5A

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				
- · · · · · · · · · · · · · · · · · · ·	vali types of ownership			
Pharmacy Name: Alegent Creighton Health				
Physical Address:				
Mailing Address: 12809 W Dodge Rd				
City: OMAHA State: 1	NEZip Code: 68154			
Telephone: 402-398-5503 Fax: 4	02-398-5506			
Toll Free Number: 855-267-9234	(Required per NAC 639.708)			
E-mail: ACHSpecialtyPharmacyNebraska@alegeWebsite: https://www.chihealth.com/en/services/pharmacy/spe				
Managing Pharmacist: Kami Nolan License Number: 13759				
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: Mail Order	□ ☑ Sterile Compounding **			
	□ ☑ Non Sterile Compounding			
All boxes must be checked	☐ ☑ Mail Service Sterile Compounding **			
For the application to be complete	□ ☑ Other Services:			

^{**}If you check "yes" on any of these types of services, you will be <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 Ø
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 ☑
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mess of any documents that identify the circumstance or contain an order, agreestition may be required.	
correc	by certify that the answers given in this application and attached documenta t. I understand that any infraction of the laws of the State of Nevada regula- tion of an authorized pharmacy may be grounds for the revocation of this pe	ting the
under correct emplo	read all questions, answers and statements and know the contents thereof, penalty of perjury, that the information furnished on this application are true t. I hereby authorize the Nevada State Board of Pharmacy, its agents, serva yees, to conduct any investigation(s) of the business, professional, social arround, qualification and reputation, as it may deem necessary, proper or described.	, accurate and ints and nd moral
Origin	al S <mark>ignature</mark> of Person Authorized to Submit Application, no copies or stamp	os .
Greg Sc	0/3/00	
Print N	Name of Authorized Person Date	Page 2
Board	Use Only Date Processed: MAR 0 9 2020 Amount: 500	<u> </u>

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorpora	ation: Nebraska						_
Parer	nt Company	if any: Catholic I	Health Initiatives					
Mailin	g Address:	12809 W Dodge Ro	d					_
City:	DMAHA		State	: <u>NE</u>	Zip: 68154			_
Telep	hone: 402-398	3-5503	Fax:	402-398-5506				_
Conta	act Person:	Greg Schardt						_
For a	ny corporati	on non publicly	traded, disclos	se the follow	ving:			
1)	List top 4 p	persons to who	m the shares w	ere issued	by the corpora	ation? N/A		
	a)	Name		Address				_
	b)	Name		Address				_
	c)	Name	0	Address				_
	d)	Name		Address				_
2)	Provide the	e number of sh	ares issued by	the corpora	ition.			_
3)	What was	the price paid _l	per share?					_
4)	What date	did the corpora	ation actually re	eceive the c	ash assets? _			_
5)	Provide a	copy of the cor	poration's stock	k register ev	videncing the a	above informa	ation	
List a	ny physiciar	shareholders	and percentage	e of owners	hip.			
Name	e:					<u></u> %:		_
Hours	s of Operat	ion for the pha	armacy:					
Mond	ay thru Frida	ay <u>8</u> am	_6 _pm		Saturday	am		_pm
	Sunday	am	pm		24 Hours	7/365		
			ot required, how			a Nevada bu	ısiness	
ııcens	e please pro	ovide the numb	er:				Page 4	4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Greg Schardt

Responsible Person of Alegent Creighton Health dba CHI Health Specialty Pharmacy
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.
Original Signature of Person Authorized to Submit Application, no copies or stamps
Greg Schardt Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Nebruska)
STATE OF Nebruska) ss. Douglas COUNTY)
9
I, Greg Schardt , 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 System Director of Specialty Pharmacy for Alegent Creighton Health dba CHI Health Specialty Pharmacy
Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.
I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile
products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-
State Pharmacy License.
3. I understand and acknowledge that the Pharmacy and any of its Nevada-
registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or
ships any compounded sterile product into Nevada without first obtaining written authorization from
the Board to do so.
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile
product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board
and obtain written approval to sell and ship such products into Nevada.
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile
product into Nevada, an authorized representative of the Pharmacy may be required to appear
before the Board to answer questions before such approval is granted.
FURTHER AFFIANT SAYETH NOT.
I, Greg Schardt , do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
ROBERT F. GRENIER
Name Name
SUBSCRIBED AND SWORN TO before me, a notary public this
5 day of FCBRUARY, 20 30

State of Nebraska – General Notary ROBERT F. GRENIER My Commission Expires December 18, 2021

STATE OF NEBRASKA

United States of America, } ss State of Nebraska }

Secretary of State State Capitol Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

ALEGENT CREIGHTON HEALTH

incorporated on February 5, 1992 and is duly incorporated under the law of Nebraska;

that all fees, taxes, and penalties owed to Nebraska wherein payment is reflected in the records of the Secretary of State and to which nonpayment affects the good standing of the corporation have been paid;

that its most recent biennial report required by section 21-19,172 has been delivered to the Secretary of State;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

September 17, 2019

Secretary of State





Public Health Licensure Unit Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 9/17/2019.

Name:

CHI Health Specialty Pharmacy

Owner:

Catholic Health Initiatives

Address:

7710 Mercy Rd Ste 102, Omaha, NE

Type:

Community Pharmacy License

Number:

3000

Status:

Active

Issued:

04/24/2014

Expiration:

07/01/2020

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

5B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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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 Chang**e (Provide current license number if making changes: PH03045

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

appearance at the board meeting,

☐ 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: Allcare Plus Pharmacy LLC				
Physical Address: 50 Bearfoot Road N				
Mailing Address: 50 Bearfoot Road				
	ate: MA Zip Code: 01532			
Telephone: 833-383-3533 Fax	x: 844-740-1211			
022 202 2522	(Required per NAC 639.708)			
E-mail: aren.leighton@rxallcare.com We	 ; ; ; ; ;			
Managing Pharmacist: John Leighton PharmD, Rph., AAHIVP, CSP. License Number: PH233100				
	Electrice (Natifice):			
TYPE OF PHARMACY AND	D SERVICES PROVIDED			
TYPE OF PHARMACY AND Yes/No				
TYPE OF PHARMACY AND Yes/No □ ⊠ Retail	Yes/No □ ☑ Off-site Cognitive Services			
Yes/No	Yes/No			
Yes/No □ ⊠ Retail	Yes/No ☐ ☑ Off-site Cognitive Services			
Yes/No □ ⊠ Retail □ ⊠ Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral **			
Yes/No □ ⊠ Retail □ ⊠ Hospital (# beds) □ ⊠ Internet	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge			
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge			
Yes/No	Yes/No □ ☒ Off-site Cognitive Services □ ☒ Parenteral ** □ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge er ☒ □ Mail Service			
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No ☐ ☒ Off-site Cognitive Services ☐ ☒ Parenteral ** ☐ ☒ Parenteral (outpatient) ☐ ☒ Outpatient/Discharge er ☒ ☐ Mail Service ☐ ☒ Long Term Care			
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No □ ☒ Off-site Cognitive Services □ ☒ Parenteral ** □ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge er ☒ □ Mail Service □ ☒ Long Term Care □ ☒ Sterile Compounding **			
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other: Independent	Yes/No □ ☒ Off-site Cognitive Services □ ☒ Parenteral ** □ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge er ☒ □ Mail Service □ ☒ Long Term Care □ ☒ Sterile Compounding ** □ ☒ Non Sterile Compounding □ ☒ Mail Service Sterile Compounding **			

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the	e last five (5	5) years:	

1)	Has the corporation, any owner(s), shareholder(s) or pany interest, ever been charged, or convicted of a felomisdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No ■		
2)	Has the corporation, any owner(s), shareholder(s) or pany interest, ever been denied a license, permit or ceregistration?		Yes □ No ■		
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative ac site fine or proceeding relating to the pharmaceutical in	tion, board citation,	Yes □ No ■		
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo	Yes □ No 🔳		
5)	Has the corporation, any owner(s), shareholder(s) or pinterest, ever surrendered a license, permit or certificate voluntarily or otherwise (other than upon voluntary clo	ate of registration	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.					
77	and the size of the control of the c				
_	al Signature of Person Authorized to Submit Application	on, no copies or stamp 3/11/2020	S		
	Name of Authorized Person	Date			
			Page 2		
Board	Use Only Date Processed: 3.30.2020	Amount: <u>500.00</u>	<u> </u>		

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation	: Massac	husetts					
Paren	t Company if an	y: IQVIA	RDS Inc.					
	g Address: 50							
	lorthborough		Sta	te:MA	Zip:	01532	2	
Telepl	hone: 833-383-	3533	Fax	c: 844-740	-1211			
Conta	ct Person: Are	n Leightor	1					
For ar	ny corporation no	on publicly	traded, discl	ose the follo	wing:			
1)	List top 4 perso	ons to whor	n the shares	were issued	by the c	orporat	ion?	
	a) IQVIA RDS	Inc.	4820	Emperor B	oulevard	, Durha	am, NC 277	03
	N	ame		Address				
	b)	ame		Address				
	c)	ame		Address				
	d)							
	N	ame		Address				
2)	Provide the nur	mber of sha	res issued b	y the corpor	ration. 10	000		
3)	What was the p	orice paid p	er share? _					
4)	What date did t	the corpora	tion actually	receive the	cash asse	ets?		
5)	Provide a copy	of the corp	oration's sto	ck register e	evidencing	g the ab	ove informat	ion
List ar	ny physician sha	reholders a	and percenta	ge of owner	ship.			
Name	: <u>N/A</u>						_%:	
Name								
<u>Hours</u>	of Operation f	or the pha	rmacy:					
Monda	ay thru Friday <u></u> 8		6pm		Satur	day	N/A am	N/A pn
	Sunday <u>N</u>	N/A _am	N/A pm		24 Ho	ours	N/A	
A Nev	ada business lic e please provide	ense is not	t required, ho	wever if the	pharmac	y has a	Nevada bus	iness
								Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1. tren Leighton				
Responsible Person of AllCare Plus Pharmacy LLC				
hereby acknowledge and understand that in additio				
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law				
that may occur in a pharmacy owned or operated b	y 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	ne corporation's, any owner(s), shareholder(s)			
or partner(s) cannot require or permit the pharmaci	st(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				
Aren Leighton	3/11/2020			
Print Name of Authorized Person	Date			

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Mass)
Worcester	_COUNTY	SS.)

I, Aren Leighton, 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 <u>Vice President</u> for <u>Allcare Plus Pharmacy LLC</u> (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 Nevadaregistered/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, Aven Lighton, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO before me, a notary public this

<u>(/ AM) / MOLAN</u> NOTARY PUBLIC



AllCare Plus Pharmacy LLC

50 Bearfoot Road Northborough MA 01532 FEIN: 45-2733469

Daniel H. Apelian

President

Business Address:

50 Bearfoot Road Northborough MA 01532

Business Phone:

508-459-3515

Ownership:

0%

Aren Leighton

Vice President

Business Address:

50 Bearfoot Road Northborough MA 01532

Business Phone:

833-383-3533 x 3514

Ownership:

0%

For more information about the board, please visit our web site at http://www.mass.gov/dph/boards.

AllCare Plus Pharmacy Controlled Substance Schedules II-Vi 50 Bearfoot Road Northborough MA 01532

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Controlled Substance Permit

AllCare Plus Pharmacy Controlled Substance Schedules II-VI 50 Bearfoot Road Northborough MA 01532

CS89984

12/31/2021

1137728

LICENSE NO. EXPIRATION DATE SERIAL NO.

Fold, Then Detach Along All Perforations

DPH CONTROL# 1772594

IMPORTANT

If you find this license, please return to: Bureau of Health Professions Licensure, 239 Causeway St., Suite 500, 5th Fl., Boston, MA 02114.

If your name or address changes, you must notify your Board to ensure the proper mailing of your next Renewal Reminder. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards

For more information about the board, please visit our web site at http://www.mass.gov/dph/boards.

AllCare Plus Pharmacy John Joseph Leighton 50 Bearfoot Road Northborough MA 01532

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC HEALTH

BOARD OF REGISTRATION IN PHARMACY

Retail Drug Store Permit

AllCare Plus Pharmacy John Joseph Leighton 50 Bearfoot Road Northborough MA 01532

DS89984

12/31/2021

1137780

LICENSE NO. EXPIRATION DATE SERIAL NO.

Fold, Then Detach Along All Perforations

Signature

DPH CONTROL# 1772646

IMPORTANT

If you find this license, please return to: Bureau of Health Professions Licensure, 239 Causeway St., Suite 500, 5th Fl., Boston, MA 02114.

If your name or address changes, you must notify your Board to ensure the proper mailing of your next Renewal Reminder. Always refer to your license number when corresponding with your Board. This license is subject to the provisions of the General Laws as amended. It is a privilege and cannot be loaned or assigned to any other entity. Keep this license on your person, posted, or as required by law.

Please visit our web site at: http://mass.gov/dph/boards



CHARLES D. BAKER Governor

KARYN E. POLITO Lieutenant Governor

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, 5th Floor
Boston, MA 02114

Tel: 800-414-0168 Fax: 617-973-0983 TTY: 617-973-0988 www.mass.gov/dph/boards MARYLOU SUDDERS Secretary

MONICA BHAREL, MD, MPH Commissioner

AllCare Plus Pharmacy John Joseph Leighton 50 Bearfoot Road Northborough MA 01532

February 3, 2020

Certified Statement of Registration

To Whom It May Concern:

The individual named below is licensed in the Commonwealth of Massachusetts as a **Retail Drug Store**Permit.

Name of Licensee:

AllCare Plus Pharmacy

License Number:

DS89984/CS89984

Issue Date:

12/29/2015

License Status:

Current

E ... i ... D . i

Current

Expiration Date:

12/31/2021

Disciplinary Actions:

None

David Sencabaugh

Director

Board of Registration in PHARMACY

SEAL

Registration verification can be obtained at https://checkalicense.hhs.state.ma.us/.

The information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Bureau of Health Professions Licensure and its licensing boards. Individuals are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement.' Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.



State Services 1025 Boulders Parkway Suite 301 North Chesterfield, VA 23225 iqvia.com

March 16, 2020

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

RE: Application for Transfer of Ownership of AllCare Plus Pharmacy – PH03045

Dear Ladies and Gentlemen:

On behalf of our client, AllCare Plus Pharmacy (PH03045), please see the enclosed application and documentation regarding an anticipated acquisition and change of ownership that is expected to occur on or about April 10, 2020.

AllCare Plus Pharmacy, Inc. is currently owned by Daniel Apelian and Mark Janian. The anticipated acquisition will result in a 100% stock transfer from Mr. Apelian and Mr. Janian to IQVIA RDS Inc. After the acquisition, IQVIA RDS Inc. will be the sole owner of AllCare Plus Pharmacy.

As part of the anticipated acquisition, AllCare Plus Pharmacy will reorganize as a Limited Liability Company. We will provide you with the corporate documentation for the new LLC once formed.

The anticipated acquisition will not change the pharmacy's location, operations, or personnel. The current Pharmacist-In-Charge, John Leighton, PH233100, will remain in this role following the closing of the acquisition.

If you need further information, please contact Rebecca Moses at <u>rebecca.moses@iqvia.com</u> or 804-230-5038. Thank you for your time and assistance in this manner.

Sincerely,

Rebecca Moses State Services **5C**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

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☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Partnership - Pages 1,2,5,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7 ☐ Sole Owner – Pages 1,2,6,7				
GENERAL INFORMATION to be completed by				
Pharmacy Name: BioPlus Specialty Pharmacy Se	rvices, LLC			
Physical Address: <u>376 Northlake Blvd.</u> , Altamont	e Springs, FL 32701			
Mailing Address: 376 Northlake Blvd.				
City: Altamonte Springs State:	FL Zip Code:32701			
Telephone: 407-830-8820 Fax: _8	800-269-5493			
Toll Free Number: 866-514-8082 ((Required per NAC 639.708)			
E-mail: license@bioplusrx.com Website	e: www.bioplushealth.com			
Managing Pharmacist: Nicholas Maroulis	License Number: PS28571			
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
□ ⊠ Retail	□			
□ □ Hospital (# beds)	□ 🛛 Parenteral **			
□ 🛛 Internet	□ 🖾 Parenteral (outpatient)			
□ 🛛 Nuclear	□			
□ Ambulatory Surgery Center	🛛 🗆 Mail Service			
⊠ □ Community	□			
□ 🖫 Other:	□ 🛛 Sterile Compounding **			
	□ 🖾 Non Sterile Compounding			
All boxes must be checked	□			
For the application to be complete	□ Other Services: <u>Specialty</u>			

^{**}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.

Board	Use Only Date Processed: 4-2-2020 Amount: 50000	
Print I	Name of Authorized Person Date	Page 2
	Stephen C Vost 3-18-2020	
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	os .
	Thort	
	round, qualification and reputation, as it may deem necessary, proper or des	
	t. I hereby authorize the Nevada State Board of Pharmacy, its agents, serva yees, to conduct any investigation(s) of the business, professional, social ar	
under	penalty of perjury, that the information furnished on this application are true	, accurate and
I have	read all questions, answers and statements and know the contents thereof.	I hereby certify,
	tion of an authorized pharmacy may be grounds for the revocation of this pe	
	by certify that the answers given in this application and attached documenta it. I understand that any infraction of the laws of the State of Nevada regula	
·		
Copie	s of any documents that identify the circumstance or contain an order, agreesition may be required.	ement, or other
If the	answer to question 1 through 5 is "yes", a signed statement of explanation m	nust be attached.
	interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes □ No 🛚
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, over surrendered a license, parmit or cortificate of registration	
	substances?	Yes □ No 🛚
	interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled	
4)	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 🏻
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, over been the subject of an administrative action, board citation	
	registration?	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	
0)		IES - NO M
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 ☒
Within	the last five (5) years:	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of incorporation: Florida
Parent Company if any: BPPH Borrower LLC
Mailing Address: 376 Northlake Blvd.
City: Altamonte Springs State: FL Zip: 32701
Telephone: 407-830-8820 Fax: 800-269-5493
Contact Person: Elvin Montanez
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) 100% owned by BPPH Borrower LLC, 376 Northlake Blvd., Altamonte Springs, FL 32701
Name Address
b)
Name Address
c)Name Address
Name
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:%:
Hours of Operation for the pharmacy:
Monday thru Friday 8:00 am 8:00 pm Saturday N/A am pr
Sunday N/A am pm 24 Hours Toll-Free
A Nevada business license is not required, however if the pharmacy has a Nevada business
license please provide the number: N/A Page 4
raye 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

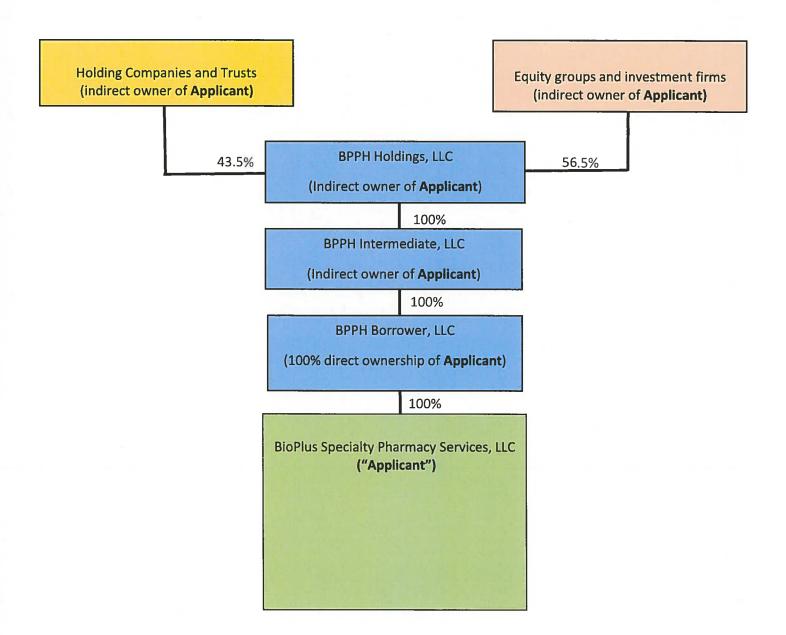
Responsible Person of BioPlus Specialty Pharmacy Services, LLC

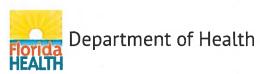
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.
Strart
Original Signature of Person Authorized to Submit Application, no copies or stamps
Stephen C Vol 3-18-WW Print Name of Authorized Person Date
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss. <u>Seminole</u> COUNTY)
I, Nicholas Maroulis , 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 <u>Pharmacist-in-Charge</u> for <u>BioPlus Specialty Pharmacy Services, LLC</u> (the
Pharmacy) and in that canacity I am authorized to speak on the Pharmacy's hehalf
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, Nicholas Maroulis, do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
SUBSCRIBED AND SWORN TO
before me, a notary public this //6 ² day of
Commission # GG 364255 My Comm. Expires Oct 10, 2021

BioPlus Specialty Pharmacy Services, LLC Final Corporation Structure





License Number: PH10680

Data As Of 2/26/2020

Profession Pharmacy
License PH10680
License Status CLEAR/

Qualifications Community Pharmacy

unity Pharmacy Schedule II & III

License Expiration Date 2/28/2021 License Original Issue Date 03/08/1989

Address of Record 376 NORTHLAKE BLVD.

ALTAMONTE SPRINGS, FL 32701

UNITED STATES

Discipline on FileNoPublic ComplaintNo

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 /ISION OF MEDICAL QUALITY ASSURANCE

DATE (1)	LICENSE NO.	CONTROL NO.
01/16/2019	PH 10680	108395

ne PHARMACY amed all requirements of ne PHARMACY e laws and rules of the state of Florida. opiration Date: FEBRUARY 28, 2021 OPLUS SPECIALTY PHARMACY SERVICES.

oPlus specialty Pharmacy Services, '6 NORTHLAKE BLVD.

