient, and if not during normal business hours of the recipient, then on the next business day; (iii) five calendar days after having been sent by registered or certified mail, return receipt requested, postage prepaid; or (iv) one business day after deposit with a nationally recognized overnight courier, specifying next day delivery, with written verification of receipt. All communications will be sent to the other party to this Agreement at such party's address hereinafter set forth on the signature page hereof, or at such other address as such party may designate by 10 days' advance written notice to the other party hereto.

(c) Successors and Assigns. This Agreement will inure to the benefit of the successors and assigns of the Company and, subject to the restrictions on transfer herein set forth, be binding upon Purchaser, Purchaser's successors, and assigns.

(d) Attorneys' Fees. The prevailing party in any suit or action hereunder will be entitled to recover from the losing party all costs incurred by it in enforcing the performance of, or protecting its rights under, any part of this Agreement, including reasonable costs of investigation and attorneys' fees.

(e) Governing Law; Venue. This Agreement will be governed by and construed in accordance with the laws of the State of Delaware. The parties agree that any action brought by either party to interpret or enforce any provision of this Agreement will be brought in, and each party agrees to, and does hereby, submit to the jurisdiction and venue of, the appropriate state or federal court for the district encompassing the Company's principal place of business.

(f) Further Execution. The parties agree to take all such further actions as may reasonably be necessary to carry out and consummate this Agreement as soon as practicable, and to take whatever steps may be necessary to obtain any governmental approval in connection with or otherwise qualify the issuance of the securities that are the subject of this Agreement.

(g) Independent Counsel. Purchaser acknowledges that this Agreement has been prepared on behalf of the Company by Cooley LLP, counsel to the Company and that Cooley LLP does not represent, and is not acting on behalf of, Purchaser. Purchaser has been provided with an opportunity to consult with his, her or its own counsel with respect to this Agreement.

(h) Entire Agreement; Amendment. This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes and merges all prior agreements or understandings, whether written or oral, with respect to the subject matter hereof. This Agreement may not be amended, modified or revoked, in whole or in part, except by an agreement in writing signed by each of the parties hereto.

(i) Severability. If one or more provisions of this Agreement are held to be unenforceable under applicable law, the parties agree to renegotiate such provision in good faith. In the event that the parties cannot reach a mutually agreeable and enforceable replacement for such provision, then (i) such provision will be excluded from this Agreement, (ii) the balance of the Agreement will be interpreted as if such provision were so excluded and (iii) the balance of the Agreement will be enforceable in accordance with its terms.

(j) Counterparts. This Agreement (including any schedules and/or exhibits hereto or thereto) may be executed in two or more counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument. Counterparts may be delivered via facsimile, electronic mail (including pdf or any electronic signature complying with the U.S. federal ESIGN Act of 2000, Uniform Electronic Transactions Act or other applicable law) or other transmission method and any counterpart so delivered will be deemed to have been duly and validly delivered and be valid and effective for all purposes.

[End of Exhibit A to Common Stock Purchase Agreement]

EMERGENCY ALERTS

HIDE ALERTS

Coronavirus Update

Stay informed about coronavirus - COVID-19. Learn more. *Apr. 29th, 2020, 9:00 am*

Read more

Mass.gov

Manufacturer and distributor registration information

Learn about registration for manufacturers and distributors of medical devices and pharmaceuticals.

Medical device manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of medical devices in Massachusetts to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR 700.000) if a company were to manufacture, distribute or dispense controlled substances in the Commonwealth, or possess controlled substances with the intent of

manufacturing, distributing or dispensing. Please note that in accordance with Massachusetts law the term "controlled substance" denotes any prescription pharmaceutical (i.e., either a federally controlled substance or a "legend" drug). Thus, any medical device that contains a prescription pharmaceutical is considered to be a controlled substance in Massachusetts regardless of its standing as a medical device.

If you are a manufacturer and/or a distributor in Massachusetts and your company does not manufacture, dispense or distribute controlled substances within the Commonwealth, or possess controlled substances for such purposes your company does not need, and has no basis for obtaining, a controlled substances registration from Massachusetts.

Thus, for example, a manufacturer or distributor of a medical device is not required to register if:

1. the device does not contain any prescription pharmaceutical; or
2. the device does contain a prescription pharmaceutical but is not manufactured, stored, dispensed, or distributed within the Commonwealth.

Pharmaceutical manufacturer and distributor registration

This policy is intended to assist manufacturers and/or distributors of prescription pharmaceuticals to ascertain whether they need to obtain a controlled substances registration from the Massachusetts Department of Public Health (MDPH). Such a controlled substances registration would be required under Massachusetts law and regulation (M.G.L. c. 94C and 105 CMR

Matthew H. Nguyen, PharmD

Higgins Farm Road, Stockton NJ

Summary of Qualifications

Result-oriented and experienced executive with a wide range of skill sets including:

- New product planning, strategic marketing, and commercialization
- Extensive understanding, practical experience and successful commercial leadership of early and late phase product development
- Demonstrated success in developing and leading cross-functional teams (sales, marketing, medical affairs, managed care, alliance, agency)
- Proven ability to align cross-functional teams around a shared product vision
- Adept in building teams, as well as mentoring their managers and members
- Experienced in L&A and M&A for pharmaceutical and medical device businesses across multiple therapeutic areas
- Directly responsible for securing multiple rounds of private and public financing rounds

Background highlighted by a record of achievement and career strengthened by education in both science and business.

Experience

ZEALAND PHARMA US, Inc.

Vice President, Strategy & Operations — April 2020 – *Present*

- Develop and execute managed care and distribution strategy for all US commercialized products
- Manage analytics and commercial effectiveness team supporting marketed and pre-launch activities
- Responsible for directing patient services offering to support prescription pull-through efforts

VALERITAS Inc.

Chief Commercial Officer — February 2016 – April 2020

- Company Officer and member of Board of Directors as of November 2015
- Managed & coordinated activities to ensure completion of Company financing rounds from September 2006 – April 2020
- Managed P&L and all commercial activities across sales, marketing, managed care, and medical affairs that generated accelerating revenue growth for V-Go Wearable Insulin Delivery business
- Prior positions included: SVP, Commercial (October 2015 – Jan 2016) & VP, Integrated Healthcare Management & Medical Affairs (September 2006 – Sept 2015)

Additional Experience

JOHNSON & JOHNSON – *New Business Development Director*	April 2005 – September 2006
SANOFI AVENTIS	June 2000 – April 2005
Acomplia Marketing Director	December 2004 – April 2005
Director, Analytics & Commercial Effectiveness	June 2004 – December 2004
Senior Manager, New Products & Commercialization	August 2001 – June 2004
Senior Manager, Health Economics	June 2000 – August 2001
KNOLL PHARMACEUTICAL COMPANY	
Senior Manager, Clinical Affairs	June 1999 – June 2000
Health Economics Manager	June 1998 – June 1999

Education

Master of Business Administration	Degree Conferred – May 2004
Rutgers University (Executive MBA)	
Fellow, Health Economics & Outcomes Research	July 1996 – June 1998
Janssen Pharmaceutica Inc.	
Doctor of Pharmacy	Degree Conferred – January 1996
Philadelphia College of Pharmacy & Science	
Bachelor of Science in Pharmacy	Degree Conferred – January 1994
Philadelphia College of Pharmacy & Science	

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Verified MS 9/6/2020

Establishment:
Zealand Pharma US, Inc.
293 Boston Post Road W
Suite 330
Marlborough , MA 01752
Registration Number: 1226572
FEI Number*: 3003154078
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
Zealand Pharma U.S.[6]
293 Boston Post Road W
Suite 330
Marlborough, MA US 01752
Owner/Operator Number: 9042783[7]

Official Correspondent:
Michael Reed
293 Boston Post Road W
Suite 330
Marlborough, MA 01752
Phone: 508-6305326

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

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
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=9042783&OwnerOperatorNa
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9042783&OwnerOperatorNa

Page Last Updated: 04/20/2020

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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:

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or FEI Number :** *3003154078*

New Search[6]

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
Zealand Pharma US, Inc.[9]	MA/USA	1226572	2020
• Set, Administration, Intravascular - V-go[10]			Repackager/Relabeler; Specification Developer; Complaint File Establishment
• Pump, Infusion, Insulin - V-go[11]			Repackager/Relabeler; Specification Developer; Complaint File Establishment

Can't find what you're looking for? Try a new search[12]

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1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
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3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3003154078&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3003154078&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=58079
10. ./rl.cfm?lid=445859&lpcd=FPA
11. ./rl.cfm?lid=445859&lpcd=LZG
12. ./rl.cfm

Page Last Updated: 08/03/2020

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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)

Attachment E

Nature of Business

Zealand Pharma US, Inc. (Zealand) is a virtual manufacturer of prescription devices. Zealand will use third parties to manufacturer and ship its product. Below is the contact information for the third parties.

Contract Manufacturers:

Viant Medical SUZHOU EPZ Co., Ltd (formerly known as MedPlast healthcare EPZ Co., Ltd.)
288 Shengpu Road, Suzhou
Industrial Park, Suzhou
Jiangsu Province
Jiangsu, CN 215021
FDA Registration Number: 3006194679

Advance Technology Ltd.
3rd Floor Block B, Building 13A, No.12 Z
The 6th Ganli road, Ganli industrial par
Shenzhen, Guangdong CN 518112
FDA Registration Number: 3009515470

Third Party Logistics Provider:

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086

Attachment F

Corporate Officer Information

Zealand Pharma US, Inc.

Emmanuel Dulac
CEO

Matthew Dallas
CFO

Ravinder Singh Chahil
Secretary

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZEALAND PHARMA 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 TWENTY-FIRST DAY OF APRIL, 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 "ZEALAND PHARMA US, INC." WAS INCORPORATED ON THE EIGHTH DAY OF AUGUST, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

7008137 8300

SR# 20203018628

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

Authentication: 202802612

Date: 04-21-20

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K40483627

Application/License No. _____

Zealand Pharma US, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 293 Boston Post Road West, Suite 330, Marlborough, MA 01752 (Address of Applicant/Principal), as PRINCIPAL, and Federal Insurance Company (Surety Company), a corporation organized under the laws of the state of IN (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 202B Hall's Mill Road , Whitehouse Station, NJ 08889 (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 July 21, 2020 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 21st day of July, 2020.

APPLICANT/PRINCIPAL
Zealand Pharma US, Inc.

By: _____
Authorized Representative
Matthew Dacus, CEO

SURETY COMPANY
Federal Insurance Company

By: _____
Surety Company's Representative

Wendy Lee Wadkins, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness Anli Seefontein

_____
Witness Melissa Owens

SIGNED and SEALED in the presence of:

_____
Witness Pablo Rios, Jr.

_____
Witness Danielle M. Bechard

Countersigned by:

_____
Non-Nevada Resident Agent Wendy Lee Wadkins
License #3091632

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **FEDERAL INSURANCE COMPANY,** an Indiana corporation, **VIGILANT INSURANCE COMPANY,** a New York corporation, **PACIFIC INDEMNITY COMPANY,** a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Wendy Lee Wadkins

Surety Bond Number: K40483627
Obligee: Nevada State Board of Pharmacy

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

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **1st** day of **November, 2019.**

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **1st** day of **November, 2019,** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

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

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

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

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

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

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this July 21, 2020.

Dawn M. Chloros, Assistant Secretary

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

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

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

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ 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: BioCryst Pharmaceuticals, Inc.

Physical Address: 4505 Emperor Boulevard, Suite 200

City: Durham State: NC Zip Code: 27703

Telephone Number: (919) 859-1302 Fax Number: N/A

Toll Free Number: N/A

E-mail: abarnes@biocryst.com Website: www.biocryst.com

Facility Manager: Raj Yash Kapadia

Professional qualifications and experience of facility manager: 20 years of experience in logistics, project management with extensive experience in supply change/warehouse management in the pharmaceutical industry.

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: AndersonBrecon Inc. - A PCI Pharma Services Company
Address: 4545 Assembly Drive, Rockford, IL 61109

Name: Jubilant HollisterStier LLC
Address: 3525 North Regal Street, Spokane, WA 99207

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.

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

Alane Barnes
Print Name of Authorized Person

July 16, 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: BioCryst Pharmaceuticals, Inc.

Mailing Address: 4505 Emperor Boulevard, Suite 200

City: Durham State: NC Zip: 27703

Telephone: (919) 859-1302 Fax: N/A

Contact Person: Alane Barnes

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: 11/15/1991

Registration number issued: 333-237820

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.

List of officers and directors.

BCRX 10K - BioCryst Pharmaceuticals, Inc. - Annual Report - March 13, 2020

March 13, 2020

Security BCRX / BioCryst Pharmaceuticals, Inc. (09058V103)
ISIN US09058V1035
LEI 549300Z0INP1Z5NP6J59
Form Type 10-K
File Date 2020-03-13

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Form 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2019

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934.**

For the transition period from to .

Commission File Number 000-23186

BIOCRYST PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

DELAWARE	**62-1413174**
(State of other jurisdiction of incorporation or organization)	**(I.R.S. employer identification no.)**

4505 Emperor Blvd., Suite 200, Durham, North Carolina 27703
(Address of principal executive offices)

(919) 859-1302
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, $.01 Par Value	BCRX	The NASDAQ Global Select Market

Securities registered pursuant to Section 12(g) of the Act:

Title of class
None

Indicate by a check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by a check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by a check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by a check mark whether the registrant submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (Section 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Away

605

2020

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1631

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE
Expiration Date 12/31/2020

LICENSEE OR CERTIFICATOR
BIOCRYST PHARMACEUTICALS INC
4505 EMPEROR BLVD STE 200
DURHAM NC 27703

LICENSED 2020 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

Food & Drug Protection Division

Drug License Search

Go Back New Search

Your search for biocryst returned the following results...

BioCryst Pharmaceuticals, Inc.
4505 Emperor Blvd., Suite 200
Durham, NC 27703

License Type: 092
License Number: 976
Description: Virtual Manufacturer

Status: Inactive
Issue Date: 12/15/2015
Expiration Date: 12/31/2016

BIOCRYST PHARMACEUTICALS INC
4505 EMPEROR BLVD STE 200
DURHAM, NC 27703

License Type: 092
License Number: 1631
Description: Virtual Manufacturer

Status: Active – in good standing
Issue Date: 6/18/2020
Expiration Date: 12/31/2020

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOCRYST 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 JULY, 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

2280050 8300

SR# 20206348722

Authentication: 203325741

Date: 07-22-20

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 "BIOCRYST 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 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2280050 8300

SR# 20201047452

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

Authentication: 202374526

Date: 02-12-20

List of Officers

Jon Stonehouse
President and Chief Executive Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908
Email: jstonehouse@biocryst.com

Anthony Doyle
Chief Financial Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7930
Email: adoyle@biocryst.com

Megan Sniecinski
Sr. Vice President and Chief Business Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-226-5875
Email: msniecinski@biocryst.com

Alane Barnes
Sr. Vice President and Chief Legal Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7930
Email: abarnes@biocryst.com

William Sheridan
Sr. Vice President and Chief Medical Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7906
Email: bsheridan@biocryst.com

Y.S. Babu
Sr. Vice President, Drug Discovery (CSO)
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 205-444-4606
Email: babu@biocryst.com

RAJ KAPADIA

Raleigh, NC

Global Supply Chain and Operations Executive

Global Supply Chain | Global Strategy | Global Distribution & Transportation

Motivated and passionate global supply chain and operations executive with broad experience in Pharmaceutical, BioDevice, Computer/Electronics and Health Care industries. Proven track record of delivering bottom-line results in managing global supply chains, global manufacturing operations, global procurement operations, strategic planning, and global distribution/transportation. Flexible and versatile with ability to maintain a sense of humor under pressure. Poised and competent with demonstrated ability to easily transcend cultural differences and thrive in deadline-driven environments. Excellent team building skills including the hiring/development/mentoring of key talent.

AREAS OF EXPERTISE

- Global Manufacturing and Operations Management
- Supply/Demand Planning
- Procurement Operations and Strategic Global Sourcing
- Merger, Acquisition, Divestiture and IP0
- Global Sales with P&L Responsibility
- Distribution and Warehouse Operations
- Transportation Management
- Strategic Planning
- Lean & Six Sigma – Green Belt
- Project Management (PMO)
- Supplier, Vendor and Alliance Management
- ERP Leadership (SAP, JDE, WMS, etc.)
- cGMP and ISO

PROFESSIONAL EXPERIENCE

BIOCRYST PHARMACEUTICALS, INC., Durham, NC **2020 - Present**

Executive Director, Global Supply Chain Management

Direct Reports: 4 – Director Global Supply Chain, Director Clinical Supply Chain, Assoc. Director Supply Chain Europe and Procurement Operations Manager. Manage overall supply chain operations, including purchasing and inventory of raw materials, selection of and contracting with CMO vendors, and distribution of finished goods to supply product to patients globally.

- Build and lead supply chain organization responsible for ensuring the uninterrupted supply of clinical and commercial products within the product forecast and budget.
- Plans and implements activities related to the timely, cost-effective procurement, inventory control, planning and quality control of production materials, and distribution and logistics.
- Ensures the availability of materials in the supply chain, as scheduled, and the maintenance of inventory at minimum acceptable levels.
- Responsible for sourcing and supplying raw materials, utilities and outside services, as well coordinating global procurement efforts, negotiating and contract management with CMOs, 3PLs, or other distribution partners, as needed.
- Works collaboratively with other functions to support clinical and commercial supply chain, including coordination with finance/accounting on matters involving inventory-carrying costs, with Clinical Operations to maintain adequate supply of clinical trial material, with R&D for new product development.
- Key leadership role supporting the launching planning and subsequent commercialization of BCX7353, upon approval.

SEQIRUS (formerly Novartis Vaccines), Holly Springs, NC **2018 - 2020**
Head, Strategy, Alliance Management and Project Management Office
Direct Reports: 3 –Senior Project Managers and 1- Senior Alliance & New Market Entry Manager. Lead Project Management Office (PMO) and oversee major site projects including Technology Transfers, New Market Entry, Launch Campaign Coordination, Commercial Readiness, and Site Risk Management/Business Continuity. Provide support for 5 year strategic plan, site budget, site KPI's and site capital approval team.
Revenue Accountability: $80.0M

- Member of Site Leadership Team (SLT) for the Holly Springs location that produces cell based flu vaccine
- Manage all Contract Manufacturing Operations (CMO) relationships globally that includes operational and contractual oversight. Our current 7 CMO's are responsible for 75% of Seqirus annual production volumes.
- Manage the relationship with the US Government (BARDA/HHS) to deliver site commitments, budget (>$80M in revenue annually) and all related contractual obligations to ensure on time achievement of milestones, delivery of product and associated revenue.
- Responsible for Seqirus local brand intitiatives including creation of website for colleagues to order branded materials, building local sponsorship relationships with the SAS Championship, Carolina Hurricanes and WakeMed while strengthening our relationship with the North Carolina Biotechnology Center.
- Lead Project Management Office and associated project management resources to plan, coordinate, execute and deliver objectives of key Site projects.
- Coordinate annual preparation of Site 5 Year Plan, Site Budget Workplan and Global Seqirus Strategy.
- Own all Risk Management and Business Continuity activities at the Holly Springs site including quarterly reporting to the Site Leadership Team and Seqirus Executive Team.

ZOETIS (Formerly Pfizer Animal Health), Durham, NC **2009 - 2018**
Vice President VMD and Senior Director Global BioDevice & Automation Operations
Direct Reports: 8 –Director Global Supply Chain, Director Global Site Operations, Director Global Customer Support, Director South Europe/Middle East Field Serice, Director North Europe Field Serivce, Director Asia Field Serivce, Director Americas Field Serivce, and Director VMD Technical Support. Total Span of Control: 140, geographically dispersed. Managed end-to-end global supply chain including customer support, supply & demand planning, procurement, build-to-order BioDevice & Automation manufacturing operations, inventory management, distribution/logistics, field service operations, EH&S, facilities, quality and overall business strategy. Dotted line responsibility for HR, Legal, IT, and Finance within Global BioDevices & Automation function.
Global Spend Accountability: $10.3M Revenue Budget: $80.2M

- Site Leader for Global BioDevices & Automation manufacturing sites in Durham, NC (HQ) and London, Ontario Canada along with 2 global distribution sites in Torce, France and Chapeco, Brazil.
- Served as Acting Vice President for Global BioDevices business unit (including R&D, Engineering and Tech Services, and Global Operations) for 10 months in 2015 during manager's extended medical leave.
- Sales, Marketing and P&L Owner with a revenue budget of $8M for Vaccine Manufacturing Devices (VMD) Division that designs and manufactures custom vaccine production equipment for egg-based vaccine industry (Human Flu and Animal Health).
- Member of Zoetis integration teams including Fort Dodge(Wyeth), Alpharma(King), Synbiotics and KL Automation acquisitions. Member of IPO team that separated the Animal Health business from Pfizer in February 2013.
- Successfully managed ongoing customer service reviews utilizing key performance indicator data and in collaboration with other departments, ensured customer service expectations were delivered consistently.
- Ensured seamless end-to-end fulfillment of customer orders for pharmaceuticals, biologicals, vaccines, medical feed additives and build-to-order BioDevices.

CATALENT PHARMA SOLUTIONS (A Blackstone Company), RTP, NC **2007 - 2009**
Director, Supply Chain and Technical Operations:
Direct Reports: 8 –Sr. Project Managers (4), Senior Manager Contract Management, Senior Manager Supply Chain, Senior Manager Facilities and Senior Manager Transportation/Logistics. Total Span of Control: 40. Areas managed include Contract Management, Project Management, Procurement, Manufacturing Operations, Facilities Management, Distribution/Transportation, Warehousing, Import/Export/DEA and Customer Service.
Global Spend Accountability: $7.7M. Revenue Budget: $60.4M

- Member of Senior Leadership Team (SLT) for the Respiratory, Analytical, Biological and Sterile Manufacturing Operations business unit supporting $70M in annual revenue.
- Implemented Operational Excellence/Lean program into Project Management, Procurement, Manufacturing Operations, Logistics and Customer Service teams. Drove over $400,000 of savings in FY2008 through multiple initiatives within these groups.
- Managed all global procurement processes including RFI/RFQ, strategic sourcing, contract negotiations, and vendor relationship management. Reduced overall spending by 24% during FY2009 and reduced working capital needs by $150,000 via used equipment sales.
- Established and maintained Sales and Operations Planning (S&OP) process for the entire business unit and improved on time delivery (OTD).