LTAMONTE SPRINGS, FL

COMMUNITY PHARMAC SCHEDULE II & III

3:1 PHARMACY TECHNICIAN RATIO APPRO

QUALITY ASSURANCE

QUALIFICATION(S):

STATE OF FLORIDA

Ron DeSantis GOVERNOR

(PIRATION DATE: FEBRUARY 28, 2021

Your license number is PH 10680. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

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

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

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

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

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

Grounds for Discipline

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

List of 1 NABP VIPPS-Accredited Pharmacies

Accreditation is valid for 3 years

Business Name Pharmacy Name	Website	End Date Membership Type
BioPlus Specialty Pharmacy Services, Inc 376 S Northlake Blvd, Suite 1008 Altamonte Springs, FL 32701 [-] 5 Stores	www.bioplusrx.com www.bioplus.pharmacy www.bioplusspecialty.pharmacy www.bioplushealth.com	07/05/20 Open to all irmacy
BioPlus Specialty Pharmacy Services		376 S Northlake Blvd Altamonte Springs, FL 32701
Dogwood Medical Pharmacy dba MedScripts Pharmacy	mipts Pharmacy	1325 Miller Road Greenville , SC 29607
Bioplus Specialty Pharmacy Services		100 Southcenter Ct. #100 Morrisville, NC 27560
Raina RX dba Route 300 Pharmacy		1208 Route 300, Suite 103 Newburgh, NY 12550
River Medical Pharmacy		4752 Research Drive San Antonio , TX 78240

Officer List

Stephen H. Garner, Vice President

Phone: 4

Email: sgarner@prohealthmed.com

Stephen C. Vogt, President

Phone:

Email: svogt@bioplusrx.com

5D

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 Townership Change (Provide						
	□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	☐ Sole Owner – Pages 1,2,6,7					
GENERAL INFORMATION to be completed by all types of ownership						
	ZII (YPCS OF OWNERSHIP)					
Pharmacy Name: DSC LOGISTICS, LLC						
Physical Address: 21705 W MISSISSIPPI attn: Therese Glyn	nn ELWOOD, IL 60421					
Mailing Address: 1750 S WOLF RD attn: Shane Gross						
City:State:	ILLINOIS Zip Code: 60018					
Telephone: 847.390.6800 Fax: 8	847.390.7272					
Toll Free Number: 800.372.1960 (Required per NAC 639.708)						
E-mail: terry.glynn@dsclogistics.com Website:	www.dsclogistics.com					
Managing Pharmacist: not applicable License Number: not applicable						
TYPE OF PHARMACY AND	SERVICES PROVIDED					
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No					
Yes/No	Yes/No					
Yes/No □ X Retail	Yes/No □ ★ Off-site Cognitive Services					
Yes/No □ 🕱 Retail □ 🛣 Hospital (# beds)	Yes/No □ ★ Off-site Cognitive Services □ ★ Parenteral **					
Yes/No □ 🕱 Retail □ 🛣 Hospital (# beds) □ 🕱 Internet	Yes/No ☐ ★ Off-site Cognitive Services ☐ ★ Parenteral ** ☐ ★ Parenteral (outpatient)					
Yes/No	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care					
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding **					
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** Non Sterile Compounding					
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No Off-site Cognitive Services Parenteral ** Data Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** Non Sterile Compounding Mail Service Sterile Compounding **					
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other:	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** Non Sterile Compounding					

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the last five (5) years:			
1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes □ No 🕱		
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes □ No 💢		
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes □ No 🕱		
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes □ No 🕱		
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes □ No 💢		
If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.				
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.				
I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.				
Original Signature of Person Authorized to Submit Application, no copies or stamps				
	RD BOWERSOX - PRESIDENT Jame of Authorized Person Jame of Authorized Person			
Print N	Name of Authorized Person Date '	Page 2		
Board	Use Only Date Processed: 2-11-2020 Amount: 500			

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:
Parent Company if any:CJ LOGISTICS LOGISTICS U.S.A. CORPORATION
Mailing Address: 1750 S WOLF RD
City: DES PLAINES State: ILLINOIS Zip: 60018
Telephone: 847.390.6800 Fax: 847.390.7276
Contact Person: DAVE BODE
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a)NO SHARES ISSUED
Name Address
b) Name Address
C) Name Address
d)
Name Address
2) Provide the number of shares issued by the corporationn/a
3) What was the price paid per share?n/a
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: NOT APPLICABLE %:
Name: NOT APPLICABLE %:
Hours of Operation for the pharmacy:
Thursday Friday Monday thru Friday 12 am 11:59 pm Saturday 11:59 am 10 pm
Sunday 10 am 11:59 pm 24 Hours n/a pm
A Nevada business license is not required, however if the pharmacy has a Nevada business
license please provide the number: Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I,EDWARD BOWERSOX
Responsible Person of
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.
Edul Mayor
Original Signature of Person Authorized to Submit Application, no copies or stamps
EDWARD BOWERSOX 12/12/2019
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF LUNDIS)
STATE OF LUNDIS) ss. COUNTY)
I,EDWARD BOWERSOX, hereby certify that the assertions in this Affidavi
are true and correct to the best of my knowledge and belief, and state as follows:
1. I am the PRESIDENT for DSC LOGISTICS, 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 of
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, EDWARD BOWERSOX, do hereby swear under penalty of perjury that the assertions of this
affidavit are true. Alway Manue Name
SUBSCRIBED AND SWORN TO

GLORIA FOLEY
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
December 07, 2021

before me, a notary public this 12thday of <u>December</u>, 20<u>19</u>.



DSC LOGISTICS, LLC Matter Number n/a

CSC 251 Little Falls Drive Wilmington, DE 19808-1674 800.927.9800 302.636.5454 fax

DELAWARE STATUS SEARCH

www.cscglobal.com

Entity Information

			Search Results Date/Time	11-26-2019 17:45
Entity Name	DSC	LOGISTICS, LLC		
File Number	70240	91	Status	Good Standing since 20180820
Entity Type	Limite	d Liability Company	Corp Type	General
Tax Type	Annua	al L.L.C. Tax	Stock Corporation	No
Residency	Dome	estic	State DE	
Incorporation Da	ate	20180820		
Renew Date			Expire Date	
Bankruptcy		Unknown	Bankrupt Date	
Case No			***	W
Orig Incorp Cou	ntry		Orig Date	
Merged To Numi	ber	ł <u> </u>		78
Qtrly Filings		False	Last Ann Rpt	0
Foreign incorpo	ration date	19890111	•	
Original foreign	name	DSC LOGISTICS, INC.		
Original foreign	kind	Corporation		

Registered Agent

	-3						
Agent Name	CORPORATION SERVICE COMPANY			Agent ID	9000014		
Address	251 LITTLE FALLS DRIVE						
	,WILMINGTON,New Castle						
State	DE	Country	US	Zip	19808		

Stock Information

Amendment Number	0		Effective Date	End Date		
Description	Class	Series	Authorized	Par Value	Desig	nated shares
	Total Sha	res Authorized				0
	N	lo Par Shares				0

The information above is taken from the records of Delaware's Office of the Secretary of State and reflects information of record as of the thru date listed on this report. CSC cannot and does not independently verify the accuracy or completeness of this information and, accordingly, we make no guaranties or representations about the accuracy or completeness of the information and disclaim any warranties about it and any liability for errors or omissions. If you wish to obtain a certified copy of documents on file or an official good standing, please contact your CSC Customer Service Representative.



DSC LOGISTICS, LLC Matter Number n/a

CSC 251 Little Falls Drive Wilmington, DE 19808-1674 800.927.9800 302.636.5454 fax

DELAWARE STATUS SEARCH

www.cscglobal.com

2

Filing History (last 5 filings)

Filing Year	Document Code	Pages	Filing Date/Time	Effective Date	Filing Status	Merger Type
2018	Foreign Entity to Dom		*			
	Alternative Entity	2	20180820T19:05:00:0000	20180820	Archived	

Taxes Due

Tax Year	Filing Fee	Total Tax	Penalty	Interest	Other	Paid	Balance
2019	0.00	300.00	0.00	0.00	0.00	0.00	300.00
2018	0.00	300.00	0.00	0.00	0.00	300.00	0.00
Tax Balance 300						300.00	

The information above is taken from the records of Delaware's Office of the Secretary of State and reflects information of record as of the thru date listed on this report. CSC cannot and does not independently verify the accuracy or completeness of this information and, accordingly, we make no guaranties or representations about the accuracy or completeness of the information and disclaim any warranties about it and any liability for errors or omissions. If you wish to obtain a certified copy of documents on file or an official good standing, please contact your CSC Customer Service Representative.



Illinois Department of Financial and Professional Regulation Division of Professional Regulation

BRUCE RAUNER Governor

BRYAN SCHNEIDER Secretary

JAY STEWART
Director
Division of Professional Regulation

December 3, 2015

Attn: Susan M. Winter DSC Logistics, Inc. 1750 South Wolf Road. Des Plaines, IL 60018

Dear Ms. Winter,

The Department of Financial and Professional Regulation received your letter dated November 12, 2015, inquiring whether DSC Logistics is required to be licensed in the State of Illinois. Specifically, you asked whether DSC Logistics must have a license in order to warehouse and distribute medication and medical devices in or out of Illinois in light of the Drug Supply Chain Security Act's (DSQA) preemption of state licensing laws. In relevant part, the DSQA states that "[n]o State shall regulate third-party logistics providers as wholesale distributors". Section 585(b)(2) of the Federal Food, Drug, and Cosmetic Act as amended by the DSQA.

Based upon the information you provided, DSC Logistics is a third-party logistics provider. As such, it is not required to seek licensure as a Wholesale Drug Distributer in the State of Illinois. Please note that the Department does not license medical device distributors or over-the-counter medication distributors.

This letter is not to be construed as providing legal advice or as statement reflecting the interpretation of the Department on the particular matter you described. Neither is it intended as an official opinion of the State of Illinois. Only the Attorney General of the State of Illinois is empowered to render formal opinions concerning the laws of this State.

Very truly yours,

Steven Monroy

Staff Attorney, Office of General Counsel

Division of Professional Regulation

Illinois Department of Financial and Professional Regulation

100 West Randolph Street, Ste. 9-300

Chicago, IL 60601

Phone: (312) 814-1951



Illinois Department of Financial and Professional Regulation Division of Professional Regulation

PAT QUINN Governor

BRENT E. ADAMS Secretary

Jay Slewart
Director
Division of Professional Regulation

March 16, 2012

Susan Winter,
Executive Legal Assistant
& Licensing Administrator
DSC Logistics, Inc.
1750 S Wolf Rd.
Des Plaines, IL
60018

Re: Regulation of OTC Nicotine Products.

Dear Ms. Winter,

I am in receipt of your email dated 2/28/12 in which you asked whether a license is required to sell OTC nicotine products in the State of Illinois. The Illinois Department of Financial and Professional Regulation does not require licensure for the sale of such products. Should you have any additional questions please contact me at 312-814-2226.

This letter is to be construed as an informal statement reflecting the interpretation of the Department on the particular matter you described and is not intended as an official opinion of the State of Illinois. Only the Attorney General of the State of Illinois is empowered to render formal opinions concerning the laws of this State.

Sincerely

Frank Smith * Law Clerk

General Counsel

IDFPR-Division of Professional Regulation

312-814-2226

Internet: www.idfpr.com



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN Governor BRENT E. ADAMS Secretary

Jay Stewart
Director
Division of Professional Regulation

June 11, 2012

Susan Winter
Executive Legal Assistant
& Licensing Administrator
DSC Logistics, Inc.
1750 S. Wolf Road
Des Plaines, IL 60018

Re: Regulation of Class I and Class II Medical Devices by the State of Illinois

Dear Ms. Winter:

I am in receipt of your email, dated June 8, 2012, in which you asked whether the State of Illinois regulates the warehousing and wholesale distribution of Class I and Class II Medical Devices that do not meet the definition of Home Medical Equipment. The Illinois Department of Financial and Professional Regulation (the "Department") does not regulate and/or require a license to warehouse and wholesale distribute such products. However, any product that meets the definition of Home Medical Equipment, as that term is defined in Section 10(6) of the Home Medical Equipment and Services Provider License Act (225 ILCS 51/10(6)), is regulated by the Department. Please feel free to contact me should you have any additional questions.

This letter is to be construed as an informal statement reflecting the interpretation of the Department on the particular matter you described and is not intended as an official opinion of the State of Illinois. Only the Attorney General of the State of Illinois is empowered to render formal opinions concerning the laws of this State.

Sincerely,

Marc Minarich

Internet: www.idfpr.com

Law Clerk, Office of General Counsel



Corporate Officer Information

Business Address: 1750 S. Wolf Rd., Des Plaines, IL 60018

Business number: 847.390.6800

Edward Bowersox - President

Home Address: Dockside Dr., Unit 1002, Naples, FL 34110

SS#

Maria Motev Grechanik - Secretary

Home Address: .___ Pfingsten Rd., Glenview, IL 60025

SS#

Beth Wong - Treasurer

Home Address: S Swain Ave., Elmhurst, IL 60126

SS#

DSC LOGISTICS, LLC

A Delaware Limited Liability Company – since 08/20/2018

FEIN: 36-3620628

5E

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 Gownership Chang e (Provide curi	
Check box below for type of ownership and complete all re	
☐ Publicly Traded Corporation – Pages 1,2,3,7 X Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Faithership - Fages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7
A	
GENERAL INFORMATION to be completed by all t	vpes of ownership
Pharmacy Name: ExpRESS Rx INC., DBA: E	EXABEL DE PLANMACH & MEDICAL
Physical Address: 1711 W. Temple ST #100	, Los ANGELES CA 90026
Mailing Address: 1711 W. TEMPLE ST #100	
	AZip Code: 90026
Telephone: 213-353-0552 Fax: 213	-353 - 0562
Toll Free Number:(Requ	uired per NAC 639.708)
E-mail: BoRIS. G @ ExpRESS & luc. NET Website: <u>E</u>	EXPRESS RX INC. NET
Managing Pharmacist: DEKHKANOVA , LOL	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🔀 🗆 Retail	☐ I Off-site Cognitive Services
☐ 類 Hospital (# beds)	☐ X Parenteral **
☐ ☑ Internet	☐ 🄀 Parenteral (outpatient)
□ 🕱 Nuclear	
	☐ M Outpatient/Discharge
☐ 🄀 Ambulatory Surgery Center	M □ 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	e (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 🕱			
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mass of any documents that identify the circumstance or contain an order, agrees ition may be required.				
correc	by certify that the answers given in this application and attached documenta t. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this pe	ting the			
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.					
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	os .			
Bo	RIS GRINSHTEYN 03/24/2	0			
Print N	Name of Authorized Person Date	Page 2			
Board	Use Only Date Processed: 4-2-20-90 Amount: 500.0	00			

Page 4

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION	
State of Incorporation:	
Parent Company if any:	
Mailing Address: 1711 W. TEMPLE St #100	
City: Los ANGELES State: CA Zip: 90026	
Telephone: 2/3-353-0552 Fax: 2/3-353-0562	
Contact Person: BORIS GRINSHTEYN	
For any corporation non publicly traded, disclose the following:	
1) List top 4 persons to whom the shares were issued by the corporation?	
a) Boris Grwshteyn Dunier R. Los Augel Name Address b) Mark Zaitsman & Murietta Ave Sherman	ES CA 90064
Address	
b) MARK ZAITSMAN ST MURIETTA AVE. SHERMAN Address	OAKS, CA 4142
c)	
Name Address	
d)	
Name Address	
2) Provide the number of shares issued by the corporation. 50,000	
3) What was the price paid per share? #1.00	
4) What date did the corporation actually receive the cash assets? <u>03/23</u>	/2007
5) Provide a copy of the corporation's stock register evidencing the above info	
List any physician shareholders and percentage of ownership.	
Name: // /4 %:	
Name:	
%:	
Hours of Operation for the pharmacy:	
Monday thru Friday 9:00 am 5:00 pm Saturday —	ampm
Sundayampm 24 Hours	_
A Nevada business license is not required, however if the pharmacy has a Nevad license please provide the number:	a business

EXPRESS RX INC

1711 W Temple St #100, Los Angeles, CA 90026

213-353-0552 (p)

213-353-0562 (f)

Tax ID: 20-8676225

NPI: 1184777286

01/07/2020

List of Corporate Officers

- 1. Boris Grinshteyn President
- 2. Mark Zaltsman Treasurer
- 3. Boris Grinshteyn Secretary

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Responsible Person of EXPRESS RX INC.
Responsible Person of ExpRESS Rx NC
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.
Bushman
Original Signature of Person Authorized to Submit Application, no copies or stamps

AFFIDAVIT for Out-of-State Pharmacy License

) ss.
COUNTY)
I, Boris GRINSHTEYN , hereby certify that the assertions in this Affidavit
are true and correct to the best of my knowledge and belief, and state as follows:
1. I am the PRESIDENT for ExPRESS Rx 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.
।, BoR's GRINSमाहिए।, do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
BORIS GRINSHIEYN Brayery
SUBSCRIBED AND SWORN TO before me, a notary public this
day of, 20
NOTARY PUBLIC See Attached Certificate
NOTARY PUBLIC See ATTRICTION

CALIFORNIA JURAT WITH AFFIANT STATEMENTGOVERNMENT CODE § 8202

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
See Attached Document (Notary to cross out li	
☐ See Statement Below (Lines 1–6 to be completed)	
1 BORIS GRINSHTEYN	
2	
3	
4	
5	
Fredom	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
State of California	Subscribed and sworn to (or affirmed) before me
Country of 1 as A a Dead	
County of Los Angeles	on this 25 day of March, 2020, by Date Month Year
	(1) BORIS GRINSHTEYN
ABRAHAM KANAAN	(2)
Notary Public – California Los Angeles County	Name(s) of Signer(s)
Commission # 2205116 My Comm. Expires Aug 11, 2021	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
	to be the person(s) who appeared before the.
	Signature
Place Notary Seal Above	Signature of Notary Public
OF	PTIONAL ————————————————————————————————————
	nis information can deter alteration of the document his form to an unintended document.
Description of Attached Document	
Title or Type of Document: AFC: danit for	OUT- of-Stele Pharmacy George.
Document Date:	Number of Pages: 0 ne
Signer(s) Other Than Named Above:	
© 2013 National Notary Association • www.NationalNo	tary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EXPRESS RX, INC.

FILE NUMBER:

C2973462

FORMATION DATE:

03/13/2007

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

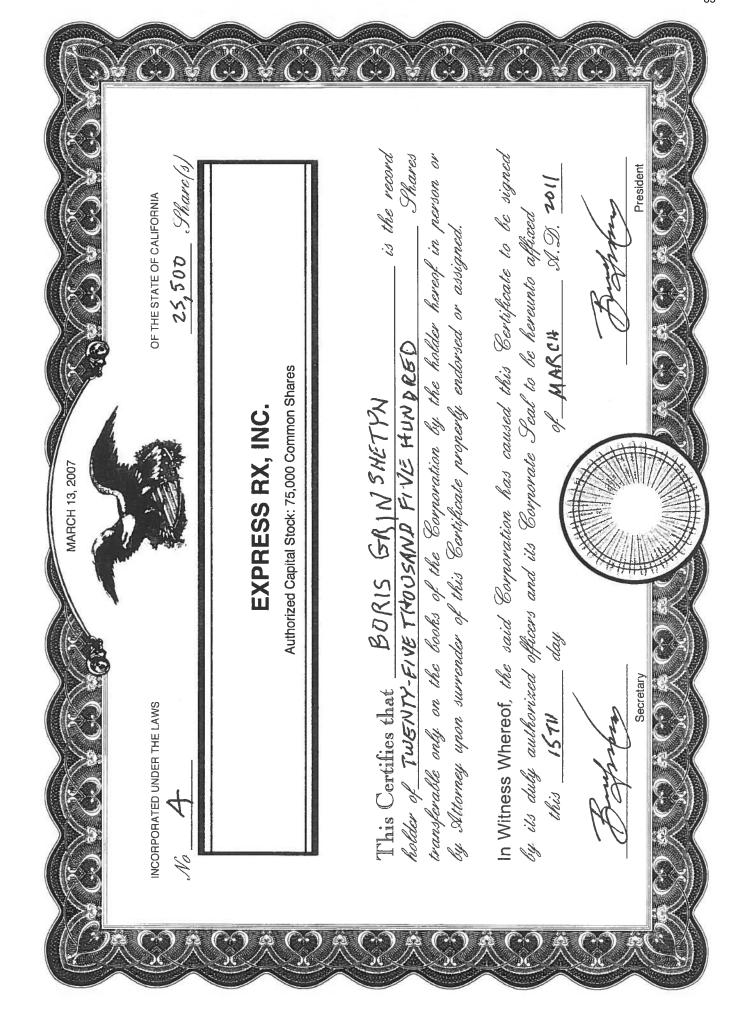
The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

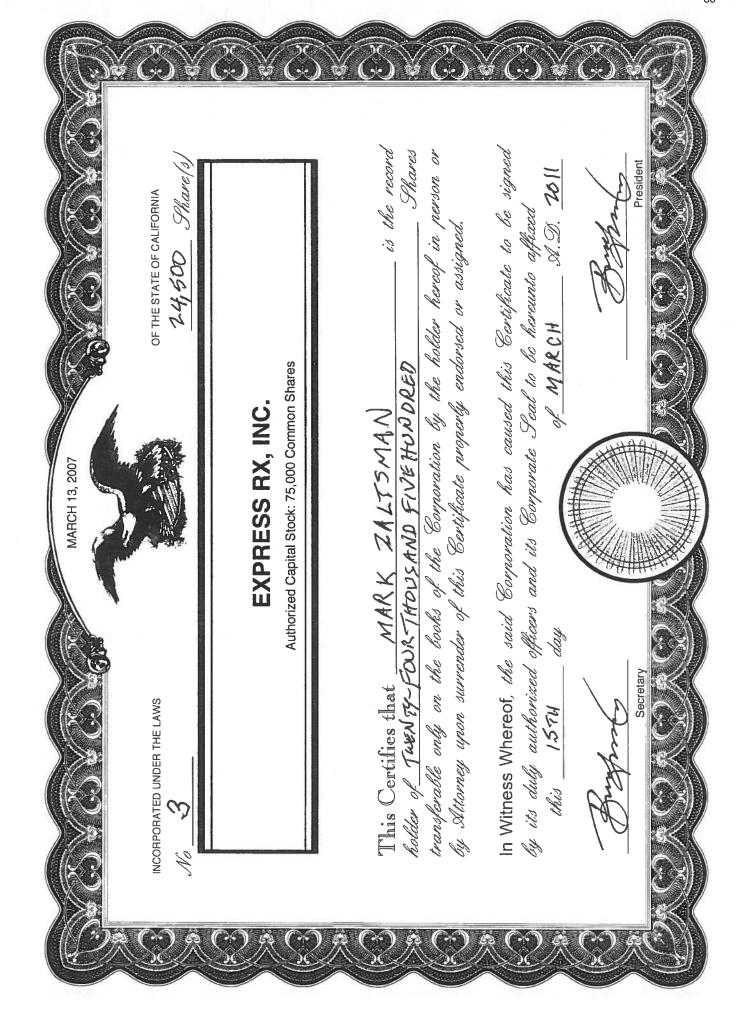
No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 16, 2020.

ALEX PADILLA Secretary of State







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



February 25, 2020

EXPRESS RX 1711 W TEMPLE ST #100 LOS ANGELES CA 90026

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:

EXPRESS RX

License Type:

PHARMACY

License Number: PHY 48605

Status:

ACTIVE

Issue Date:

07/19/2007

Expiration Date:

07/01/2020

Address of Record: 1711 W TEMPLE ST #100 CA 93311 LOS ANGELES CA 90026

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren Interim Executive Officer

By

Barbera Schleicher Public Inquiry Analyst

(916) 518-3081

Barbera.Schleicher@dca.ca.gov







RECEIPT NO.

PHY 48605 91280999



Permit 1825 NORTH MARKET BLVD., SUITE N-219 SACRAMENTO, CA 95834 (916) 574-7900 BOARD OF PHARMACY

VALID UNTIL JULY 01, 2020

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, sharsholder more than 10 percent share change administrator or pharmacist—in charge.

This permit is valid only at the address shown. In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name herson is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.

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

FORM WPHPHY (12/31/05) PM

05/10/19 The official status of this license can be verified at www.pharmacy.ca.gov 61/01/50

LOS ANGELES CA 90026 1711 W TEMPLE ST #100 EXPRESS RX

5F

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.

Mow Pharmacy or ☐Ownership Change (Provide current license number if making changes: PHCheck 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: IWO PHARMACY &	WELL	NESS		
Physical Address: 2168 TEXAS PKWY, STE B, MISSOURI CITY, TX 77489				
Mailing Address: 2168 TEXAS PKW	Y, STE	В		
City: MISSOURI CITY	_State:	TX	Zip Code: 77489	
Telephone: 346-304-2903	_Fax: _	281-96	9-8106	
Toll Free Number: 877-201-1487		_(Require	d per NAC 639.708)	
E-mail: CREDENTIALING@IPWPHARM.COM	_Websi	te: N/A		
Managing Pharmacist: FATEMEH KHAJI	EHEI		License Number: 41171	
TYPE OF PHARMACY	AND	SE	RVICES PROVIDED	
Yes/No			es/No	
☑ □ Retail			☑ Off-site Cognitive Services	
☐ ☑ Hospital (# beds)		☑ Parenteral **	
□ 🗟 Internet			☑ Parenteral (outpatient)	
□ 🗟 Nuclear			☑ Outpatient/Discharge	
□ ☑ Ambulatory Surgery C	Center		☐ Mail Service	
☑ □ Community			☑ Long Term Care	
☑ □ Other: NON-RESI	DENT		Sterile Compounding **	
			☑ Non Sterile Compounding	
All boxes must be checked			☑ Mail Service Sterile Compounding **	
For the application to be comp	plete		☑ Other Services:	
**If you check "yes" on any of these to				

^{**}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:	Within	the	last	five	(5)	years:
---------------------------------	--------	-----	------	------	-----	--------

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	s □ No ⊠			
	<u></u>			
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	s □ 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	s □ 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	s □ 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				
FATEMEH KHAJEHEI Print Name of Authorized Person Date				
Print Name of Authorized Person Date	Page 2			
Board Use Only Date Processed: Amount: 500.00				

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: TEXAS					_
Parer	nt Company if any:					_
	g Address: 2168 TEXAS PKWY					
City:	MISSOURI CITY	State: TX	Zip: 7748	9		_
	hone: 346-304-2903					_
	act Person: LAUREN HORTON					_
For a	ny corporation non publicly traded	I, disclose the follo	owing:			
1)	List top 4 persons to whom the s			ation?		
' /		silates were issue	d by the corpora	ation?		
	a) N/A Name	Address				-
	b)					
	Name	Address				-
	c)					
	Name	Address			***	_
	d)					_
	Name	Address				
2)	Provide the number of shares is:	sued by the corpo	oration. N/A			_
3)	What was the price paid per sha	re? N/A				_
4)	What date did the corporation ac	ctually receive the	cash assets? 1	N/A		_
5)	Provide a copy of the corporation	n's stock register	evidencing the a	bove informa	tion N/A	
_ist aı	ny physician shareholders and pe	rcentage of owne	rship			
Name				%:		
						-
	•			%:		-
lours	s of Operation for the pharmacy	<u> </u>				
Mond	ay thru Friday 8:00 am 5:00	pm	Saturday	9:00 am	3:00	pm
	Sunday CLOSED am	_pm	24 Hours	N/A		
A Nev	ada business license is not requi	red, however if the	e pharmacy has	a Nevada bus	siness	
icens	e please provide the number: N	<u>'A</u>				•
					Page 4	ř

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

<u>Certificate of Corporate Status</u> (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

FATHY ELSAFTY- CORPORATE OFFICER

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TO	las_)
Harris	_COUNTY	SS.)

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

- I am the PHARMACIST IN CHARGE for IWO PHARMACY & WELLNESS (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, <u>FATEMEH KHAJEHEI</u>, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Fatemen Knajewi

SUBSCRIBED AND SWORN TO

me, a notary public this

NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, FATEMEH KHAJEHEI

Responsible Person of IWO PHARMACY & WELLNESS
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.
Falen haten
Original Signature of Person Authorized to Submit Application, no copies or stamps
FATEMEH KHAJEHEI Print Name of Authorized Person Date
Date



PHARMACY PERSONNEL

OWNER: IWO PHARMACY & WELLNESS LLC

ADDRESS: 2168 TEXAS PKWY, STE B, MISSOURI CITY, TX 77489

FEIN: 83-1453495

PHONE #: 877-201-1487

OWNERSHIP: 100%

CORPORATE OFFICER: FATHY ELSAFTY

ADDRESS: 2168 TEXAS PKWY, STE B, MISSOURI CITY, TX 77489

DOB:

SS:

PHONE #:

PIC: FATEMEH KHAJEHEI

ADDRESS: 2168 TEXAS PKWY, STE B, MISSOURI CITY, TX 77489

DOB: (

SS

PHONE #:

LICENSE #: 41171



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

License No. **32465**

Expiration Date: 2/28/2021

Balances: 0

IWO PHARMACY & WELLNESS 2168 TEXAS PKWY STE B MISSOURI CITY TX 77489



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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

CERTIFICATE OF FILING OF

Iwo Pharmacy & Wellness LLC File Number: 803003469

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/30/2018

Effective: 04/30/2018



RRP

Rolando B. Pablos Secretary of State



TEXAS STATE BOARD OF PHARMACY

Re:

IWO Pharmacy & Wellness

Address:

2168 Texas Parkway, Suite B

Missouri City, Texas 77489

License No.:

32465

Date Issued:

February 12, 2019

Licensure Status:

Active

Expiration Date:

February 28, 2021

Type of Pharmacy:

Community – Class A

Prior Disciplinary Orders:

No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. IWO Pharmacy & Wellness (Texas Pharmacy License #32465) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Assistant General Counsel

Megan 67 Hollowar

January 21, 2020

Date



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



TEXAS STATE BOARD OF PHARMACY

Re:

Joseph Haley Hall, R.Ph.

License No.:

16754

Date Issued:

January 28, 1965

Licensure Status:

Active

Expiration Date:

March 31, 2020

Granted by:

Examination

Prior Disciplinary Orders:

No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Joseph Haley Hall, R.Ph. (Texas Pharmacist License #16754) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Assistant General Counsel

Texas State Board of Pharmacy

Megan 67 + alloway

January 21, 2020

Date



G

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 03386 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: <u>Dogwood Pharmacy, LL</u>	C dba MedScripts Medical Pharmacy				
Physical Address: 1325 Miller Road Ste K., Greenville, SC 29607					
Mailing Address: <u>376 Northlake Blvd.</u>					
City: Altamonte Springs	State: FL Zip Code: 32701				
Telephone: 864-288-0014 F	Fax: _866-514-8299				
Toll Free Number: 1-866-840-4067	(Required per NAC 639.708)				
E-mail: info@medscriptsrx.com	Website: www.medscriptsrx.com				
Managing Pharmacist: Erica Yelton	License Number: 11378				
TYPE OF PHARMACY A	ND SERVICES PROVIDED				
Yes/No	Yes/No				
☐ ○ Retail	☐ ☑ Off-site Cognitive Services				
□	□ 🛛 Parenteral **				
□ 🖾 Internet	☐ Parenteral (outpatient)				
□ ⊠ Nuclear	□ 🖾 Outpatient/Discharge				
□ 🖾 Ambulatory Surgery Ce	enter ⊠ □ 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 compl	ete Ö Ö 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.

vvitnir	in the last five (5) years:			
1)	Has the corporation, any owner(s), shareholder(s) or par any interest, ever been charged, or convicted of a felony misdemeanor (including by way of a guilty plea or no cor	or gross	Yes □ No 🏽]
2)	Has the corporation, any owner(s), shareholder(s) or par any interest, ever been denied a license, permit or certific registration?		Yes □ No 🛚	XI
3)	Has the corporation, any owner(s), shareholder(s) or par interest, ever been the subject of an administrative action site fine or proceeding relating to the pharmaceutical inde	n, board citation,	Yes □ No □	X
4)	Has the corporation, any owner(s), shareholder(s) or par interest, ever been found guilty, pled guilty or entered a property contender to any offense federal or state, related to consubstances?	olea of nolo	Yes □ No 🛭	X)
5)	Has the corporation, any owner(s), shareholder(s) or par interest, ever surrendered a license, permit or certificate voluntarily or otherwise (other than upon voluntary close	of registration	Yes □ No 🏿	Z
Copie	answer to question 1 through 5 is "yes", a signed statements of any documents that identify the circumstance or contaction may be required.			
correc	by certify that the answers given in this application and attet. I understand that any infraction of the laws of the State tion of an authorized pharmacy may be grounds for the re	of Nevada regulat	ting the	nd
under correct emplo	e read all questions, answers and statements and know the penalty of perjury, that the information furnished on this act. I hereby authorize the Nevada State Board of Pharmac eyees, to conduct any investigation(s) of the business, programmed qualification and reputation, as it may deem neces	pplication are true, y, its agents, serva fessional, social ar	, accurate and ints and nd moral	y,
Origin	al Signature of Person Authorized to Submit Application,	no copies or stamp	S	
	Honden C. Vost	3-18-40		
Print I	Name of Authorized Person Da	ate	Pogo 2	
			Page 2	
Board	Use Only Date Processed: Ar	nount: 500.0	0	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of	f Incorporat	ion: <u>Florida</u>					
Parent (Company if	any: <u>BioPlus</u>	Parent, LLC			·····	
City:	Providence		State	RI	Zip:02	903	
Telepho	one: 407-8	30-8820	Fax:	800-269-5	493		
Contact	t Person: _	Elvin Montanez					
For any	corporatio	n non publicly t	raded, disclos	e the follow	wing:		
1) L	ist top 4 ne	ersons to whon	n the shares w	ere issued	by the corpo	oration?	
1						oor, Providence,	DI 02002
6	a) 100% ow	Name	Talcht, LLC, 3	Address	1 1aza, 1,2111 F1	oor, i rovidence,	KI 02903
ŀ	b)						
•		Name		Address			
	c)			A 1.1			
		Name		Address			
	d)	Name		Address			
			increased by		ration N/A		
2)	Provide the	e number of sha	ares issued by	the corpor	audii. <u>IN/F</u>	Δ	
3)	What was	the price paid p	er share? N	/A			
4)	What date	did the corpora	ntion actually r	eceive the	cash assets	? N/A	
5)	Provide a	copy of the corp	ooration's stoc	k register e	evidencing th	e above informa	ation
		shareholders					
		T OFFICE OF FORCE				%:	72
Name:							
Hours	of Operat	ion for the pha	armacy:				
Monda	ay thru Frid	ay <u> </u>	<u>5:00</u> pm		Saturda	y <u>N/A</u> am	pm
	Sunday	N/A am	pm		24 Hou	Toll-Free	
A Nev	ada busine e please pr	ess license is no rovide the numb	ot required, ho	wever if the	e pharmacy	has a Nevada b	usiness

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1. Stephen Vogt
Responsible Person of Dogwood Pharmacy, LLC dba MedScripts Medical 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.
Strat
Original Signature of Person Authorized to Submit Application, no copies or stamps
Stephen C Vsst Print Name of Authorized Person Date
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF South Carolina)) ss. Greenville COUNTY)
I, Erica Yelton , 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 <u>Pharmacist-in-Charge</u> for <u>Dogwood Pharmacy, LLC dba MedScripts</u> (the <u>Medical Pharmacy</u>
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 Nevadaregistered/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, <u>Erica Yelton</u>, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO before me, a notary public this 20 day of March , 20 22

, 20<u>20</u>.

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

DOGWOOD PHARMACY, INC.

Corporate Information

Entity Type: Corporation

Status: Good Standing

Domestic/Foreign: Foreign

Incorporated State: Florida

Important Dates

Effective Date: 03/15/2012

Expiration Date: N/A

Term End Date: N/A

Dissolved Date: N/A

Registered Agent

Agent: MICHAEL CALNAN

GREENVILLE, South Carolina 29607 Address: 1325 MILLER ROAD SUITE K

Official Documents On File

Filing Type	Filing Date
Authority	03/15/2012

For filing questions please contact us at 803-734-2158

Copyright © 2020 State of South Carolina

1/2

Pharmacy

Print this page

South Carolina Board of Pharmacy

MEDSCRIPTS MEDICAL PHARMACY DOGWOOD PHARMACY, INC.

1325 MILLER RD STE K GREENVILLE, SC 29607-6541

License number: 13938 License type: Pharmacy

Status: Active

First Issue Date: 04/17/2012 Expiration: 06/30/2020

Supervised By Erica Pope Yelton - (PH.)

J. Webb Hudspeth II - (PH.)
Andrew William Chastain - (PH.)
MARGARET JEAN LINDSAY - (PHT) DANIELLE G BOLAND - (PHT)
Elvin Montanez - (PH) Supervises

File a Complaint against this licensee

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

https://verify.llronline.com/LicLookup/Pharmacy/Pharmacy2.aspx?LicNum=13938&cdi=617&bk=5ec79f50-e928-4084-b744-1cc19abbb60a-d22cf

Board Public Action History:

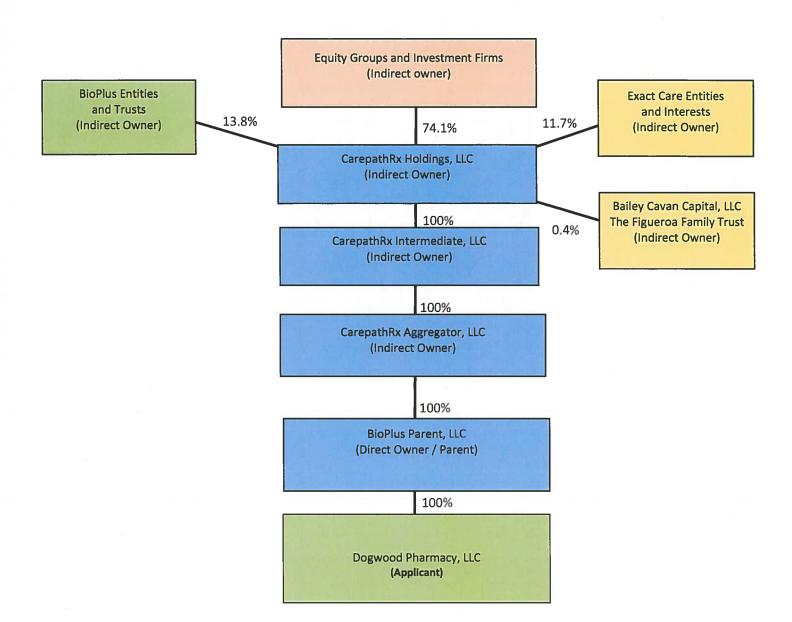
3/27/2020

Pharmacy

View Other License for this Person

View Orders
No Orders Found

Dogwood Pharmacy, LLC Proposed and Final Corporation Structure



Officer List

Stephen H. Garner, Vice President

DOB: SSN:

Home Address:

Highland Road, Winter Park, FL 32789

Phone:

Email: sgarner@prohealthmed.com

Stephen C. Vogt, President

DOB: SSN:

Home Address:

Barcelona Way, Winter Park, FL 32789

Phone:

Email: svogt@bioplusrx.com

5H



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 ☐ Sole Owner – Pages 1,2,6,7					
☐ Non Publicly Traded Corporation – Pages 1,2	2,4,7	Sole Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be complete	F - F2				
Pharmacy Name:Crosswind Pharmaceutic	als, LLC dba	Northwind Pharmacy			
Physical Address: 4838 Fletcher Avenue S	uite 2000				
Mailing Address: 4838 Fletcher Avenue S	uite 2000				
City:Sta	ate:IN	Zip Code: ⁴⁶²⁰³			
Telephone: 317-288-9762 Fa					
Toll Free Number: 888-334-0052	(Required	i per NAC 639.708)			
E-mail: compliance@nwpharma.com We	ebsite:	www.nwpharma.com			
Managing Pharmacist: Julia Bartlow		License Number: 26016293A			
TYPE OF PHARMACY AN	D <u>SE</u>	RVICES PROVIDED			
Yes/No	Yes	s/No			
□ 🖾 Retail		☑ Off-site Cognitive Services			
□ 芭 Hospital (# beds)		■ Parenteral **			
□ 🖾 Internet		☑ Parenteral (outpatient)			
□ 🖾 Nuclear		Outpatient/Discharge Outpatient/D			
	er 🔼	☐ Mail Service			
□ 🗵 Community		☑ Long Term Care			
□ Other: Mail Order		Sterile Compounding ** Sterile Comp			
		☑ Non Sterile Compounding			
All boxes must be checked		Mail Service Sterile Compounding **			
For the application to be complete	e 🗆	☑ Other Services:			
		and the second s			

^{**}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)	any interest,	poration, any owner(s), shareholder(s) ever been charged, or convicted of or (including by way of a guilty plead	a felony or gross	Yes □ No শ
2)-		poration, any owner(s), shareholder(sever been denied a license, permit		Yes □ No 🗷
3)	interest, eve	poration, any owner(s), shareholder(s) report the subject of an administration receeding relating to the pharmaceu	ve action, board citation,	Yes □ No 🖄
4)	interest, ever	poration, any owner(s), shareholder(s) related to the found guilty, pled guilty or en so any offense federal or state, related to the following the following state is a second to the second to the second to the following state is a second to the s	tered a plea of nolo	Yes □ No ເ
5)	interest, eve	ooration, any owner(s), shareholder(r surrendered a license, permit or ce r otherwise (other than upon volunta	rtificate of registration	Yes □ No 🗓
Copie	,	estion 1 through 5 is "yes", a signed ments that identify the circumstance required.	•	
correc	t. I understar	the answers given in this application that any infraction of the laws of the horized pharmacy may be grounds f	he State of Nevada regulat	ing the
under correct emplo backd	penalty of pe et. I hereby au yees, to cond round, qualifie	stions, answers and statements and rjury, that the information furnished athorize the Nevada State Board of Fluct any investigation(s) of the busin cation and reputation, as it may deel	on this application are true Pharmacy, its agents, serva ess, professional, social ar m necessary, proper or des	, accurate and interest and int
Origin	al Signature o	Person Authorized to Submit Appl		_
1H	ILLIP IDETA	2/27	3-27-202	<u> </u>
Print N	Name of Autho	orized Person	Date	Page 2
Board	Use Only	Date Processed:	Amount: <u>500.00</u>)

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

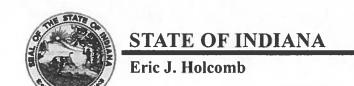
Partnership Name: _	Crosswind F	harmaceutica	als, LLC				
Mailing Address:	4838 Fletche	r Avenue Suit	e 2000				_
City:Indianapo	lis	State:	IN	_Zip Code: _	46203	·	
Telephone Number:_							
Contact Person:							_
List each partner and Use separate sheet i		ther (G)enera	al or (L)imited	partner and r	ercentage	of owners	hip
<u>Name</u>				G or L	. <u>Pe</u>	rcentage	
Phillip Berry				L	1	800	
1000000		11.91.59					
List names of 4 large	st partners an	d percentage	of ownership):			
Name: Phillip Ber	гу				_%: <u>100</u>	%	_
Name:					_%:		_
Name:					_%:		_
Name:					_%:		
List any physician sh		d percentage	of ownership).			
Name: Not Applica	able				_%:		_
Name:					_%:		_
Name:					_%:		
Hours of Operation	for the pharr	nacy:					
Monday thru Friday_	8:00 am _	5:00 pm		Saturday	<u>Closed</u> am	ı <u> </u>	_pm
Sunday	^{Closed} am _	pm		24 Hours	N/A		
A Nevada business I license please provid			ever if the pha	armacy has a -	Nevada b	usiness	

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

l,Phillip Berry
Responsible Person of Crosswind Pharmaceuticals, LLC dba Northwind 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.
Photour
Original Signature of Person Authorized to Submit Application, no copies or stamps
Phillip Berry 3-27-2020
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF INGIANA)	
Maylon county) ss.	
,Phillip Berry	, hereby certify that the assertions in this Affidavit
are true and correct to the best of my knowled	Crosswind Pharmaceuticals, LLC
1. I am the	for dba Northwind Pharmacy (the
Pharmacy), and in that capacity, I am author	rized to speak on the Pharmacy's behalf.
2 I certify that upon licensure, t	he Pharmacy will not sell or ship compounded sterile
products unto the state of Nevada, as indicate	ted on the Pharmacy's application for a Nevada Out- of-
State Pharmacy License.	
3. I understand and acknowle	dge that the Pharmacy and any of its Nevada-
registered/licensed staff members may be so	ubject to discipline by the Board if the Pharmacy sells or
ships any compounded sterile product into N	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 s	such products into Nevada.
5. I understand that if the Pharm	acy seeks approval to sell or ship compounded sterile
product into Nevada, an authorized repres	entative of the Pharmacy may be required to appear
before the Board to answer questions before	such approval is granted.
FURTHER AFFIANT SAYETH NOT.	
I, Phillip Berry, do hereby sw	ear under penalty of perjury that the assertions of this
affidavit are true.	Help Ben
SUBSCRIBED AND SWORN TO	Name
before me, a notary public this	
$2T^{\text{m}}$ day of $Mar(h)$, 2020 .	Katie Marie Shelton
NOTARY PUBLIC	Notary Public SEAL
NOTALL EDDIO	Marion County, State of Indiana
	My Comm. Exp. 08-30-2024



Indiana Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, IN 46204 Phone: (317) 232-2960 Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to

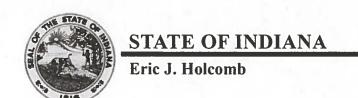
https://secure.in.gov/apps/pla/search/verify/

and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye, Executive Director

Thu Mar 12 11:32:40 AM EST 2020

Alborah J. Frye



Indiana Professional Licensing Agency 402 W. Washington St. Room W072 Indianapolis, IN 46204 Phone: (317) 232-2960 Fax: (317) 233-4236

Official Proof of Licensure Digitally Certified Record

Personal Information

Facility Name:

Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy

Address:

4838 Fletcher Avenue Suite 2000

Indianapolis, IN 46203

Owner Name:

License Information

Number Issued:

60006592A

License Type:

Pharmacy - Closed Door (III)

Status:

Active

Issue date:

12/16/2016

Expiration Date:

12/31/2021

Obtained By:

Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Thu Mar 12 11:32:40 AM EST 2020



Indiana Professional Licensing Agency Indiana Board of Pharmacy 402 W. Washington Street, W072 Indianapolis, IN 46204

CSR-Pharmacy

			ď
			5
Expire Date	12/31/2021		4
		ULES	38
		DRUG SCHEDULES	3
		DRU	2N
Registration Number	60006592B		2
			-

Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy

Yes

Yes

Yes

Yes

Yes

Yes

Eric J. Holcomb Governor State of Indiana

Deborah J. Frye Executive Director Indiana Professional Licensing Agency



Indiana Professional Licensing Agency Indiana Board of Pharmacy 402 W. Washington Street, W072 Indianapolis, IN 46204

Pharmacy

Expire Date	12/31/2021	
License Number	60006592A	

Crosswind Pharmaceuticals, LLC dba Northwind Pharmacy

Eric J. Holcomb Governor State of Indiana

Deborah J. Frye Executive Director Indiana Professional Licensing Agency

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CROSSWIND PHARMACEUTICALS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 22, 2016, and was in existence or authorized to transact business in the State of Indiana on March 25, 2020.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 25, 2020

Corrie Lauron

CONNIE LAWSON SECRETARY OF STATE

201611221168110 / 20201364193
All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on April 24, 2020.

On December 28, 2018 I inspected Crosswind Pharmacy at their new Indianapolis location. They had been licensed at 9402 Uptown Drive Suite. Crosswind had made application for relocation of their permit to a new location. The pharmacy is now located at 4838 Fletcher Ave. Suite 2000, in Indianapolis 46203.

The inspection form that I provided to Crosswind showed that I had approved a move to their new location on Fletcher Ave. I am not able to edit the document that I provided to them, so please accept this email as proof of the new location.

Thank You
Timothy G. Thomas
Diversion/compliance Officer
Indiana Board of Pharmacy
IPLA of Indiana.

Timothy G. Thomas, Diversion/Compliance Officer

Indiana Professional Licensing Agency

Indiana Board of Pharmacy

402 West Washington Street Room W072

Indianapolis, IN 46204

tithomas@pla.in.gov

Phone: 317-753-4000

Fax: 317-233-4236

Website: pla.in.gov

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 ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,4,7	all required forms. ☐ 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	
Pharmacy Name: Optum Pharmacy 701,	LLC
Physical Address: 8131 W Bostian Rd, St	uite A350
Mailing Address: 8131 W Bostian Rd, Su	ite A350
City: Woodinville State:	NAZip Code: 98072
Telephone: 800-741-9061 Fax: 8	333-372-3355
Toll Free Number: 800-741-9061	
E-mail: orxpharmlic@optum.com Websit	e: optumrx.com
Managing Pharmacist: Sepideh Soleimanpe	OUr License Number: PH00039686 (WA)
Managing Pharmacist:	License Number.
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND	SERVICES PROVIDED
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No
TYPE OF PHARMACY AND Yes/No □ ☑ Retail	SERVICES PROVIDED Yes/No □ ☑ Off-site Cognitive Services
TYPE OF PHARMACY AND Yes/No □ ☑ Retail □ ☑ Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral **
TYPE OF PHARMACY AND Yes/No □ ☑ Retail □ ☑ Hospital (# beds) □ ☑ Internet	Yes/No □ ☑ Off-site Cognitive Services □ ☑ Parenteral ** □ ☑ Parenteral (outpatient)
Yes/No Retail Hospital (# beds) Internet Nuclear	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge
Yes/No M Retail Hospital (# beds) Internet M Nuclear M Ambulatory Surgery Center	Yes/No ☐ ☑ Off-site Cognitive Services ☐ ☑ Parenteral ** ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☑ Mail Service
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care
Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding **
Yes/No Retail Hospital (# beds) Internet Muclear Ambulatory Surgery Center Community Other: Nonresident	Yes/No Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** Non Sterile Compounding

^{**}If you check "yes" on any of these types of services, you will be <u>required</u> to make ar 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 any interest, ever been charged, or convicted of a felo misdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No 図		
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce registration?	partner(s) with rtificate of	Yes □ No ☒		
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative ac site fine or proceeding relating to the pharmaceutical	ction, board citation,	Yes □ No ⊠		
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo	Yes □ No ☒		
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certificate voluntarily or otherwise (other than upon voluntary clo	ate of registration	Yes □ No ☒		
Copies	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.				
correc	by certify that the answers given in this application and t. I understand that any infraction of the laws of the St ion of an authorized pharmacy may be grounds for the	tate of Nevada regulat	ing the		
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.					
	A Signature of Baroon Authorized to Submit Application	n no nonico es atomo			
	al Signature of Person Authorized to Submit Application E. Peterson	on, no copies or stamp	s h		
	lame of Authorized Person	Date	Page 2		
Board	Use Only Date Processed: 4-2-2020	Amount:500.00	Page 2		

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

Note: Entity is an LLC.