NOMACORC (A Noel Group Company), Zebulon, NC **2006 - 2007**
Director, Global Operations & Supply Chain:
Managed global make-to-order synthetic cork supply chain. Managed three (3) FDA compliant and ISO certified manufacturing facilities (US , Belgium and China) that generated over $100M in annual revenue.

- Saved $7M+ during first 12 months assimilating disparate departments and creating synergies.
- Developed global 5 year strategy and long-range planning roadmap that enabled the decision to establish operations in China based on future demand, cost and supply chain optimization. Enabled very short leadtimes for customers in Asia.
- Led the establishment of China manufacturing partnership and implemented late stage customization process for the site. Blank corks were manufactured at both Zebulon and Belgium sites and sent to China for late stage printing and quick-turn delivery to customers in Asia.
- Increased Zebulon Manufacturing Operation capacity by 25% by adding 2 extruders and replacing all legacy cork printing machines with new highly automated printing equipment.
- Led global transportation analysis initiative for Noel Group ($500M parent company) and evaluated all $35m in annual freight spending.
- Provided Noel Group with $5M in savings opportunity via global freight consolidation and outsourcing to a strong 3PL (FedEx SCS).

GLAXOSMITHKLINE, RTP, NC **2004 - 2006**
Associate Director, Supply Chain Distribution:
Managed distribution, logistics, transportation management and overall supply chain strategy in the United States.

- Managed $25M third party contract and relationship with FedEx Supply Chain Services to provide transportation management and freight bill audit/payment services to GSK. Able to effectively renegotiate contract and reduce spending by $5.1M annually.
- Reduced spending by $6M annually by consolidating transportation and focusing on supply chain security, cold chain processes, and strategic supplier relationships.
- Improved on-time delivery from 85% to 94% and created stronger internal and external customer relationship through cultivating relationships with distributors (Cardinal, McKesson, and AmerisourceBergen).

IBM – INTEGRATED SUPPLY CHAIN, RTP, NC **1997 – 2004**

- Named an Executive Resource early in IBM career which facilitated fast-track assignments and promotions across IBM divisions every 18-24 months.
- Significant global experience in Manufacturing Operations, Business & Supply Chain Strategy, Supplier Relationship Management, Strategic Procurement & Sourcing, Acquisition/Divestiture, Logistics, Program Management, Reverse Logistics and Financial Planning & Analysis.

Associate Director, Global Logistics Americas Procurement

- Responsible for all logistics procurement in the Americas region (United States, Canada, and Latin America). Contracts encompassed all transportation, import/export, and all third party distribution/manufacturing & service parts relationships. Span of control included 5 senior level managers, 35 staff procurement professionals, $500M in annual spend, and provided support to all four major IBM divisions (Hardware, Software, Global Services, and Global Finance)

Senior Manager, GARS Americas Operations

- Responsible for all GARS (Global Asset Recovery Services) reverse logistics operations in the Americas (US, Canada, Mexico, and South America) that included eight major ISO certified lease returns & remanufacturing operations, all related distribution, transportation, warehousing, import/export, service parts, scrap, and returned asset reconciliation. Span of control was over 400 staff , $80M budget and $1B in Revenue. Managed the due diligence and divestiture of the US operations in 2002 to Solectron Global Services.

Program Manager, Global Supplier Relationship Management

- Accountable for directing and aligning all GARS reverse logistics operations around the world in the areas of operations, supply chain optimization, network rationalization, metrics, government relations, financial planning and analysis, and strategic supplier strategy. Managed $20M in 3PL relationships and project offices with Solectron, Sanmina-SCI, and Artesyn Solutions.

Manager, RTP Technical Operations

- Managed the Industrial Engineering, Strategic Planning, Facilities/Maintenance Engineering, Procurement, Finance, ISO and Business Controls functions for RTP GARS Remanufacturing Operations. Performed significant process re-engineering and high-velocity/lean sigma process transformations. Department included 12 technical and 3 non-technical direct reports with an annual department budget of $6M.

GlaxoWellcome (formerly Burroughs Wellcome), Greenville, NC **1992 – 1997**

Senior Industrial Engineer

Held various Industrial Engineering and Manufacturing Management positions within Solid Dosage, Sterile Products, Ointments/Creams/Liquids, Chemical Manufacturing and Small Scale Clinical Manufacturing divisions.

SunHealth Consulting Services / Baptist Medical Center, Columbia, SC **1988 - 1992**

Corporate Director, Management Engineering

Provided Management Engineering services to Richland Memorial Hospital as a SunHealth Consultant and then as an in-house Corporate Director Management Engineering at Baptist Medical Center. Both positions were located in Columbia, South Carolina.

EDUCATION

BS Industrial Engineering (Cum Laude), North Carolina State University, Raleigh, North Carolina
Alpha Pi Mu Engineering Honor Society
Attended MBA, University of South Carolina, Columbia, South Carolina (50% Complete)

PROFESSIONAL DEVELOPMENT/CERTIFICATIONS/AFFILIATIONS

Victory Over Sarcoma Board Member (2015 - current)
Pretty in Pink Classic Board Member (2017 – current)
GSK Green Belt Certification (2005)
GSK Executive Leadership Training (2005)
IBM Executive Resource (1999 – 2004)
IBM Executive Leadership Development Center (2000)
IBM Management School - Basic Blue (1999)
IBM Leadership Education - LEAP (1998)
GlaxoWellcome Management School (1996)

AWARDS

Pfizer Global Great Manager Award (2011)
IBM RTP Site Team Player Award (1999)

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: BioCryst Pharmaceuticals, Inc.

Physical Address: 4505 Emperor Boulevard, Suite 200

City: Durham State: NC Zip Code: 27703

Telephone Number: (919) 859-1302 Fax Number: N/A

Toll Free Number: N/A

E-mail: abarnes@biocryst.com Website: www.biocryst.com

Facility Manager: Raj Yash Kapadia

Professional qualifications and experience of facility manager: 20 years of experience in logistics, project management with extensive experience in supply change/warehouse management in the pharmaceutical industry.

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

a 5% ownership interest in the corporation. As such, BioCryst is not currently aware of shareholder interest ownership or management in any type of business or facility licensed by the State of Nevada or another political jurisdiction (Application, Page 2). Likewise, BioCyst does not have direct knowledge of any information that would warrant an affirmative ("yes") answer to disclosure questions 1-5 on pages 2-3 of the application.

As always, should you have any further questions, please do not hesitate to contact our office. We look forward to hearing from you.

Sincerely,

Allyson L. Snow

Allyson Snow, J.D.
Attorney

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: AndersonBrecon Inc. - A PCI Pharma Services Company
Address: 4545 Assembly Drive, Rockford, IL 61109

Name Jubilant HollisterStier LLC
Address: 3525 North Regal Street, Spokane, WA 99207

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

Alane Barnes — July 16, 2020

Print Name of Authorized Person — Date

Board Use Only	Date Processed _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: BioCryst Pharmaceuticals, Inc.

Mailing Address: 4505 Emperor Boulevard, Suite 200

City: Durham State: NC Zip: 27703

Telephone: (919) 859-1302 Fax: N/A

Contact Person: Alane Barnes

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: 11/15/1991

Registration number issued: 333-237820

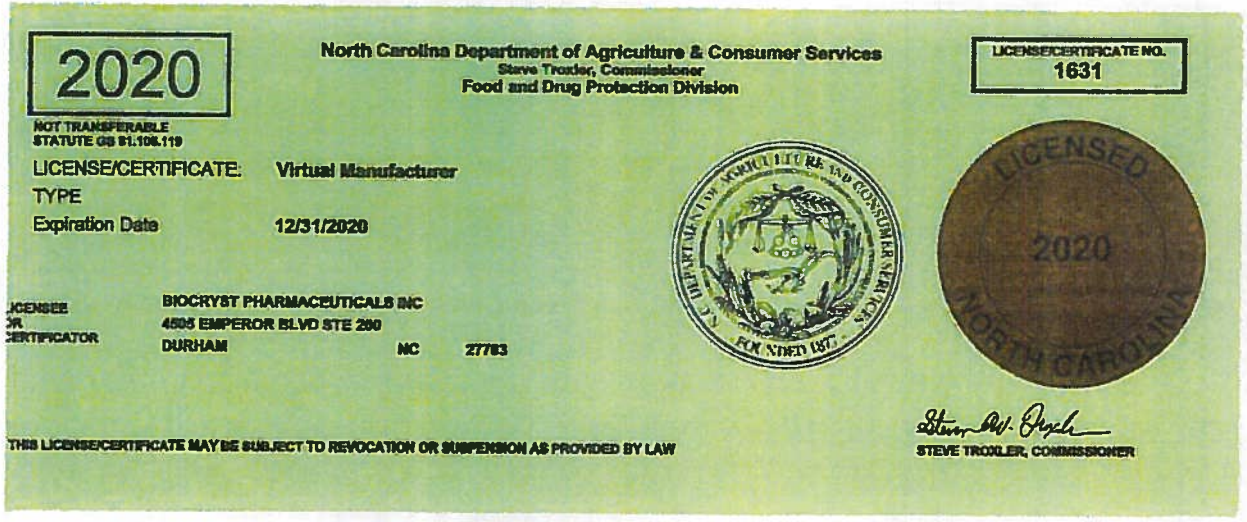
Stock Exchange: Nasdaq

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.

List of officers and directors.



2020

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1631

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE
Expiration Date 12/31/2020

LICENSEE
OR
CERTIFICATOR
BIOCRYST PHARMACEUTICALS INC
4505 EMPEROR BLVD STE 200
DURHAM NC 27703

LICENSED
2020
NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

Updated List of Board of Directors

Robert A. Ingram
Chairman of the Board
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

George B. Abercrombie
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Steve Aselage
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Theresa Heggie
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Nancy Hutson, Ph.D.
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Kenneth B. Lee, Jr.
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Alan G. Levin
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Jon P. Stonehouse
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

Helen Thackray, M.D.
Director
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908

EXHIBIT B
Copy of Pending Application Form

BOESEN & SNOW LLC
ATTORNEYS AT LAW

17797 N Perimeter Dr, Ste D107
Scottsdale, AZ 85255
(480) 900-4614
www.BoesenSnowLaw.com

Writer's Direct Dial: (602) 326-4497
E-Mail: ASnow@BSLawUSA.com

July 20, 2020

VIA FEDERAL EXPRESS
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway,
Suite 206
Reno, Nevada 89521

RE: BioCryst Pharmaceuticals, Inc. – Application for Out-of-State Wholesaler License

Dear Sir or Madam:

This firm represents the above-referenced entity. Enclosed for your consideration, please find an application of out-of-state wholesaler license for consideration at the September 2-3, 2020 Board meeting. Enclosed please find the following:

- Complete Out-of-State Wholesaler Application;
- $500.00 check payable to *Nevada State Board of Pharmacy;*
- Copy of North Carolina Virtual Manufacturer Permit;
- Copy of License Confirmation from North Carolina Department of Agriculture[1];
- Certificate of Good Standing from State where business is incorporated (Delaware); and
- List of Officers

Please note that BioCryst Pharmaceuticals, Inc. ("BioCryst"), is a publicly traded company. According to the most recently filed corporation documents, no shareholder holds greater than

[1] Shannon Redd, Information Processing Technician, Food and Drug Protection Division, North Carolina Department of Agriculture, confirmed that primary source verification of permit holders is conducted via their website http://www.ncagr.gov/aspzine/fd/fdpd/search.asp. Email confirmation from Ms. Redd is available upon request.

EXHIBIT A
Updated List of Officers

Jon P. Stonehouse
President; Chief Executive Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7908
Email: jstonehouse@biocryst.com

Anthony Doyle
Chief Financial Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 984-227-6986
Email: adoyle@biocryst.com

Megan Sniecinski
Sr. Vice President & Chief Business Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-226-5875
Email: msniecinski@biocryst.com

Alane Barnes
Secretary; Sr. Vice President & Chief Legal Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7930
Email: abarnes@biocryst.com

William P. Sheridan
Sr. Vice President & Chief Medical Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-859-7906
Email: bsheridan@biocryst.com

Yarlagadda S. Babu
Sr. Vice President, Drug Discovery
2190 Parkway Lake Drive
Birmingham, AL 35244
Tel: 205-444-4606
Email: babu@biocryst.com

Charles Gayer
Sr. VP & Chief Commercial Officer
4505 Emperor Boulevard, Suite 200
Durham, NC 27703
Tel: 919-226-5808
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BOESEN & SNOW LLC
ATTORNEYS AT LAW

17797 N Perimeter Dr, Ste D107
Scottsdale, AZ 85255
(480) 900-4614
www.BoesenSnowLaw.com

Writer's Direct Dial: (602) 326-4497
E-Mail: MBOESEN@bslawusa.com

August 4, 2020

VIA EMAIL msedar@pharmacy.nv.gov

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

RE: BioCryst Pharmaceuticals, Inc. – Application for Out-of-State Wholesaler License
Notice of Amendment

Dear Mr. Sedar:

Boesen & Snow represents Biocryst Pharmaceuticals, Inc. There is a pending license application for a nonresident virtual drug manufacturer submitted for the Board of Pharmacy's review. Following a routine review of the submitted application and further review of the company's structure, we found that the list of officers and directors submitted on July 20, 2020 was incomplete. This was an administrative oversight. Please accept our firm's apology. Attached to this letter is a complete list of officers and directors.

We respectfully request the application for Biocryst Pharmaceuticals, Inc. be amended to reflect this updated list. Please do not hesitate to contact our firm with questions or concerns.

Sincerely,

Mark D. Boesen, Pharm.D., J.D.
Attorney

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

■ New Wholesaler or □ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

■ Publicly Traded Corporation – Pages 1,2,3,4
□ 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: RGH Enterprises, Inc.

Physical Address: 12075 Pritchard Rd.

City: Jacksonville State: FL Zip Code: 32220

Telephone Number: 904-378-8940 Fax Number: 614-652-0674

Toll Free Number: N/A

E-mail: licensure@cardinalhealth.com Website: www.edgepark.com

Facility Manager: Grant Thompson

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: Patients, Labs

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: Mobility Aids, Ambulation Aids, Sickroom Setup and Disposable Supplies
□ 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: Dexcom
Address: San Diego, CA

Name: Coloplast
Address: Minneapolis, MN

Name: Hollister
Address: Chicago, IL

Name: Convatec
Address: Charlotte, NC

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

Keegan Chamberlain
Print Name of Authorized Person

05/26/2020
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: Ohio

Parent Company if any: AssuraMed Group, Inc.

Corporation Name: RGH Enterprises, Inc

Mailing Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip: 44087

Telephone: 330-963-6998 Fax: 614-652-0674

Contact Person: Cynthia Rhodes

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 04/09/1990

Registration number issued: 770802

Stock Exchange: NYSE under CAH

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.

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended June 30, 2018

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 1-11373

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	**31-0958666**
(State or other jurisdiction of incorporation or organization)	***(IRS Employer Identification No.)***
7000 Cardinal Place, Dublin, Ohio	**43017**
(Address of principal executive offices)	***(Zip Code)***

(614) 757-5000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Name of each exchange on which registered*
Common shares (without par value)	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes ☑ No ☐

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (§229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of the Form 10-K or any amendment to the Form 10-K. ☑

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☑	Accelerated filer ☐
Non-accelerated filer ☐ (Do not check if a smaller reporting company)	Smaller reporting company ☐
Emerging growth company ☐	

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Mark I. Sedar

From: Rhodes, Cynthia <cynthia.rhodes@cardinalhealth.com>
Sent: Monday, August 10, 2020 9:18 AM
To: Mark I. Sedar
Subject: RE: New Applications

Hi Mar,

Yes, RGH Enterprises, Inc. is a wholly owned subsidiary of Cardinal Health, Inc.

Thank you!

Cynthia Rhodes
Manager, Quality and Regulatory Management
7000 Cardinal Place, QRA, Dublin, OH 43017
614.553.3076 tel / 614.668.7595 cell

I am *Essential to care*

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Monday, August 10, 2020 11:45 AM
To: Rhodes, Cynthia <cynthia.rhodes@cardinalhealth.com>
Subject: RE: New Applications

External Email – Please use caution before opening attachments or clicking links

Hi Cynthia,

Question, can you verify that RGH is a "Wholly Owned" subsidiary of Cardinal Health?

As far as the September meeting, we are still finalizing the agenda. I won't have all the details until tomorrow.

Mark Sedar

From: Rhodes, Cynthia <cynthia.rhodes@cardinalhealth.com>
Sent: Friday, August 7, 2020 6:49 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: New Applications

Hi Mark,

EX-21.1 5 a19q4_10kx063019xexhibit211.htm EXHIBIT 21.1

Exhibit 21.1

Subsidiaries of the Registrant

Listed below are majority-owned subsidiaries of Cardinal Health, Inc. as of June 30, 2019. Subsidiaries excluded from the list below would not, considered in the aggregate as a single subsidiary, constitute a "significant subsidiary" of Cardinal Health, Inc. as that term is defined in Rule 1-02(w) of SEC Regulation S-X.

Subsidiary Name	State/Jurisdiction of Incorporation
A+ Secure Packaging, LLC	Tennessee
Access Closure, Inc.	California
Aero-Med, Ltd.	Connecticut
Allegiance Corporation	Delaware
AssuraMed, Inc.	Delaware
Bellwether Oncology Alliance, Inc.	Tennessee
Cardinal Health 2, LLC	Nevada
Cardinal Health 3, LLC	Delaware
Cardinal Health 5, LLC	Delaware
Cardinal Health 6, Inc.	Nevada
Cardinal Health 7, LLC	Delaware
Cardinal Health 100, Inc.	Indiana
Cardinal Health 104 LP	Ohio
Cardinal Health 105, Inc.	Ohio
Cardinal Health 107, LLC	Ohio
Cardinal Health 108, LLC	Delaware
Cardinal Health 110, LLC	Delaware
Cardinal Health 112, LLC	Delaware
Cardinal Health 113, LLC	Wisconsin
Cardinal Health 114, Inc.	Delaware
Cardinal Health 115, LLC	Ohio
Cardinal Health 116, LLC	Delaware
Cardinal Health 118, LLC	Delaware
Cardinal Health 119, LLC	Delaware
Cardinal Health 121, LLC	Delaware
Cardinal Health 122, LLC	Delaware
Cardinal Health 123, LLC	Delaware
Cardinal Health 124, LLC	Delaware
Cardinal Health 126, LLC	Delaware
Cardinal Health 127, Inc.	Kansas
Cardinal Health 200, LLC	Delaware
Cardinal Health 201, Inc.	Delaware
Cardinal Health 222 (Thailand) Ltd.	Thailand
Cardinal Health 247, Inc.	Colorado
Cardinal Health 249, LLC	Delaware
Cardinal Health 414, LLC	Delaware
Cardinal Health Australia 503 Pty. Ltd.	Australia
Cardinal Health Austria 504 GmbH	Austria
Cardinal Health Belgium 505 BVBA	Belgium
Cardinal Health Canada Inc.	Canada
Cardinal Health Canada Holdings Cooperative U.A.	Netherlands
Cardinal Health Chile Limitada	Chile
Cardinal Health Colombia S.A.S.	Colombia
Cardinal Health do Brasil Ltd.	Brazil
Cardinal Health D.R. 203 II Ltd.	Bermuda
Cardinal Health Denmark ApS	Denmark

Subsidiary Name	State/Jurisdiction of Incorporation
Cardinal Health Foundation	Ohio
Cardinal Health France 506 SAS	France
Cardinal Health Funding, LLC	Nevada
Cardinal Health Germany 507 GmbH	Germany
Cardinal Health Germany Manufacturing GmbH	Germany
Cardinal Health International Philippines, Inc.	Philippines
Cardinal Health IPS, LLC	Delaware
Cardinal Health Ireland 419 Designated Activity Company	Ireland
Cardinal Health Ireland 508 Limited	Ireland
Cardinal Health Ireland Unlimited Company	Ireland
Cardinal Health Italy 509 Srl	Italy
Cardinal Health Japan G.K.	Japan
Cardinal Health Korea Limited	Korea
Cardinal Health Malaysia 211 Sdn. Bhd.	Malaysia
Cardinal Health Malta 212 Limited	Malta
Cardinal Health Managed Care Services, LLC	Delaware
Cardinal Health Medical Products India Private Limited	India
Cardinal Health Mexico 244 S. de R.L. de C.V.	Mexico
Cardinal Health Mexico 514 S. de R.L. de C.V.	Mexico
Cardinal Health Middle East FZ-LLC	United Arab Emirates
Cardinal Health Netherlands 502 B.V.	Netherlands
Cardinal Health Norway AS	Norway
Cardinal Health Pharmaceutical Contracting, LLC	Delaware
Cardinal Health Pharmacy Services, LLC	Delaware
Cardinal Health Poland Spółka z ograniczonąa odpowiedzialnośściąa	Poland
Cardinal Health Portugal 513 Unipessoal Lda.	Portugal
Cardinal Health P.R. 120, Inc.	Puerto Rico
Cardinal Health P.R. 218, Inc.	Puerto Rico
Cardinal Health P.R. 220, LLC	Puerto Rico
Cardinal Health Singapore 225 Pte. Ltd.	Singapore
Cardinal Health Spain 511 S.L.	Spain
Cardinal Health Specialty Pharmacy, LLC	Delaware
Cardinal Health Sweden 512 A.B.	Sweden
Cardinal Health Switzerland 515 GmbH	Switzerland
Cardinal Health Systems, Inc.	Ohio
Cardinal Health Technologies, LLC	Nevada
Cardinal Health Technologies Switzerland GmbH	Switzerland
Cardinal Health U.K. 432 Limited	United Kingdom
Cardinal Health Medical Equipment Consulting (Shanghai) Co., Ltd.	China
Cirpro de Delicias S.A. de C.V.	Mexico
Convertors de Mexico S.A. de C.V.	Mexico
Cordis Cashel Company Unlimited	Ireland
Cordis Corporation	Florida
Cordis (Shanghai) Medical Devices Co., Ltd.	China

Subsidiary Name	State/Jurisdiction of Incorporation
Covidien Manufacturing Solutions, S.A.	Costa Rica
Curaspan Health Group, Inc.	Delaware
EPIC Insurance Company	Vermont
Especialidades Medicas Kenmex S.A. de C.V.	Mexico
Griffin Capital, LLC	Nevada
Innovative Therapies, Inc.	Delaware
Instant Diagnostic Systems, Inc.	Alabama
Kendall Patient Recovery BVBA	Belgiuum
Kendall-Gammatron Limited	Thailand
KPR Australia Pty. Ltd.	Australia
KPR Italia S.r.l.	Italy
KPR Switzerland Sales Gmbh	Switzerland
KPR U.S., LLC	Delaware
Leader Drugstores, Inc.	Delaware
Limited Liability Company "Cardinal Health Russia"	Russian Federation
Ludlow Technical Products Canada, Ltd.	Canada
Marin Apothecaries	California
Medicine Shoppe International, Inc.	Delaware
Mediquip Sdn. Bhd.	Malaysia
Mirixa Corporation	Delaware
mscripts, LLC	Delaware
mscripts Systems India Private Limited	India
Nippon Covidien Ltd.	Japan
One Cloverleaf, LLC	Delaware
Outcomes Incorporated	Iowa
Pinnacle Intellectual Property Services, Inc.	Nevada
Pinnacle Intellectual Property Services-International, Inc.	Nevada
Post-Acute Care Center for Research, LLC	Delaware
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.	Mexico
R Cubed, Inc.	Tennessee
RainTree GPO, LLC	Delaware
Renal Purchasing Group, LLC	Tennessee
RGH Enterprises, Inc.	Ohio
Rxealtime, Inc.	Nevada
Sonexus Health, LLC	Texas
TelePharm, LLC	Iowa
The Harvard Drug Group, L.L.C.	Michigan
Tradex International, Inc.	Ohio
WaveMark, Inc.	Delaware

RGH ENTERPRISES, INC.
1810 Summit Commerce Park
Twinsburg, Ohio 44087
(330)963-6998

** NO HOME STATE LICENSE REQUIRED FOR DISTRIBUTION OF PRESCRIPTION DEVICES**

Per Florida Drug and Cosmetic Act

Chapter 499, Part 1 DRUGS; DEVICE; COSMETICS; HOUSEHOLD PRODUCTS (ss. 499.001-499-067)

499.01 Permits. —
(1) Before operating, a permit is required for each person and establishment that intends to operate as:
(a) A prescription drug manufacturer;
(b) A prescription drug repackages;
(c) A nonresident prescription drug manufacturer;
(d) A nonresident prescription drug repackager;
(e) A prescription drug wholesale distributor;
(f) An out-of-state prescription drug wholesale distributor;
(g) A retail pharmacy drug wholesale distributor;
(h) A restricted prescription drug distributor;
(i) A complimentary drug distributor;
(j) A freight forwarder;
(k) A veterinary prescription drug retail establishment;
(l) A veterinary prescription drug wholesale distributor;
(m) A limited prescription drug veterinary wholesale distributor;
(n) An over-the-counter drug manufacturer;
(o) A device manufacturer;
(p) A cosmetic manufacturer;
(q) A third party logistics provider; or
(r) A health care clinic establishment.

(e) Prescription drug wholesale distributor permit. - A prescription drug wholesale distributor permit is required for any person who is a wholesale distributor of prescription drugs and that wholesale distributes such prescription drugs in this state. The department may adopt rules for issuing a prescription drug wholesale distributor-broker permit to a person who engages in the wholesale distribution of prescription drugs and does not take physical possession of any prescription drugs.

499.003 Definitions of terms used in this part. As used in this part, the term:
(17) "Drug" means an article that is:
(a) Recognized in the current edition of the United States Pharmacopoeia and National Formulary, official Homeopathic Pharmacopoeia of the United States, or any supplement to any of those publications;
(b) Intended for use in the diagnosis, cure, mitigation, treatment, therapy, or prevention of disease in humans or other animals;
(c) Intended to affect the structure or any function of the body of humans or other animals; or
(d) Intended for use as a component of any article specified in paragraph (a), paragraph (b), or paragraph (c), and includes active pharmaceutical ingredients, but does not include devices or their nondrug components, parts, or accessories.

CardinalHealth

12075 Pritchard Road
Jacksonville, Florida 32220

Officer Name	Title
Wayne R. Robinson	Senior Vice President, Tax
Scott B. Zimmerman	Vice President and Treasurer
Matthew Douglas Sullivan	Corporate Secretary
Keegan David Chamberlain	Director, Regulatory Management

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Grant A. Thompson

, Burton Drive Stow, OH 4422 |)gmail.com

SKILLS & QUALIFICATIONS

- Background in Inventory Management, Operations/Lean Distribution, Project Management, Procurement, and Business Analytics
- BLACK BELT in Lean Six Sigma (Testing completed, certification in progress)
- Performance leader with proven results in operational execution reducing cost for the business while providing value for the customer
- Strong problem solving and analytical skills as well as ability to effectively communicate and interact within all levels of the organization
- Extremely analytical, data driven and proficient with all Microsoft applications as well as Oracle, SAP, Manhattan products DPR (Demand Planning Replenishment) and PkMS (WMS) and various other business intelligence tools such as Alteryx, Tableau, MS Access, etc.

PROFESSIONAL EXPERIENCE

Cardinal Health (Med Solutions and At Home)

Manager, Inventory Management, Supply Chain 2018 – Present

- Acquired responsibility over the ENM team in Med Solutions managing an additional three Inventory Management professionals in addition to the four professionals in the At Home business and all associated responsibilities/deliverables (below)
- Responsible for delivering a plan of $5.3M in associated E&O expense, increasing ENM supplier returns while reducing associated cost
- Implemented several key improvements such as a new redeployment tool factoring in buy nights yielding a $1.5M savings
- Developed scorecarding/dashboard to drive accountability and align expectations around ENM responsibilities with the field teams

Cardinal Health At Home

Manager, Inventory Control 2016 – 2018

- Manage and develop a staff of 4 Inventory Control professionals
- Responsible for delivering on a plan of $1.2M in associated E&O expense and manage cash goal by reducing Supplier Receivable
- Collaborate cross functionally with Accounting, Purchasing, Operations, and other critical areas to achieve key performance targets
- Conduct biweekly, individualized development sessions with direct reports to reduce costs, highlight performance strengths, identify and coach for performance and/or development

Project Manager-Supply Chain 2014 – 2016

- Responsible for creation/execution of cost saving/value-add projects on time and in budget contributing to the success of the business
- Functional lead representing Supply Chain and Operations in Company's #1 $9M Business Project implementing Units of Measure
- Collaborate with Director of Supply Chain to identify gaps in processes/procedures to implement continuous improvement initiatives
- Supply Chain point person in regard to large-scale demand planning, new customer onboarding, and distribution center move planning

Senior Inventory Analyst 2013 – 2014

- Responsible for daily analysis in regard to inventory adjustments with an emphasis on reducing non-product cost of goods sold expense
- Responsible for creating/implementing a program to successfully to maintain appropriate levels of stock within various units of measure of 39K+ skus resulting in cost savings of $180K and Purchase avoidance of $7M

Senior Commodity Buyer 2011 – 2013

- Manage and develop a staff of three procurement professionals
- Responsible for $9.7M average daily inventory in leading product category of disposable and durable medical supplies supporting $208M in annual sales in this product category while managing the highest turns in the company at 21.4 and average fill rates at 99.45%
- Recognized for an improvement idea and project leadership yielding a reduction of average daily inventory for the business by 18% ($8M)
- Execute department strategic goals according to 5 year business plan including the areas of fill rate and inventory turns; vendor performance; reducing cycle time; inventory optimization; sku rationalization; and employee retention, development and training
- Deliver biweekly S&OP meetings reviewing current performance and new account onboarding

Commodity Buyer 2010 – 2011

- Responsible for $5.2M average daily inventory resulting in an average inventory turn of 19.8
- Manage top 30% of all items and top suppliers within the organizations' leading product category while collaborating with various departments in a relationship-style model of category management

Vendor Compliance Supervisor 2008 – 2010

- Responsible for the vendor performance activities for all suppliers (500+) with a focus on continuous improvement in the areas of Lead Time, First Time Fill Rate and Receiving Discrepancies averaging a favorable 16% increase in overall efficiency
- Managed a staff of two analytical Inventory professionals

Operations Lead (Inbound/Outbound) 2006 – 2008

- Responsible for leading a team of inbound receiving employees balancing staffing, inbound deliveries, fluctuating volume while achieving metrics and overall business needs
- Responsible for leading a team of outbound shipping employees ensuring all orders were picked accurately and shipped on time

EDUCATION

Bachelor of Science in Em. Mgmt/Minor Bus. Mgmt. The University of Akron, 3 yrs completed, expected completion Spring 2020

Black Belt/Lean Six Sigma Trained (Moresteam) – 2015
Lean Fullfillment Certified (LeanCor) – 2012
APICS, CSCP – 2011

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, INC., an Ohio corporation, Charter No. 770802, having its principal location in Hudson, County of Summit, was incorporated on April 9, 1990 and is currently in GOOD STANDING upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of April, A.D. 2020.

Ohio Secretary of State

Validation Number: 202011200728

CardinalHealth

May 26, 2020

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, Inc 12075 Pritchard Rd. Jacksonville, FL 32220

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State Wholesaler License. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ 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: NDC Distributors LLC

Physical Address: 1825 65th street

City: Brooklyn State: ny Zip Code: 11204

Telephone Number: 888-694-7757 Fax Number: 516-908-4897

Toll Free Number: _____

E-mail: aglvck@NDCDrug.com Website: NDCDrug.com

Facility Manager: Samuel Ari Gluck

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

Types of licensed outlets or authorized persons firm will serve:

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

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: Sun Pharma
Address: Independence way, princeton NJ 08540

Name: Accord health
Address: Boulevard of the gen : Eagleville PA 19403

Name: ANI pharma
Address: main Street west Bardette MN 56623

Name: Bausch health
Address: Somerset corporate BLVD Bridgewater Township NJ 08807

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

Samuel Aci Huck
Print Name of Authorized Person

8/3/2020
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: _____

Mailing Address: 1825 65th Street

City: Brooklyn State: dy Zip: 11204

Telephone: 888-694-7757 Fax: 516-908-4897

Contact Person: Samuel Ari Gluck

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

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

a) Samuel Ari Gluck (Name) 1825 65th Street Brooklyn dy, 11204 (Business Address)

b) _____ (Name) _____ (Business Address)

c) _____ (Name) _____ (Business Address)

d) _____ (Name) _____ (Business Address)

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

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

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

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.

Ari Gluck

East Street

Brooklyn, NY 11210

Cell: 9

Email

November 2013 to Present – NDC Distributors, LLC (Drug Wholesaler) – Brooklyn, NY

CEO

- Primary Responsibilities as Registered Supervisor (custodian of all drugs), is to ensure the integrity of all drugs in the facility. To implement, adopt and enforce all policies & procedures regarding all warehouse activities such as; receiving, , updating inventory, picking, shipping , shortages, damages, and properly storing quarantined products.
- Responsible for all day to day operations including but not limited to purchasing, sales, proper record-keeping, recalls, returns, quality control, and customer service.
- Create policies and procedures to ensure accurate inventory control
- Implement and enforce full compliance within all Federal and State Regulatory Standards

July 2015 to December 2018- Meadow Park Rehabilitation and HCC, Fresh Meadows, NY

Executive Director

- Responsible for overall operations of the facility
- Direct liaison between ownership and facility administration
- Responsible for developing budgets and all fiscal aspects of the facility.

June 2013 to June 2015 - Meadow Park Rehabilitation and HCC, Fresh Meadows, NY
Administrator/Executive Director

- Responsible for overall operation of the facility.
- Responsible for developing budgets and all fiscal aspects of the facility.
- Participation in collective bargaining disciplinary matters and arbitration.
- Coordination of marketing and Admission programs
- Responsible for maintaining all facility licenses including DEA, CLIA, Medicare and Medicaid.

May 2009 – June 2011 – Executive VP / Registered Agent – Pharmscript, LLC – Mountainside, NJ/Edison, NJ

Long Term Care Pharmacy servicing Skilled Nursing and Assisted Living Facilities

- Setup purchasing department with an average of $30 million annually
- Responsible for maintaining and ensuring that pedigree compliance and authentication of goods were present for all pharmaceuticalpurchases
- Maintained 100% compliance for all pharmaceutical pedigree
- Established agreements with multi-billion dollar wholesalers
- Supervised pre-packaging department of over 300 different pharmaceutical permutations.
- Responsible for all recalls, audits, and inventory management
- Setup a billing department for both third party and facility billing
- Implemented and enforced full compliance within all Federal and State Regulatory Standards

July 2007 – May 2009 – Administrator – Ocean Promenade Rehabilitation and Nursing Center – Rockaway Park, NY

- Supervised all facility operations
- Responsible for all financial and staffing budgets
- Supervised 4 million dollar rehabilitation project for re-modeling the entire facility
- Responsible for collective bargaining matters and arbitration
- Interviewing and hiring of supervisory staff
- Responsible for maintaining all facility licenses including DEA, CLIA, Medicare and Medicaid.

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NABP ACCREDITED

DRUG DISTRIBUTOR

NDC Distributors LLC

located at

1825 65th Street, Brooklyn, NY 11204

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

4/23/2020 - 4/22/2023
Period of Accreditation

Verified 8/5/20 MS

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 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
NDC Distributors LLC	1825 65th Street Brooklyn, NY 11204	04/23/20

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

State of New York
Department of State } ss:

I hereby certify, that NDC DISTRIBUTORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/03/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of August two thousand and twenty.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

202008060132 28

State of New York
Department of State } ss:

I hereby certify, that NDC DISTRIBUTORS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/03/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

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

202002030459 28

NDC Distributors, LLC

1825 65th Street
Brooklyn NY, 11204
Phone: 888-694-7757

LIST OF OFFICERS AND DIRECTORS

Samuel Ari Gluck is the CEO and owns 100% of NDC Distributors LLC located at 1825 65th Street Brooklyn NY, 11204.

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
ARI GLUCK

2019-22

THIS IS TO CERTIFY

NDC DISTRIBUTORS LLC.
1825 65TH STREET
BROOKLYN, NY 11204

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 NOVEMBER, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF OCTOBER, 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
032046

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

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Current List of Licenses

State/Federal Agency	Name on License	License Number	Type of License	Date License Acquired	Expiration Date	Contact Information	Notations
Alabama	NDC Distributors, LLC	155067	Wholesale	5/23/2016	12/31/2020	205-981-2280	
Arkansas	NDC Distributors, LLC	WD0-1671	Wholesale	2/1/2016	12/31/2020	501-682-0150	
California	NDC Distributors, LLC	OSD 788	Wholesale	7/14/2020	7/1/2021	916-518-3100	
Colorado	NDC Distributors, LLC	WHO 0008219	Wholesale	5/11/2020	10/31/2020	303-894-7800	
Connecticut	NDC Distributors, LLC	CSW 0003591	Wholesale	7/1/2017	6/30/2021	860-713-6070	
Delaware	NDC Distributors, LLC	A4-0002748	Wholesale	4/16/2020	9/30/2020	302-744-4500	
Florida	NDC Distributors, LLC	232790	Wholesale	7/28/2020	7/31/2022	850-245-4474	
Georgia	NDC Distributors, LLC	PHWH003986	Wholesale	5/20/2016	6/30/2021	404-651-8000	
Idaho	NDC Distributors, LLC	W58169	Wholesale	5/28/2020	12/31/2020	208-334-2356	
Illinois	NDC Distributors, LLC	4003858	Wholesale	7/3/2014	12/31/2020	800-560-6420	
Indiana	NDC Distributors, LLC	48002423A	Wholesale	5/19/2020	9/30/2020	317-234-2067	
Iowa	NDC Distributors, LLC	8178	Wholesale	1/1/2017	12/31/2020	515-281-5944	
Kansas	NDC Distributors, LLC	5-102840	Wholesale	6/30/2021	6/30/2021	785-296-4056	
Kentucky	NDC Distributors, LLC	W01691	Wholesale	3/17/2016	9/30/2020	502-564-7910	
Louisiana	NDC Distributors, LLC	8588	Wholesale	3/18/2016	12/31/2020	225-925-6496	
Maine	NDC Distributors, LLC	WH7000132	Wholesale	5/18/2020	12/31/2020	207-624-8686	
Maryland	NDC Distributors, LLC	D0s768	Wholesale	5/12/2020	5/31/2021	410-764-4755	
Montana	NDC Distributors, LLC	PHA-WDD-LIC-68727	Wholesale	5/29/2020	11/30/2020	406-841-2371	
Minnesota	NDC Distributors, LLC	364434	Wholesale	5/21/2020	5/31/2021	651-201-2825	
Mississippi	NDC Distributors, LLC	18084716 5A	Wholesale	5/22/2020	12/31/2020	601-899-8880	
Missouri	NDC Distributors, LLC	2020004226	Wholesale	2/4/2020	10/31/2021	573-751-0091	
New Hampshire	NDC Distributors, LLC	9350	Wholesale	1/24/2020	6/30/2020	603-271-2350	
New Jersey	NDC Distributors, LLC	5065069	Wholesale	12/6/2016	1/31/2021	973-504-6450	
New Mexico	NDC Distributors, LLC	WD00012782	Wholesale	7/23/2020	12/31/2023	505-222-9830	
New York	NDC Distributors, LLC	320046	Wholesale	11/1/2013	10/31/2022	518-474-3817 ext. 130	
North Carolina	NDC Distributors, LLC	7724	Wholesale	1/27/2020	12/31/2020	919-246-1050	
North Dakota	NDC Distributors, LLC	Wh02446	Wholesale	5/7/2020	6/30/2021	701-328-9535	
Ohio	NDC Distributors, LLC	1265h600	Wholesale	10/27/2017	6/30/2021	614-466-4143	
Oklahoma	NDC Distributors, LLC	88-W-0230	Wholesale	2/6/2020	1/31/2021	405-521-3815	
Oregon	NDC Distributors, LLC	W1-0004523	Wholesale	5/20/2020	9/30/2020	971-673-0001	
Pennsylvania	NDC Distributors, LLC	3000010120	Wholesale	1/8/2020	1/31/2021	717-783-7156	
Rhode Island	NDC Distributors, LLC	DIS05408	Wholesale	1/7/2020	9/30/2020	401-222-2840	
South Dakota	NDC Distributors, LLC	600 758	Wholesale	2/13/2020	12/31/2020	605-362-2737	
Tennessee	NDC Distributors, LLC	4427	Wholesale	8/8/2018	8/31/2020	615-741-2718	
Texas	NDC Distributors, LLC	100 [illegible]8	Wholesale	1/15/2015	1/4/2021	512-305-8000	
Utah	NDC Distributors, LLC	11768558 10	Wholesale	5/15/2020	9/30/2021	801-530-6628	
Vermont	NDC Distributors, C	39 0134 8	Wholesale	9/4/2020	7/31/2021	802-828-2373	
Virginia	NDC Distributors, LC	219001 06	Wholesale	7/12/2019	2/28/2021	804-367-4456	
Washington	NDC Distributors, LLC	PHWHFX 60694464	Wholesale	2/28/2020	12/31/2020	360-236-4946	
West Virginia	NDC Distributors, LLC	WD0566 59	Wholesale	6/20/2019	6/30/2021	304-558-0558	

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. 3325860

Application/License No. _____

NDC DISTRIBUTORS LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1825 65TH STREET , Brooklyn, New York, 11204 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 301 E 4th Street CINCINNATI Ohio 45202 United States (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 Jul 07, 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 10th day of July, 20 20.

APPLICANT/PRINCIPAL
NDC DISTRIBUTORS LLC
COMPANY

Authorized Representative

SURETY
Great American Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

GREAT AMERICAN INSURANCE COMPANY

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent
Non-

GREAT AMERICAN INSURANCE GROUP

301 East 4th Street
Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2019

ADMITTED ASSETS

Bonds	$	4,151,708,417
Stocks		1,373,914,922
Mortgage loans on real estate		370,715,151
Real estate (net of encumbrances)		57,455,615
Cash and short-term investments		752,974,261
Other invested assets		766,672,430
Receivable for securities		3,036,261
Investment income due and accrued		38,476,462
Agents' and premium balances		664,425,875
Reinsurance recoverable on loss and loss expense payments		53,513,207
Federal and foreign income taxes		9,584,901
Net deferred tax asset		138,212,352
Receivable from affiliates		11,964,847
Receivable from Federal Crop Insurance Corporation		325,600,767
Company owned life insurance		185,334,724
Funds held as collateral		6,644,421
Funded deductibles		27,370,186
Other admitted assets		37,855,206
Total	$	8,975,460,005

LIABILITIES, CAPITAL AND SURPLUS

Unpaid losses and loss expenses		$	4,097,867,979
Reserve for underwriting expenses			299,977,750
Reserve for unearned premiums			1,469,883,822
Ceded reinsurance premiums payable			144,300,777
Funds held under reinsurance treaties			555,341,414
Retroactive reinsurance ceded			(131,593,738)
Other liabilities			205,005,266
Total liabilities			6,640,783,270
Capital stock	$ 15,440,600		
Paid in surplus	871,833,489		
Special surplus funds	90,949,254		
Unassigned funds	1,356,453,392		
Policyholders' surplus			2,334,676,735
Total		$	8,975,460,005

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners

STATE OF OHIO

SS:

COUNTY OF HAMILTON

Robert J. Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2019

Subscribed and sworn to before me

this 2nd day of March, 2020

Controller

Assistant Secretary

Public Notary

SHARON R. HULEN
Notary Public, State of Ohio
My Commission Expires 12-22-2021

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ 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: Apellis Pharmaceuticals, Inc.