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State o	f Incorporation	n: <u>Delaware</u>	e - State of F	-ormation				_
Parent	Company if a	ny: OptumF	Rx Administr	ative Servic	es, LLC	<u> </u>		
Mailing	Address: 16	00 McConn	or Parkway					_
	chaumburg							_
Teleph	one: 800-282	-3232	Fax:					
Contac	t Person: orx	cpharmlic@c	optum.com					
For any	y corporation r	non publicly to	raded, disclos	se the following	ng:			
1)	List top 4 pers	ons to whom	the shares v	vere issued by	y the corporat	tion?		
	_{a)} No shares	- entity is ar	n LLC.					
,		Name		Address				_
]	b)							_
	1	Name		Address				
	c)	Name		A data a a				_
	ſ	vame		Address				
•	d)	Name		Address				
2)	Provide the nu	mbor of sho	ras issued by		on N/A - E	ntitv is an LL	С	
					OII	,		
3)	What was the	price paid pe	er share? N/	A				
4)	What date did	the corporat	ion actually r	eceive the ca	sh assets? N	I/A		_
5)	Provide a cop	y of the corpo	oration's stoc	k register evid	dencing the a	bove informati	on	
List an	y physician sh	areholders a	nd percentag	e of ownersh	ip.			
Name:	N/A					%:		
Name:						_		
								_
	of Operation							
Monda	y thru Friday <u></u>	3:00 _{am}	5:30 _{pm}		Saturday	N/A_am	N/A	_pm
	Sunday .	N/A am	N/A pm		24 Hours	On call		
	ada business l		•	wever if the p	harmacy has	a Nevada bus	iness	
license	e please provid	the numbe	er: N/A		_		Page	4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

_{I,} Sepideh Soleimanpour	
Responsible Person of Optum Pharmacy 701, LLC	
hereby acknowledge and understand that in addition to	the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be re	sponsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by sa	aid corporation.
I further acknowledge and understand that the c	orporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the pharmacy owned by or operated by said corporation.	Nevada State Board of Pharmacy against a
I further acknowledge and understand that the or partner(s) cannot require or permit the pharmacist(s of any local, state or federal laws or regulations pertain) in said pharmacy to violate any provision
Original Signature of Person Authorized to Submit App	lication, no copies or stamps
Sepideh Soleimanpour	3/20/2020

Print Name of Authorized Person

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Washington) ss. King COUNTY) Shohonish
I, Sepideh Soleimanpour, 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 Optum Pharmacy 701, 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

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.

ships any compounded sterile product into Nevada without first obtaining written authorization from

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, Sepideh Soleimanpour, do hereby swear under penalty of perjury that the assertions of this

affidavit are true.

the Board to do so.

SUBSCRIBED AND SWORN TO before me, a notary public this 24 day of March . 20 20

NOTARY PUBLIC

LISA JOHNSON Notary Public State of Washington My Appointment Expires May 24, 2021



DEPARTMENT OF HEALTH

PO Box 47874 • Olympia, Washington 98504-7874

No Deficiencies Found

December 19, 2019

Kimberly Christine Swigart Optum Pharmacy 701, LLC 8131 W Bostian Rd Ste A350 Woodinville, WA, 98072-5029

Subject:

Inspection Number: X2019-759

Pharmacy Type:

Mail Order

License Number:

PHAR.CF.61009053

Inspection Type:

NEW LICENSURE - INITIAL

Dear Ms. Kimberly Christine Swigart,

This letter contains information regarding the recent inspection of Optum Pharmacy 701, LLC, 8131 W Bostian Rd Ste A350, Woodinville, WA, 98072-5029 by the Washington State Department of Health. Your state licensing inspection was completed on 12/19/2019.

During the inspection, no deficient practice was found.

Please contact me if there are questions regarding the inspection process. I may be reached at (360) 628-4703. I am also available by email at Tina.Lacey@doh.wa.gov.

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

Sincerely,

Tina Lacey
Pharmacist Investigator

How was your pharmacy inspection experience?

Please take a few minutes to complete this brief survey. In order to provide you with the best possible service, we need your comments on how we do our job, especially if you can offer suggestions for improvement. Unless you choose to give us your contact information, this is an anonymous survey. The survey is voluntary and will not affect your current or future inspection results. All responses will be used solely to improve our pharmacy inspection service.

https://fortress.wa.gov/doh/opinio/s?s=PharmacyInspectionSurvey

Washington State Pharmacy Quality Assurance Commission Telephone Contact Numbers

Management and Other Resources

Pharmacist Investigator Supervisor

Lauren Lyles, Executive Director360-236-4853Tracy West, Deputy Director360-236-4988Doreen Beebe, Program Manager360-236-484

Websites

Washington State Pharmacy Quality Assurance Commission
Washington Pharmacy Quality Assurance Commission (email)
Drug Enforcement Administration (DEA)
Food & Drug Administration (FDA)
Consumer Product Safety Commission
U.S. Pharmacopeia (USP)

www.doh.wa.gov/pharmacy WSPQAC@doh.wa.gov www.deadiversion.usdoj.gov www.fda.gov/cder www.cpsc.gov www.usp.org

Washington State Department of Health

This organization

Optum Pharmacy 701, LLC

is authorized by RCW 18.64 to have a Pharmacy License

To Provide

Controlled Substance

Ancillary Utilization

Pharmacy Type: Mail Order

Operated by:

Woodinville, WA 98072-5029 8131 W Bostian Rd Ste A350 Located at:

Status ACTIVE

Effective Date 12/30/2019

Credential Number PHAR.CF.61009053

Expiration Date 05/31/2020

Secretary



Facility Search

DOH Home | Facilities Home

Search

Search

Facility Information

NEW SEARCH

RESULTS

Facility Name: Optum Pharmacy 701, LLC

Address: 8131 W Bostian Rd Ste A350, Woodinville, WA, 98072-5029

Owner's Name: Optum Pharmacy 701, LLC

License #: PHAR.CF.61009053

Facility Status: ACTIVE

Facility Type: Pharmacy License

License Expires On: 05/31/2020

If you find any errors in this description, please complete the <u>Feedback</u>form and send it to us.

Contact Us

Agency Contacts
Locations and Directions
Consumer Assistance and Support
Email Consumer Assistance and Support

Main: (360) 236-4700 Fax: (360) 236-4818 Social Media





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Alternate Format Requests

For people with disabilities, Web documents in other formats are available on request. To submit a request, please contact Consumer Assistance and Support.

v3.4.0



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPTUM PHARMACY 701, 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-SEVENTH DAY OF JANUARY, A.D. 2020.

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

STANATE OF THE PROPERTY OF THE

Authentication: 202262433

Date: 01-27-20

7571773 8300 SR# 20200565461

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

Optum Pharmacy 701, LLC Officer and Ownership Information

Officers:

Name	Title
Michael Zeglinski	Chief Executive Officer, President
Peter Gill	Treasurer
Karen Peterson	Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary

The pharmacy is wholly owned by:

Optum Pharmacy 701, LLC

FEIN: 84-2827343 1600 McConnor Parkway Schaumburg, IL 60173

800-282-3232

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: Optum Pharmacy 701, LLC				
Nevada license number: Pending - New Pharmacy.				
Websites in use or intended to be used: optumrx.com				
Affiliated websites (websites that link to or otherwise direct users to your website):				
VIPPS CERTIFICATION				
Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☒ No ☐				
If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.				
PHARMACIES LACKING VIPPS CERTIFICATION				
1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes □ No □				
PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE				

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 <i>United States Pharmacopoeia</i> , 25 th edition, 2002, which is hereby adopted by reference?	Yes □	No □			
			140 🗖			
	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.						
10	venleters 3/17/2020	·-				
Signa	ture of Owner Date					

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: PHCheck 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 INFOR	MATION to be completed by	all type	s of ownership
Pharmacy Name:	Overlake Pharmacy LLC		
Physical Address:	4124 148th Avenue NE Suite J/	A, Redm	ond, WA 98052
Mailing Address: _	4124 148th Avenue NE Suite J/	4	
City: Redmond	State:	WA	Zip Code:98052
	968-8766Fax:		
	877-887-8374 (I		
	cywa@truepill.com Website		
Managing Pharma	cist: Thao Phan		License Number: PH60475891
			· ·
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	Ø	☐ Mail Service
	Z Community		☑ Long Term Care
	d Other:		✓ Sterile Compounding **
			☑ Non Sterile Compounding
All bo	xes must be checked		✓ Mail Service Sterile Compounding **
For th	e 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 f	ive (5) years.	
willing the last t	ve (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 🗹		
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mass of any documents that identify the circumstance or contain an order, agreestition 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				
operat	tion of an authorized pharmacy may be grounds for the revocation of this pe	rmit.		
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.				
Origin	at Signature of Person Authorized to Submit Application, no copies or stamp	S		
Print N	Name of Authorized Person Date	<u>2620</u> Page 2		
Board	Use Only Date Processed: MAR 0 9 2020 Amount: 500.00	<u> </u>		

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

Partnership Name:	Overlake Pharr	nacy LLC				<u> </u>
Mailing Address:	4124 148th Ave	enue NE, S	uite J/A			
City:	Redmond	State:	WA	_Zip Code:	98052	2
Telephone Number:			Fax Number:	425-896-7	251	
Contact Person:	Siddharth Visw	anathan				
<u>List each partner and</u> Use separate sheet if		(G)enera	l or (L)imited	partner and	percent	age of owners
<u>Name</u>				G or I	=	<u>Percentage</u>
Truepill Inc				G		100%
List names of 4 larges Name: Truepill Inc Name: Name:					_%: _%:	00%
					_%: _	
Name: List any physician sha N/A	reholders and pe	ercentage	of ownership			
Name: List any physician sha N/A Name:	reholders and po	ercentage	of ownership		%:	
Name: List any physician sha	reholders and pe	ercentage	of ownership		%: %:	
Name: List any physician sha N/A Name: Name:	reholders and pe	ercentage	of ownership		%: %:	
Name: List any physician sha N/A Name: Name:	or the pharmac	ercentage	of ownership		%: %:	

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1, Siddharth Viswanathan
Responsible Person of Overlake 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
Siddharth Viswanathan 1-27-2010
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CA
STATE OF CA) ss.) Alameda county)
I, Siddharth Viswanathan, 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 for for for
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, Siddharth Viswamthad hereby swear under penalty of perjury that the assertions of this
affidavit are true.
Name
SUBSCRIBED AND SWORN TO before me, a notary public thin day of certific 20
NOTARY PUBLIC

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202** See Attached Document (Notary to cross out lines 1-6 below) ☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary) _____ Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any) A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California Subscribed and sworn to (or affirmed) before me County of Plameda on this 24 day of Junuary bv (1) Siddharth Viswanathan (and (2)_ A. P. KHAWAHIE Name(s) of Signer(s) Notary Public - California Alameda County Commission # 2214850 My Comm. Expires Sep 18, 2021 proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. Signature Sighature of Notary Public Place Notary Seal Above - OPTIONAL -Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: ______ Document Date: _____ Number of Pages: _____ Signer(s) Other Than Named Above: _ ©2016 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) !tem #5910

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "OVERLAKE PHARMACY, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SIXTH DAY OF JULY,

A.D. 2019, AT 5:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

77

AND CONTRACTOR OF THE PARTY OF

Authentication: 203306717

Date: 07-29-19

7533989 8315 SR# 20196187285

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

Washington State Department of Health

Overlake Pharmacy, LLC

is authorized by RCW 18.64 to have a **Pharmacy License**

To Provide

Controlled Substance

Secretary

to a Chema

Operated by: Siddharth Viswanathan

Pharmacy Type: Community/Retail

Located at:

4124 148th Ave NE Ste J/A Redmond, WA 98052-5164

Status ACTIVE

Effective Date 10/15/2019

Credential Number PHAR.CF.60997331

Expiration Date 05/31/2020



Facility Search

DOH Home | Facilities Home

Search

Search

Facility Information

NEW SEARCH

RESULTS

Facility Name: Overlake Pharmacy, LLC

Address: 4124 148th Ave NE Ste J/A, Redmond, WA, 98052-5164

Owner's Name: Siddharth Viswanathan

License #: PHAR.CF.60997331

Facility Status: ACTIVE

Facility Type: Pharmacy License

License Expires On: 05/31/2020

If you find any errors in this description, please complete the $\underline{\text{Feedback}}$ form and send it to us.

Contact Us

Agency Contacts
Locations and Directions
Consumer Assistance and Support
Email Consumer Assistance and Support

Main: (360) 236-4700 Fax: (360) 236-4818

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STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

January 07, 2020

Overlake Pharmacy LLC 4124 148th Ave. NE Suite J/A Redmond, WA 98052

Subject:

Credential Verification

To Whom It May Concern:

This verifies the status of the Pharmacy License for Siddharth Viswanathan /Overlake Pharmacy, LLC

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

Credential Number:

PHAR.CF.60997331

Credential Type:

Pharmacy License

Community/Retail

Current Credential Status:

ACTIVE

First Credential Date:

10/15/2019

Current Expiration Date:

05/31/2020

Last Renewal Date:

10/15/2019

Pharmacy Type: Disciplinary Action:

No

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

STATE CANADA

Stacy C Lillybridge, Health Services Consultant 1

5K

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 red ☐ Publicly Traded Corporation — Pages 1.2.3.8	quirea forms. ☐ Partnership - Pages 1.2.6.8		
☐ Publicly Traded Corporation – Pages 1,2,3,8 ☐ Non Publicly Traded Corporation – Pages 1,2,4,8	Sole Owner – Pages 1,2,7,8		
GENERAL INFORMATION to be completed by all ty	pes of ownership		
Pharmacy Name: Placida Rx LLC			
Physical Address: 2828 S. McCall	Rd. Ste 2/8		
Mailing Address: 2828 5. McCcll (c	Pd. He 2/1		
City: Englewood State: FL	Zip Code: 34224		
Telephone: 941-214-5498 Fax: 941-214-5508			
Toll Free Number: <u>477-334-315</u> (Requ	ired per NAC 639.708)		
E-mail: Placidarx @gmail.com Website:	N/A		
Managing Pharmacist: Nichalas Petty	License Number: P558943		
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 Storile Compounding		
	□ ☑ Non Sterile Compounding		
All boxes must be checked	☐ Mail Service Sterile Compounding **		
All boxes must be checked For the application to be complete			
	☐ Mail Service Sterile Compounding **		

^{**}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,

The board has a legal right to require an appearance at a schedule board meeting. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting.

If you check off-site cognitive services on the application, Nevada Administrative Code 639.4916 requires "A pharmacist who is employed by an off-site pharmaceutical service provide to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must (a) Be licensed to practice in Nevada." Provide name and Nevada pharmacist license number. This does not have to be the managing pharmacist.

A license is usually issued and mailed within 15 days from the board meeting date, if approved.

This license is renewed in <u>October of even numbered years</u>, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statues & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	n 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 ☑
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation nees of any documents that identify the circumstance or contain an order, agrees sition may be required.	
corre	by certify that the answers given in this application and attached documentact. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this pe	ting the
under correct emplo	e read all questions, answers and statements and know the contents thereof penalty of perjury, that the information furnished on this application are true ct. I hereby authorize the Nevada State Board of Pharmacy, its agents, serve byees, to conduct any investigation(s) of the business, professional, social a ground, qualification and reputation, as it may deem necessary, proper or de	e, accurate and ants and nd moral
Origin	hal Signature of Person Authorized to Submit Application, no copies or stamp	os
Print I	Name of Authorized Person O4/16/20	<u>ao</u>
<u> </u>		Page 2
Board	d Use Only Date Processed: 5 6 2020 Amount: 500.0	9

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

the owner.	
Owner's Name: Donna Brasch	A Samuel of Samu
Business Name: Captiva Pha	macy Holdings LLC
Current Business Address: 2828 S.	mcall Rollent 218
City: Englewood State:	F)Zip Code: 34334
Telephone: (941) 214-5498	Fax: (941) 214-5508
List any physician shareholders and percentage	motoris,
Name: ///	%:
Name:	%:
Name:	%:
Name:	%: <u>************************************</u>
Hours of Operation for the pharmacy:	
Monday thru Friday 9 am 5 pm	Saturdayampm
Sundayampm	24 Hours
A Nevada business license is not required, howelicense please provide the number:	ever if the pharmacy has a Nevada business

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

State of Florida Department of State

I certify from the records of this office that PLACIDA RX, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 30, 2017.

The document number of this limited liability company is L17000245625.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on April 9, 2020, and that its status is active.

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





Tracking Number: 9943825957CU

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

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

Mission:

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



Ron DeSantis Governor

Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

April 13, 2020

Placida Rx LLC 28288. MCCALL RD. UN1T218 ENGLEWOOD, FL 34224

placidarxgmail.com

RE: License Certification for Placida Rx, Llc

To Whom It May Concern:

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

PROFESSION: Pharmacy
LICENSE NUMBER: PH31478
ORIGINAL CERTIFICATION: 06/14/2018
EXPIRATION DATE: 02/28/2021
CURRENT STATUS OF LICENSE: CLEAR,
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,

Susan Harris

Operations Analyst I

/sh



PH 31478

LICENSE NO.

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

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

Expiration Date: FEBRUARY 28, 2021

112838

CONTROL NO.

928934

Placida Rx, LLC PLACIDA RX, LLC

THE PHARMACY

10/08/2019

BTAQ

STATE OF FLORIDA

AC#

DEPARTMENT OF HEALTH STATE OF FLORIDA

CONTROL NO. DIVISION OF MEDICAL QUALITY ASSURANCE LICENSE NO. DATE

THE PHARMACY

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

Expiration Date: FEBRUARY 28, 2021 PLACIDA RX, LLC

2828 SOUTH MCCALL RD Placida Rx, LLC

ENGLEWOOD, FL - 34224

UNIT 218

Ron DeSantis GOVERNOR DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):

115939

PH 31478

10/09/2019

Community Pharmacy Schedule II & III

N. J. おい

State Surgeon General Scott A. Rivkees, MD

Schedule II & III Community Pharmacy QUALIFICATION(S):

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Saras Charlotte) ss.
251 V-1 200 2017 To nonefficiences 21
I, Donna Brasch, 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 Placeda RX/LC (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, Donna Brasel, 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 Suzanne Johnson Suzanne Johns
MY COMMISSION # GG 367890 EXPIRES: September 15, 2023 Bohded Thru Notary Public Underwritten
NOTARY PUBLIC

law

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

i, John Brasch
Responsible Person of Placida RY 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
Doma Brasch 04/16/2020

Date

Print Name of Authorized Person

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000243992

Entity Name: CAPTIVA PHARMACY HOLDINGS LLC

Current Principal Place of Business:

DONNA BRASCH **5794 VAN CAMP STREET** NORTH PORT, FL 34291

Current Mailing Address:

2828 S MCCALL ROAD UNIT 218 ENGLEWOOD, FL 34224 US

FEI Number: 32-0548425

Certificate of Status Desired: No.

FILED Apr 09, 2020

Secretary of State

3293699585CC

Name and Address of Current Registered Agent:

BRASCH, DONNA 5794 VAN CAMP STREET NORTH PORT, FL 34291 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

AMBR

Name

BRASCH, DONNA

Address

5794 VAN CAMP STREET

City-State-Zip: NORTH PORT FL 34291

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.



5855 Placida Road Suite 300, Englewood, FL 34224 Phone: (941)214-5498 Fax: (941)214-5508

OWNERSHIP INFORMATION

Pharmacy Address

2828 S. McCall Rd.

Unit 218

Englewood, FL 34224

EIN: 82-3733751

Pharmacy Owner

Captiva Pharmacy Holdings, LLC

Van Camp St. North Port, FL 34291

EIN: 35-2594366

Captiva Pharmacy Holdings, LLC

Donna Brasch

--- 'Van Camp St.

North Port, FL 34291

Title: Owner & Managing Member

Authorized Individuals

Nicholas Petty

Γreviso Grand Cir. Apt Nokomis, FL 34275

Title: Pharmacist in Charge

Board of Directors

Donna Brasch

Nicholas Petty

5L

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 1,2,3,7	☐ Sole Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be completed by all types of ownership				
Pharmacy Name: Premier Care Pharmany				
Physical Address: 863 N 980 W · Ovem, W · 84057				
Mailing Address: 863 N 980 W. Orem. Ut. 84057				
City: Orem State: Ut Zip Code: 84057				
Telephone: 801-607-2138 Fax: 8	01-225-2388			
Toll Free Number: 1-877-844-690 (Required per NAC 639.708)				
E-mail: premiercare pharmacy lin Vebsite: u	ww.premiercavephamaisbcom			
Managing Pharmacist: <u>Qaron Nakken</u>	License Number: 612-332-1701			
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
☑ L Retail	☐ Off-site Cognitive Services			
□ ☑ Hospital (# beds)	□			
□ □ Internet	☐			
□ □ Nuclear	□			
☐	☑ □ Mail Service			
□	✓ □ Long Term Care			
□	☐ ☑ Sterile Compounding **			
	□ ☑ Non Sterile Compounding			
All boxes must be checked				
All boxes must be checked For the application to be complete	☐ Mail Service Sterile Compounding **			
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 <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 las	t five (5)	vears.		

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 🗹
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mess of any documents that identify the circumstance or contain an order, agrees sition may be required.	
correc	by certify that the answers given in this application and attached documenta et. I understand that any infraction of the laws of the State of Nevada regular tion of an authorized pharmacy may be grounds for the revocation of this pe	ting the
under correct emplo backg	read all questions, answers and statements and know the contents thereof, penalty of perjury, that the information furnished on this application are true at. I hereby authorize the Nevada State Board of Pharmacy, its agents, serve eyes, to conduct any investigation(s) of the business, professional, social arround, qualification and reputation, as it may deem necessary, proper or destable of Person Authorized to Submit Application, no copies or stamp	, accurate and ants and ants and moral sirable.
	Colleen Nakken 2-19-2026	
Print I	Name of Authorized Person Date	Page 2
Board	Use Only Date Processed: MAR 0 9 2020 Amount: 500.0	06

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:
Parent Company if any:
Mailing Address: 863 N 980 W
City: Orew State: W Zip: SW057
Telephone: 801-607-2138 Fax: 801-225-2388
Contact Person: <u>Qaron Nakkeu</u>
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Gary Nakken Bluebird Rd Orem. Ut Su057 Address b) Colleen Nakken Bluebird Rd Orem. Ut 84057
b) Colleen Wakken Bluehird Rd. Drew W 84057 Name Address
c) Name Address
d) Name Address
2) Provide the number of shares issued by the corporation2
3) What was the price paid per share?
4) What date did the corporation actually receive the cash assets? 614 201 3
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
Sunday pm 24 Hours //
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

Details For:

Business Name:

PREMIER CARE PHARMACY, INC.