Physical Address: 100 Fifth Avenue

City: Waltham State: MA Zip Code: 02451

Telephone Number: 617- 977-5700 Fax Number: N/A

Toll Free Number: N/A

E-mail: David.peters@apellis.com Website: www.apellis.com

Facility Manager: David J. Peters

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)
See Attachment C

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐
As a publicly traded company, shareholders change daily. It is the company's assumption that it shareholders also hold ownership in other Nevada licensed pharmaceuticals companies.

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.

DocuSigned by:
David Peters
9B5C4E046507475...

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

David J. Peters
Print Name of Authorized Person

7/15/2020
Date

[redacted]

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: Apellis Pharmaceuticals, Inc.

Mailing Address: 100 Fifth Avenue

City: Waltham State: MA Zip: 02451

Telephone: 617- 977-5700 Fax: N/A

Contact Person: David J. Peters

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 E

Date of Incorporation: 9/25/2009

Registration number issued: 001-38276

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 F

List of officers and directors. See Attachment G

DocuSign Envelope ID: 57EA3619-F866-4DB3-8B9D-2BF66635D017

Attachment A

Resident State License and Verification

Enclosed is a copy of the Massachusetts resident state license. The online verification is currently pending and will be provided shortly.

DocuSign Envelope ID: 57EA3619-F866-4DB3-8B9D-2BF66635D017

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
[redacted]	04/28/2020	04/28/2021	Virtual Drug Manufacturers

ISSUED TO

APELLIS PHARMACEUTICALS INC.
100 FIFTH AVENUE
WALTHAM, MA 02451
ATTN: DAVID J PETERS VICE PRESIDENT, SUPPLY CHAIN

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

831016

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	04/28/2020	04/28/2021	Virtual Drug Manufacturers

ISSUED TO

APELLIS PHARMACEUTICALS INC.
100 FIFTH AVENUE
WALTHAM, MA 02451
ATTN: DAVID J PETERS VICE PRESIDENT, SUPPLY CHAIN

NEW

Attachment B

Facility Manager's Resume

David J. Peters

Phone 0275 Email: r maine.rr.com

Summary:
Dynamic forward-thinking operations executive with exceptional record of accomplishment in the pharmaceutical industry. Recognized for value creation, building new capabilities, business process optimization, team development, and collaborative leadership. Creative strategic thinker with strong business acumen who can identify solutions and drive results.

Disciplines Include: Expertise across the entire supply operating model, (Plan, Source, Make, Deliver): Supply & Capacity Planning, Sourcing & Selection, Contracts Negotiation, Procurement, Manufacturing, Supplier Relationship and Alliance Partner Management, Logistics, Trade Operations, Strategy

Experience and Accomplishments:

Apellis Pharmaceuticals, Inc.: Vice President, Supply Chain, Sep 2019 to Present
Accountable for Global Clinical and Commercial Supply Chain Management

Ironwood Pharmaceuticals, Inc.: Head of Global Supply Chain, (Sep 2011-Feb 2019)
Built and led all aspects of Ironwood's supply chain capabilities including: sourcing, procurement, manufacturing, supply chain, supplier and customer relationship management, and trade operations

- Supply Chain and Manufacturing:
  - Launched and supplied LINZESS® for treatment of IBS (US, EU, JP, HK, & CH)
  - Generated over $35M in cost savings and avoidance by contract restructurings
  - Exceeded aggressive ex-US revenue targets of $30M and $72M in each of past two years
  - Established Sales & Operations Planning (S&OP) processes for lead products
- Trade Operations:
  - Installed distribution and sales order capabilities including contracting, account management, and reporting. Contracted with suppliers, 3PLs, and wholesalers
  - Launched and supplied ZURAMPIC® and DUZALLO® for treatment of uncontrolled gout
- Procurement and Sourcing:
  - Developed appropriate procurement policy and redesigned business processes that enabled end-user visibility, efficient workflows, greater compliance, and less rework
  - Installed sourcing capability to improve vendor selection and standardize business terms
- Led strategic planning processes and helped structure 2014 corporate strategy planning process
- Hired, developed, and led a diverse team of versatile and high-performing supply chain leaders

Forest Laboratories, Inc.: Director, Supply Chain Strategy, (2H 2011)
Served in a transitional role following the acquisition of Trovis Pharmaceuticals (Clinical Data, Inc.)

- Enabled the launch of VIIBRYD® for the treatment of major depressive disorder
- Developed supply chain strategy framework for VIIBRYD®. Replicated for TUDORZA®, LINZESS®, and other Forest products

Trovis Pharmaceuticals (f.k.a. PGxHealth, Inc.): Director, Supply Chain (1H 2011)
Led supply activities related to the launch of VIIBRYD® including: planning, COGs analysis, 3PL & vendor selections, contracts & CMO management, order & inventory management, artworks, and logistics

- Established business processes for planning, logistics, artworks, and inventory management
- Drove cross-functional 3PL selection process and development of all business terms

David J. Peters

Phone 0275 Ema)maine.rr.com

Maxiom Group: Supply Chain Consultant (2010)
Management consultant to the pharmaceutical industry including, Trovis Pharmaceuticals, above

- Completed supply chain assessments and recommendations for five (5) clients
- Prepared validation and launch plans for multiple clients. Developed planning tools
- Designed and implemented industry benchmark S&OP process for a specialty pharma company

Wyeth: Director, Biotech External Supply Network (2006-2009)
Directed External Manufacturing function for ENBREL® and other global product; 12M units annually. Built and leveraged relationships with executive-level contacts at CMOs and partners. Led technically complex lifecycle projects including: new dosage forms, devices, and product transitions. Developed and managed staff based in US and in EU. Expense and capital budget responsibility of $5M. Supply-spend authority of $250M annually

- Championed a technology project at a CMO that resulted in cost savings of $3M annually
- Drove the design and execution of continuous improvement projects by applying Lean and Six Sigma principles. Reduced product cycle times by 40%
- Established CMO management as a Wyeth best practice
- Developed a product-quality improvement program with a CMO, EU supplier, and JP affiliate
- Resolved international cold chain shipment excursions resulting in risk mitigation of >$25M
- Led Pfizer transition effort resulting in $10M of organizational efficiencies and unspecified tax risk mitigation thru transfer of responsibilities, impacting thirty (30) positions

Wyeth (f.k.a American Home Products): Associate Director, BioPharma Supply Chain (2001-2006)
Supply chain leader for planning and lifecycle management for ENBREL® and MYLOTARG®. Primary contact to Wyeth executive management. Wyeth-Amgen S&OP process owner

- Hired and developed a team of exceptional supply chain professionals
- Designed and implemented planning tools that improved end-to-end visibility, reduced inventories from $1.5B to $800M, and increased customer service levels to 99%
- Established Wyeth BioPharma S&OP process. Recognized as a best practice across Wyeth
- Developed and implemented the division's global inventory reporting process
- Incorporated anti-counterfeiting measures into primary packaging for all products

Genetics Institute (subsidiary of American Home Products): Technical Operations (1992 – 2001)

- Various roles including: production planning, capital projects, and process engineering

RepliGen Corporation: Research Associate, Process Development (1988 – 1992)

Education:
MBA, New Hampshire College – Graduate School of Business, 1995
BS-Biochemistry, University of New Hampshire, 1987

Certifications and Professional Development:
CSCP, (Certified Supply Chain Professional) – APICS, (since 2014)
Training: Facilitation, Leadership Priorities®, Finance, Best Negotiating Practices®, Business Across Borders®, Decision Excellence®, Insights®, APICS Master Planning, SAP, AMA-Project Management

Attachment D

Nature of Business

Apellis Pharmaceuticals, Inc. (Apellis) is a virtual manufacturer of prescription drugs. Apellis' first product, pegcetacoplan, will be used to treat a rare blood disorder. Apellis will use third parties to manufacturer and ship its product. Below is the contact information for the contract manufacturer and party logistics provider.

Contract Manufacturer:

Cangene BioPharma, LLC d/b/a Emergent BioSolutions
1111 South Paca Street
Baltimore, MD 21230

Third Party Logistics Provider:

Cardinal Health 105, Inc.
501 Mason Road
La Vergne, TN 37086

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 "APELLIS 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 JUNE, 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 "APELLIS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2009.

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

Jeffrey W. Bullock, Secretary of State

4735405 8300

SR# 20205553623

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

Authentication: 203065354

Date: 06-08-20

Attachment G

Corporate Officer and Director Information

Apellis Pharmaceuticals, Inc.

Corporate Officers:

Cedric Francois
Chief Executive Officer

Timothy Sullivan
Chief Financial Officer

David Watson
General Counsel

Directors:

Gerald Chan
Sinclair Dunlop
Stephanie Monaghan O'Brien
Paul Fonteyne
Cedric Francois
Alec Machiels

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

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

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ 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: AVEO Pharmaceuticals, Inc.

Physical Address: 30 Winter Street

City: Boston State: MA Zip Code: 02108

Telephone Number: 617-588-1960 Fax Number: N/A

Toll Free Number: _____

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

Facility Manager: Jason Noto

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 and 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: N/A
Address:

Name:
Address:

Name:
Address:

Name:
Address:

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

Karuna Rubin
Print Name of Authorized Person

19 JUNE 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: DE

Parent Company if any: N/A

Corporation Name: AVEO Pharmaceuticals, Inc.

Mailing Address: 300 Winter Street

City: Boston State: MA Zip: 02108

Telephone: 617-588-1960 Fax:

Contact Person: Jason Noto

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: 10/19/2001

Registration number issued: 3444819

Stock Exchange: AVEO

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
	04/28/2020	04/28/2021	Virtual Drug Manufacturers

ISSUED TO

AVEO PHARMACEUTICALS, INC.
30 WINTER STREET
BOSTON, MA 02108
ATTN: KARUNA RUBIN SENIOR VICE PRESIDENT AND GENERAL COUNSEL

COMMISSIONER OF PUBLIC HEALTH

831017

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	04/28/2020	04/28/2021	Virtual Drug Manufacturers

ISSUED TO

AVEO PHARMACEUTICALS, INC.
30 WINTER STREET
BOSTON, MA 02108
ATTN: KARUNA RUBIN SENIOR VICE PRESIDENT AND GENERAL COUNSEL

NEW

Ownership Information

Company Name: AVEO Pharmaceuticals, Inc.
Address: 30 Winter Street
City, State, Zip: Boston, MA 02108
Phone: 617-588-1960
Website: https://www.aveooncology.com/
E-mail: statelicensing@aveooncology.com

FEIN: 04-3581650
State of Formation: Delaware
Date Incorporated: 10/19/2001
File Number: 344419

Aveo Pharmaceuticals is a Publicly Traded company on the NASDAQ stock exchange under the symbol AVEO

Officers

Michael Bailey, President and Chief Executive Officer
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 617-588-1960
Email: mbailey@aveooncology.com
Ownership %: 2

Karuna Rubin, Senior Vice President and General Counsel
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 617-588-1960
Email: krubin@aveooncology.com
Ownership %: N/A

Erick Lucera, Chief Financial Officer
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 617-588-1960
Email: elucera@aveooncology.com
Ownership %: N/A

Michael Needle, Chief Medical Officer
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 617-588-1960
Email: mneedle@aveooncology.com
Ownership %: N/A

Description of Operations

AVEO Pharmaceuticals, Inc. is a VirtualManufacturer. AVEO Pharmaceuticals, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributor and Specialty Pharmacies by their Third-Party Logistics Provider, ICS , who is licensed to ship pharmaceutical products into your state.

AVEO is publicly traded on the NASDAQ (AVEO).

Aveo was incorporated in the State of Delaware on 10/19/2001; File # 344419

Contract Manufacturer Information:
We will be using the contract manufacturer(s) below to produce our product:

Catalent CTS, LLC
10245 Hickman Mills Drive
Kansas City, MO 64137
FEIN: 3002929455

AndersonBrecon (PCI)
4545 Assembly Drive
Rockford, IL 61109
FEIN: 1421377

Catalent manufactures AVEO Pharmaceuticals, Inc.'s product and PCI packages finished product. At no time does Catalent or PCI own the product, contract with AVEO Pharmaceuticals, Inc.'s customers, invoice, nor sell an AVEO Pharmaceuticals, Inc. product. AVEO Pharmaceuticals, Inc.'s products are not Controlled Substances.

Labeler Code: 45629

Third Party Logistic information:
For distribution into the commercial supply channels, ICS acts as AVEO Pharmaceuticals, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of AVEO Pharmaceuticals, Inc.'s product to Specialty Distributor and Specialty Pharmacies throughout the United States. ICS' address is:

ICS
420 International Drive
Brooks, KY 40109
Matthew Letow 469-3665-7744

AVEO Pharmaceuticals, Inc.'s hours of operation are 8:00 am – 5:00pm EST Monday through Friday.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "AVEO PHARMACEUTICALS, 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 NINETEENTH DAY OF OCTOBER, A.D. 2001, AT 2:30 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SECOND DAY OF JANUARY, A.D. 2002, AT 5:30 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF MARCH, A.D. 2002, AT 11 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTEENTH DAY OF JANUARY, A.D. 2003, AT 10:30 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FOURTH DAY OF JULY, A.D. 2003, AT 4:29 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3444819 8310

SR# 20201661198

Authentication: 202477844

Date: 02-27-20

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

Delaware

The First State

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "GENPATH PHARMACEUTICALS, INC." TO "AVEO PHARMACEUTICALS, INC.", FILED THE FIRST DAY OF MARCH, A.D. 2005, AT 10:38 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE ELEVENTH DAY OF APRIL, A.D. 2005, AT 1:43 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE NINETEENTH DAY OF JANUARY, A.D. 2006, AT 5:36 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SIXTH DAY OF MARCH, A.D. 2007, AT 12:26 O`CLOCK P.M.

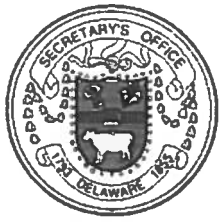
CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF JUNE, A.D. 2007, AT 10:23 O`CLOCK A.M.

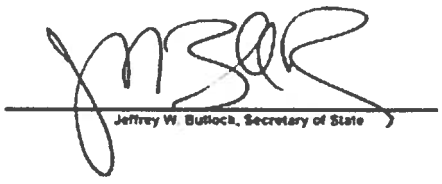
CERTIFICATE OF AMENDMENT, FILED THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2007, AT 3:06 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF MARCH, A.D. 2009, AT 1:13 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF FEBRUARY, A.D. 2010, AT 12:07 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2010, AT 1:47 O`CLOCK P.M.





3444819 8310

SR# 20201661198

Authentication: 202477844

Date: 02-27-20

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

Delaware

The First State

RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF MARCH, A.D. 2010, AT 8 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-EIGHTH DAY OF MAY, A.D. 2015, AT 5 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SIXTH DAY OF JUNE, A.D. 2017, AT 8:33 O`CLOCK A.M.

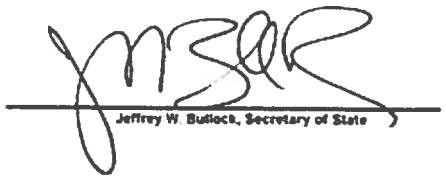
CERTIFICATE OF AMENDMENT, FILED THE THIRTEENTH DAY OF JUNE, A.D. 2019, AT 11:47 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE NINETEENTH DAY OF FEBRUARY, A.D. 2020, AT 8:20 O`CLOCK A.M.

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

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.



3444819 8310

SR# 20201661198

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

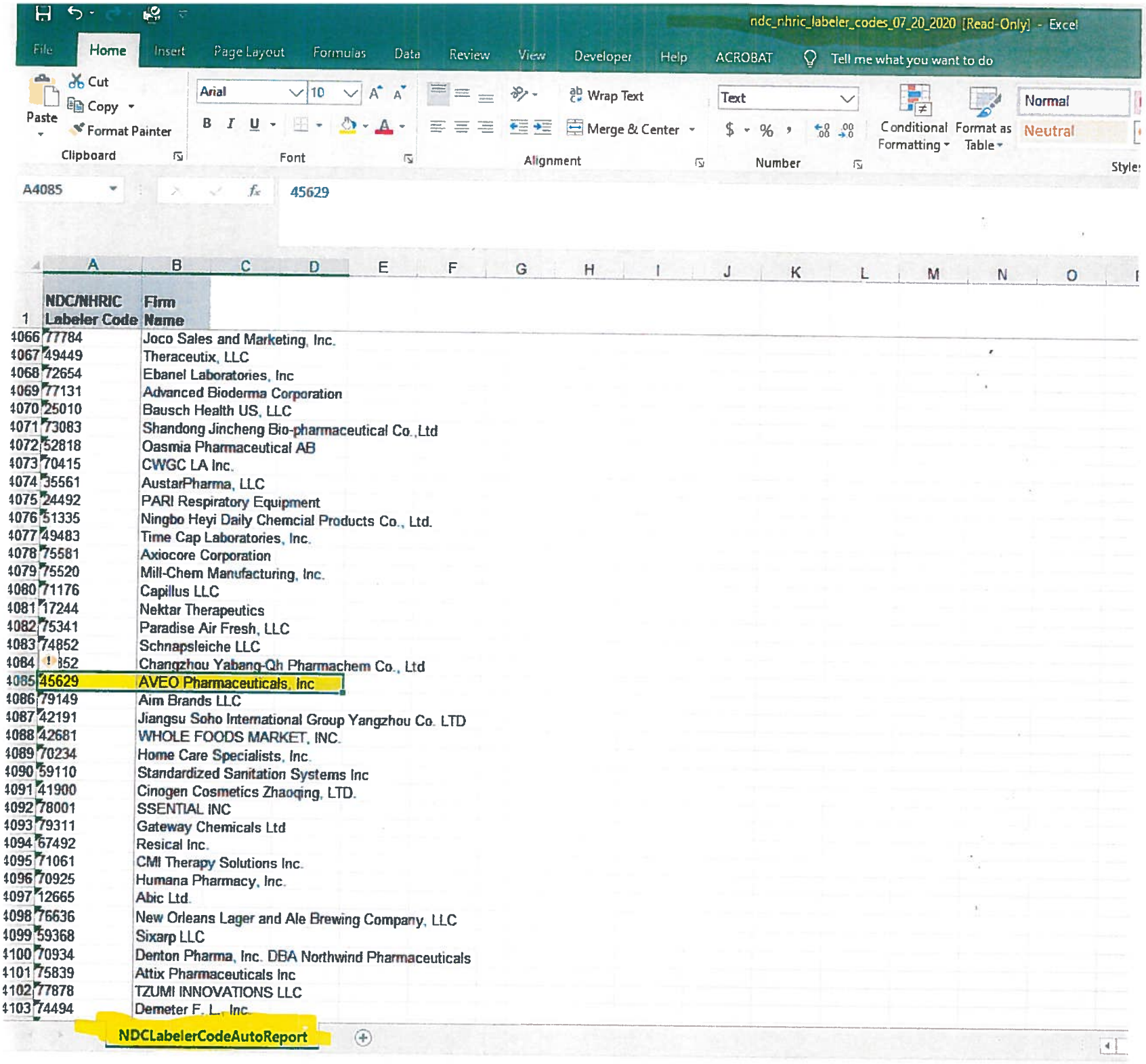
Authentication: 202477844

Date: 02-27-20

Product Information:

- FOTIVDA (Tivozanib) .89mg tablet
- FOTIVDA (Tivozanib) 1.34mg tablet
    - Fotivda (tivozanib) is an oral vascular endothelial growth factor tyrosine kinase inhibitor for the treatment of advanced renal cell carcinoma (RCC)

Labeler code: 45629


ndc_nhric_labeler_codes_07_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 Paste
Arial 10
Wrap Text
Merge & Center
Text
Conditional Formatting
Format as Table
Normal
Neutral
Clipboard
Font
Alignment
Number
Styles
A4085
45629
NDC/NHRIC Labeler Code
Firm Name
4066 77784 Joco Sales and Marketing, Inc.
4067 49449 Theraceutix, LLC
4068 72654 Ebanel Laboratories, Inc
4069 77131 Advanced Bioderma Corporation
4070 25010 Bausch Health US, LLC
4071 73083 Shandong Jincheng Bio-pharmaceutical Co.,Ltd
4072 52818 Oasmia Pharmaceutical AB
4073 70415 CWGC LA Inc.
4074 35561 AustarPharma, LLC
4075 24492 PARI Respiratory Equipment
4076 51335 Ningbo Heyi Daily Chemcial Products Co., Ltd.
4077 49483 Time Cap Laboratories, Inc.
4078 75581 Axiocore Corporation
4079 75520 Mill-Chem Manufacturing, Inc.
4080 71176 Capillus LLC
4081 17244 Nektar Therapeutics
4082 75341 Paradise Air Fresh, LLC
4083 74852 Schnapsleiche LLC
4084 852 Changzhou Yabang-Qh Pharmachem Co., Ltd
4085 45629 AVEO Pharmaceuticals, Inc
4086 79149 Aim Brands LLC
4087 42191 Jiangsu Soho International Group Yangzhou Co. LTD
4088 42681 WHOLE FOODS MARKET, INC.
4089 70234 Home Care Specialists, Inc.
4090 59110 Standardized Sanitation Systems Inc
4091 41900 Cinogen Cosmetics Zhaoqing, LTD.
4092 78001 SSENTIAL INC
4093 79311 Gateway Chemicals Ltd
4094 67492 Resical Inc.
4095 71061 CMI Therapy Solutions Inc.
4096 70925 Humana Pharmacy, Inc.
4097 12665 Abic Ltd.
4098 76636 New Orleans Lager and Ale Brewing Company, LLC
4099 59368 Sixarp LLC
4100 70934 Denton Pharma, Inc. DBA Northwind Pharmaceuticals
4101 75839 Attix Pharmaceuticals Inc
4102 77878 TZUMI INNOVATIONS LLC
4103 74494 Demeter F. L., Inc.
NDCLabelerCodeAutoReport

Jason M. Noto
@yahoo.com
Walpole, M
7487

Biopharmaceutical Marketing & Digital Healthcare Strategist

A commercial strategist with a 20-year record of achievement and demonstrated success in launching orphan and specialty products across the US & global markets. Recognized leadership in digital innovation, omni-channel marketing, complex brand strategy, market access strategy, and breakthrough go-to-market models. Experience in leading various brand teams, along with high level, enterprise-wide, commercial initiatives.

Key Strengths:

- Digital Commercialization Strategy
- Complex Brand Leadership
- Brand & Portfolio Development
- Field Sales & Sales Management
- Strategic Brand Planning
- Multi-Channel Engagement
- Marketing Leadership
- Life Cycle Planning
- KOL Relationship Management
- Interactive Brand Strategy

PROFESSIONAL EXPERIENCE:

AVEO Oncology, Boston, MA
Vice President, Market Access

1798 Consultants, Boston, MA
Vice President, Market Access & Biotech Commercial Strategy (2019 – Present)

- Led brand marketing and market access strategy consulting vertical for the Oncology division of a $5B Boston-based biotech organization
- Developed in-line and pipeline brand plans and CMS / Commercial Access strategic plans to secure favorable coverage ahead of product commercialization
- Led large-scale, digital therapeutics workstream aimed at securing CMS coverage of breakthrough diagnostics to complement traditional therapies
- Established Oncology Clinical Pathways protocol to quantify revenue impact and optimize the rate of preferred positioning across ASCO-validated Pathways

AMAG PHARMACEUTICALS, Waltham, MA
Senior Director, Market Access Strategy & Payer Marketing (2018 - 2019)

- Designed and communicated the market access strategy for the commercial portfolio, establishing short and long-term objectives to improve access and optimize resource utilization.
- Optimized in-market & established pre-launch product positioning through the development & enhancement of an innovative brand value proposition.
- Developed & implemented strategic plans for Commercial, Medicare Part D, State & Managed Medicaid, & Employer / Exchange payer segments, along with additional focus on key GPO, IDN, Hospital, and ACO accounts as appropriate.
- Contributed to the development of the Value and HEOR Dossiers, targeted contract pricing analyses, & optimal distribution strategies in support of widespread payer acceptance.
- Worked closely with brand marketing, sales leadership, HEOR, trade, regional & national account directors to align strategies designed to build access and coverage for the commercial portfolio of products.

AMAG PHARMACEUTICALS, Waltham, MA
Senior Director, Digital Engagement Strategy (2017)

- Responsible for the development of digital customer engagement and launch strategies for all brands within the Amag commercial organization (2017 revenue: $610M).
- Led a team of digital marketing directors tasked with the development and deployment of all branded & unbranded, multi-channel promotional assets across various therapeutic areas.
- Customized an enterprise-wide, Health IT strategic framework to leverage the utility of EHR / EMR systems to optimally position flagship products within leading platform.

SUNOVION PHARMACEUTICALS, Marlborough, MA
Director, Digital & Multi-Channel Marketing (2012 - 2017)

- Led the creation & rollout of product positioning & CNS customer segmentation model across personal and non-personal promotions resulting in 180% YOY growth.
- Responsible for the identification & integration of an enterprise-wide, breakthrough approach to brand promotion utilizing segmentation & affinity of communication medium by individual HCP.
- Oversaw the management & strategic deployment of a $12M+ budget to drive customer interaction and engagement across channels to maximize exposure to critical customer set.

ALKERMES, Waltham, MA
Director, CNS Marketing (2009 – 2012)

- Led the development and execution of the strategic and tactical US launch plan of VIVITROL (injectable naltrexone) into the opioid dependence market
- Responsible for the development and execution of all personal & non-personal HCP launch strategies, communication campaigns, product positioning, KOL management and patient advocacy partnerships designed to build awareness and maximize launch trajectory of VIVITROL
- Developed and executed strategic and tactical marketing plan, encompassing all multi-channel mediums to drive awareness, trial, and usage; Exceeded launch year revenue projections by 18% & year 2 forecast by 22%.
- Responsible for the hiring and direct management of four VIVITROL brand managers.
- Conceptualized and delivered innovative digital strategies to further differentiate the brand across customer segments based on enhanced value proposition.
- Led various HEOR & product distribution work streams to ensure comprehensive commercial coverage to maximize revenue.
- Served as marketing liaison to clinical development for scientific publication planning and placement.

VIROPHARMA, Exton, PA
Senior Product Manager (2007 – 2009)
Rare Disease Commercialization

- Created positioning statement along with product, disease state, and reimbursement messaging for various target audiences to capture product definition and competitive differentiation.
- Established a Centers of Excellence KOL management plan to optimize support and product uptick at launch
- Developed the US budget demand forecast for the prophylaxis indication.
- Responsible for the strategic alliance with patient advocacy (NORD & HAE Association) to ensure broad based support across consumer, HCP, and government factions.
- Led brand name and logo creation initiative from inception of market research through trademark filing, registration, and FDA approval.

BRISTOL-MYERS SQUIBB, Princeton, NJ (2001 – 2007)
Oncology Product Manager (2005 – 2007)

- Contributed to the strategic and tactical development of all ERBITUX (cetuximab) professional promotional materials for colorectal cancer.
- Led the development of professional promotional and managed care materials for the head & neck cancer launch of ERBITUX.
- Responsible for primary & secondary market research relative to professional and managed markets core business objectives.
- Led all sales force communications ranging from competitive intelligence to guidance on the appropriate utilization of promotional materials.

District Business Manager (2003 – 2005)

- Led a group of 10 specialty sales representatives responsible for the promotion and growth of key cardiovascular agents (Plavix / Pravachol).
- Successfully negotiated hospital contracts in key centers of excellence to drive sustained trial & usage in the inpatient setting.
- Grew core business 43% YOY in high decile cardiology & key academic institutions.

PCP & Oncology Sales Representative Roles (2000 – 2003)

- Responsible for the successful launch of ERBITUX in colorectal cancer in Northeastern and Central PA.
- President's Club award winner finishing in the top 2% nationally in NRx & TRx.

EDUCATION & CREDENTIALS:

Boston College
Master of Business Administration (MBA)

Le Moyne College
Business Administration (BS)
Marketing Concentration

July 8, 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 AVEO Pharmaceuticals, Inc. AVEO Pharmaceuticals is a biopharmaceutical company seeking to advance targeted medicines for oncology and other unmet medical needs.

AVEO Pharmaceuticals, Inc is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from AVEO Pharmaceuticals, Inc's office. AVEO Pharmaceuticals, Inc's product is not a controlled substance. Accordingly, AVEO Pharmaceuticals, Inc. is not required to obtain a DEA registration. At the time of this filing, AVEO Pharmaceuticals, Inc. only holds a license in their home state of Massachusetts.

I hope this narrative is helpful as you review AVEO Pharmaceuticals, Inc.'s application. If you have a question 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.

Stacie Borngrebe
Licensing Analyst
PharmaLicense

4RR

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 02434

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: Dermira, Inc.

Physical Address: 275 Middlefield Road, Suite 150

City: Menlo Park State: CA Zip Code: 94025

Telephone Number: (650) 421-7200 Fax Number: (650) 365-3410

Toll Free Number: N/A

E-mail: trade@dermira.com Website: www.dermira.com

Facility Manager: Luis Martinez

Professional qualifications and experience of facility manager:
See Resume

Types of licensed outlets or authorized persons firm will serve:

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

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: 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

Virginia Finnerty-Brooks
Print Name of Authorized Person

5/20/20
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: DE

Parent Company if any: Eli Lilly and Company

Corporation Name: Dermira, Inc.

Mailing Address: 275 Middlefield, Suite 150

City: Menlo Park State: CA Zip: 94025

Telephone: (650) 421-7200 Fax: (650) 365-3410

Contact Person: Joseph Sirna

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: 07/02/2004

Registration number issued: 3824464

Stock Exchange: LLY

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.

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/04/2018
Amount: $ 515.00
Permit #: WH02434

DERMIRA, INC.
275 MIDDLEFIELD RD #150
Menlo Park CA 94025

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler

Expires:10/31/2020

DERMIRA, INC.
275 MIDDLEFIELD RD #150
Menlo Park CA 94025

Permit #
WH02434
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Permit Type: Wholesaler
Permit #: WH02434

Expires: 10/31/2020
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

DERMIRA, INC.
275 MIDDLEFIELD RD #150
Menlo Park CA 94025

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

Dermira

Description of Operations

Dermira, Inc. is a Virtual Manufacturer and is 100% wholly owned by Eli Lilly. Dermira's products are manufactured and packaged by a contract manufacturer and will be distributed to specialty pharmacies, retailers, and other wholesalers by their third party logistics provider, who is licensed to ship pharmaceutical products into your state.

NDC: 70428-011-12

Contract Manufacturers:
We are using the following contract manufacturers to produce our products:

Professional Disposables International, Inc (PDI)
2 Nice-Pak Park
Orangeburg, NY 10962
(845) 365-1700
FDA Establishment No: 2411192

Packaging Coordinators, LLC.
3001 Red Lion Rd
Philadelphia, Pennsylvania (PA) 19114
(215) 613 3600
FDA Establishment No: 1000522077

Products:
The above contract manufacturers produce Dermira's product and packages finished product. At no time do they own the product, contract with Dermira's customers, invoice, nor sell a Dermira product. Dermira's products are not Controlled Substances.

Third Party Logistics Information:
For distribution into the commercial supply channels, Dermira will utilize a Third-Party Logistics (3PL) provider to manage the storage and distribution of Dermira's product to customers throughout the United States.

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Rd.
LaVergne, TN 37086

Cardinal Health dba Specialty Pharmaceutical Services
6640 Echo Ave Suite D
Reno, NV 89506

Dermira's hours of operation are:
8:00 a.m. – 5:00 p.m. (Pacific Time), Monday through Thursday and 8:00 a.m. – 2:00 p.m. Friday

Dermira

Company Information

Dermira, Inc.
275 Middlefield Rd. #150
Menlo Park, CA 94025
(650) 421-7200
trade@dermira.com

FEIN: 27-3267680
State of Formation: Delaware
Date Incorporated: 8/18/10

Officer:

Virginia Finnerty-Brooks – Vice President, Corporate Development & Operations

Business Address: 275 Middlefield Rd. #150, Menlo Park, CA 94025

Business Phone: (650) 303-0473

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 7252
RECEIPT NO. 00163148

VALID UNTIL JANUARY 01, 2021

DERMIRA INC
275 MIDDLEFIELD RD #150
MENLO PARK CA 94025

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

/20/19
/20/19 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) WL

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7252

NAME: DERMIRA INC
LICENSE TYPE: WHOLESALER
LICENSE STATUS: CLEAR

ISSUANCE DATE
JANUARY 3, 2018
EXPIRATION DATE
JANUARY 1, 2021
CURRENT DATE / TIME
JULY 22, 2020
11:17:36 AM

CLEAR - A "CLEAR" LICENSE ENTITLES THE INDIVIDUAL OR FIRM TO PERFORM ALL DUTIES AUTHORIZED TO THE SPECIFIC TYPE OF LICENSE, UNLESS (1) A PHARMACIST HAS RENEWED HIS OR HER LICENSE ON INACTIVE STATUS, OR (2) UNLESS THE LICENSE HAS BEEN RESTRICTED BY A DISCIPLINARY ORDER OF THE BOARD. WHEN THE WORD "PROBATION" APPEARS UNDER "CLEAR" BOARD DISCIPLINARY RESTRICTIONS ARE LISTED AT THE BOTTOM OF THE SCREEN.

ADDRESS
275 MIDDLEFIELD RD #150
MENLO PARK CA 94025
SAN MATEO COUNTY

LICENSE RELATIONSHIPS

NAME: MENSAH, KWASI OWUSU
LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)
LICENSE NUMBER: 23023 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DERMIRA, 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 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 SAID "DERMIRA, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF AUGUST, A.D. 2010.

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

Jeffrey W. Bullock, Secretary of State

4861861 8300

SR# 20202471521

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

Authentication: 202682523

Date: 03-30-20

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)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through June 15, 2020

You have searched Finished drug products

Search Results: *'70428'*

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 Mark Date
Qbrexza	70428-011-12	2.4 g/100g	CLOTH	TOPICAL	NDA210361	Dermira, Inc.	70428-011	glycopyrronium	GLYCOPYRRONIUM TOSYLATE	HUMAN PRESCRIPTION DRUG	06/28/

Showing 1 to 1 of 1 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/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
NS
7/23/20

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 July 23, 2020

You have searched Finished drug products

Search Results: *7042*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table: 70428

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
Qbrexza	70428-011-12	2.4 g/100g	CLOTH	TOPICAL	NDA210361	Dermira Inc	70428-011	glycopyrronium	GLYCOPYRRONIUM TOSYLATE	HUMAN PRESCRIPTION DRUG	06/29/2018	N/A	NDA	30 POUCH in 1 CARTON (70428-011-12) > 2.8 g in 1 POUCH (70428-011-11)

Showing 1 to 1 of 1 entries (filtered from 36 total records)

Previous 1 Next

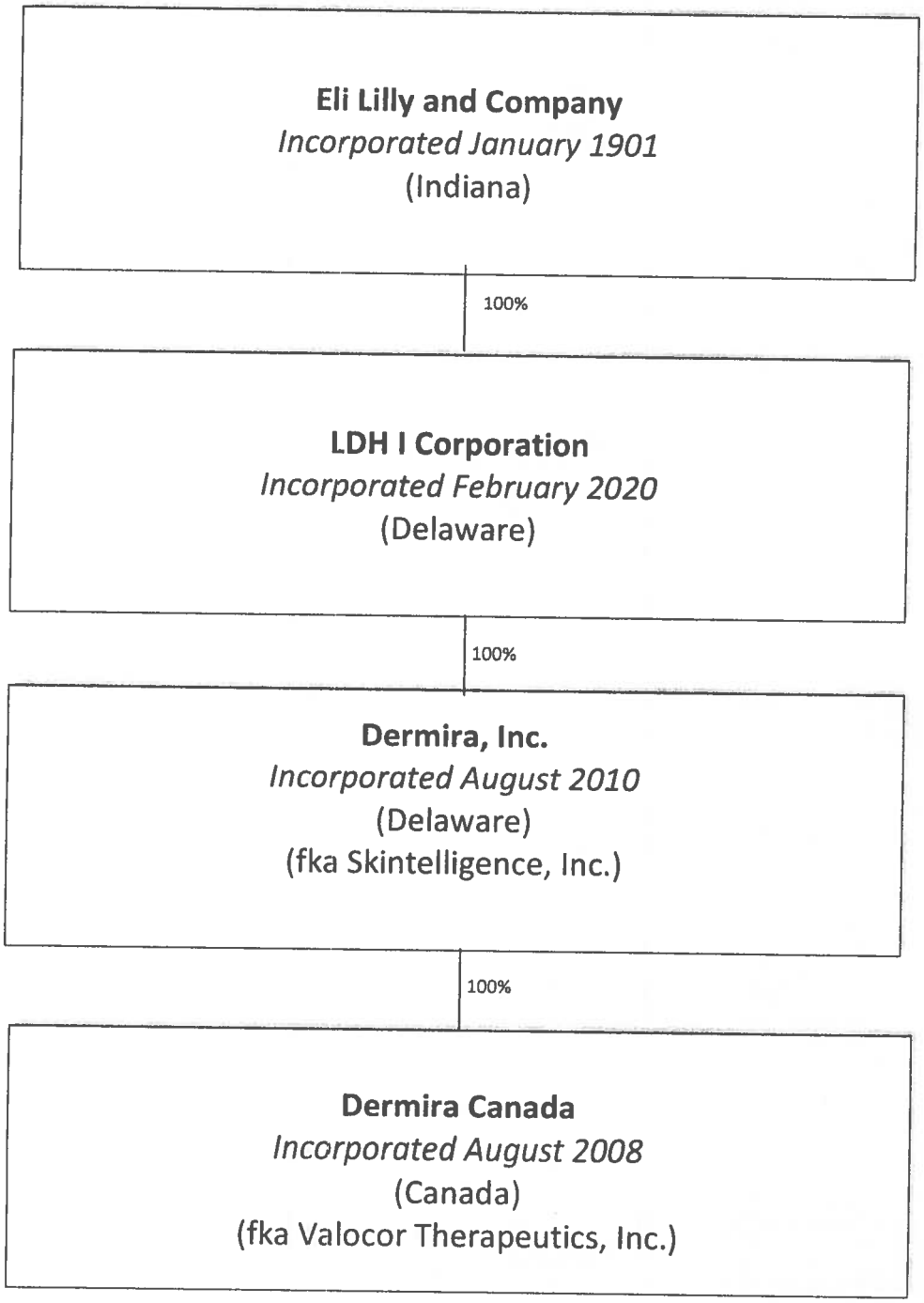
Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

DERMIRA, INC. CORPORATE ORGANIZATIONAL CHART



Delaware

The First State

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

"BALD EAGLE ACQUISITION CORPORATION", A DELAWARE CORPORATION,

WITH AND INTO "DERMIRA, INC." UNDER THE NAME OF 'DERMIRA, INC.', A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2020, AT 8:08 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4861861 8100M
SR# 20201284724

Authentication: 202422231
Date: 02-20-20

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:08 AM 02/20/2020
FILED 08:08 AM 02/20/2020
SR 20201284724 - File Number 4861861

CERTIFICATE OF MERGER

MERGING

BALD EAGLE ACQUISITION CORPORATION
(a Delaware corporation)

WITH AND INTO

DERMIRA, INC.
(a Delaware corporation)

Pursuant to Section 251(h) of the General Corporation Law of the State of Delaware (the "DGCL"), Dermira, Inc., a Delaware corporation, hereby certifies the following information relating to the merger (the "Merger") of Bald Eagle Acquisition Corporation, a Delaware corporation, with and into Dermira, Inc., a Delaware corporation:

FIRST: The names and state of incorporation of each of the corporations constituent to the Merger are as follows:

Name	State
Bald Eagle Acquisition Corporation	Delaware
Dermira, Inc.	Delaware

SECOND: An agreement and plan of merger entered into by the constituent corporations on January 10, 2020, which expressly provides for the Merger to be governed by Section 251(h) of the DGCL, has been approved, adopted, certified, executed, and acknowledged by each of the constituent corporations in accordance with Section 251(h) of the DGCL.

THIRD: The name of the surviving corporation of the Merger is Dermira, Inc., which shall continue its existence as the surviving corporation under the name Dermira, Inc.

FOURTH: Upon the effectiveness of the filing of this Certificate of Merger, the Certificate of Incorporation of Dermira, Inc., as amended to date, shall be amended and restated in its entirety by reason of the Merger to read as set forth on Exhibit 1 hereto, and as so amended and restated shall be the certificate of incorporation of the surviving corporation until further amended in accordance with the provisions of the DGCL.

FIFTH: The executed agreement and plan of merger is on file at the principal place of business of the surviving corporation, at Lilly Corporate Center, 893 Delaware Street, Indianapolis, Indiana 46285, and will be furnished by the surviving corporation, on request and without cost, to any stockholder of either constituent corporation.

SIXTH: The Merger shall become effective immediately upon the filing of this certificate with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, Dermira, Inc. has caused this Certificate of Merger to be executed in its corporate name on this 20th day of February, 2020.

DERMIRA, INC.

By: _____
Name: Thomas G. Wiggans
Title: Chief Executive Officer and Chairman

EXHIBIT 1

AMENDED AND RESTATED
CERTIFICATE OF INCORPORATION
OF
DERMIRA, INC.

1. The name of the Corporation is: Dermira, Inc.

2. The address of the Corporation's registered office in the State of Delaware is 160 Greentree Drive – Suite 101, in the city of Dover, County of Kent, State of Delaware, 19904. The name of its registered agent at such address is: National Registered Agents, Inc.

3. The nature of the business and the purposes to be conducted and promoted by the Corporation are to conduct any lawful business, to promote any lawful purpose and to engage in any lawful act or activity for which corporations may be organized under the DGCL.

4. The total number of shares of stock which the Corporation shall have authority to issue is one-hundred (100) shares of common stock, $0.001 par value per share (the "Common Stock"). Shares of the Common Stock may be issued from time to time as the Board of Directors of the Corporation (the "Board") shall determine and on such terms and for such consideration as shall be fixed by the Board. The amount of the authorized Common Stock of the Corporation may be increased or decreased by the affirmative vote of the holders of a majority of the outstanding shares of Common Stock of the Corporation entitled to vote.

5. Except as otherwise provided by law, the Common Stock shall have the exclusive right to vote for the election of directors and for all other purposes. Each share of Common Stock shall have one vote, and the Common Stock shall vote together as a single class.

6. Elections of directors need not be by written ballot unless required by the Bylaws of the Corporation. Any director may be removed from office either with or without cause at any time by the affirmative vote of the holders of a majority of the outstanding Common Stock of the Corporation entitled to vote, given at a meeting of the stockholders called for that purpose, or by the consent of the holders of a majority of the outstanding Common Stock of the Corporation entitled to vote, given in accordance with DGCL Section 228.

7. In furtherance and not in limitation of the powers conferred upon the Board by law, the Board shall have the power to make, adopt, alter, amend and repeal from time to time the Bylaws of the Corporation by a majority vote at any regular or special meeting or by written consent, subject to the power of the stockholders to alter, amend and repeal Bylaws made by the Board.