Entity Number:

8709664-0142

Business Entity Details:

Status:

Active

Registration Date:

06/14/2013

Business Type:

Corporation - Domestic - Profit

Principal Business Address:

863 N 980 W

Orem, UT 84057 United States

Edit Address

Registered Agent Information

Registered Agent:

GARY NAKKEN

1771 BLUEBIRD ROAD

Orem, UT 84057 United States

Edit Address New

NAICS Information - Business Purpose

Code:

4461

Description:

Health and Personal Care Stores

Edit

Registered Princi	pals/Officers		CAST CONTRACT CONTRAC	Add pal/officer
Officer	COLLEEN NAKKEN Copy to another position	BLUEBIRD ROAD OREM, UT 84097 United States	Edit Address	Remove
Vice President	COLLEEN NAKKEN Copy to another position	LUEBIRD ROAD OREM, UT 84097 United States	Edit Address	Remove
Director	GARY NAKKEN Copy to another position	BLUEBIRD ROAD Orem, UT 84057 United States	Edit Address	Remove
Officer	GARY NAKKEN Copy to another position	3LUEBIRD ROAD Orem, UT 84057 United States	Edit Address	Remove

Access Code 5115647

FORM # UNSO-3

Dumber Care Spring IS De Compact Cine Compact II DEDIS

REGISTER of SHARES of STOCK ISSUED and OUTSTANDING

TOTAL AUTHORIZED

CAPITAL STOCK

Class Par Value Class Par Value Class Par Value Class Par Value

0	DATE of ISSUE	NUMBER of SHARES ISSUED	CONSIDERATION PAID		* CUMULATIVE TOTAL(By Class) OUTSTANDING CLASS: CLASS: CLASS:		TALIBY Class) DING	THEACURY	NUMBER of SHARES
			CASH	PROPERTY SERVICES	COMMON	CLASS	CLASS	TREASURY	RETIRED REDEEMED OR CANCELLED
1	6/14/13	5,000			5,000	1 1	-		
2	6/14/13	5,000			10,000				
3	1				10,000				
4	- 54								
5					1				
6		4			1				
7		1000							
8									
9		San Taranta							
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E's							+		
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					Last figure in our of that class issue of last carry.	t column indi	costs grand total	IST Proc Ann Eba Afac	here shares have been retired feemed or cancelled, exter the miber of shares here and reflect e reduced total of outstanding was in the appropriate "comm- tre total retheren."

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1, Colleen Nakken
Responsible Person of Premer Cane Pharmaux
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
The second state of the se
Colleen Wakken Print Name of Authorized Person 2 - 20 · 2020 Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Wah) ss. Wah COUNTY)
I, Collen Vakken, 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 <u>Une President</u> for <u>Premier Cane Pharmacy</u> (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, Calleen Nakken, do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
-Calleen Mekler
Name SUBSCRIBED AND SWORN TO
before me, a notary public this
20 day of February, 2010. ALYSSA TAYLOR Notary Public - State of Utah Comm. No. 699713
My Commission Expires on Mar 26, 2022



Utah Department of Commerce Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

PREMIER CARE PHARMACY, INC. 863 N 980 W **OREM UT 84057**

February 24, 2020

CERTIFICATE OF EXISTENCE

Registration Number:

8709664-0142

Business Name:

PREMIER CARE PHARMACY, INC.

Registered Date:

JUNE 14, 2013

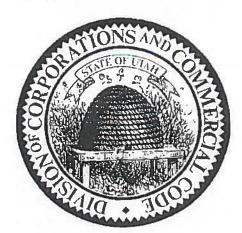
Entity Type:

CORPORATION - DOMESTICE - PROFIT

Current Status:

CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer Director

Division of Corporations and Commercial Code

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Premier Care Pharmacy

EFFECTIVE 10/16/2019

09/30/2021

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

11491890-1704 Pharmacy - Class B 11491890-8913 Dispensing Control

Dispensing Controlled Substance

License

Closed Door

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future
 correspondence from the division will be mailed to this address. If you move, it is your responsibility to
 notify us directly of the change. Maintaining your current address with us is the easiest way to ensure
 continuous licensure.

PREMIER CARE PHARMACY 863 N 980 W OREM UT 84057 Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE:

10/16/2019

EXPIRATION DATE:

09/30/2021

ISSUED TO:

Premier Care Pharmacy

863 N 980 W

Orem UT 84057



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

11491890-1704

Pharmacy - Class B

11491890-8913 Dispensing Controlled Substance License

Closed Door

DBAs: None Associated



UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL DEENSING LICENSEE LOOKUP & VERIFICATION SYSTEM

Details for Premier Care Pharmacy

License Information

Name:	Premier Care Pharmacy
City, State, Zip, Country:	Orem UT 84057 United States
Profession	Pharmacy
License Type:	Pharmacy - Class B
License Number:	11491890-1704
Obtained By:	Application
License Status:	Active
Original Issue Date:	10/16/2019
Expiration Date:	09/30/2021
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

Specialty(s)

Closed Door



UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING LICENSEE LOOKUP & VERIFICATION SYSTEM

Details for Premier Care Pharmacy

License Information

Name:	Premier Care Pharmacy
City, State, Zip, Country	Orem UT 84057 United States
Profession	Pharmacy
License Type;	Dispensing Controlled Substance License
License Number:	11491890-8913
Obtained By:	Application
License Status:	Active
Original Issue Date:	10/16/2019
Expiration Date:	09/30/2021
Agency and Disciplinary Action*:	NO DISCIPLINARY ACTIONS OR NO DISCIPLINARY ACTIONS WITHIN THE TIME FRAME ESTABLISHED IN UTAH CODE 63G-4-106 AND 107
Docket Number:	N/A

5M

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 YOwnership Change Check box below for type of ownership and ☐ Publicly Traded Corporation — Pages 1,2 ☐ Non Publicly Traded Corporation — Page	complet	te all require	ed forms.		
GENERAL INFORMATION to be comp					
Pharmacy Name: RARX, LLC					
Physical Address: 1911 Church Street	STE 20)2			
Mailing Address: 1911 Church Street STE	E 202				
		TN	Zip Code: 37203		
Telephone: 844-319-2259	_Fax: ˌ	844-319-2	260		
Toll Free Number: 844-319-2259		_(Required	per NAC 639.708)		
E-mail: bwescott@rxpartnersmgt.com	_Webs	ite: www.	rarxpharmacy.com		
Managing Pharmacist: Leana Stigall License Number: 40184 TN					
TYPE OF PHARMACY	AND	SE	RVICES PROVIDED		
Yes/No		Yes	s/No		
▽ □ Retail		V	☐ Off-site Cognitive Services		
☐ ☑ Hospital (# beds	_)		☑ Parenteral **		
□ ☑ Internet			☑ Parenteral (outpatient)		
□ ☑ Nuclear			☑ Outpatient/Discharge		
☐	Center	abla	☐ Mail Service		
🗸 🗆 Community			☑ Long Term Care		
□ Ø Other:		_ 🗆	☑ Sterile Compounding **		
			☑ Non Sterile Compounding		
All boxes must be checked			☑ Mail Service Sterile Compounding **		
For the application to be com	plete		Other Services:		
**If you check "you" on any of those t		£			

^{**}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)	any interest,	oration, any owner(s), ever been charged, or or (including by way of	convicted of a feld	ony or gross	Yes □ No ☑
2)		oration, any owner(s), ever been denied a lic			Yes □ No ☑
3)	interest, eve	oration, any owner(s), r been the subject of a roceeding relating to th	n administrative ac	tion, board citation,	Yes □ No ☑
4)	interest, eve	oration, any owner(s), r been found guilty, ple o any offense federal o	ed guilty or entered	a plea of nolo	Yes □ No ☑
5)	interest, eve	oration, any owner(s), r surrendered a license otherwise (other than	e, permit or certifica	ate of registration	Yes □ No ☑
Copie		estion 1 through 5 is "ye ments that identify the required.			
correc	t. I understar	the answers given in t nd that any infraction o norized pharmacy may	f the laws of the St	tate of Nevada regula	ting the
under correct emplo	penalty of pe t. I hereby au yees, to cond	stions, answers and starjury, that the information that the hevada State and investigation (station and reputation, and reputation and reputation and reputation.	ion furnished on th ate Board of Pharn s) of the business,	is application are true nacy, its agents, serva professional, social a	, accurate and ants and nd moral
Origin	al Signature o	of Person Authorized to	Submit Application	on, no copies or stam	os
	<u> </u>	ecutive Vice President orized Person	. <u></u>	04/15/2020	
riiit i	vanie di Auth	onzeu Feison		Date	Page 2
Board	Use Only	Date Processed:		Amount: 600.	00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

the owner. Owner's Name: Bart E Ashley, Jr. Business Name: Rx Partners, LLC Current Business Address: 1911 Church Street City: Nashville State: TN Zip Code: 37203 Telephone: 615-301-5953 Fax: 615-467-5558 List any physician shareholders and percentage of ownership. Name:_______%: **Hours of Operation for the pharmacy:** <u>9</u>__am 5:30 pm Monday thru Friday 8 am Saturday 1 ____pm Closedam ____pm Sunday 24 Hours

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

A Nevada business license is not required, however if the pharmacy has a Nevada business

license please provide the number: NA

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Brantley Wescott

Responsible Person of RARA, LLC	
hereby acknowledge and understand that in addition to	the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be re-	sponsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by sa	nid corporation.
I further acknowledge and understand that the c	orporation's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the l	Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.	
I further acknowledge and understand that the o	
or partner(s) cannot require or permit the pharmacist(s	
of any local, state or federal laws or regulations pertain	ing to the practice of pharmacy.
2 SST	
Original Signature of Person Authorized to Submit App	lication, no copies or stamps
Brantley Wescott	04/15/2020
Print Name of Authorized Person	Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Tennessee)
STATE OF Tennessee)) ss. Davidson COUNTY)
, Brantley Wescott , 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 Executive Vice President for RARX, 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, Brantley Wescott, do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
SUBSCRIBED AND SWORN TO Name
before me, a notary public this state of 15 day of 14 part = 20 Zoennessee
NOTARY PUBLIC
NOTARY PUBLIC ANDSON COUNTY OF OSTORY 2023

180

CERTIFICATE OF RX PARTNERS, LLC
Pursuant to Article 4 of the Asset Purchase Agreement

Effective as of December 31, 2019

This Certificate ("Certificate") is being delivered with reference to that certain Membership Interest Purchase Agreement dated effective December 31, 2019 ("Purchase Agreement"), by and between ART MANAGEMENT HOLDINGS, LLC, a Delaware limited liability company ("Seller"), and RX PARTNERS, LLC, a Tennessee limited liability company ("Buyer"). Capitalized terms that are used in this Certificate and not otherwise defined herein shall have the meanings ascribed to them in the

Purchase Agreement.

The undersigned hereby certifies as of the effective date of this Certificate that all of Buyer's representations and warranties set forth in Article 4 of the Purchase Agreement are accurate as of the effective date of this Certificate as if made on the effective date of this Certificate.

IN WITNESS WHEREOF, the undersigned has executed this Certificate to be effective as of the date written above.

BUYER:

RX PARTNERS, LLC

By:

Bart E. Ashley . Tr., President

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005378 EXPIRATION DATE: 07/31/2020

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

PHARMACY BOARD PHARMACY RARX, LLC

A DAMESTONES OF THE ALTH

RARX, LLC
1911 CHURCH ST, SUITE 202
NASHVILLE TN 37203-2320



虱

State of Tennessee Department of Health 11172569 47115 廟

TENNESSEE BOARD OF PHARMACY
PHARMACY
RARX, LLC
1911 CHURCH ST, SUITE 202
NASHVILLE TN 37203

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

ID NUMBER: 000005378

EXPIRATION DATE: 07/31/2020

CONTROLLED SUBSTANCE REGISTRATION

Diona E. Layder
INTERIM GIRECTOR, HEACTH RELATED BOARD

DCF171



1911Church St STE 202 Nashville, TN 37203 844.319,2259 • rarx@rxpartnersmgt.com

RARx, LLC Ownership:

Rx Partners, LLC (Owner 100%) 822965424 1911 Church Street Nashville, TN 37203 615-301-5953

Rart (Ned) E Ashley, Jr. President, Managing Member (Owner Rx Partners, LLC 100%)

5 Old Natchez Trace Franklin, TN 37069

Brantlev L. Wescott, Pharm D., Executive Vice President

3 Concord Rd Brentwood, TN 37027

Leana Stigall, Pharm.D., PIC

Seven Oaks Blvd APT 6205 Smyrna, TN 37167

Business Address for all: 1911Church Street Nashville, TN 37203 615-301-5953

Best Regards,

Brantley L. Wescott, Pharm.D.

Executive Vice President

bwescott @rxpartners mat com

615-301 -5953

1911Church Street

Nashville, TN 37203

5N

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.

lew Pharmacy or ☐Ownership Change (Provide current license number if making changes: PH						
GENERAL INFORMATION to be completed by all types of ownership Pharmacy Name: Rite RX Pharmacy						
Physical Address: 6918 Stirling Road, H	ollywood FL 33024					
Mailing Address: Same as above						
City: State:	Zip Code:					
Telephone: 800-931-6279 Fax:	888-620-0773					
Toll Free Number: 800-931-6279						
E-mail: inbox@riterxpharmacy.com_Webs						
Managing Pharmacist: Tanya Finlay License Number: PS50240 (FL)						
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	■					
☐ □ 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)	any interest,	poration, any owner(s), shareh ever been charged, or convic or (including by way of a guilty	ted of a felo	ny or gross	Yes □	l No ✓
2)	Has the corp any interest, registration?	ooration, any owner(s), shareh ever been denied a license, p	older(s) or p permit or cer	partner(s) with tificate of	Yes [□ No 🔽
3)	interest, eve	poration, any owner(s), shareh or been the subject of an admin oceeding relating to the phan	nistrative act	tion, board citation	n,] No ✓
4)	interest, eve	poration, any owner(s), shareh r been found guilty, pled guilty o any offense federal or state,	or entered	a plea of nolo	•	□ No 🗹
5)	interest, eve	oration, any owner(s), shareh r surrendered a license, permi r otherwise (other than upon v	t or certifica	te of registration] No ✓
Copies	answer to que s of any docu ition may be	estion 1 through 5 is "yes", a s ments that identify the circum: required.	igned staten stance or co	nent of explanation Intain an order, aç	on must be greement, o	attached. or other
correc	t. I understar	the answers given in this app nd that any infraction of the law norized pharmacy may be grou	ws of the Sta	ate of Nevada reg	ulating the	true and
under correc employ	penalty of pe t. I hereby au yees, to cond	tions, answers and statement rjury, that the information furni thorize the Nevada State Boa uct any investigation(s) of the cation and reputation, as it ma	ished on this rd of Pharma business, p	s application are t acy, its agents, se professional, socia	rue, accura ervants and il and mora	ite and
Origina	al Signature of	of Person Authorized to Submi	t Application	n, no copies or sta	amps	
Mich	nael Surc)		1/15/20		
Print N	lame of Autho	orized Person		Date		
					F	Page 2
Board	Use Only	Date Processed:		Amount: 500.	00_	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State c	of Incorpora	ation:	Florida					
	Company							
Mailing	Address:	6918	Stirling	Road				
City: H	ollywood			Sta	ite:_FL	Zip: 3302	4	
Teleph	one: <u></u> 800-9	31-62	279	Fax	k: <u>888-620</u>	-0773		
	ct Person:							
For any	y corporation	on nor	n publicly	traded, discl	ose the follo	wing:		
1)	List top 4 p	erson	s to whor	n the shares	were issued	d by the corpora	tion?	
·								
	a)	Nan	ne		Address			
	b)							
	,	Nan	ne		Address			
	c)	Nar			Address			<u> </u>
	٦١)	1101			, , , , , , , , , , , , , , , , , , , ,			
	d)	Nar	ne		Address		-	
2)	Provide the	e num	ber of sha	ares issued b	y the corpo	ration. 0		
3)	What was	the pr	ice paid r	er share? <u>r</u>	10			
4)	What date	did th	e corpora	ition actually	receive the	cash assets? N	I/A	
						evidencing the a		ion
List an	v phvsiciar	ı share	eholders :	and percenta	age of owner	ship.		
Name:	N1/Λ			•			%:	
							%:	
	of Operat							
			_				closed	
Monda	y thru Frida			5:00 _{pm}		Saturday	closed am	pm
	Sunday	clo	esed am	pm		24 Hours	N/A	
						pharmacy has	a Nevada bus	siness
license	e please pro	ovide 1	the numb	er: N/A				Page 4

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

<u>Certificate of Corporate Status</u> (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

Rite RX Pharmacy Corp, Owner and Operator Mailing Address: 6819 Stirling Road, Hollywood FL 33024

Mike Suro, CEO

Mailing Address: 6819 Stirling Road, Hollywood FL 33024

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Michael Suro
Responsible Person of Rite RX 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
Michael Suro
Print Name of Authorized Person Daté '

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
STATE OF FLORIDA) BROWARD COUNTY)
I, Michael Suro , 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 Rite RX 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, Michael Suro , do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
Namé / SUBSCRIBED AND SWORN TO
before me, a notary public this day of 60 12014, 2020. MELINDA RILEY PAUL Notary Public - State of Florida Consideration of GG 120148

State of Florida Department of State

I certify from the records of this office that RITE RX PHARMACY CORP is a corporation organized under the laws of the State of Florida, filed on April 15, 2019, effective April 12, 2019.

The document number of this corporation is P19000031867.

I further certify that said corporation has paid all fees due this office through December 31, 2019 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 Fourteenth day of January, 2020



Secretary of State

Tracking Number: 9541665090CU

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

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

9294586

DIVISION OF MEDICAL DUAL ITY ASSURANCE DEPARTMENT OF HEALTH STATE OF FLORIDA

10/16/2019 PH 32274 115962

THE PHARMACY

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

Expiration Date: FEBRUARY 28, 2021

RITE RX PHARMACY CORP

HOLLYWOOD, FL - 33024 6918 STIRLING ROAD Rite RX Pharmacy

Ron DeSantis

GOVERNOR

コーセカン

State Surgeon General Scott A. Rivkees, MD

זאוא ו עם תשמוו ותשם שו אא ומפות

ommunity Pharmacy UALIFICATION(S):

PH 32274

FICENSE NO:

QUALIFICATION(S):

Community Pharmacy

Rite RX Pharmacy RITE RX PHARMACY CORP

10/16/2019

3TAG

STATE OF FLORIDA AC#
DIVISION OF MEDICAL QUALITY ASSURANCE
OVISION OF MEDICAL QUALITY ASSURANCE

THE PHARMACY

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

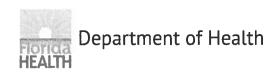
Expiration Date: FEBRUARY 28, 2021

112962

CONTROL NO.

7636

#



License Number: PH32274

Data As Of 1/14/2020

Profession Pharmacy
License PH32274

License Status CLEAR/

Qualifications Community Pharmacy

License Expiration Date 2/28/2021 License Original Issue Date 08/12/2019

Address of Record 6918 Stirling Road

HOLLYWOOD, FL 33024

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.

AC# 9164636

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
07/20/2019	PS 50240	291927

THE PHARMACIST

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

Expiration Date: **SEPTEMBER 30, 2021 TANYA RENAY FINLAY**

6918 STIRLING ROAD HOLLYWOOD, FL - 33024

> Ron DeSantis GOVERNOR

5# A. Ph

Scott A. Rivkees, MD State Surgeon General

DISPLAY IF REQUIRED BY LAW



TANYA RENAY FINLAY

License Number: PS50240

Data As Of 1/14/2020

Profession

Pharmacist

License

PS50240

License Status

CLEAR/ACTIVE

License Expiration Date

9/30/2021

License Original Issue Date

04/30/2013

Address of Record

6918 Stirling Road

HOLLYWOOD, FL 33024

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.

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 Chang e (Provide current license number if making changes: PH 03428 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						
Mon 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: River Medical Pharmacy, LLC dba River Medical Pharmacy						
Physical Address: 4752 Research Dr., San Antonio, TX 78240						
Mailing Address: 4752 Research Dr.						
City: San Antonio State: TX Zip Code: 78240						
Telephone: 210-877-6180 Fax: 210-877-6202						
Toll Free Number: 1-800-617-1490 (Required per NAC 639.708)						
E-mail: info@rivermedicalrx.com Website: www.rivermedicalrx.com						
Managing Pharmacist: Heather Mulvihill License Number: 34835						
TYPE OF PHARMACY AND SERVICES PROVIDED						
Yes/No Yes/No						
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
□ ဩ Hospital (# beds) □ ဩ Parenteral **						
□ 🛛 Internet □ 🖺 Parenteral (outpatient)						
□ ☒ Nuclear □ ☒ Outpatient/Discharge						
□ 🖾 Ambulatory Surgery Center 🔯 □ Mail Service						
□ ☒ Community □ ☒ Long Term Care						
□ □ □ □ Sterile Compounding **						
□ 🖾 Non Sterile Compounding						
All boxes must be checked □ ☒ Mail Service Sterile Compo	ounding **					
For the application to be complete						
**If you check "ves" on any of these types of services, you will be required to ma	ako an					

^{**}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	5) years:
AAITIIIII	tile last	1140 (0	yours.

1)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been charged, or convicted of a feld misdemeanor (including by way of a guilty plea or no	ony or gross	Yes □ No ☒
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or ce registration?		Yes □ No 🏻
3)	Has the corporation, any owner(s), shareholder(s) or interest, ever been the subject of an administrative ac site fine or proceeding relating to the pharmaceutical	ction, board citation,	Yes □ No 🛚
4)	Has the corporation, any owner(s), shareholder(s) or interest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo	Yes □ No 🏻
5)	Has the corporation, any owner(s), shareholder(s) or interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary clo	ate of registration	Yes □ No 🏻
Copie	answer to question 1 through 5 is "yes", a signed state is of any documents that identify the circumstance or casition may be required.		
corre	by certify that the answers given in this application and ct. I understand that any infraction of the laws of the S tion of an authorized pharmacy may be grounds for the	tate of Nevada regulat	ing the
l have under correc emplo backo	e read all questions, answers and statements and know penalty of perjury, that the information furnished on th ct. I hereby authorize the Nevada State Board of Pharr byees, to conduct any investigation(s) of the business, pround, qualification and reputation, as it may deem ne	v the contents thereof. his application are true macy, its agents, serva professional, social ar	I hereby certify, , accurate and ints and nd moral
Steve		on, no copies or stamp	os
Steve		3/26/2020	
Print	Name of Authorized Person	Date	Page 2
Board	d Use Only Date Processed:	Amount: 500.00)

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: BioPlus Parent, LLC
Mailing Address: 376 Northlake Blvd.
City: Altamonte Springs State: FL Zip: 32701
Telephone: 407-830-8820 Fax: 800-269-5493
Contact Person: Elvin Montanez
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) 100% owned by BioPlus Parent, LLC, 50 Kennedy Plaza, 12th Floor, Providence, RI 02903 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? <u>N/A</u>
5) Provide a copy of the corporation's stock register evidencing the above information
List any physician shareholders and percentage of ownership.
Name: N/A %:
Name:%:
Hours of Operation for the pharmacy:
Monday thru Friday 8:30 am 5:00 pm Saturday On call ampn
Sunday On call ampm 24 Hours Toll-Free On call
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Steve Vogt	
Responsible Person of <u>River Medical Pharmacy, LLC dba R</u>	River Medical Pharmacy
hereby acknowledge and understand that in addition to the	corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible.	nsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said o	orporation.
I further acknowledge and understand that the corpo	oration's, any owner(s), shareholder(s)
or partner(s)may be named in any action taken by the Nev	ada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.	
I further acknowledge and understand that the corp	oration'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.
Stew Voot	
Stew Vonture of Person Authorized to Submit Application	t <mark>ion</mark> , no copies or stamps
Stave Mast	2/26/2020
Steve Vogt	3/26/2020
Print Name of Authorized Person	Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas
) ss. Bexar COUNTY)
I, Heather Mulvihill , 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 <u>Pharmacist-in-Charge</u> for <u>River Medical Pharmacy, LLC dba River Medical Pharmacy</u> (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 of
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, Heather Mulvihill , do hereby swear under penalty of perjury that the assertions
of this affidavit are true.
Feether Mulvitill BA19790FBA8E4E7 Booksigned by: 3/26/2020
SUBSCRIBED AND SWORN TO before me, a notary public thisday of, 20
NOTARY PUBLIC



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

License No. 29857

Expiration Date: 3/31/2021

Balances: 1

RIVER MEDICAL PHARMACY INC 4752 RESEARCH DR SAN ANTONIO TX 78240



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

MUST BE DISPLAYED IN FULL PUBLIC VIEW



TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 29857

RIVER MEDICAL PHARMACY INC

License Information

License Status Active

License # 29857

Expiration Date 03/31/2021

Date License Issued 03/17/2015

Address

SAN ANTONIO, TX 78240 4752 RESEARCH DR County BEXAR

Pharmacy Details

Phone (210) 877-6180

Prior Disciplinary Orders*

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

Community Pharmacy Class of Pharmacy

Corporation Type of Ownership Community Independent Type of Pharmacy

of Hospital beds

Employment Information

MULVIHILL, HEATHER ANNE Pharmacist in Charge

Pharmacy Profile *

Accessible to disabled persons?