8. The Corporation reserves the right at any time, from time to time, to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, and any other provisions authorized by the laws of the State of Delaware at the time in force may be added or inserted, in the manner now or hereafter prescribed by law; and all rights, preferences and privileges of whatsoever 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 right reserved in this section.

9. To the fullest extent permitted by the DGCL as it now exists and as it may hereafter be amended, no director of the Corporation shall be personally liable to the Corporation or any of its stockholders for monetary damages for breach of fiduciary duty as a director; provided that nothing contained in this Section 9 shall eliminate or limit the liability of a director (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) pursuant to the provisions of Section 174 of the DGCL, or (iv) for any transaction from which the director derived an improper personal benefit. No repeal or modification of this Section 9 shall apply to or have any adverse effect on any right or protection of, or any limitation of the liability of, a director of the Corporation existing at the time of such repeal or modification with respect to acts or omissions occurring prior to such repeal or modification.

10. The Corporation may indemnify, and advance expenses to, to the fullest extent permitted by law, any person who was or is a party to or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that the person is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise.

LUIS A. MARTINEZ

GRANDVIEW AVE • DALY CITY, CA 94015 • PHONE

SUMMARY

Results-oriented individual with the ability to adapt to changing business climates/requirements and develop/execute strategic and tactical plans to meet business and management goals

WORK EXPERIENCE

2017 – 2019 Dermira Menlo Park, CA

Associate Director, Supply Chain Operations

- Responsible for all logistics, development to commercial, for all drug substance, drug product and components.
- Responsible for creation of policies, SOP, import compliance program and system implementations including DAX and Serialization.

2016 – 2017 Coherus BioSciences Redwood City, CA

Associate Director, Supply Chain & Distribution

- Responsible for overseeing the supply chain and distribution of raw materials, commercial product, drug procurement and distribution of final product.
- Part of the Product Development team responsible for supply chain forecasting and projections, drug product packaging and labeling, procurement of comparators, and oversight of all CMO's and vendors relevant to product supply.
- Responsible to deploy disciplines that support a best-in-class supply chain organization including the analytics, systems and data management capabilities, metrics and reports.

2006 – 2015 XenoPort Inc Sunnyvale, CA

Associate Director, Supply Chain Management

- Responsible for accelerated commercial drug supply efforts to support transition and re-launch of Horizant. Evaluated and recommended 3PL services based on current commercial model. Coordinate implementation work plan involving Regulatory, Sales & Marketing, Managed Markets, IT, Finance and Legal to ensure sales order process and distribution process in place prior to go live date.
- Responsible for day-to-day activities related to inventory control, production planning and distribution for drugs at all stages of clinical development up to and including commercialization.
- Drove Sales & Ops process bringing alignment of functions within the organization.
- Responsible for development, implementation and evaluation of operations of Procurement Services. Procurement manages, coordinates and administers supplier purchases and agreements related to goods and services for all departments and research initiatives.
- Responsible for negotiating and vendor/contract management of materials and services. Facilitator of relationships, communications and team building between technical, non-technical and executive staff members.
- Responsible for preparation and oversight of department budget plus development and implementation of standard operational procedures consistent with Good Manufacturing Practices, corporate goals and other regulatory agencies.

Sr. Supply Chain Analyst / Sr. Manager SCM & Procurement / Principal Manager, Supply Chain Management

- Worked closely with Pharmaceutical Operations and Clinical Operations to establish targets, define solutions and meet production requirements.

- Coordinated packaging & labeling, transportation, storage, and distribution of clinical trial material for studies to be conducted in the North America, with future plans to expand into Europe.
- Worked with stakeholders and Legal support to negotiate effective contracts and agreements. Maintained real time cost database and processed invoices while maintaining Sarbanes-Oxley Section 404 Documentation Compliance.
- Acted as primary point of contact for all new vendors and made recommendations as needed while maintaining and expanding sourcing database which included contract manufacturers, raw material providers and other support services.
- Managed Procurement staff and support all daily Purchasing activities in Oracle system capable of handling everything from basic requisition to purchase order process to blanket purchase orders for all contracts and service related activities.
- Managed Shipping & Receiving staff including handling of all International and hazardous materials per extensive regulatory requirements.
- Recruited supply chain team to manage the development and execution of projects and daily work efforts based on best in class processes. Experience with metrics, performance tracking and data integrity analytical skills and understanding of procurement financial systems.

2005 – 2006 Genitope Corporation Redwood City, CA

Sr. Manager, Product Services

- Responsible for executing order administration/customer service and distribution strategies for Genitope's MyVax Personalized Immunotherapy.
- Provided leadership role in developing department infrastructure and building seamless Service Model Plan to support internal and external customer and partner needs. Conducted extensive research to identify and select vendors to handle Service Model tasks best suited/services by outside vendor vs. in-house.
- Integral member of ERP and CRM implementation team responsible for ensuring Service Model requirements and other Marketing's needs were met. Developed department processes and procedures and facilitated customer satisfaction by managing expectations, Customer Service metrics and performance tracking.

2000 – 2005 Corixa Corporation / Coulter Pharmaceutical South San Francisco, CA

Manager, Business Operations – Materials Management

- Managed successful on-time transition of supply chain and sales order distribution transition team responsibilities for Bexxar from Corixa to GlaxoSmithKline.
- Lead risk mitigation and assessment of various in-house and CMO processes. Identified high risk and high cost components to seek Cost of Goods reduction and alternate sourcing opportunities.
- Worked closely with subcontractors, materials suppliers, contract manufacturers, carriers and internal departments to assure that stocking, delivery and shipment schedules were met. Maintained manufacturing schedule and acted as liaison between various vendors, Manufacturing team, Quality Assurance, Clinical and Commercial team.
- Gained knowledge of overall drug development process, validation and GMP manufacturing/labeling requirements through approval and launch of Bexxar and applied lessons learned to new products in Corixa's pipeline.
- Managed domestic and international distribution of in-process and finished goods material, in accordance with cGMP and import/export regulations. Worked with Operations personnel to source/recommend new product storage/packaging components and shipping instructions.

- Anticipated and communicated potential problems and issues with the supply chain to prevent disruptions to the overall production plan.
- Assisted with coordination of labeling and packaging of product for clinical/commercial supply and overall inventory management of labeled and unlabeled product. Performed monthly inventory reconciliations, verified vendor invoices, negotiated and interpreted supply agreements and reviewed performance measures against criteria.
- Leader for Sales Order Entry/Distribution System maintained on JD Edwards and acted as technical and application liaison between various internal departments and partners. Key member of transition from manual process to automated system linking our commercial partner and three vendors. Participated in validation and implementation of JD Edwards system.
- Assisted in creation and improvement of process flow charts, Standard Operating Procedures, and User's Manual for Materials Management Department in accordance with all various regulation and Sarbanes-Oxley compliance.
- Analyzed and captured data to establish Cost of Goods Sold model, set up and reviewed Key Performance Indicator (KPI) reports, FDA Distribution Report, and other historical data reports.
- Managed the daily activities of personnel ensuring support of ongoing clinical and commercial operations, including production planning, inventory control and order administration.

Logistics Specialist

- Responsible for order entry and management of clinical orders to sites in US and Europe. Coordinated logistic efforts for on time delivery of final drug product to over 100 possible sites.
- Maintained order/shipping and inventory records.

1999 – 2000 Circle International Brisbane, CA

Sales Representative (Transportation & Logistic Services)

- Managed and increased client base in designated sales territory, which included a developmental area.
- Developed and implemented operational policies and procedures to meet service quality objectives.
- Presented service contract proposals and solutions for all aspects of Transportation and Logistics, both International and Domestic, to various clients, including Fortune 500 targets.

1991 – 1999 Cho Yang (America), Inc San Francisco, CA

Sales Representative (Ocean Transportation Services)

- Managed and coordinated outside sales efforts to develop and increase account base for international ocean transport and logistics company. Worked with Regional Sales Manager and VP of Sales to target, research and market ocean shipping and related land transport services to major West Coast based corporations.
- Handled and negotiated service contracts and rate offers for shippers, including coordination with conference members, in-house pricing staff, operations department and other parties involved.
- Forecast sales and analyze industry and consumer trends in relation to business plan for California and Utah.

Customer Service Representative & Administrative Assistant, Assistant Line Manager

- Acted as primary liaison between top regional accounts and outside sales team to ensure smooth service contract negotiations and monitor vendor service requirements. Coordinated all aspects of shipping process to ensure maximum allocation and quota capacity along with special cargo handling requirements.

1989 – 1991 University of California San Francisco, CA

Gladstone Foundation, UCSF, Human Resources & Finance Assistant

- Coordinated interviewing process, event set-ups, worked on budgets and Accounting System

Early Parenting Project, SFGH, UCSF, Administrative Assistant

- Developed client database, collected data, maintained financial records, and produced financial reports

1984 - 1988 BankAmerica Cheque Corporation San Francisco, CA

Sr. Clerical Specialist, Personnel Coordinator

- Coordinated staffing, new employee orientations, training and tuition assistance and payroll.
- Developed personnel database management system for headcount and benefit tracking system.

EDUCATION

1985 - 1991 San Francisco State University

B.S., Business Administration-Management, Cum Laude

SKILLS

Language: Fluent in Spanish

Computer: EDI, JD Edwards World, Oracle, One World, OPM, DAX, PC and Mac literate.

Project Management

United States
Securities and Exchange Commission
Washington, D.C. 20549

Form 10-K

Annual report pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934
for the fiscal year ended December 31, 2019

Commission file number 001-06351

Eli Lilly and Company

An Indiana corporation | I.R.S. employer identification no. 35-0470950

Lilly Corporate Center, Indianapolis, Indiana 46285 (317) 276-2000

Securities registered pursuant to Section 12(b) of the Exchange Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange On Which Registered
Common Stock (no par value)	LLY	New York Stock Exchange
1.000% Notes due 2022	LLY22	New York Stock Exchange
7 1/8% Notes due 2025	LLY25	New York Stock Exchange
1.625% Notes due 2026	LLY26	New York Stock Exchange
2.125% Notes due 2030	LLY30	New York Stock Exchange
0.625% Notes due 2031	LLY31	New York Stock Exchange
6.77% Notes due 2036	LLY36	New York Stock Exchange
1.700% Notes due 2049	LLY49A	New York Stock Exchange

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 under the Securities Act. Yes ☑ No o

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Exchange Act. Yes o No ☑

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Exchange Act during the preceding 12 months, and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No o

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). Yes ☑ No o

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 under the Exchange Act.

Large accelerated filer ☒	Accelerated filer o
Non-accelerated filer o	Smaller reporting company ☐
	Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Act):
Yes ☐ No ☑

Aggregate market value of the common equity held by non-affiliates computed by reference to the price at which the common equity was last sold as of the last business day of the Registrant's most recently completed second fiscal quarter (Common Stock): approximately $93,167,000,000.

Number of shares of common stock outstanding as of February 13, 2020: 956,382,203

Portions of the Registrant's Proxy Statement to be filed on or about March 20, 2020 have been incorporated by reference into Part III of this report.

Securities registered pursuant to Section 12(g) of the Exchange Act: None

4SS

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: Gamida Cell Inc

Physical Address: 673 Boylston Street, 4th Floor

City: Boston State: MA Zip Code: 02116

Telephone Number: (617) 892-9080 Fax Number: _____

Toll Free Number: _____

E-mail: statelicenses@gamida-cell.com Website: https://www.gamida-cell.com/

Facility Manager: John Schick

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: Hospital Pharmacies

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

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

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

Name: N/A
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

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

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Julian Adams
Print Name of Authorized Person

2/20/2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Gamida Cell LTD

Corporation Name: Gamida Cell Inc

Mailing Address: 5 Nahum Heftsadie Street

City: Givaat Shaul State: Jerusalem Zip: 91340

Telephone: 617-892-9080 Fax: N/A

Contact Person: Julian Adams

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: 10/02/2000

Registration number issued: 3296329

Stock Exchange: GMDA

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
	11/27/2019	11/27/2020	Virtual Drug Manufacturers

ISSUED TO

GAMIDA CELL INC.
673 BOYLSTON STREET
4TH FLOOR
BOSTON, MA 02116
ATTN: JULIAN ADAMS CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

837878

RECIPIENT'S COPY

NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	11/27/2019	11/27/2020	Virtual Drug Manufacturers

ISSUED TO

GAMIDA CELL INC.
673 BOYLSTON STREET
4TH FLOOR
BOSTON, MA 02116
ATTN: JULIAN ADAMS CHIEF EXECUTIVE OFFICER

NEW

gamida cell

OWNERSHIP

Gamida Cell Inc ("Gamida") is a virtual manufacturer of pharmaceutical products located in Boston, MA. Gamida Cell Inc is 100% owned by Gamida Cell LTD whom is a publicly-traded entity (Nasdaq: GMDA).

PARENT COMPANY INFORMATION

Gamida Cell LTD.
5 Nahum Heftsadie Street
Givaat Shaul, Jerusalem 91340

Tax ID: 512601204

COMPANY INFORMATION

Gamida Cell Inc
673 Boylston Street, 4th Floor
Boston, MA 02116
Phone: 617-892-9080
Tax ID: 04-3533346

CORPORATE OFFICERS

Julian Adams, Chief Executive Officer
Boylston Street, PH
Boston, MA 02116
Ownership: 0%

BOARD OF DIRECTORS

Robert Blum, Julian Adams, Ph.D., Nurit Benjamini, Ofer Gonen, Kenneth Moch, Michael Perry, Ph.D., Shawn Cline Tomasello, Stephen T. Wills

gamida cell

DESCRIPTION OF OPERATIONS

Gamida Cell Inc ("Gamida") is a publicly-traded, virtual manufacturer of pharmaceutical products located in Boston, MA. Gamida focuses on developing advanced cell therapies with the potential to cure blood cancers and rare, serious, hematological diseases. Gamida's product candidate Omidubicel is in Phase III clinical studies for the treatment of Leukemia and Lymphoma, and in Phase II studies for the treatment of severe Aplastic Anemia. Gamida's product will be manufactured by a contract manufacturer and will be distributed to hospital cell labs by a specialty courier service.

CONTRACT MANUFACTURER

Gamida uses the following contract manufacturer to produce product:

Lonza Netherlands B.V.
Oxfordlan 70
Maastricht, Netherlands, 6229EV
(316) 131-46_6 - Hans Henskens

3PL

Cardinal Health 105, Inc.
501 Mason Road, Suite 200
La Vergne, TN 37086
Jonathan McWhinney
(415) 412-3680

PRODUCTS

As a virtual manufacturer, Gamida does not manufacture, distribute or store product. At no time does any contract manufacturer own Gamida's product, contract with Gamida's customers, invoice or sell Gamida's products. Gamida's products are not controlled substances. Accordingly, Gamida is not required to maintain DEA registration.

PRODUCT DISTRIBUTION FLOW

- Patient has an HLA typing done by the Transplant Center.
- Patient HLA typing is matched to a cord blood unit (CBU) in inventory of one of the 18 public cord blood banks in the US.
- CBU is picked up by Gamida's courier at the cord blood bank and is shipped to the CMO, Lonza Netherlands B.V. in the Netherlands.
- Once the manufacturing process is done, it is shipped from Lonza Netherlands B.V. to the US transplant center for infusion into the patient.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAMIDA CELL 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 MAY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAMIDA CELL INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2000.

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

Jeffrey W. Bullock, Secretary of State

3296329 8300

SR# 20203747244

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

Authentication: 202914129

Date: 05-12-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAMIDA CELL 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 SIXTH DAY OF SEPTEMBER, 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 SAID "GAMIDA CELL INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2000.

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

Jeffrey W. Bullock, Secretary of State

3296329 8300

SR# 20196918046

Authentication: 203548625

Date: 09-06-19

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

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
	11/27/2019	11/27/2020	Virtual Drug Manufacturers

ISSUED TO

GAMIDA CELL INC.
673 BOYLSTON STREET
4TH FLOOR
BOSTON, MA 02116
ATTN: JULIAN ADAMS CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

837878

CONTROLLED SUBSTANCES REGISTRATIONS

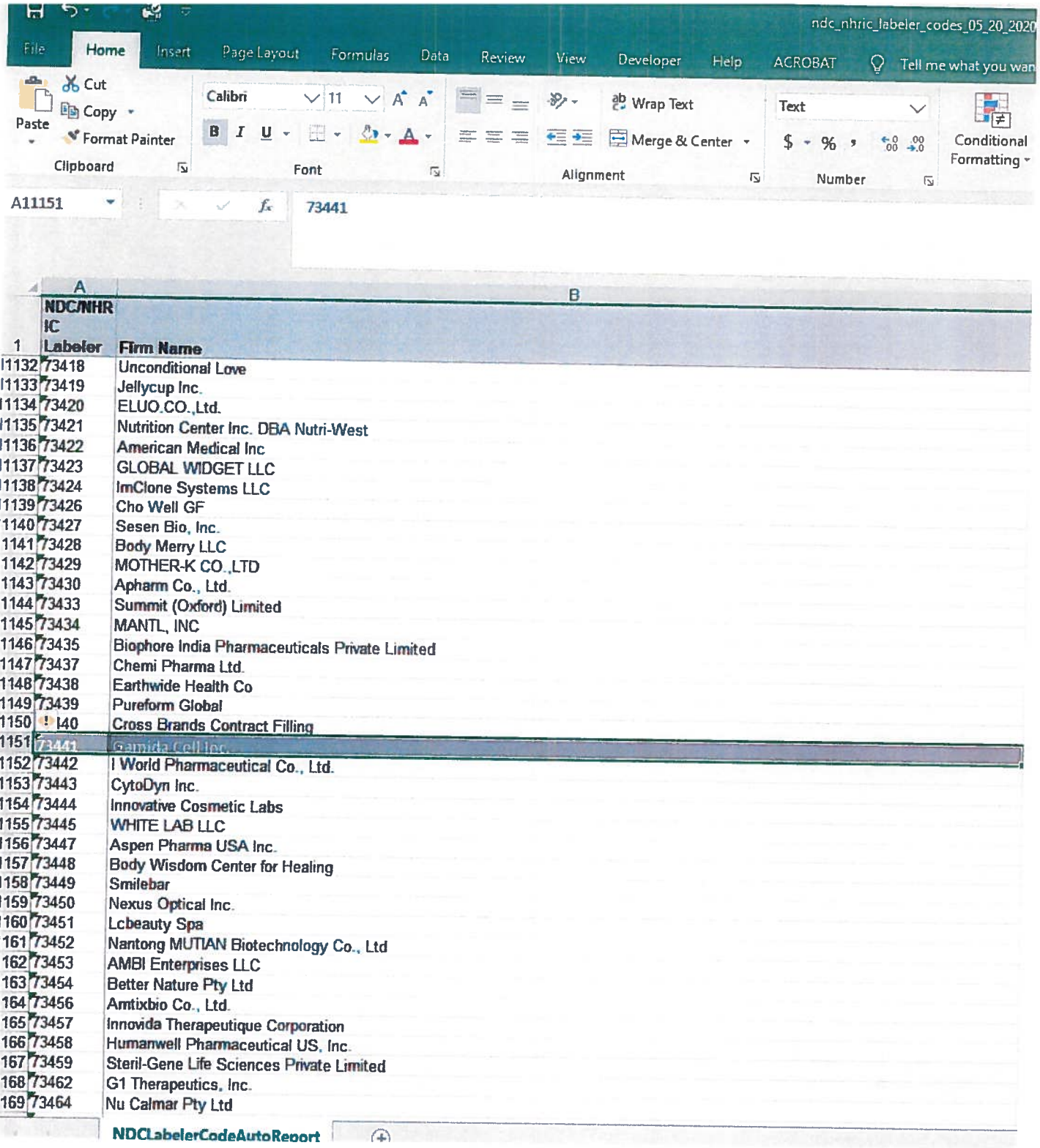
In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
	11/27/2019	11/27/2020	Virtual Drug Manufacturers

ISSUED TO

GAMIDA CELL INC.
673 BOYLSTON STREET
4TH FLOOR
BOSTON, MA 02116
ATTN: JULIAN ADAMS CHIEF EXECUTIVE OFFICER

NEW



	A	B
1	NDC/NHRIC Labeler	Firm Name
1132	73418	Unconditional Love
1133	73419	Jellycup Inc.
1134	73420	ELUO.CO.,Ltd.
1135	73421	Nutrition Center Inc. DBA Nutri-West
1136	73422	American Medical Inc
1137	73423	GLOBAL WIDGET LLC
1138	73424	ImClone Systems LLC
1139	73426	Cho Well GF
1140	73427	Sesen Bio, Inc.
1141	73428	Body Merry LLC
1142	73429	MOTHER-K CO.,LTD
1143	73430	Apharm Co., Ltd.
1144	73433	Summit (Oxford) Limited
1145	73434	MANTL, INC
1146	73435	Biophore India Pharmaceuticals Private Limited
1147	73437	Chemi Pharma Ltd.
1148	73438	Earthwide Health Co
1149	73439	Pureform Global
1150	140	Cross Brands Contract Filling
1151	73441	Gamida Cell Inc.
1152	73442	I World Pharmaceutical Co., Ltd.
1153	73443	CytoDyn Inc.
1154	73444	Innovative Cosmetic Labs
1155	73445	WHITE LAB LLC
1156	73447	Aspen Pharma USA Inc.
1157	73448	Body Wisdom Center for Healing
1158	73449	Smilebar
1159	73450	Nexus Optical Inc.
1160	73451	Lcbeauty Spa
1161	73452	Nantong MUTIAN Biotechnology Co., Ltd
1162	73453	AMBI Enterprises LLC
1163	73454	Better Nature Pty Ltd
1164	73456	Amtixbio Co., Ltd.
1165	73457	Innovida Therapeutique Corporation
1166	73458	Humanwell Pharmaceutical US, Inc.
1167	73459	Steril-Gene Life Sciences Private Limited
1168	73462	G1 Therapeutics, Inc.
1169	73464	Nu Calmar Pty Ltd

gamida cell

Product List

Omidubicel – labeler code - 73441

JOHN D. SCHICK

Alta View Drive ▪ Birmingham, A
8218 ▪ gmail.com

MARKET ACCESS LEADER

Market Access leader with a strong record of developing and implementing global market access strategies. Proven ability to lead payer, trade/distribution, patient support services, oncology physician networks and reimbursement strategies with close attention to budgets, time frames and accountability to quality outcomes. Twenty-one years of biopharmaceutical experience, encompassing a breadth of roles and responsibilities.

- Market Access organizational structure, design and integration including start up organizations
- Several drug/biologic/adoptive immunotherapies (CAR T) market launches (hematology/oncology & neurology) including oral, physician administered, and home health infused
- Cross functional team collaborations
- Experience building distribution channel strategies from the ground up
- Hiring and leading highly productive and successful market access teams
- Experience with Medicare (Part A/B, D & DME), Medicaid, commercial & federal account coverage strategies
- Experience developing Government Price Reporting and Gross-to-Net calculation capabilities

PROFESSIONAL EXPERIENCE

GAMIDA CELL (673 Boylston Street, 4th Floor Boston, MA 02116 Ph#: 617-892-9080) July 2018 – Present

Vice President, Global Market Access (July 2018 – Present)
Responsible for leading the strategic planning and implementation of global market access and reimbursement initiatives for Gamida Cell's cellular and immune therapeutics:

- Lead the creation of a global value dossier for products nearing commercialization
- Responsible for developing patient support services to ensure appropriate access to therapy
- Responsible for development and execution of market access strategies: commercial health plans, Federal (VA & DoD), Medicare (Part A/B), Medicaid, oncology physician networks and distribution channels
- Responsible for building, developing and managing a best-in-class Market Access Team that executes pre-launch, launch and post-launch commercialization strategies
- Responsible to develop and implement Gamida's HEOR and Federal Affairs initiatives
- Responsible for executing state licensing, pricing compendia communication, coding strategy (NTAP, C-code, J-code and pass through status submissions) and developing Gamida's Government Price Reporting capability

KITE PHARMA (2400 Broadway Santa Monica, CA 90404 (310) 824-9999) August 2016 - July 2018

Senior Director, Payer Relations (August 2016 – July 2018)
Responsible for the successful development and implementation of the strategic and tactical strategies that ensure appropriate access to Kite's innovative cancer immunotherapy - YESCARTA® (an engineered autologous T cell immunotherapy) for the treatment of aggressive B-cell non-Hodgkin lymphoma (NHL):

- Responsible for development and execution of market access strategies: commercial health plans (Aetna, Cigna, etc.), Federal (VA & DoD), Medicare (Part A/B), Medicaid, oncology physician networks and distribution channels
- Responsible for building, developing and managing a best-in-class Payer Account Director team that executed pre-launch, launch and post-launch payer and reimbursement strategies
- Responsible for executing state licensing, pricing compendia communication, coding strategy (C-code, J-code and pass through status submissions) and developing Kite's Government Price Reporting and Gross-to-Net calculation capabilities

INFINITY PHARMACEUTICALS (1100 Massachusetts Ave Cambridge, MA 02138 617-453-1000) August 2015 – August 2016

Director - Trade, Distribution & Physician Networks (March 2016 – August 2016)
Provided the overall strategic direction for designing, implementing and managing the day-to-day operations of Infinity's Trade/Distribution and Physician Network/GPO function to ensure a successful launch of our lead hematology/oncology product - Duvelisib. Also responsible for driving new initiatives post-launch to ensure these programs continue to provide best-in-class support and minimizing barriers in order to enhance overall patient access to therapy.

Account Strategy Lead – Market Access (August 2015 – February 2016)
Responsible for shaping strategies for Infinity's hematology / oncology pipeline and future market access team to ensure access through multiple channels that include payers, trade & distribution, reimbursement, physician networks, GPO's, healthcare systems and the federal marketplace. Develop deep insights of the local oncology trends and practice patterns to determine their implications, guide strategic plans and accountable for execution.

ONYX PHARMACEUTICALS (acquired by Amgen) July 2012 – August 2015

National Director, Market Access (February 2014 – August 2015)
Responsible for the successful development and implementation of the strategic and tactical strategies that ensure appropriate access to Onyx's oncology products – Kyprolis™ (multiple myeloma) and Blincyto™ (acute lymphoblastic leukemia).

- Responsible for building, developing and managing a best-in-class Market Access Director team that executed prelaunch and post-launch payer and reimbursement strategies
- Responsible for development and execution of market access strategies: commercial health plans (UHC, Cigna, etc.), federal (VA & DoD), Medicare (Part A/B, D & DME), Medicaid, specialty pharmacies, home infusion pharmacies as well as misc. JCode mitigation, reimbursement and strategic partnerships (ACCC, NCCN and state oncology societies)
- Developed and managed specialty and home health pharmacy relationships (Prime, Walgreens, CVS/Caremark, Coram & Option Care)
- Managed vendor relationships including tool development, regulatory approval and field execution

Regional Market Access Director (July 2012 – January 2014)
Responsible for establishing coverage and managing Kyprolis (carfilzomib) with commercial payers and Medicare Administrative Contractors throughout the Southeast. I also managed relationships with key specialty pharmacy accounts along with providing consultative reimbursement services to large oncology community practices and key institutional accounts.

- Responsible for the process within each plan regarding updating systems, managing the coverage policy process, understanding and utilizing oncology clinical pathways and injectable management programs
- Won the "Kyprolis Launch Excellence Award" for the Market Access Team in 2012
- Won the "Spirit of Onyx Award" in 2012 - voted on by my peers

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OTSUKA AMERICA PHARMACEUTICAL, INC 508 Carnegie Center, Princeton, NJ 08540 (609) 524-6788 April 2012 – June 2012
Sr. Account Executive
Represent Otsuka America with all assigned payer channels and trade customers in preparation for an anticipated medical benefit drug launch.

- FDA approval was delayed by a year

NEUROGESX, INC. (acquired by Acorda Therapeutics) January 2010 – February 2012
Associate Director of Reimbursement / Managed Markets
Responsible for developing and implementing payer strategy, building/managing a best-in-class national account team that ensured favorable payer coverage/reimbursement policies and provided consultative reimbursement services to providers/institutional accounts.

- Oversaw the development and execution of customer level strategic plans to support the successful launch of NeurogesX's first physician administered product – Qutenza® (orphan drug indicated for the management of neuropathic pain associated with postherpetic neuralgia)
- Responsible for penetrating the medical and pharmacy organizations to reduce and minimize reimbursement barriers with Medicare Administrative Contractors, managed care accounts, Federal accounts, specialty pharmacy and Medicaid agencies
- Hired, trained, developed, and managed a best-in-class national account team for the company's product (Qutenza®) in the following payer markets: Medicare Administrative Contractors (Part B), national and regional managed care accounts, Medicaid agencies, specialty pharmacy and federal accounts
- Communicated to internal stakeholder's customer trends and national perspective on customer needs
- Oversaw the management of HUB services, trade relations and specialty pharmacy alignment

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ALLERGAN, INC. May 2002 – December 2009

Senior Regional Healthcare Policy Manager (July 2006 – December 2009)
Managed Medicare & Medicaid accounts in AL, GA, TN, LA, MS, AR, OH, & KY Partnered with the payer community, primarily government payer entities, including CMS regional Medicare contractors; state Medicaid agencies; and some Workers Compensation programs. Provided education and information to assist in the development/revision of least restrictive coverage policies for physician administered injectables and a medical device. In addition to payer management, identified, developed and supported physician/patient advocacy groups interested in working with payers in the development of coverage and payment policies.

- Managed the following injectable/medical device products: BOTOX®, OZURDEX® (launched) and LAP-BAND®

Reimbursement Business Manager (May 2004 – June 2006)
Managed TX, FL, LA, MS, AL, TN & GA Provided BOTOX® reimbursement consultative services to providers and large institutional accounts focused on payer policy, billing/coding, processes/protocols, and reimbursement analysis.

BOTOX® Medical Consultant (May 2002 – April 2004)
Alabama and the Florida Panhandle
Managed regional sales efforts for BOTOX® in private and institutional settings. Cultivated existing customers and expanded new customer use and awareness of BOTOX®.

TAP PHARMACEUTICAL, INC. November 1997 - April 2002

Sales Representative (November 1997 – April 2002)
Mobile, AL / Mississippi Gulf Coast
Managed gastroenterology, internal medicine and primary care accounts for Prevacid®; oversaw product status on community hospital formularies in my territory; continually increased product knowledge and generated new business.

HELENA CHEMICAL COMPANY June 1993 – October 1997

Chemical Sales Representative (June 1993 – December 1996)
Alabama & Southwest Florida

EDUCATION

Auburn University - Auburn, Alabama
BS in Agriculture Science, June 1993
Major: Ornamental Horticulture

Westminster Christian Academy – Ladue, MO
Highschool Graduation: 1989

March 4, 2020

Via Fed Ex

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern:

On behalf of Gamida Cell Inc, attached is Gamida Cell Inc's application for Wholesaler.

Gamida Cell is a clinical-stage biopharmaceutical company committed to developing advanced cell therapies with the potential to cure blood cancers and rare, serious hematologic diseases. We are leveraging our proprietary nicotinamide-based, or NAM-based, cell expansion technology to develop product candidates designed to address the limitations of cell therapies.

Gamida Cell Inc is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Gamida Cell Inc's office. Gamida Cell Inc's product is not a controlled substance. Accordingly, Gamida Cell Inc is not required to obtain a DEA registration. At the time of this filing, Gamida Cell Inc is only licensed in their resident state of Massachusetts.

I hope this narrative is helpful as you review Gamida Cell Inc's application. If you have a question 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 110 Riverbend Ave. Suite 100, Powell, OH 43065.

Thank you in advance for your consideration.

Stacie Borngrebe
Licensing Analyst
PharmaLicense

4TT

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: TG Therapeutics, Inc.

Physical Address: 343 Thornall Street, Suite 740

City: Edison State: NJ Zip Code: 08837

Telephone Number: 848-209-6496 Fax Number: N/A

Toll Free Number: _____

E-mail: statelicensing@tgtxinc.com Website: https://www.tgtherapeutics.com

Facility Manager: Jane Thomas

Professional qualifications and experience of facility manager: See Resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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

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

Name: N/A - New 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

Sean Power
Print Name of Authorized Person

6/23/20
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: DE

Parent Company if any: N/A

Corporation Name: TG Therapeutics, Inc.

Mailing Address: 343 Thornall Street, Suite 710

City: Edison State: New Jersey Zip: 08837

Telephone: 848-209-6496 Fax: N/A

Contact Person: Sean Power

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: 05/18/1993

Registration number issued: 2336756

Stock Exchange: TGTX

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.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0741061 735

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:

343 THORNALL ST, STE 710 EDISON, NJ 08837-

Reg. No.
5005800

TG THERAPEUTICS, INC.
343 THORNALL ST, STE 710
EDISON, NJ 08837-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

TG Therapeutics

DESCRIPTION OF OPERATIONS

TG Therapeutics is a publicly traded (NASDAQ "TGTX) a biopharmaceutical company focused on the development and commercialization of novel treatments for B-cell malignancies and autoimmune diseases.

THIRD-PARTY LOGISTICS

TG Therapeutics' products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Cardinal Health dba Specialty Pharmaceutical Services. TG Therapeutics will utilize the following Cardinal Health facility for distribution of product:

Cardinal Health 105, Inc. dba Specialty Pharmaceutical Services
15 Ingram Blvd.
LaVergne, TN 37086

CONTRACT MANUFACTURER

TG Therapeutics uses the following contract manufacturer to produce product:

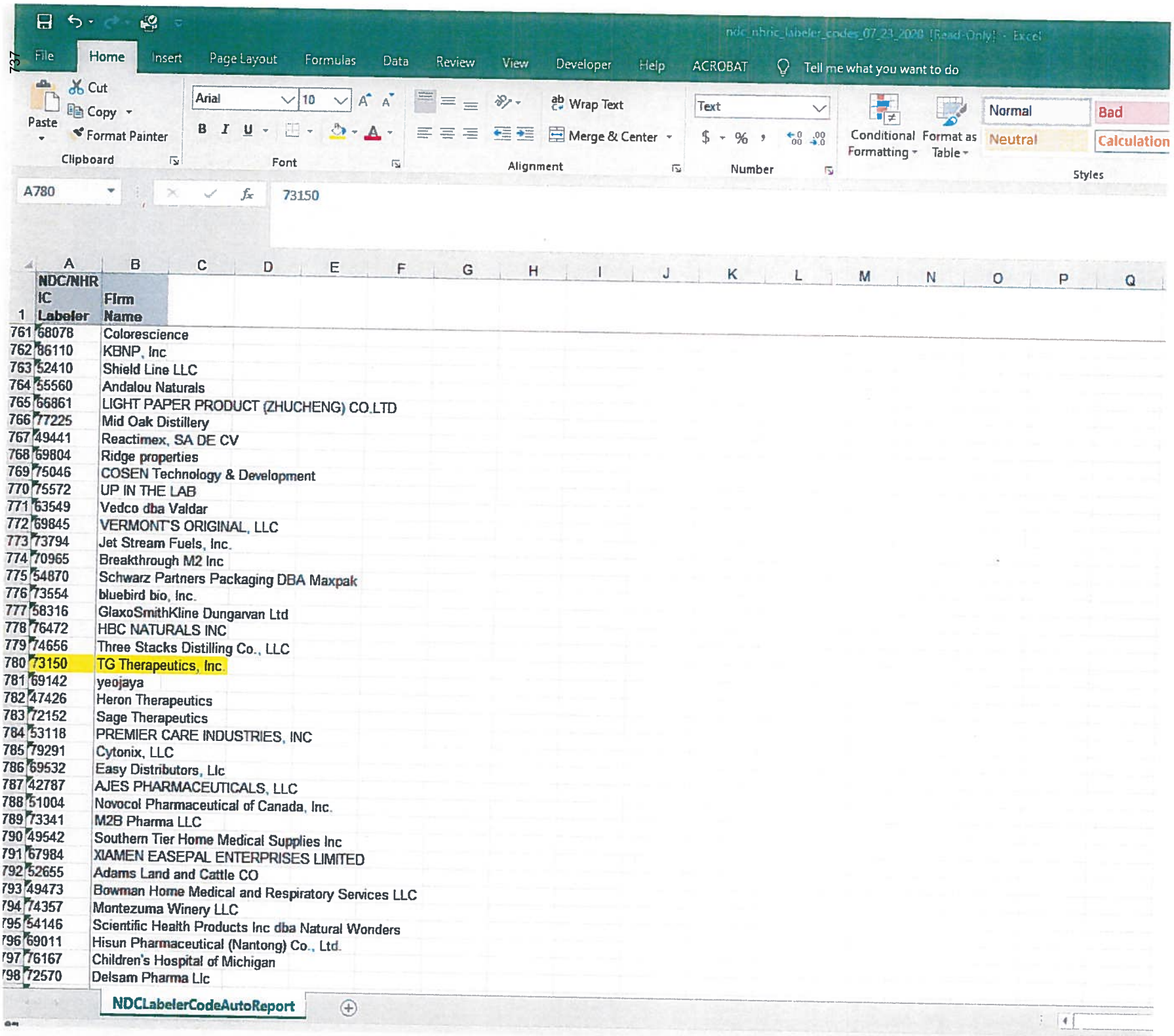
Alembic Pharmaceuticals Limited (Formulation Division)
Village Panelav, P.O. Tajpura,
Near Baska, Taluka-Halol, District-Panchmahal,
Gujarat-389350, India
FEI: 3004956904
DUNS: 650574671

PRODUCTS

As a virtual manufacturer, TG Therapeutics does not manufacture, distribute or store product at their New Jersey facility. At no time do contract manufacturers own TG Therapeutics' products, contract with TG Therapeutics' customers, invoice or sell TG Therapeutics products. TG Therapeutics products are not controlled substances.

Labeler Code: 73150

Verified
MS
7/23/20



ndc_nhric_labeler_codes_07_23_2020 [Read-Only] - Excel

File Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT Tell me what you want to do

Cut Copy Format Painter Paste Clipboard

Arial 10 Font

Wrap Text Merge & Center Alignment

Text Number

Conditional Formatting Format as Table

Normal Bad Neutral Calculation Styles

A780 73150

	A	B
1	NDC/NHRIC Labeler	Firm Name
761	68078	Colorescience
762	86110	KBNP, Inc
763	52410	Shield Line LLC
764	55560	Andalou Naturals
765	66861	LIGHT PAPER PRODUCT (ZHUCHENG) CO.LTD
766	77225	Mid Oak Distillery
767	49441	Reactimex, SA DE CV
768	69804	Ridge properties
769	75046	COSEN Technology & Development
770	75572	UP IN THE LAB
771	63549	Vedco dba Valdar
772	69845	VERMONT'S ORIGINAL, LLC
773	73794	Jet Stream Fuels, Inc.
774	70965	Breakthrough M2 Inc
775	54870	Schwarz Partners Packaging DBA Maxpak
776	73554	bluebird bio, Inc.
777	58316	GlaxoSmithKline Dungarvan Ltd
778	76472	HBC NATURALS INC
779	74656	Three Stacks Distilling Co., LLC
780	73150	TG Therapeutics, Inc.
781	69142	yeojaya
782	47426	Heron Therapeutics
783	72152	Sage Therapeutics
784	53118	PREMIER CARE INDUSTRIES, INC
785	79291	Cytonix, LLC
786	69532	Easy Distributors, Llc
787	42787	AJES PHARMACEUTICALS, LLC
788	51004	Novocol Pharmaceutical of Canada, Inc.
789	73341	M2B Pharma LLC
790	49542	Southern Tier Home Medical Supplies Inc
791	67984	XIAMEN EASEPAL ENTERPRISES LIMITED
792	52655	Adams Land and Cattle CO
793	49473	Bowman Home Medical and Respiratory Services LLC
794	74357	Montezuma Winery LLC
795	54146	Scientific Health Products Inc dba Natural Wonders
796	69011	Hisun Pharmaceutical (Nantong) Co., Ltd.
797	76167	Children's Hospital of Michigan
798	72570	Delsam Pharma Llc

NDCLabelerCodeAutoReport

TG Therapeutics

OWNERSHIP

TG Therapeutics, Inc. is a publicly traded (NASDAQ: TGTX) virtual manufacturer of pharmaceuticals incorporated in Delaware.

COMPANY INFORMATION

343 Thornall Street, Suite 740
Edison, NJ 08837
(848) 209-6496
Tax ID: 36-3898269

CORPORATE OFFICERS

Michael Weiss, Executive Chairman, President and Chief Executive Officer
2 Gansevoort Street, 9th Floor
New York, NY 10014
(212) 554-4484

Sean Power, Chief Financial Officer
2 Gansevoort Street, 9th Floor
New York, NY 10014
(212) 554-4484

TG Therapeutics

Product Information: UKONIQ Tablets (umbralisib 200mg) – oral, once daily inhibitor of PI3K-delta. Umbralisib uniquely inhibits CK1-epsilon, which may allow it to overcome certain tolerability issues associated with first generation PI3K-delta inhibitors.

Labeler code: 73150

NDC Number: 73150-200-12

Controlled Substance: N/A

Current Date: 30-MAY-2019
Labeler DUNS: 826061566
Labeler Name: TG Therapeutics, Inc.
Labeler Code: 73150

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).

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TG 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 TWENTY-SEVENTH DAY OF APRIL, 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 "TG THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTEENTH DAY OF MAY, A.D. 1993.