Yes

Yes

Participates in the Texas Medicaid

program?

Translating services (Listed Below If Available)

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

Remedial Plans and Inspection Reports

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

Services Provided

No records to view

Zipcode

State

City

Address

Registr. #

Texas Remote Pharmacy information

Remote Pharmacy Name

50

Page o of 0

Texas Pharmacy License # 29857

o Nuclear

Yes Out-Patient Prescriptions

Yes Ship Prescription Out of State

Class D (Expanded Formulary)

Class D (Alternative Visit Schedule)

Compounding Sterile-Risk Level Low

Compounding Sterile-Risk Level Med

o Compounding Sterile-Risk Level High

o Compounding Non-Sterile

No 24 Hour Service

No Closed Door

No Compounding, Office Use

lo Home Delivery

lo Infusion

No Pharmacist Administered Immunizations

Veterinary Prescriptions

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BENHAM, STACEY DENISE WUTHRICH	33636	10/22/1992	08/31/2020	Relief	Active
HOFFMANN, BRYAN LEE	33787	03/02/1993	01/31/2022	Staff	Active
MULVIHILL, HEATHER ANNE	34835	08/01/1994	12/31/2021	PIC	Active
		Page 1 of 1	20 🔻		View 1 - 3 of 3
Texas Registered Technicians/Trainees Employment information	ployment information				
Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
DE LA CRUZ, KRYSTAL MARIA	179068	01/14/2011	09/30/2020	Staff	Active
MULVIHILL, NATALIE	262852	11/01/2016	11/30/2020	Staff	Active
SEIBOLD, KRISTEN AMBER	291954	01/01/2019	01/31/2021	Staff	Active
		Page 1 of 1	20 ▼		View 1 - 3 of 3

Texas Pharmacy Owner information

https://www.pharmacy.texas.gov/dbsearch/phy_zoom.asp?id=29857

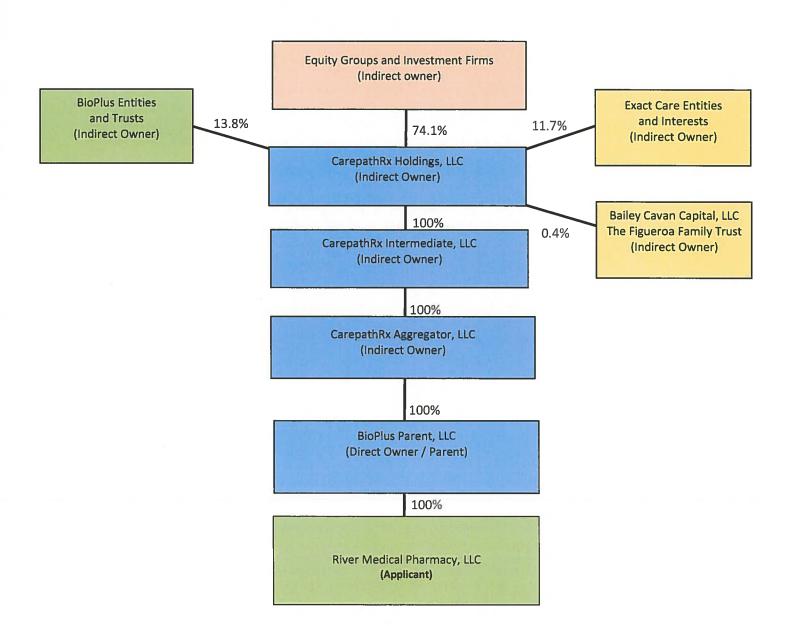
Texas Pharmacy License # 29857

2/26/2020

Owner Name	Owner Title	Address	City	State	Zipcode
RIVER MEDICAL PHARMACY, INC.	OWNER	4752 RESEARCH DR,	SAN ANTONIO	ጟ	78240
VOGT, STEPHEN C	OFFICER	-			
MONTANEZ, ELVIN MONTANEZ	OFFICER	32			
MACLEAY, MICHAEL R	OFFICER	_			
GARNER, H. STEPHEN	OFFICER				
	Page	Page 1 of 1 20 ▼			View 1 - 5 of 5

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

River Medical Pharmacy, LLC Proposed and Final Corporation Structure



As of: 04-16-2020

Officer List

Stephen H. Garner, Vice President

DOB: (SSN:

Home Address: 1

Highland Road, Winter Park, FL 32789

Phone: 40

Email: sgarner@prohealthmed.com

Stephen C. Vogt, President

DOB: (SSN:

Home Address:

Barcelona Way, Winter Park, FL 32789

Phone: 4

ne: 4

Email: svogt@bioplusrx.com



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Profit Corporation

RIVER MEDICAL PHARMACY, INC.

Filing Information

P11000089703 **Document Number**

45-3667026 **FEI/EIN Number**

10/12/2011

Date Filed

State

ACTIVE Status

Last Event

REINSTATEMENT

10/15/2014 **Event Date Filed**

Principal Address

376 NORTHLAKE BOULEVARD

ALTAMONTE SPRINGS, FL 32701

Changed: 01/31/2018

Mailing Address

ALTAMONTE SPRINGS, FL 32701 376 NORTHLAKE BOULEVARD

Changed: 01/31/2018

Registered Agent Name & Address

LUSSIER, JAMES R

225 EAST ROBINSON STREET

LANDMARK CENTER II, SUITE 600

ORLANDO, FL 32801

Name Changed: 10/15/2014

Officer/Director Detail

Name & Address

Title D

MACLEAY, MICHAEL R

376 NORTHLAKE BLVD.

ALTAMONTE SPRINGS, FL 32701

Title D

VOGT, STEPHEN C

376 NORTHLAKE BLVD.

ALTAMONTE SPRINGS, FL 32701

Title D

376 NORTHLAKE BLVD. ALTAMONTE SPRINGS, FL 32701

Annual Reports

Report Year Filed Date 2018

2019 02/13/2019

2020 02/21/2020

Document Images

View image in PDF format 02/21/2020 -- ANNUAL REPORT 01/18/2017 -- ANNUAL REPORT 04/12/2012 -- ANNUAL REPORT 02/13/2019 -- ANNUAL REPORT 01/31/2018 -- ANNUAL REPORT 03/29/2016 -- ANNUAL REPORT <u>02/23/2015 -- ANNUAL REPORT</u> 10/15/2014 - REINSTATEMENT 12/10/2012 - Name Change 10/12/2011 - Domestic Profit

Paralla Department of State, Division of Corporations

5P

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 Chang**e (Provide current license number if making changes: PH 03957

Check box below for type of ownership and complete a ☐ Publicly Traded Corporation – Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,4,7	☐ Partnership - Pages 1,2,5,7		
GENERAL INFORMATION to be completed by all types of ownership			
Pharmacy Name: Raina Rx, LLC dba R	oute 300 Pharmacy		
Physical Address: 1208 Route 300, Suite 103, Newbu	irgh, NY 12550		
Mailing Address: 376 Northlake Blvd.			
City: Altamonte Springs State: F	<u>Zip Code: 32701</u>		
Telephone: 845-275-0816 Fax: 84	45-275-0846		
Toll Free Number: 800-810-9274 (R			
E-mail: info@route300pharmacy.com Website	: www.route300pharmacy.com		
Managing Pharmacist: Amar Patel	License Number: 053122		
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
☐ Retail	□ ☑ Off-site Cognitive Services		
□ □ □ □ □ □ □ □ □ □ □ □ □	□ 🛛 Parenteral **		
□ 🛛 Internet	□ 🖾 Parenteral (outpatient)		
□ ⊠ Internet □ ⊠ Nuclear			
	□ 🖾 Parenteral (outpatient)		
□ 🛛 Nuclear	□ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge		
□	□ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge ☒ □ Mail Service		
□ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community	□ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge ☒ □ Mail Service □ ☒ Long Term Care □ ☒ Sterile Compounding ** □ ☒ Non Sterile Compounding		
□ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community	□ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge ☒ □ Mail Service □ ☒ Long Term Care □ ☒ Sterile Compounding ** □ ☒ Non Sterile Compounding □ ☒ Mail Service Sterile Compounding **		
□ ☒ Nuclear □ ☒ Ambulatory Surgery Center □ ☒ Community □ ☒ Other:	□ ☒ Parenteral (outpatient) □ ☒ Outpatient/Discharge ☒ □ Mail Service □ ☒ Long Term Care □ ☒ Sterile Compounding ** □ ☒ Non Sterile Compounding		

^{**}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.

Withir	the last five (5) years:		
1)	Has the corporation, any owner(s), shareholder(s) of any interest, ever been charged, or convicted of a femisdemeanor (including by way of a guilty plea or not	lony or gross	Yes □ No 🖾
2)	Has the corporation, any owner(s), shareholder(s) or any interest, ever been denied a license, permit or cregistration?		Yes □ No 🏻
3)	Has the corporation, any owner(s), shareholder(s) o interest, ever been the subject of an administrative a site fine or proceeding relating to the pharmaceutical	ection, board citation,	Yes □ No 🏻
4)	Has the corporation, any owner(s), shareholder(s) o interest, ever been found guilty, pled guilty or entere contendere to any offense federal or state, related to substances?	d a plea of nolo	Yes □ No ⊠
5)	Has the corporation, any owner(s), shareholder(s) o interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary c	cate of registration	Yes □ No 🏻
Copie	answer to question 1 through 5 is "yes", a signed states of any documents that identify the circumstance or sition may be required.	•	
corre	by certify that the answers given in this application ar ct. I understand that any infraction of the laws of the tion of an authorized pharmacy may be grounds for the	State of Nevada regula	ating the
under correct emplo backg	e read all questions, answers and statements and known penalty of perjury, that the information furnished on tot. I hereby authorize the Nevada State Board of Pharoyees, to conduct any investigation(s) of the business pround, qualification and reputation, as it may deem n	his application are true macy, its agents, serv , professional, social a	e, accurate and rants and and moral
Stran	人体 als Signature of Person Authorized to Submit Applicat	ion, no copies or stam	DS .
	e Vogt	3/25/2020	
Print	Name of Authorized Person	Date	
		<u></u>	Page 2
Board	Use Only Date Processed:	Amount: 500.	20

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: BioPlus Parent, LLC
Mailing Address: _50 Kennedy Plaza, 12th Floor
City: Providence State: RI Zip: 02903
Telephone: 407-830-8820 Fax: 800-269-5493
Contact Person: Elvin Montanez
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) 100% owned by BioPlus Parent, LLC 50 Kennedy Plaza, 12th Floor, Providence, RI 02903 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
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:
Hours of Operation for the pharmacy:
Monday thru Friday 8:00 am 5:00 pm Saturday N/A am p
Sunday N/A am pm 24 Hours Toll-Free
A Nevada business license is not required, however if the pharmacy has a Nevada business
license please provide the number: N/A Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Steve Vogt	
Responsible Person of Raina Rx, LLC dba Ro	oute 300 Pharmacy
hereby acknowledge and understand that in a	ddition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, m	ay be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or opera	ted by said corporation.
)	that the corporation's, any owner(s), shareholder(s) in by the Nevada State Board of Pharmacy against a pration.
	that the corporation's, any owner(s), shareholder(s) rmacist(s) in said pharmacy to violate any provision as pertaining to the practice of pharmacy.
Stew Vot Original Signature of Person Authorized to Su	bmit Application, no copies or stamps
Steve Vogt	3/25/2020
Print Name of Authorized Person	Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York)
Orange COUNTY)
I, Amar Patel , 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 <u>Pharmacist-in-Charge</u> for <u>Raina Rx, LLC dba Route 300 Pharmacy</u> (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, Amar Patel , do hereby swear under penalty of perjury that the assertions
of this affidavit are true. Docusigned by: Amar Patel Amar Patel
SUBSCRIBED AND SWORN TO before me, a notary public thisday of, 20
NOTARY PUBLIC





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 *

03/03/2020

Type: PHARMACY

Legal Name: RAINA RX LLC

Trade Name: ROUTE 300 PHARMACY

Street Address: 1208 ROUTE 300

SUITE 103

NEWBURGH, NY 12550-5003

Registration No: 034308

Date First Registered: 03/14/16 Registration Begins: 03/01/19 Registered through: 02/28/22 Supervisor: 053122 PATEL AMAR Establishment Status: ACTIVE

Successor: NONE

- · 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.



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

THE UNIVERSITY OF THE STATE OF NEW YORK

NEW YORK STATE BOARD OF PHARMACY

SUPERVISING PHARMACIST AMAR PATEL



2019-22

THIS IS TO CERTIFY

RAINA RX LLC 1208 ROUTE 300 SUITE 103 NEWBURGH, NY 12550-5003

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 MARCH, 2019. THIS CERTIFICATE EXPIRES ON THE TWENTY-EIGHTH DAY OF FEBRUARY, 2022.

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

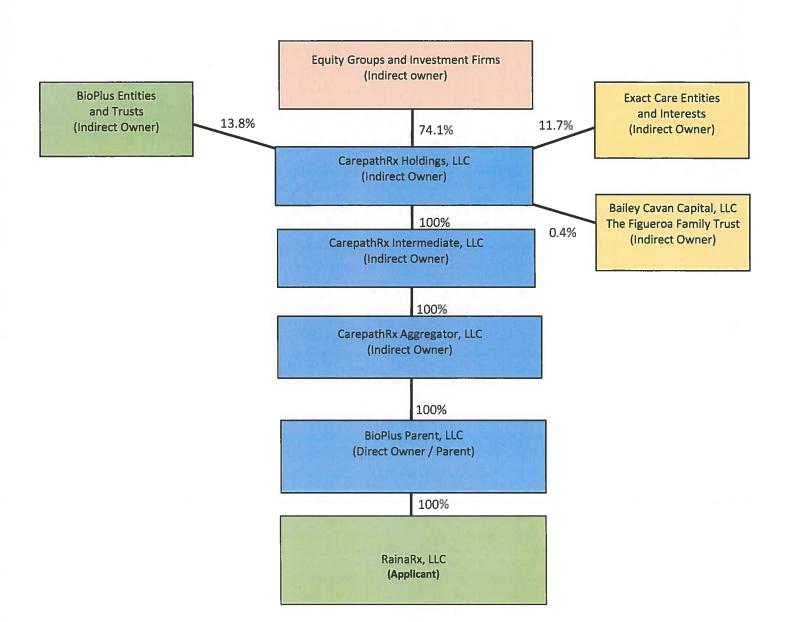
REGISTRATION NUMBER

034308



Himberly A. Lorental
Executive Secretary
STACL BOARD OF PHARMACY

RainaRx, LLC Proposed and Final Corporation Structure



As of: 04-16-2020

Officer List

Stephen H. Garner, Vice President

DOB: (SSN:

Home Address: ` J Highland Road, Winter Park, FL 32789

Phone: /

Email: sgarner@prohealthmed.com

Stephen C. Vogt, President

DOB: SSN: 2

Home Address:

Barcelona Way, Winter Park, FL 32789

Phone:

Email: svogt@bioplusrx.com

5Q

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 Chang e (Provide curre Check box below for type of ownership and complete all			
☐ Publicly Traded Corporation – Pages 1,2,3,8 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: SPRING MEDS INC.			
Physical Address: 2810 W. 3RD ST, STE	#3		
Mailing Address: 2810 W. 3PD ST, STE	4 3		
City: SIOUX FALLS State: ST	Zip Code: 57104		
Telephone: <u>388 · 305 · 1772</u> Fax: <u>88</u>	38.305.1723		
Toll Free Number: 888. 305. 1777 (Re	quired per NAC 639.708)		
E-mail: ccooper OSpringmed. (Website:	springmeds. com		
Managing Pharmacist: Cynthia Copper License Number: R6367			
TYPE OF PHARMACY AND	SERVICES PROVIDED		
Yes/No	Yes/No		
l⊠ □ Retail	☑ Off-site Cognitive Services		
□ Ѭ\Hospital (# beds)	□ 🔁 Parenteral **		
ĺ⊠⊾ □ Internet	□		
□ 🔯 Nuclear	□ ⊠ Outpatient/Discharge		
☐			
□ ☑ Community	□ M Long Term Care		
	□ ☑ Long Term Care □ ☑ Sterile Compounding **		
□ \(\times \) Community			
□ \(\nabla\) Community	☐ Sterile Compounding **		
□ ☑ Community □ □ Other:	☐ Sterile Compounding ** ☐ Non Sterile Compounding		

^{**}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.			
Origina	al Signature of Person Authorized to Submit Application, no copies or stamp)S	
^ -			
Print N	Hira Croper Name of Authorized Person Hira Croper Date		
	hear a	Page 2	
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: SOUTH DAKOTA		
Parent Company if any: SPRING MAS INC.		
Mailing Address: 2810 W. 3 ST. , STE # 3		
City: Sloux FALLS State: SD Zip: 57104		
Telephone: 605, 305, 1727 Fax: 605, 305, 1723		
Contact Person: Cynthis Corpex RPH/PIC, MARK SLOTT (PRESIDENT)		
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 SCOTT - ARTHUR ST (NINNIPEG, MANITOBA) Name Address		
b) BRENT PENNER IRVINGPL WINNIPPG, MANITOBA Name Address		
C)Name Address		
d) Name Address		
2) Provide the number of shares issued by the corporation		
3) What was the price paid per share?		
4) What date did the corporation actually receive the cash assets?		
5) Provide a copy of the corporation's stock register evidencing the above information		
List any physician shareholders and percentage of ownership.		
Name: N/A %:		
Name:%:		
Hours of Operation for the pharmacy:		
Monday thru Friday am pm Saturday am pn		
Sunday am pm 24 Hours <u>838 3</u> 05 1772		
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:		
Page 4		

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

BRENT PENNER (SECRETARY)
MARK SCOTT (PRESIDENT)

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1, CUNTHA COOPER
Responsible Person of SPRING MEDS 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
CMAHUL CARPER 4/10/7020
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF SWHN DOW	40	Ha
<u>minnehouse</u> count	Y	

1.

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

I am the PHARMACIST IN CHARGE for SPRING MEDS 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 Nevadaregistered/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, Copper do hereby swear under penalty of perjury that the assertions of this affidavit are true.

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

NOTARY PUBLIC

KELSEY K DYCE Seal Notary Public South Dakota



South Dakota Department of Health Controlled Substance Certificate

Registration Number

FS9162671

Business Activity

Pharmacy

Schedules

Sioux Falls SD 57104

2810 W 3rd St, STE #3

violation of SDCL 34-20B and/or ARSD 44:58. his/her professional board, retires from active practice of profession, or is found to be in This registration will expire on 02/28/2023 or if registrant fails to maintain registration with

Kin Malsam- Rysdon

Secretary of Health

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF: OWNERSHIP, CONTROL LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.





Filing Fee: \$150

Total Fee: \$150

ARTICLES OF INCORPORATION

Secretary of State 500 E. Capitol Ave Pierre, SD 57501-5070 (605) 773-4845

DOMESTIC BUSINESS CORPORATION SDCL 47-1A-120, 129 & 202

Please Type or Print Clearly in Ink Please submit one Original Make payable to the SECRETARY OF STATE

Article I

The name of the Company:

Spring Meds, Inc.

Article II

100 common shares

The number of shares the corporation is authorized to issue: 100 preferred shares

The duration of the company if other than perpetual is: Perpetual

If the document is not to be effective upon filing by the Secretary of State, the delayed effective date is:

Article III

The address of the principal office in or out of the State of South Dakota where the company conducts its business:

Actual Street Address 4820 E. 57TH ST. STE B SIOUX FALLS, SD 57108

Mailing Address

4820 E. 57TH ST. STE B SIOUX FALLS, SD 57108

Article IV

SDCL 47-1A-202(4), 59-11-6

The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent, (b) a commercial registered agent, or (c) an office

(b) The South Dakota Commercial Registered Agent's name & CRA#

CRA: Taylor Law Firm, P.C. (2009892)

Actual Street Address in this State

4820 E 57TH ST

SIOUX FALLS, SD 57108-8648

Mailing Address in this State

State of South Dakota

Office of the Secretary of State

Certificate of Incorporation

Domestic Business Corporation

I, Steve Barnett, Secretary of State of the State of South Dakota, hereby certify that the ARTICLES OF INCORPORATION for

Spring Meds, Inc.

BUSINESS ID# DB176424

with an effective date of: January 27, 2020, duly signed and verified, SDCL 47-1A-120, 129 & 202 has been received in this office and is found to conform to law.

ACCORDINGLY, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Incorporation and attach hereto a duplicate of the ARTICLES OF INCORPORATION.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, January 27, 2020.

Steve Barnett

01/27/2020 3:09 PM

Steve Barnett Secretary of State

South Dakota Board of Pharmacy LICENSED FULL TIME PHARMACY

A license to conduct a Pharmacy as described above is hereby granted to the Registered Pharmacist-in-Charge named on the license for:

Spring Meds, Inc 2810 W 3rd st Suite 3 Sioux Falls SD 57104 License NO:100-2069

Renewal Date:

Expiration Date: 06/30/2020

Initial Issue Date: 03/23/2020

Fee Paid:

\$200.00

PDMP: REQUIRED TO REPORT TO PDMP UNTIL 06/30/2020

Pharmacist-in-Charge: CYNTHIA J COOPER #R-6367

LISTED PHARMACIST(S) are hereby charged with active management of the pharmacy named above for the duration of this license or until this license has been transferred by law.

EXECUTIVE DIRECTOR

SOUTH DAKOTA BOARD OF PHARMACY

4001 W Valhalla Blvd, Suite 106 Sioux Falls, SD 57106

Phone: 605-362-2737 www.pharmacy.sd.gov

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN PHARMACY TO WHICH IT APPLIES

General Information

- Please make note license expiration date. It is your responsibility to renew this license before it expires.
- Renewal of this license can be completed between May 1st and June 30th each year. There is no grace period.
- Annual fee of \$200.
- To change the pharmacist-in-charge, complete the PIC transfer form on the SD Board of Pharmacy website at this link: https://doh.sd.gov/boards/pharmacy/pharmacies.aspx
- To do a name or address change, complete the pharmacy notification form at the SD Board of Pharmacy website at this link: https://doh.sd.gov/boards/pharmacy/pharmacies.aspx
- For pharmacy change of ownership, complete a new application with all required documents if equal to or greater than 50% change at the parent level or below.

Spring Meds, Inc 2810 W 3rd st Suite 3

Claus Falls CD E7104

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

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

GENERAL INFORMATION	7 1
Name of Nevada license pharmacy: SPRING MGDS (NC)	
Nevada license number:	
Websites in use or intended to be used: Springmeds.com	
Affiliated websites (websites that link to or otherwise direct users to your very topical times) THITTER	vebsite):
VIPPS CERTIFICATION	
Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administ NABP) certified? Please provide a copy with application.	ered be Yes □ No 🎘
If yes, please sign and date page 3 and you will not need to answer questi through 8.	ons 1
PHARMACIES LACKING VIPPS CERTIFICATION	/
Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy	Yes X 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. SOUTH DAKOTA (TO DATE)	
JOVIET VINCOLU CIO MILLO	

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?	Ye∳√□	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 <i>United States Pharmacopoeia</i> , 25 th edition, 2002, which is hereby adopted by reference?	Yes№	No □
	,,	1	

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

4 10 2020 Date

Pharmacy Policy and Procedure Manual

Version # 1, Effective April 1, 2020.