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

2336756 8300

SR# 20203171476

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

Authentication: 202831735

Date: 04-27-20

JANE THOMAS, PharmD

Fox Run Denville, New Jersey -9889

PROFESSIONAL EXPERIENCE

TG THERAPEUTICS, Edison, NJ — September 2019 – Present
Vice President, Market Access

- Lead and implement payer, reimbursement and distribution strategies for Umbralisib & Ublituximab
- Work closely with Sales, Marketing, Medical Affairs, and Legal to develop and execute integrated product access plans to ensure affordable, timely coverage
- Collaborate with cross functional partners to develop the product value proposition for TG products and generate real world evidence to support the value story
- Plan and design patient support programs to optimize access to TG products
- Collaborate on the development of optimal pricing strategies and oversee implementation of pricing activities consistent with the strategy
- Oversee and develop government price reporting, contract administration, and rebate and chargeback administration
- Establish and drive key performance metrics, build dashboards, analyze performance and recommend actions to resolve barriers to drug access
- Collaborate with Finance, Legal, and other functions to establish consistent business rules and policies focused on compliant reporting and ensure all Market Access activities comply with regulatory agencies, public policies/guidelines, and with corporate policies and procedures
- Attract, hire and lead a high performing market access team to ensure launch readiness ahead of upcoming launches

CELGENE CORPORATION, Summit, NJ — May 2004 – August 2019
Executive Director, Channel Account Management — July 2013 – August 2019

- Led 3 highly successful account teams focused on Distribution, Group Purchasing (GPOs) & Key Accounts (25 personnel)
- Built distribution and GPO strategies for 8 in-line products and 7 pipeline products across multiple therapeutics areas (hematology, oncology, immunology and neurology)
- Developed and negotiated wholesaler, specialty pharmacy and GPO contracts
- Built unique and innovative programs and services focused on adherence/compliance and product pull through across the specialty pharmacy and GPO channels
- Partnered with the US General Managers and forecasting team to manage ~$12 billion of revenue for 8 brands across the Hematology/Oncology and Immunology franchises
- Managed the gross to net changes and inventory levels in the channel for multiple brands
- Collaborated with the Patient Support team to ensure effective communication and pull through of prescriptions between the specialty pharmacies and HUB
- Led the migration of Thalomid distribution from an open model to a limited/closed model
- Empowered and developed many talented individuals in achieving their career goals

Director, Channel Marketing (US Market Access) — January 2010 – June 2013

- Instrumental leader in developing and establishing the Channel Marketing department at Celgene

  - Built and managed a team of 5 Channel Marketers who were focused on delivering the strategy and tactical execution for all Celgene hematology/oncology brands for 6 channels (managed care, trade, GPOs, Risk Evaluation & Mitigation Strategy (REMS), patient support and contracting)
- US Market Access lead for 6 product/indication launches which includes Subpart H products
  - Developed the payer, trade, physician networks, state societies and REMS strategy and tactics
  - Trained the sales force, Account Managers & contracted speakers on the market access strategy
  - Reviewed and provided feedback on draft labels/label negotiations
  - Created appropriate contingency plans for various launch scenarios
- Commercial lead for the launch of a harmonized REMS program for 3 products
  - Led the development of marketing materials and prepared FDA REMS submissions
  - Supported the development of a "best in class" customer facing online REMS portal
- Focused on ensuring a positive customer experience for those accessing Celgene products
  - Worked with a cross functional team to create an innovative program called "Fast Track for First Prescription" which decreased the time to dispense for Celgene oral therapies by 50%
  - Developed commercial co-pay programs for Hematology/Oncology products
  - Supported the submission of J code application for ISTODAX
- Collaborated with the HEOR team to develop value propositions and FDAMA 114 materials
- Provided Market Access recommendations for the Forecasting Long Range Plans
- Tracked changes within the market access landscape and assessed the impact to the Celgene (i.e., Medicare sequestration, donut hole changes, Medicaid expansion, Healthcare Exchange etc)
- Managed the overall Market Access budget, which included overseeing the budget for 5 departments

Product Manager, Hematology/Oncology Marketing July 2008 – December 2009

- Brand team lead for brand plan development, ad board planning, market research plan development, patient registry initiatives and market access initiatives
- Managed major medical meetings (ASCO/ASH) including booth presence and competitive intelligence activities
- Supported the development of myeloma messaging and marketing materials for sales force
- Established relationships with myeloma KOLs when working on various marketing activities

Market Research Manager February 2006 – June 2008

- Led the development and execution of in-line and pipeline market research plans for hematology, oncology & inflammation franchises
- Executed multiple pre/post launch market research studies: landscape assessments, KOL mapping, positioning studies, ATUs, patient chart studies, message testing & recall, and material testing etc
- Analyzed primary and secondary sources (i.e., ImpactRx, IntrinsiQ, Tandem, IMS, Health Strategies, etc) to develop a comprehensive perspective of market opportunities and issues

Medical Information Specialist II May 2004 – February 2006

- Provided and presented medical information to internal/external customers while functioning as a clinical resource at medical conferences/clinical investigator meetings
- Led development of an intranet site to aid communication with clinical investigators
- Wrote and edited multiple sections of an IND including investigational plan, clinical protocol, etc

ACME MARKETS, Bensalem, PA
Pharmacy Associate
April 2003 – April 2004

- Performed functions necessary for dispensing medications
- Monitored patient profiles for drug interactions, therapeutic duplications, side effects and allergies
- Counseled patients on prescription medications and over the counter products

RECOGNITION/KEY ACCOMPLISHMENTS

- 2018 CEO Award (awarded to very select top performers)
- 2017 CEO Award (awarded to very select top performers)
- 10 Celgene Values Awards between 2011 - 2016
- Selected for the 2015 Catalyst Program for high potential individuals within Celgene
- 2010 Diamond Club Award for Marketing Excellence (Marketer of the Year Award)
- Leadership Role for 15 Launches: REVLIMID Myeloma (2006), ISTODAX CTCL (2010) & PTCL (2011), ABRAXANE NSCLC (2012) & Pancreatic (2013), POMALYST Myeloma (2013), OTEZLA Psoriatic Arthritis & Psoriasis (2014), IDHIFA AML (2017), Luspatercept MDS & Beta Thalassemia (2019), Fedratnib Myelofibrosis (2019), Ozanimod Multiple Sclerosis (2020), CART Therapies (JCAR017 & BB2121) (2020 & 2021)

EDUCATION

- **University of the Sciences in Philadelphia, Philadelphia College of Pharmacy**
  Doctor of Pharmacy Degree, PharmD; Rho Chi Society – Academic Honor Society

4UU

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: Puragraft Holdings, Inc dba Puragraft

Physical Address: 22001 North Park Dr., Ste 700

City: Kingwood State: TX Zip Code: 77339

Telephone Number: 281·540·3258 Fax Number: 800·856·8385

Toll Free Number: 877·540·3258

E-mail: cbennett@puragraft.com Website: www.puragraft.com

Facility Manager: Eugene Clinton Bennett

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: Hikma
Address: 1809 Wilson Rd Columbus, OH 43228

Name: D & H
Address: 609 Willow Glen Dr. Ruston, LA 71270

Name: Lifeline
Address: 1301 NW 84th Avenue Suite 101 Miami, FL 33126

Name: NDC
Address: 407 Sanford Rd Lavergne, TN 37086

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

Eugene Clinton Bennett
Print Name of Authorized Person

5-11-2020
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: Young Innovations INC

Mailing Address: 2260 Wendt Street

City: Street Algonquin State: IL Zip: 60102

Telephone: 847-458-5400 Fax: n/a

Contact Person: Eugene Clint Bennett

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

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

a) N/A (Name) — No Shares Issued (Business Address)

b) N/A (Name) — No Shares Issued (Business Address)

c) N/A (Name) — No Shares Issued (Business Address)

d) N/A (Name) — No Shares Issued (Business Address)

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

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

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

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.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURAGRAFT HOLDINGS, 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 SIXTH DAY OF MAY, A.D. 2020.

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

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

Jeffrey W. Bullock, Secretary of State

7668488 8300

SR# 20203543735

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

Authentication: 202889763

Date: 05-06-20

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

PURAGRAFT
22001 NORTHPARK DR
KINGWOOD TX 77339

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

PURAGRAFT HOLDINGS INC DBA
PURAGRAFT
22001 NORTHPARK DR
KINGWOOD, TX 77339

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1002923
Expires: January 9, 2022

NON-TRANSFERABLE

Commissioner

512765

Puragraft Officers

Officers for PuraGraft:

Dave Sproat, CEO

Thane Gauthier, Secretary

Dan Garrick, VP and Treasurer

Mark Peluse, VP

Eugene Bennett, Director

- All officers have 0% ownership

PURAGRAFT EMPLOYEES WHO HANDLE DRUGS ON A DAILY BASIS

Kim Willis, Warehouse Manager

Cathy Ferrara, Operations Manager

Pam Wedow, General Manager

Eugene Bennett, Director

Clint Bennett
Woods Estate Dr.
Kingwood, TX
Cell Phone
E-mai puragraft.com

EXPERIENCE SUMMARY

Professional executive with demonstrated success in leadership, consultative selling, negotiations, team building and general management. High energy motivator and coach, with experience in setting and achieving goals, developing and implementing sales strategies, consulting and negotiating with large customers.

As a small business owner, I wear many hats from sales, to operations, to drug distribution and pharmaceutical recordkeeping.

CAPABILITIES

- The ability and creativity to sell at all decision levels.
- Trained to teach strategic selling skills. I.M.P.A.C.T. selling and S.P.I.N. selling.
- Trained to sell GE practice management and E.M.R. software.
- Extensive experience working with GPO's (Broadlane, Novation, Amerinet, Premier)
- Excellent communication skills.

2004-2010 (Sold company in 2010)

- Owner of Controlled Healthcare LLC –Licensed in 18 states as a wholesale drug distributor
- Oversaw distribution of pharmaceuticals to assure our company was in compliance with various state statutes as well as those outlined by CFR
- Co-authored standard operating procedures dealing with the receipt, storage, and distribution of prescription drugs to include controlled substances
- Established procedures for vendor returns, customer returns, and manufacture recalls
- Established E-pedigree track and trace system to comply with various states Drug Pedigree statutes
- Assisted in ARCOS reporting to the Drug Enforcement Administration
- Active participant in various routine on-site inspections from regulatory authorities such as the Texas Dept. of Health, Drug Enforcement Administration, and the FDA. During that time frame and to date our company has had zero regulatory write-ups or issues

2015-to present

- Owner Puragraft LLC- began pharmaceutical distribution once again as non-compete expired. Became licensed with the state of Texas
- Developed online track and trace program to comply with the Drug Quality and Security Act (DSCSA)
- Oversee distribution of pharmaceuticals in compliance with state regulations regarding the receipt, storage and distribution. Including lot traceability

WORK HISTORY

2010 – 2019	**Managing Partner** (Sales/Operations) – PuraGraft
2005 – 2010	**Managing Partner** (Sales/Operations) – ControlledHealthcare
2000 – 2005	**General Manager** – PSS (Houston, TX)
1994 – 2000	**Sales and General Sales Manager** – PSS (Charlotte, NC)
1993 – 1994	**Sales Manager** – PSS (Richmond, VA)
1991 – 1993	**Sales Representative** – PSS (Richmond, VA)

EDUCATION

1991	AUBURN UNIVERSITY: Auburn, Alabama B.S. – Healthcare Administration

DUPLICATE ORIGINAL

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. 016225383

Application/License No. _____

PuraGraft Holdings Inc dba PuraGraft (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 22001 Northpark Drive Suite 700 Kingwood, TX 77339 (Address of Applicant/Principal), as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 2, 2020 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 10 day of March, 2020.

APPLICANT/PRINCIPAL

PuraGraft Holdings Inc dba PuraGraft

_____
Authorized Representative

SURETY COMPANY

Liberty Mutual Insurance Company

Julie Karnes
Surety Company's Representative

Julie Karnes, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

SIGNED and SEALED in the presence of:

Bonnie Rice
Witness Bonnie Rice

_____
Witness

Lori Wright
Witness Lori Wright

Countersigned by:

N/A
Nevada Resident Agent

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201331

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Julie Kames all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the above-referenced surety bond.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of May, 2019.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 30th day of May, 2019, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 10th day of March, 2020.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00am and 4:30pm EST on any business day.

4VV

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: Takeda Pharmaceuticals America, Inc.

Physical Address: 9200 Brookfield Court Suite 108

City: Florence State: KY Zip Code: 41042

Telephone Number: 859-669-8400 Fax Number: 614-652-0674

Toll Free Number: 847-408-5825

E-mail: licensure@cardinalhealth.com Website: www.takeda.com

Facility Manager: Rhonda Cresie

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

App in Process

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

William Crates - VP, Regulatory Management
Print Name of Authorized Person

3/26/2020
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: Takeda Pharmaceuticals U.S.A., Inc.

Mailing Address: One Takeda Parkway

City: Deerfield State: IL Zip: 60015

Telephone: 224-554-6500 Fax: 224-554-7904

Contact Person: Karen Johnson

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

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

a) _____
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

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.

CardinalHealth

200 Brookfield Court
uite 108
crence, Kentucky 41042

Officer List

Officer Name	Title	Company	Business Address
Ramona Audry Sequeira ✓	President	Takeda Pharmaceuticals America Inc.	95 Hayden Ave. Lexington, MA 02421
Paul Andrew Sundberg ✓	Assistant Secretary	Takeda Pharmaceuticals America Inc.	1200 Lakeside Drive, Bannockburn, IL 60015
Patrick Canice Butler ✓	Assistant Treasurer	Takeda Pharmaceuticals America Inc.	1200 Lakeside Dr. Bannockburn, IL 60015
Krista Fiedler ✓	Assistant Treasurer	Takeda Pharmaceuticals America Inc.	1200 Lakeside Drive, Bannockburn, IL 60015
Jason E. Baranski ✓	Secretary	Takeda Pharmaceuticals America Inc.	730 Stockton Drive Exton, PA 19341

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he above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Delridge Dr, Cincinnati, OH
Cell: [redacted]-8303
Email: [redacted]@hotmail.com

Rhonda S. Cresie

Experience

1996-Present Shire LLC Florence, KY

Sr. QA Compliance Analyst

- Responsible for DEA monthly reporting
- Renewal of state licenses for the distribution center
- Create and distribute monthly inventory and sales reports
- Order Office Supplies
- Control of Petty Cash fund
- Update and monitor customer registrations and state licenses
- Back up for entry of product receiving into SAP
- Work with vendors regarding receiving and licensing issues
- Assist with order entry when needed
- Create step by step instruction manual
- Train new employees regarding Regulatory issues
- Keep current on DEA issues
- Sort and distribute department mail
- Back up for request of permit to export
- Monthly submission of ARCOS report to required states

1990-1996 Fifth Third Bank Cincinnati, OH

Balancing Clerk

- Daily preparation of 7 affiliate Leasing balance sheets
- Training of co-workers
- Set up and trained co-workers on computerized spreadsheets
- Entry of Lease agreements

Education

1982 Western Hills High School Cincinnati, OH

2002 Southern Ohio College Ft. Mitchell, KY

Additional Skills Microsoft Word, Excel, Publisher. SAP system, CSOS

References Available upon request

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Wholesale Distributor

EFFECTIVE DATE: 01/30/2020

NUMBER: W04365

EXPIRATION DATE: 09/30/2020

Issued to:
TAKEDA PHARMACEUTICALS AMERICA INC

9200 BROOKFIELD COURT
SUITE 108
FLORENCE, KY 41042

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

7000 QUALITY PLACE
ATTN: QRA FACILITY LICENSING
DUBLIN, OH 43017

Top Four Finished Goods CMO's Suppliers for the Takeda Florence Distribution

Patheon (Thermo-Fischer)- Greenville
5900 Martin Luther King Jr Highway
Greenville, NC 27834

Sharp
7451 Keebler Way
Allentown, PA 18106

Patheon (Thermo-Fisher) – Cincinnati
2110 E. Galbraith Road
Cincinnati, OH 45237

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Authorization

Authentication number: 230902
Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TAKEDA PHARMACEUTICALS AMERICA, INC.

, a corporation organized under the laws of the state of Delaware, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on December 1, 2000.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of April, 2020, in the 228th year of the Commonwealth.

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
230902/0506240

Takeda

Below is a list containing each employee who handles drugs on a daily basis.

Mike Gerversman
Michael Warning
William Barton
Tessa Blair
Steve Hollen
Melisa Hester
Mike Huber
Ryan Fuller

Takeda Pharmaceuticals America, Inc.
One Takeda Parkway
Deerfield, IL 60015

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. K40509215

Application/License No. _____

TAKEDA PHARMACEUTICALS AMERICA, INC., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
9200 Brookfield Ct, Suite 108 Florence, KY 41042, as
(Address of Applicant/Principal)
PRINCIPAL, and FEDERAL INSURANCE COMPANY, a
(Surety Company)
corporation organized under the laws of the state of IN
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
202B Hall's Mill Road Whitehouse Station, NJ 08889 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 3/26/2020.
(Effective Date)

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 26th day of March, 20 20.

APPLICANT/PRINCIPAL
TAKEDA PHARMACEUTICALS AMERICA, INC.

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
FEDERAL INSURANCE COMPANY

Surety Company's Representative

Patricia A. Rambo, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Sara Owens

Witness Bonnie Frassetto

Countersigned by:

N/A
Nevada Resident Agent

CHUBB

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

Know All by These Presents, That **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, and **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, do each hereby constitute and appoint Kimberly G. Sherrod of Columbus, Ohio; George Gionis, Vicki Johnston, Kaitlyn Malkowski, Elizabeth Marrero, Jaquanda Martin, Wayne G. McVaugh, Sara Owens, Patricia A. Rambo, Lori S. Shelton and Joanne C. Wagner of Philadelphia, Pennsylvania; Cathy H. Ho, Justin Johnson and Barbara L. Rutter of Pittsburgh, Pennsylvania----------

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

In Witness Whereof, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY**, and **PACIFIC INDEMNITY COMPANY** have each executed and attested these presents and affixed their corporate seals on this **11th** day of **April, 2019.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY

County of Hunterdon ss.

On this **11th** day of **April, 2019**, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 22, 2022

Rose Curtis

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016:

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

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

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

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies") do hereby certify that

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

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this March 26, 2020

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

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

Limited Power of Attorney

I, Michael Henning, in my capacity as Treasurer of Takeda Pharmaceuticals America, Inc., a corporation organized and existing under the laws of the State of Delaware, having a place of business at One Takeda Parkway, Deerfield, Illinois 60015 ("Takeda") do hereby grant and empower Cardinal Health 200, LLC ("Cardinal") to act jointly or separately exercising rights on our behalf and to act as our true and lawful attorney-in-fact, with the power to execute any and all documents and any amendments thereto, on behalf of Takeda **with respect to obtaining and maintaining certain manufacturing and wholesale distribution licenses** in accordance with the terms of the License Management Agreement between Shire LLC and Cardinal.

This Limited Power of Attorney shall expire upon termination of the License Management Agreement unless earlier revoked by written instrument delivered to Cardinal.

The undersigned has caused this Limited Power of Attorney to be signed this 13 day of November, 2019.

Takeda Pharmaceuticals America, Inc.

By: _____

Name: Michael Henning

Title: Treasurer

Takeda Pharmaceuticals America, Inc.
One Takeda Parkway
Deerfield, IL 60015

State of Delaware PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TAKEDA PHARMACEUTICALS AMERICA SALES CO.", CHANGING ITS NAME FROM "TAKEDA PHARMACEUTICALS AMERICA SALES CO." TO "TAKEDA PHARMACEUTICALS AMERICA, INC.", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2000, AT 6 O'CLOCK P.M.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2001.

Edward J. Freel, Secretary of State

3290212 8100

001645597

AUTHENTICATION: 0879320

DATE: 12-27-00

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF INCORPORATION
OF
TAKEDA PHARMACEUTICALS AMERICA SALES CO.

Takeda Pharmaceuticals America Sales Co. (the "Corporation"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, **DOES HEREBY CERTIFY THAT:**

FIRST: The Board of Directors of the Corporation, by written consent pursuant to Section 141(f) of the General Corporation Law of the State of Delaware, a copy of which has been filed with the minutes of the Corporation, adopted resolutions proposing the following amendment to the Certificate of Incorporation of the Corporation:

> RESOLVED, that the Board of Directors of the Corporation hereby declares it advisable that Article First of the Certificate of Incorporation of the Corporation be amended to read in its entirety as follows:
>
> > "FIRST: The name of the corporation (which is hereinafter referred to as the "Corporation") is Takeda Pharmaceuticals America, Inc."
>
> and that the same be and is hereby approved, adopted and ratified.

SECOND: The sole stockholder of the Corporation, by unanimous written consent given pursuant to Section 228 of the General Corporation Law of the State of Delaware, a copy of which has been filed with the minutes of the Corporation, adopted the foregoing amendment to the Certificate of Incorporation of the Corporation.

THIRD: The foregoing amendment has been duly adopted in accordance with the applicable provisions of Section 242 of the General Corporation Law of the State of Delaware.

FOURTH: That this Certificate of Amendment to the Certificate of Incorporation shall be effective on January 1, 2001.

IN WITNESS WHEREOF, said Corporation has caused this certificate to be signed by its President this 19th day of December, 2000.

TAKEDA PHARMACEUTICALS AMERICA SALES CO.

By: _____
Curtis Rhine, President

IN WITNESS WHEREOF, said Corporation has caused this certificate to be signed by its President this 19th day of December, 2000.

TAKEDA PHARMACEUTICALS AMERICA SALES CO.

By: /s/ Curtis Rhine
Curtis Rhine, President

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, 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 "TAKEDA PHARMACEUTICALS AMERICA SALES CO.", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2000, AT 4:30 O'CLOCK P.M.

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

Edward J. Freel, Secretary of State

3290212 8100

001473093

AUTHENTICATION: 0684534

DATE: 09-20-00

CERTIFICATE OF INCORPORATION
OF
TAKEDA PHARMACEUTICALS AMERICA SALES CO.

FIRST: The name of the corporation (which is hereinafter referred to as the "Corporation") is Takeda Pharmaceuticals America Sales Co.

SECOND: The address of the Corporation's registered office in the State of Delaware is The Corporation Trust Center, 1209 Orange Street in the City of Wilmington, County of New Castle. The name of the Corporation's registered agent at such address is The Corporation Trust Company.

THIRD: 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 Delaware.

FOURTH: The total number of shares of all classes of capital stock which the Corporation shall have the authority to issue is 100 shares of common stock with a par value of $.01 per share.

FIFTH: The name and mailing address of the incorporator are Kristen M. Benson, Sidley & Austin, 10 South Dearborn, Chicago, Illinois 60603.

SIXTH: In furtherance and not in limitation of the powers conferred by statute, the Board of Directors is expressly authorized to make, alter or repeal the By-laws of the Corporation, subject to any specific limitation on such power contained in any By-laws adopted by the stockholders. Elections of directors need not be by written ballot unless the By-laws of the Corporation so provide.

SEVENTH: A director of the Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, except for liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the General Corporation Law of Delaware, or (iv) for any transaction from which the director derived an improper personal benefit. If the General Corporation Law of Delaware is amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the General Corporation Law of Delaware, as so amended. Any repeal or modification of this Article Seventh by the stockholders of the Corporation shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

EIGHTH: Each person who is or was a director or officer of the Corporation, and each person who serves or served at the request of the Corporation as a director or officer of another enterprise, shall be indemnified by the Corporation in accordance with, and to the fullest extent authorized by, the General Corporation Law of Delaware as it may be in effect from time to time.

NINTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are granted subject to this reservation.

THE UNDERSIGNED, being the incorporator named above, has executed this Certificate on September 19, 2000.

/s/ Kristen M. Benson
Kristen M. Benson, Incorporator

EIGHTH: Each person who is or was a director or officer of the Corporation, and each person who serves or served at the request of the Corporation as a director or officer of another enterprise, shall be indemnified by the Corporation in accordance with, and to the fullest extent authorized by, the General Corporation Law of Delaware as it may be in effect from time to time.

NINTH: The Corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are granted subject to this reservation.

THE UNDERSIGNED, being the incorporator named above, has executed this Certificate on September 19, 2000.

Kristen M. Benson

Kristen M. Benson, Incorporator