1. Pharmacy Information

Spring Meds Inc. 2810 W. 3rd Street Suite #3 Sioux Falls, SD. 57104

License # 100-2069
Phone number 1-888-305-1722
Fax number 1-888-305-1723
Email info@springmeds.com
Website www.springmeds.com

This is Spring Meds only location with no plans to move or open more locations within the next 12 months.

Spring Meds Pharmacy Hours are Monday to Friday 9am - 5pm central time. Closed weekends and holidays.

The toll free phone numbers will be available 24/7. After regular hours there will be the ability to leave a message. Messages will be returned the next business day. There will be a pharmacist on call Saturdays 10am - 2pm. Spring Meds will expand its hours as required.

Contact information will be provided on all prescription labels, drug information sheets and websites. The toll free phone number, 1-888-305-1722 is accessible from anywhere in the USA.

Spring Meds is a closed door, mail order pharmacy. Spring Meds will only ship prescription products to states it is licensed in. Spring Meds will follow both the laws of South Dakota and the laws of the state it ships into.

Opening procedure requires a Pharmacist must be on duty at all times during opening hours.

2. Staff

Pharmacist in Charge - Cynthia Cooper Other Pharmacists - none at this time Pharmacy Technicians - none at this time Other Staff - none at this time

All staff will be required to sign a Confidentiality Agreement.

3. Operations

A. Inventory Suppliers List:

1. Dakota Drug Inc. 1101 Lund Boulevard Anoka, MN 55303 Phone: (866) 210-5887

Fax: (763) 421-0661

2. Top Rx 2950 Brother Boulevard Bartlett, TN 38133 Toll Free: 800.542.8677 Fax: 888.501.6286

B. Procedure for Receiving Inventory

All orders received will be signed for. The order contents will be checked for accuracy as soon as it arrives against the invoice and initialed. Any discrepancies will be reported immediately to the wholesaler. All cold chain products will be removed from the order and immediately placed in the fridge.

C. Stock Layout

All inventory will be organized on shelves in the middle of the pharmacy alphabetically based on their chemical name. Cold chain products will be stored in the temperature monitored fridge. All controlled medications will be stored in the locked cabinet

D. Drug References

Facts and Comparisons - available on pharmacist's computer desktop. Physicians Desk Reference - available on pharmacist's computer desktop.

E. Equipment

GPS pharmacy software will be utilized as the pharmacy filling software which will store and process all patient and prescription information and print all reports and labels.

All computers will utilize Windows 10 Pro as their operating system.

A dedicated stock fridge will be used to store temperature sensitive medications.

F. Prescription Filling Workflow:

Prescription is received via fax or e-script on GPS system or taken verbally via physician order by telephone (received by pharmacist).

Order is entered into the GPS database by pharmacy technician or pharmacist.

Entered orders are checked and verified by the pharmacist including DUR review

Verified orders are counted and labelled in a dedicated filling workspace by either a technician or pharmacist and placed in an order tray.

The completed order is given a final physical check

Completed orders are packaged in the dedicated shipping workspace in the appropriate shipping packaging with shipping labels and postage attached.

Orders are picked up for delivery Monday to Friday. by USPS and tracking is provided by USPS.

G. Shipping Policy

Spring Meds will ship products by USPS,UPS,Fedex or DHL. All orders will be shipped within 24 hours after being completed.All orders shipped will be in discreet packaging with no indication of pharmaceuticals enclosed.

The shipping protocol for medications not requiring refrigeration is as follows:

- 1) Medication will be placed in either a protective poly envelope or a size appropriate box and sealed.
- 2) Appropriate shipping labels and postage will be applied to the box or envelope.
- 3) Orders will be assigned a tracking number and will be emailed to the patient once shipped.

The shipping protocol for medications requiring refrigeration (i.e.cold chain) is as follows:

- 1) Medication will be enclosed in a resealable (e.g. Ziploc) plastic bag.
- 2) The resealable plastic bag will be surrounded on a minimum of 2 sides by cool packs to maintain temperature in the range of 2-8°C / 36-46° F.
- 3) Medication and cool packs will be placed into a thermal bubble envelope and shipped in a clean,cardboard box (marked with the words "Perishable" and "Rush") with the appropriate shipping labels attached.
- 4) Orders will be assigned a tracking number and will be emailed to the patient once shipped.
- 5) Cold chain medications will be shipped Monday through Thursday only. They will be shipped with next day or 2 day delivery service.

5R

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 Sownership Chang e (Provide of Check box below for type of ownership and complete all ☐ Publicly Traded Corporation — Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,4,7	required forms.
GENERAL INFORMATION to be completed by all	
Pharmacy Name: Tampa Family Pharm	racy, LC DEE TFP Wellness Systems
Physical Address: 2919 W. Swann A	ve.#101 Tampa, FL. 331009
Mailing Address: 2919 W. SWann A	le. #101
City: Tampa State: F	Zip Code: 33409
Telephone: 813-871-5161 Fax: 8	13-877-2479
011 071 5170	quired per NAC 639.708)
E-mail: Licensing@TFPSpecialty.com Website:	
Managing Pharmacist: Melissa Castella	
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
☑ Retail	□ X 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	□ X 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 partial any interest, ever been charged, or convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted of a felor misdemeanor (including by way of a guilty plea or no convicted or no c	nv or gross	Yes □ No 💢
2)	Has the corporation, any owner(s), shareholder(s) or part any interest, ever been denied a license, permit or cert registration?		Yes □ No 💢
3)	Has the corporation, any owner(s), shareholder(s) or painterest, ever been the subject of an administrative activate fine or proceeding relating to the pharmaceutical in	on, board citation,	Yes □ No 💢
4)	Has the corporation, any owner(s), shareholder(s) or printerest, ever been found guilty, pled guilty or entered a contendere to any offense federal or state, related to consubstances?	a plea of nolo	Yes □ No 🕱
5)	Has the corporation, any owner(s), shareholder(s) or painterest, ever surrendered a license, permit or certificat voluntarily or otherwise (other than upon voluntary clos	e of registration	Yes □ No 💢
Copie	answer to question 1 through 5 is "yes", a signed statem s of any documents that identify the circumstance or consition may be required.	nent of explanation m ntain an order, agree	ust be attached. ment, or other
correc	by certify that the answers given in this application and a t. I understand that any infraction of the laws of the Sta tion of an authorized pharmacy may be grounds for the	ite of Nevada regulati	ng the
under correct emplo	read all questions, answers and statements and know to penalty of perjury, that the information furnished on this t. I hereby authorize the Nevada State Board of Pharma yees, to conduct any investigation(s) of the business, pround, qualification and reputation, as it may deem neces	application are true, acy, its agents, serva rofessional, social an	accurate and into and into and into and into and into and into an into
Me Origin	Limas Castillane al Signature of Person Authorized to Submit Application	, no copies or stamp	3
Print N	Vissa Castellana Name of Authorized Person	04-01-2-02 Date	D
Beard	Use Only Date Processed: 3 ·30·2020	Amount: 500 -	Page 2
Doard	Use Only Date Processed: 5 30 20 20	Amount:	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General Limited X
Partnership Name: Tampa Family Pharmacy, U.C. Mailing Address: 2919 W. Swann Rve. #101
City: Tampa State: FL. Zip Code: 33609
Telephone Number: 813-871-5161 Fax Number: 813-877-2479
Contact Person: Meligsa Castellana
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
CAN community Health, Inc. L 80%
crystal campbell Haley Miller 4 10% 10%
List names of 4 largest partners and percentage of ownership:
Name: CAN Community Health, Inc. %: 80
Name: <u>Crystal campbell</u> %: 10
Name: Haley Miller %: 10
Name: %:
List any physician shareholders and percentage of ownership.
Name: NA %:
Name:%:
Name:%:
Hours of Operation for the pharmacy:
Monday thru Friday 8 am 5:30 pm Saturday X am X pm
Sunday closed pm 24 Hours
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1. Melissa Castellana
Responsible Person of Tampa Family Pharmacy, U.C.
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.
Melinab Castellano.
Original Signature of Person Authorized to Submit Application, no copies or stamps
Muissa Castellana Print Name of Authorized Person Oy-01-2020 Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FI	orida)
Hillsboroug	LCOUNTY)	SS.)

I, Melissa Castellana , 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 <u>Pharmacist in Charge</u> for <u>Tampa Family Pharmacy</u>, "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 Nevadaregistered/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, <u>Melissa Castellana</u>, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO before me, a notary public this 24th day of Warch . 20 20.

YWYW A. SUUL NOTARY PUBLIC



State of Florida Department of State

I certify from the records of this office that TAMPA FAMILY PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 1, 2011, effective January 28, 2011.

The document number of this limited liability company is L11000013319.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on March 2, 2020, and that its status is active.

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





Tracking Number: 2075061203CU

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

https: // services. sunbiz. org/Filings/Certificate Of Status/Certificate Authentication

AC#8775561

明確仍所以外仍仍仍然問題因例

STATE OF FLORIDA

DIVISION OF MEDICAL CITALITY ASSURANCE DEPARTMENT OF HEALTH

DATE	LICENSE NO.	CONTROL NO.
02/02/2019	PH 25624	111308

The PHARMACY

named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: FEBRUARY 28, 2021

TAMPA FAMILY PHARMACY

TFP Wellness Systems 2919 W. SWANN AVENUE

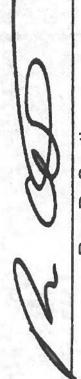
SUITE 101

TAMPA, FL 33609

QUALIFICATION(S):

SCHEDULE II & III
COMMUNITY PHARMACY

3:1 PHARMACY TECHNICIAN RATIO APPROVED



Ron DeSantis GOVERNOR DISPLAY IF REQUIRED BY LAW

Mission:

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



Ron DeSantis Governor

Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

March 26, 2020

Nevada State Board Of Pharmacy 985 Damonte Ranch PKWY, Suite 206 Reno, NV 89521

RE: License Certification for Tampa Family Pharmacy

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:

LICENSE NUMBER:

ORIGINAL CERTIFICATION:

EXPIRATION DATE:

CURRENT STATUS OF LICENSE:

AGENCY ACTION:

Pharmacy

PH25624

08/19/2011

02/28/2021

CLEAR.

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,

Willie Gaines

Willie Gaines Regulatory Specialist II

/wg







Mission:

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



Ron DeSantis
Governor

Scott A. Rivkees, MD State Surgeon General

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EXPIRATION DATE:

CURRENT STATUS OF LICENSE:

AGENCY ACTION:

Pharmacy

PH25624

08/19/2011

02/28/2021

CLEAR,

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,

Willie Gaines

Willie Gaines Regulatory Specialist II



Lec 4/29/2020

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 ☐ Publicly Traded Corporation – Pages			8		
■ Non Publicly Traded Corporation – F	Pages 1,2,4,8	☐ Sole Owner – Pages 1,2,7	.8		
GENERAL INFORMATION to be co	ompleted by a	vpes of ownership			
Pharmacy Name: ClearMD Pharmacy	, LLC				
Physical Address: 61 E Willow St, Mill	burn NJ 07041				
Mailing Address: 61 E Willow St					
City: Millburn	State:_Nev	Jersey Zip Code: 0	7041		
Telephone: (888) 717-7654	Fax: <u>(</u> 973	833-4126	_		
Toll Free Number: (888) 717-7654	(Re	uired per NAC 639.708)			
E-mail: licensing@getclearmd.com	Website:	n/a			
Managing Pharmacist: Ze Jiang	Managing Pharmacist: Ze Jiang License Number: 28RI03616000				
TYPE OF PHARMACY	AND	SERVICES PROVIDED			
Yes/No	,	Yes/No			
□ v Retail		☐ ♂ Off-site Cognitive Ser	vices		
□ ☑ Hospital (# beds)	□ ■ Parenteral **			
□ ☑ Internet		☐ ☑ Parenteral (outpatient)		
□ 望 Nuclear		□	,		
☐ ☑ Ambulatory Surg	erv Center	✓ ☐ Mail Service			
☑ Community	0., 000.	□ ■ Long Term Care			
□ ď Other:		☐ Sterile Compounding	**		
		■ Non Sterile Compoun			
All boxes must be check	ad				
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 fiv	e (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 ℤ				
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 ℤ				
Copie	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.						
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	ne .				
	Ze Jiang	J3				
	Name of Authorized Person Date	Page 2				
Board	Use Only Date Processed: Amount:					

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation	on: LLC - De	laware				44.3			
Parer	nt Company if	any: ClearM	ID Holding	s, LLC	17-3					
Mailir	ng Address: _	61 E Willow St								_
City:_	Millburn			_State:_	NJ	Zip:	07041			
Telep	hone: (888) 71	7-7654		_Fax: _	(973) 833-4	4126		25		
Conta	act Person: Z	e Jiang								
For a	ny corporation	non publicly	traded,	disclose	the follov	ving:				
1)		rsons to who					orotion?			
'/			ili lile Sil							
	a)	Holdings, LLC Name			ddress	049, New Yor	K N Y 1000	5		_
	L)									
	b)	Name		A	ddress					_
	c)									
		Name		A	ddress					_
	d)									
		Name		A	ddress					
2)	Provide the r	number of sha	ares issu	ued by th	e corpora	ation. <u>n/a</u>				
3)	What was the	e price paid p	er share	e? <u>n/a</u>						_
4)	What date di	d the corpora	ation act	ually rece	eive the c	ash assets	?n/a			
5)	Provide a co	py of the corp	ooration'	s stock r	egister ev	videncing th	e above	informati	on	
List a	ny physician s	hareholders	and perd	entage o	of owners	ship.				
Name	e:n/a						%:_			
Name	e:					*	%:			
Hour	s of Operatio	n for the pha	armacy:							
Mond	ay thru Friday	<u>9</u> am	5	pm		Saturday	y <u>n/a</u>	a_am	n/a	pm
	Sunday	_ ^{n/a} _am	n/a	pm		24 Hours	s			
A Nev	/ada business	license is no	t require	ed. howe	ver if the	pharmacy h	nas a Nev	ada hus	iness	
	e please provi						.ac a 1461	add Duo		
									Page	4

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

<u>Certificate of Corporate Status</u> (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: Ze Jiang Title: President & CEO

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I,Ze Jiang
Responsible Person of ClearMD 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 lav
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
Ze Jiang 4 NIOAO
Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NEW FREEY)
STATE OF NEW PEREY) ss. COUNTY)
<u>omora</u> occini
I,, 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 ClearMD 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, Ze Jiang, 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 Stray of April 20%

NOTARY PUBLIC OF NEW JERSEY
Conmission Expires 12/16/2024

RNOW

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLEARMD 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 THIRD DAY OF MARCH, A.D. 2020.

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

Authentication: 202504917

Date: 03-03-20



The State of New Jersey NJHome Services A-Z Departments/Agencies





Paul R. F Actin

License Information

Accurate as of March 13, 2020 6:42 PM

Return to Search Results

Name: CLEARMD PHARMACY

Address: Millburn, NJ

Profession/License Type: Pharmacy, Pharmacy

License No: 28RS00775600

License Status: Active

Status Change Reason: License Issuance

Issue Date: 12/13/2019 Expiration Date: 6/30/2020

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

Documents

No Public Documents

Division

Division Home Consumer Protection Contact OAG Licensing Boards File a Complaint Adoptions & Rule Proposals Internship Opportunities

Department

OAG Home FAQ OAG OAG News Services A to Z **Employment**

State

NJ Home Services A-Z Departments/Agencies FAQs

Legal

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

THIS IS TO CERTIFY THAT THE Board of Pharmacy

HAS LICENSED

CLEARMD PHARMACY MICHAEL HEARN 61 E. Will w St. Millburn 1 07041

FOR PRACTICE IN NEW JERSEY . 3 A(N): Pharmacy

12/13/2019 TO 06/30/2020 VALID 28RS00775600 LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

5T

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					
Pharmacy Name: Meds LLC					
Physical Address: 2017 N. Mendell St. Unit 100	Chicago Illinois 60614				
Mailing Address: 2017 N. Mendell St. Unit 100					
City: Chicago State: Illino	zip Code: <u>60614</u>				
Telephone: <u>847-219-3948</u> Fax: <u>None</u>	e yet				
Toll Free Number: 888-428-3791 (Re	equired per NAC 639.708)				
E-mail: admin@meds.co Website:	NONE				
Managing Pharmacist: Theodore Terziev License Number: 051.288724					
TYPE OF PHARMACY AND SERVICES PROVIDED					
Yes/No	Yes/No				
□ ☑ Retail	☐ ☑ Off-site Cognitive Services				
□ ☑ Hospital (# beds)	☐ ☑ Parenteral **				
□ ☑ Internet	□ ☑ Parenteral (outpatient)				
□ ☑ Nuclear	□ ☑ Outpatient/Discharge				
□ ☑ Ambulatory Surgery Center	☑ ☐ Mail Service				
☑ □ Community	□ ☑ Long Term Care				
□ ☑ Other:	□ Sterile Compounding **				
	Non Sterile Compounding				
All boxes must be checked	□ ☑ Mail Service Sterile Compounding **				
For the application to be complete	☐ ☑ Other Services:				
**If you check "yes" on any of these types of services, you will be required to make an					

^{**}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 ☑
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation ness of any documents that identify the circumstance or contain an order, agrees sition may be required.	
correc	by certify that the answers given in this application and attached documentact. I understand that any infraction of the laws of the State of Nevada regulation of an authorized pharmacy may be grounds for the revocation of this pe	ting the
under correct emplo	e read all questions, answers and statements and know the contents thereof penalty of perjury, that the information furnished on this application are true et. I hereby authorize the Nevada State Board of Pharmacy, its agents, serva byees, to conduct any investigation(s) of the <u>business</u> , professional, social a ground, qualification and reputation, as it may deem necessary, proper or de	, accurate and ants and nd moral
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	OS
	Stephen Sullivan Name of Authorized Person Date	
	Name of Authorized Person	Page 2
Bosse	Alles Only Date Processed: Amount: 500 6	n

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	e of Incorporation: Delaware					+	_
Pare	ent Company if any: Robin Holding	LLC					_
Maili	ing Address: 2017 N. Mendell St. Unit	100					_
City:	Chicago	State:_	L	Zip: <u>60614</u>			_
Tele	phone: 847-219-3948	Fax: <u></u>	lone				_
Con	tact Person: Beatriz Galindo						_
For	any corporation non publicly trac	ded, disclose	the follow	ving:			
1)	List top 4 persons to whom the	e shares we	re issued	by the corpora	tion?		
	a) N/A Parent Company						
	Name	Α	ddress				
	b)		44				_
	Name	,	ddress				
	c)Name	Δ	ddress				_
	d)Name	A	ddress				_
2)	Provide the number of shares	s issued by th	ne corpora	ation. N/A			1
3)	What was the price paid per	share? N/A					
4)	What date did the corporation	actually rec	eive the c	ash assets? <u>N</u>	/A		
5)	Provide a copy of the corpora	ation's stock	register ev	videncing the a	bove informa	ation	
List	any physician shareholders and	percentage	of owners	ship.			
Nam	ne: N/A				<u></u> %:		
Nan	ne:				%:		_
Hou	irs of Operation for the pharm	acy:					
Mon	nday thru Friday <u>9:00</u> am <u>5:</u>	-00 pm		Saturday	<u>9:00</u> am	2:00	pm
	Sundayam _	pm		24 Hours	-		
	evada business license is not re				a Nevada bu	ısiness	
licer	nse please provide the number:					Page	e 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I,Stephen Sulliv	in
Responsible Person of	Meds, LLC
hereby acknowledge and un	derstand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s)	responsibilities, may be responsible for any violations of pharmacy lav
that may occur in a pharmac	y 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	n any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or opera	ated 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
Stephen Sullivan	02/05/20
Print Name of Authorized Pe	150H Pale '

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illindis)
STATE OF \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I,Stephen Sullivan, 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 Meds, 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
pefore the Board to answer questions before such approval is granted.
FURTHER AFFIANT SAYETH NOT.
I, Stephen Sullivan, do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
SUBSCRIBED AND SWORN TO Defore me, a notary public this day of Flob , 2020. OFFICIAL SEAL YEKATERINA CHUDNOVSKY NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:02/22/23



Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4300320



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker Governor

Deborah Hagan Secretary

Cecilia Abundis Acting Director Division of Professional Regulation

CERTIFICATION OF LICENSURE

dba Meds Health LLC Theodore Terziev 2017 N Mendell St Unit 100 Ste B

Licensee: License

Meds LLC

Number:

054.021426

Profession:

LICENSED PHARMACY

Date of Issuance:

01/31/2020

Expiration Date:

03/31/2022

License Status:

ACTIVE

License Method:

NON-EXAM

Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 02/20/2020



Cecilia Abundis Acting Director

02/20/2020

Division of Professional Regulation

Date

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Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker Governor Deborah Hagan Secretary

Cecilia Abundis Acting Director Division of Professional Regulation

CERTIFICATION OF LICENSURE

Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy Ste 206 Reno, NV 89509

Licensee:

Meds LLC

License Number:

054.021426

Profession:

LICENSED PHARMACY

Date of Issuance:

01/31/2020

Expiration Date:

03/31/2022

License Status:

ACTIVE

License Method:

NON-EXAM

Disciplinary History:

Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Cecilia Abundis
Acting Director
Division of Professional Regulation

Carlia St.

Da

Date

March 18, 2020

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker Governor Deborah Hagan Secretary

Cecilia Abundis
Acting Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

Nevada State Board of Pharmacy 985 Damonte Ranch Pkwy Ste 206 Reno. NV 89509

Licensee:

THEODORE V TERZIEV

License Number:

051.288724

Profession:

REGISTERED PHARMACIST

Date of Issuance:

03/14/2002

Expiration Date:

03/31/2022

License Status:

ACTIVE

License Method:

LIC BY EXAM

Disciplinary History:

Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Cecilia Abundis
Acting Director
Division of Professional Regulation

March 18, 2020

Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

5U

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_03939 Check box below for type of ownership and complete all required forms.					
☐ Publicly Traded Corporation – Pages 1,2,3 ☑ Non Publicly Traded Corporation – Pages	1,2,4,7	☐ Fatthership - Fages 1,2,5,7 ☐ Sole Owner – Pages 1,2,6,7			
GENERAL INFORMATION to be complete	eted by all ty	pes of ownership			
Pharmacy Name: Total Care RX, Inc.	Pharmacy Name: _Total Care RX, Inc.				
Physical Address: 223-10 Union Turnpike,	Oakland Garde	ns, NY 11364			
Mailing Address: 223-10 Union Turnpike					
City: Oakland Gardens	State: NY	Zip Code:11364			
Telephone: (718) 762-7111	Fax: (718)	64-6491			
Toll Free Number:_(866) 868-2579	(Requ	red per NAC 639.708)			
E-mail: AdminLevel2@TotalCareRx.com	Website: htt	ps://www.totalcarerx.com/			
Managing Pharmacist: Benedict Lai Ho, Pharmacist-In-Charge License Number: 041975 (NY)					
TYPE OF PHARMACY A	AND	SERVICES PROVIDED			
Yes/No		Yes/No			
⊠′ □ Retail		☐ ☑ Off-site Cognitive Services			
□ ☑ Hospital (# beds <u>N/A</u>)		□ ☑ Parenteral **			
□ ☑ Internet	1	☐ ☑ Parenteral (outpatient)			
□ ☑ Nuclear		☑ □ Outpatient/Discharge			
☐ ☑ Ambulatory Surgery Ce	enter	☑ Mail Service			
☐ Community	!	√ □ Long Term Care			
□ ☑ Other: N/A		☐ ☑ Sterile Compounding **			
	I	☑ □ Non Sterile Compounding			
All boxes must be checked		□ ☑ Mail Service Sterile Compounding **			
For the application to be compl	lete l	☐ ☑ Other Services: N/A			

^{**}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) o any interest, ever been charged, or convicted of a femisdemeanor (including by way of a guilty plea or new temperature).	elony or gross	Yes □ No ☑			
2)	Has the corporation, any owner(s), shareholder(s) o any interest, ever been denied a license, permit or o registration?		Yes □ No ☑			
3)	Has the corporation, any owner(s), shareholder(s) o interest, ever been the subject of an administrative a site fine or proceeding relating to the pharmaceutical	action, board citation,	Yes □ No ☑			
4)	Has the corporation, any owner(s), shareholder(s) o interest, ever been found guilty, pled guilty or entere contendere to any offense federal or state, related to substances?	ed a plea of nolo	Yes □ No			
5)	Has the corporation, any owner(s), shareholder(s) o interest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary of	cate of registration	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						
Benedict Lai Ho, Pharmacist-In-Charge /3-17-2219						
	Name of Authorized Person	Date	Page 2			
Board	Use Only Date Processed: MAR 0 9 2020	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:
Mailing Address: 223-10 Union Turnpike
City: Oakland Gardens State: NY Zip: 11364
Telephone: (718) 762-7111 Fax: (718) 764-6491
Contact Person: Benedict Lai Ho, Pharmacist-In-Charge
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Total Care Midco, Inc. 12121 Wilshire Blvd., Ste. 512, Los Angeles, CA 90025 (100%) Name Address
b) N/A N/A
b) N/A
c) N/A N/A
Name Address
d)N/A N/A
Name Address
2) Provide the number of shares issued by the corporation
3) What was the price paid per share? No par value
4) What date did the corporation actually receive the cash assets? <u>December 11, 2019</u>
5) Provide a copy of the corporation's stock register evidencing the above information
The stock register has not yet been created. List any physician shareholders and percentage of ownership.
Name: N/A %: N/A
Name: N/A %: N/A
Hours of Operation for the pharmacy:
Monday thru Friday 10 am 6 pm (EST) Saturday 9 am 5 pm (EST)
Sunday 10 am 2 pm (EST) 24 Hours Toll-Free Line Available
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:N/A
Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Benedict Lai Ho, Pharmacist-In-Charge / Compliance Officer
Responsible Person of Total Care Rx, 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 la
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
Benedict Lai Ho, Pharmacist-In-Charge / Compliance Officer Print Name of Authorized Person
Print Name of Authorized Person

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New YORK) Queen'S COUNTY)
Queens county) ss.
I,Benedict Lai Ho, 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 / Compliance Officer for Total Care Rx, 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, Benedict Lai Ho , do hereby swear under penalty of perjury that the assertions of this
affidavit are true.
SUBSCRIBED AND SWORN TO before me, a notary public this b day of February, 20 26. Virginia Hopkins
Virginia Hopkins Notary Public: State of New York No. 01H04806294 Oualified in Kings County Correspond to Filed in New York County Commission Laptics 9125 120 22

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TOTAL CARE RX, INC. was filed on 09/01/2009, under the name of W.H. PHARMACY INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment W.H. PHARMACY INC., changing its name to TOTAL CARE RX, INC., was filed 11/13/2009.



Witness my hand and the official seal of the Department of State at the City of Albany, this 16th day of December two thousand and nineteen.

Braden C Hylan

Brendan C. Hughes
Executive Deputy Secretary of State

201912170256 * SX





Office of the Professions

Verification Searches

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

Pharmacy Establishment Information *

12/17/2019

Type: PHARMACY

Legal Name: TOTAL CARE RX, INC.

Trade Name: WORLD'S FAIR PHARMACY

Street Address:

223-10 UNION TURNPIKE

OAKLAND GARDENS, NY 11364-0000

Registration No: 030056

Date First Registered: 07/29/10
Registration Begins: 07/01/19
Registered through: 06/30/22
Supervisor: 041975 HO BENEDICT L
Establishment Status: ACTIVE

Successor: 033943 COMMCARE PHARMACY-NYC, LLC/ TOTAL CARE RX WORLD'S FAIR PHAR

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

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



THE UNIVERSITY OF THE STATE OF NEW YORK EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2019-22

SUPERVISING PHARMACIST BENEDICT L. HO

THIS IS TO CERTIFY

TOTAL CARE RX, INC. 223-10 UNION TURNPIKE OAKLAND GARDENS, NY 11

is duly recorded as a

REGISTERED PHARMACY

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

CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JULY, 2019. CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF JUNE, 2022.

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

REGISTRATION NUMBER

030020



Himberly Aforand STATE BOARD OF PHARMACY

LIST OF OFFICERS AND DIRECTORS

Name	Title
Sherri Ozeran-Cherman	Chief Executive Officer
Paul Valenti	Chief Financial Officer
Matthew Kraus	President & Director
Andrew Fischer	Secretary & Treasurer

Post-Closing Organizational Chart Total Care Rx, Inc.

Total Care Midco, Inc.

Total Care Rx, Inc.

5V

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: Better Health Supplies, Inc.						
Physical Address: 680 8th St, Ste 240, Unit G, San Francisco CA 94103 (This must be a business address, we cannot issue a license to a home address)						
Mailing Address: 680 8th St, Ste 240, Unit G						
City: San Francisco State: CA Zip Code: 94115						
Telephone: 415-475-8444 Fax: 415-475-8444						
E-mail: naama@joinbetter.com Website: store.joinbetter.com						
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING						
Mon: to Tue: 10:00am to 5:30pm Wed: 10:00am to 5:30pm Thu: 10:00am to 5:30pm Fri: 10:00am 5:30pm						
to Sat: to Sun: to Holidays: to						
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis						
Name: Nama S Breckler						
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)						
 □ Medical Gases** □ Respiratory Equipment** □ Life-sustaining equipment** □ Diabetic Supplies □ Orthotics and Prosethics □ Other: □ Other: 						
care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:						

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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,	
type of business or facility which are licensed by the State of Nevada or another political jurisdiction? 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? Are any of the owners health professionals? If yes, please list name. Practitioner Advanced Practitioner of Nursing Name: Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name:	ner:
type of business or facility which are licensed by the State of Nevada or another political jurisdiction? 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? Are any of the owners health professionals? If yes, please list name. Practitioner Advanced Practitioner of Nursing Name: Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name:	
type of business or facility which are licensed by the State of Nevada or another political jurisdiction? 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? Are any of the owners health professionals? If yes, please list name. Practitioner Advanced Practitioner of Nursing Name: Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name:	
type of business or facility which are licensed by the State of Nevada or another political jurisdiction? 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? Are any of the owners health professionals? If yes, please list name. Practitioner Advanced Practitioner of Nursing Name: Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name:	
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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? Are any of the owners health professionals? If yes, please list name. Practitioner Advanced Practitioner of Nursing Name: Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name: Registered Nurse Name:	
business or health care entity in which MDEG products were sold, dispensed or distributed? Are any of the owners health professionals? If yes, please list name. Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name: Registered Nurse Name:	□ No ☑
dispensed or distributed? Are any of the owners health professionals? If yes, please list name. Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name: Name:	
 Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name: Name: Name: 	□ No ☑
 Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Name: Name: 	
 Advanced Practitioner of Nursing Name: Physician's Assistant Name: Physical Therapist Name: Occupational Therapist Name: Registered Nurse Name: 	
 Physical Therapist Occupational Therapist Registered Nurse Name: Name: 	
 Occupational Therapist Registered Nurse Name: Name: 	
Registered Nurse Name:	
Respiratory Therapist Name:	
Practicing licensed health care professionals cannot obtain a license per NAC 639.69	43.
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	s □ 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	Ø
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	Z
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	V
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	
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation ness of any documents that identify the circumstance or contain an order, agreention may be required.				
I unde	by certify that the answers given in this application and attached documentation are stand that any infraction of the laws of the State of Nevada regulating the operation zed MDEG provider or wholesaler may be grounds for the revocation of this permitted.	n of an	d c	orre	ot.
penalty hereby any inv	read all questions, answers and statements and know the contents thereof. I herely of perjury, that the information furnished on this application are true, accurate and authorize the Nevada State Board of Pharmacy, its agents, servants and employed restigation(s) of the business, professional, social and moral background, qualification, as it may deem necessary, proper or desirable.	d correctes, to c	i. I onc		
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	os			
Print N	Breckler 3/8/2020 Name of Authorized Person Date				
Board	Use Only Received: 3.26.2020 Amount: 500.0	D			

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State	of Incorporation: _	DE						
Parer	nt Company if any:	Better Health Tecl	hnologies,	Inc.				
Corpo	oration Name:	Better Health Suppli	es, Inc.					
	g Address:							
City:_	San Francisco		State:_	CA	Zip:		94103	
Telep	hone: ⁴¹⁵⁻⁴⁷⁵⁻⁸⁴⁴	4		ax:	855-941-2522			
Conta	act Person:	Naama S Breckler						
For a	ny corporation non-p	oublicly traded, d	isclose	the follo	owing:			
1)	List top 4 persons	to whom the sha	res we	re issue	d by the co	rporation	on?	
	a)Naama S B	reckler		3ush St, S	San Francisco,	CA 941	15	
	Name		A	ddress				
	b)							
	Name		A	ddress				
	c)							
	Name		Δ	ddress				
	d)							
	Name		Α	ddress				
2)	Provide the number	r of shares issue	d by th	ne corpo	ration.	100		
3)	What was the price	e paid per share?	?	\$0.0	1			
4)	What date did the	corporation actua	ally red	eive the	cash asset	ts?	12/17/2019	
5)	Provide a copy of t	he corporation's	stock	register (evidencing	the abo	ove informa	ation
nclude 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.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF INCORPORATION OF "BETTER HEALTH
SUPPLIES INC.", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF
DECEMber, A.D. 2019, AT 6:37 O'CLOCK P.M.

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



Authentication: 204239957

Date: 12-17-19

7751049 8100 SR# 20198638764 State of Delaware Secretary of State Division of Corporations Delivered 06:37 PM 12/13/2019 FILED 06:37 PM 12/13/2019 SR 20198638764 - File Number 7751049

OF BETTER HEALTH SUPPLIES INC.

ARTICLE I

The name of this corporation is **BETTER HEALTH SUPPLIES INC.**

ARTICLE II

- A. The address of the corporation's registered office in the State of Delaware is 3500 South DuPont Highway in the City of Dover, County of Kent, 19901. The name of the corporation's registered agent at such address is Incorporating Services, Ltd.
 - B. The name and mailing address of the incorporator of the corporation is:

Naama Stauber Breckler 680 8th Street, Suite 240, Unit G San Francisco, CA 94103

ARTICLE III

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.

ARTICLE IV

This corporation is authorized to issue one class of stock to be designated "Common Stock," with a par value of \$0.01 per share. The total number of shares which the corporation is authorized to issue is 100.

ARTICLE V

Except as otherwise provided in this certificate of incorporation, in furtherance and not in limitation of the powers conferred by statute, the board of directors is expressly authorized to make, repeal, alter, amend and rescind any or all of the Bylaws of the corporation.

ARTICLE VI

The number of directors of this corporation shall be determined in the manner set forth in the Bylaws of this corporation.

ARTICLE VII

Elections of directors need not be by written ballot unless the Bylaws of the corporation shall so provide.

ARTICLE VIII

Meeting of stockholders may be held within or without the State of Delaware, as the Bylaws may provide. The books of the corporation may be kept (subject to any provision 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 Bylaws of the corporation.

ARTICLE IX

A director of this corporation shall not be personally liable to this 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 this corporation or its stockholders, (ii) for acts or omissions not in good faith or that involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the General Corporation Law, or (iv) for any transaction from which the director derived any improper personal benefit. If the General Corporation Law is amended after approval by the stockholders of this Article 9 to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of this corporation shall be eliminated or limited to the fullest extent permitted by the General Corporation Law as so amended.

Any repeal or modification of the foregoing provisions of this Article 9 by the stockholders of this corporation shall not adversely affect any right or protection of a director of this corporation existing at the time of, or increase the liability of any director of this corporation with respect to any acts or omissions of such director occurring prior to, such repeal or modification.

ARTICLE X

To the fullest extent permitted by applicable law, this corporation is authorized to provide indemnification of (and advancement of expenses to) agents of this corporation (and any other persons to which General Corporation Law permits this corporation to provide indemnification) through bylaw provisions, agreements with such agents or other persons, vote of stockholders or disinterested directors or otherwise, in excess of the indemnification and advancement otherwise permitted by Section 145 of the General Corporation Law, subject only to limits created by applicable General Corporation Law (statutory or non-statutory), with respect to actions for breach of duty to this corporation, its stockholders and others.

Any amendment, repeal or modification of the foregoing provisions of this Article 10 shall not adversely affect any right or protection of a director, officer, agent or other person existing at the time of, or increase the liability of any director of this corporation with respect to any acts or omissions of such director, officer or agent occurring prior to such amendment, repeal or modification.

ARTICLE XI

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 stockholders herein are granted subject to this reservation.

THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and without the State of Delaware and in pursuance of the General Corporation Law of Delaware, does make and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and accordingly has hereunto set his hand this 13th day of December, 2019.

/s/ Naama Stauber Breckler
Naama Stauber Breckler, Incorporator

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BETTER HEALTH SUPPLIES INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETTER HEALTH SUPPLIES INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2019.

THE PARTY OF THE P

7751049 8300 SR# 20201222989 Authentication: 202428733

Date: 02-20-20

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

better

List of Officers and Directors

Naama Breckler - CEO

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2019

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 policylies) must have ADDITIONAL INSURED provisions or be endo

	ER .				CONTAI NAME:	Matthew	Miller				
Embro	ker Insurance Services LLC				PHONE	(0.44)	36-2765		FAX (A/C, No):		
	twell St.		E-MAR.		es@embroke	r.com	(Arc. NO):				
			ADDRE			DING COVERAGE			NAIC#		
San Fr	ancisco		CA 94103	INSURE	4000		asualty Insuran	ne Compe	nv	20699	
SURED	ost i serverallel		ON 07100	INSURE		openty and Ot	acauty mounding	~ compa	,	20033	
	Better Health Supplies, Inc.										
	, trappings, IIIO.			INSURER C:							
	680 8th St Suite 240, Unit G				INSURE						
	San Francisco			CA 94103	INSURE						
OVE		TIFIC	ΔTF	NUMBER: 11225	INSURE	KF:		REVISION NU	MRED.		
INDIC CERT	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY I USIONS AND CONDITIONS OF SUCH	OF I	NSUF EMEI AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	OF AN'	Y CONTRACT THE POLICIES REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS,	DOCUMENT WIT	'H RESPE	CT TO \	WHICH THIS
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X	POLICY PRO- LOC							PRODUCTS - COM		\$	
	OTHER:									\$	
AU	TOMOBILE LIABILITY			2				COMBINED SINGI (Ea accident)	ELIMIT	\$ 2,00	00,000
	ANY AUTO							BODILY INJURY (^p er person)	\$	
	OWNED SCHEDULED AUTOS			D95176227		12/06/2019	12/06/2020	BODILY INJURY (Per accident)	\$	
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	1 70103 0121							of producting		\$	
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AN	PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCID		\$	
OFT (Ma	TCER/MEMBEREXCLUDED?	N/A						E L. DISEASE - EA		 	
If y	s, describe under SCRIPTION OF OPERATIONS below						_	E L. DISEASE - PO		\$	
											a.
ISC, I	TION OF OPERATIONS / LOCATIONS / VEHICL National Supplier Clearinghouse is like additional insured with respect to the	sted a	s Ad	ditional Insured on the G	eneral Li	ability as perv			subrogation	on applie	98
ERTI	FICATE HOLDER				CANO	CELLATION					
					SHO			ESCRIBED POLI	CIES BE C	ANCELL	.ED BEFORI
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	NSC, National Supplier Clea P.O Box 100142	ringh	ouse		ACC		TH THE POLIC			BE DEI	LIVERED I

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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: BioTAB, LLC
Physical Address: 11701 Borman Dr, Suite 107, St. Louis MO 63146 (This must be a business address, we cannot issue a license to a home address)
Mailing Address: 11701 Borman Dr, Suite 107
City: St. Louis State: MO Zip Code: 63146
Telephone: 877-246-8220 Fax: 888-230-2852
E-mail: License@Biotabhealthcare.com Website: WWW.Biotabhealthcare.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 7:00 AM to 4:00 PM Tue: 7:00 AM to 4:00 PM Wed: 7:00 AM to 4:00 PM Thu: 7:00 AM to 4:00 PM Ti:
7:00 AM to 4:00 PM Sat: Closed to Sun: Closed to Holidays: Closed to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: _Pat Deatherage
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
 ☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Diabetic Supplies **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A

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 5151870001	MO Medicaid 626415608		CO Medicaid 90001723	338
DC Medicaid 067417644	IN Medicaid 200876190	Α	KS Medicaid 2007402	50B
KY Medicaid 7100053010	MD Medicaid 13001560	0	NM Medicaid 7492203	33
OH Medicaid 2937951 TN Medicaid 1526267 Do any shareholders hold type of business or facility another political jurisdiction	which are licensed	nip or have m		
Are you or have you in the business or health care er dispensed or distributed?	e last year been ass			Yes □ No 🔯
Are any of the owners hea	alth professionals?	f yes, please	list name. _{N/A}	
 Practitioner Advanced Prace Physician's Ass Physical Thera Occupational T Registered Nu Respiratory The 	sistant pist herapist rse	Name: Name: Name: Name:		
Practicing licensed health	care professionals	cannot obtain	a license per NAC	639.6943.
any interest, ever b	n, any owner(s), sha een charged, or cor uding by way of a g	victed of a fe	elony or gross	Yes □ No ⊠

This page must be submitted for all types of ownership.

2)	Has the corporation, any owner(s), shareholder(s) or parany interest, ever been denied a license, permit or certific registration?	Yes 🗆	IN	lo ⊠				
3)	Has the corporation, any owner(s), shareholder(s) or par interest, ever been the subject of an administrative action relating to the pharmaceutical industry?	Yes 🗆	1	lo ⊠				
4)	Has the corporation, any owner(s), shareholder(s) or par interest, ever been found guilty, pled guilty or entered a property contendere to any offense federal or state, related to consubstances?	plea of nolo ntrolled	Yes 🗆	l N	No ⊠			
5)	Has the corporation, any owner(s), shareholder(s) or par interest, ever surrendered a license, permit or certificate voluntarily or otherwise (other than upon voluntary close	of registration	Yes 🗆] N	lo ⊠			
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 unde	by certify that the answers given in this application and attached rstand that any infraction of the laws of the State of Nevada reg ized MDEG provider or wholesaler may be grounds for the revo	gulating the operation	of an	COI	rect.			
penalty hereby any inv	read all questions, answers and statements and know the control of perjury, that the information furnished on this application are authorize the Nevada State Board of Pharmacy, its agents, sevestigation(s) of the business, professional, social and moral batton, as it may deem necessary, proper or desirable.	re true, accurate and ervants and employee	correct. es, to co	1				
Origin	al Signature of Person Authorized to Submit Application,	no copies or stamps	S		_			
		02/28/2020 ate			_			
Board	Use Only Received: 3.26.2020 Ar	mount: <u>500,00</u>	>					

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

Owner's Name: Timothy Andrew Bacich		
List all previous names: N/A		
Social Security Number:		
Date of Birth:		
Place of Birth: City: St. Louis	State: MO	Country: United States
Citizenship: USA X othe	r	_
If applicable, list Naturalization Numbe		
Current residence address: Overbrook	Drive	City: St. Louis
State: MO Zip Code: 63124 Teleph	one Number:	Fax Number:
Previous address (last 5 years): N/A Address <u>:</u>	City:	State: _Zip Code:
Address:	City:	State:Zip Code:
Address:	City:	State <u>:</u> _Zip Code <u>:</u>
Address:	City:	State:Zip Code:
Business Name: BioTAB, LLC		
Current Business Address: 11701 E	Sorman Dr, Suite 107	
City: St. Louis	State: MO	Zip Code: 63146
Telephone Number: 877-246-8220	Fax Nı	umber: 888-230-2852
Previous Employment (last 5 years):		
Name: N/A	Address:	
City:		
Name:		
City:		
Name:	Address:	
City:	State:	Zip Code:

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

BioTAB, LLC LC0542021

was created under the laws of this State on the 9th day of September, 2003, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of October, 2019.

Secretary of State

THE STATE OF THE SUPREM SOLUTION OF THE STATE OF THE SUPREM SOLUTION OF THE SUPREM SOLUTION

Certification Number: CERT-10242019-0039

BioTAB Healthcare BIOTAB, LLC 11701 BORMAN DR. STE. 107 ST. LOUIS, MO 63146

City of Maryland Heights, Missouri

001209

Know that:

BioTab, LLC

BIOTAB HEALTHCARE

11701 Borman Dr, Ste 107 St. Louis, MO 63146

has made application and met all applicable license regulations imposed by City of Maryland Heights ordinances, and is authorized to carry on the following business, trade or occupation as listed herein within the City of Maryland Heights for the period ending June 30, 2020 at the designated premises. Business license renewal includes following additional addresses or suites:

IN WITNESS WHEREOF, we have set our signatures as put porized by City Ordinance.

Joann Cona introfmece

SEAL

michael moeller

City Clerk

Mayor

TO BE PROMINENTLY POSTED ON THE PREMISES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/24/2020

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

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	,,,,,,,,	die noider in ned of such ende	100111	011010	<u>"</u>						
PRO	DUCER	R VGM Insurance Services, Inc.				CONTAC1Kim Kulish					
		1111 W. San Marnan Dr.				PHONE [A/C, No, Ext); (866) 859-0172 FAX (A/C, No):					
		Waterloo IA	50	701		E-MAIL ADDRESS: Kim.Kulis					
								RDING COVERAGE	NAIC#		
								URANCE COMPANY	41394		
INSU	RED	Biotab LLC			:	i		0.0 0.2 0.0	11.001		
Biotab Healthcare LLC						INSURER B:					
						INSURER C:					
		11701 Borman Drive Suite 107		004	40	INSURER D:					
		Saint Louis	MO	6314	46	INSURER E :					
						INSURER F :					
					NUMBER:	VE DEEN JOOUED T		REVISION NUMBER:	NIOV DEDICE		
IN CI E)	DICAT ERTIF	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RI FICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH	PER POL	REME FAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACTION OF ANY CONTRA	T OR OTHER ES DESCRIBE Y PAID CLAIM:	DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL	WHICH THIS		
NSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	Х	COMMERCIAL GENERAL LIABILITY			D1019 P0949-4	03/6/2020	03/6/2021	EACH OCCURRENCE \$	1,000,000		
		CLAIMS-MADE X OCCUR				1,470		DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	X	Professional Liability						MED EXP (Any one person) \$			
	Ш.							PERSONAL & ADV INJURY \$			
	GEN.	'L AGGREGATE LIMIT APPLIES PER:	Ì					GENERAL AGGREGATE \$			
	· ·	POLICY PRO-						PRODUCTS - COMP/OP AGG \$	3.000.000		
	Η.	 : 						Deductible \$	100,000		
_		OTHER: OMOBILE LIABILITY	-				-	COMBINED SINGLE LIMIT	100,000		
	\vdash							(Ea accident) \$ BODILY INJURY (Per person) \$			
		ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$			
	H;	AUTOS AUTOS NON-OWNED						DDODEDT/ DALLAGE			
	Щ'	HIRED AUTOS AUTOS					1	(Per accident)			
			<u> </u>					\$			
	Ш'	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$			
	_	DED RETENTION\$						s			
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
	ANY P	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$			
	(Mano	CER/MEMBER EXCLUDED?	"'`					E.L. DISEASE - EA EMPLOYEE \$			
	If yes, DESC	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$			
				'							
DES	CRIPTI	ION OF OPERATIONS / LOCATIONS / VEHI	CLES	(ACOR	D 101, Additional Remarks Sche	dule, may be attached if i	more space is rec	(uired)			
								• ***********			
CE	RTIFI	ICATE HOLDER				CANCELLATION					
	EVI	IDENCE OF INSURANCE				THE EXPIRATIO ACCORDANCE W	N DATE THE	DESCRIBED POLICIES BE CANCEL PREOF, NOTICE WILL BE DE CY PROVISIONS.			
						AUTHORIZED REPRES	ENTATIVE				
		1				76		R. M.			

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/30/2019

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(les) 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 VGM Insurance Services, Inc. PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No): 1111 W. San Marnan Dr. IA 50701 Waterloo INSURER(S) AFFORDING COVERAGE NAIC # BENCHMARK INSURANCE COMPANY 41394 INSURER A: INSURED Biotab LLC INSURER B Biolab Healthcare LLC INSURER C: 11701 Bowman Drive, Suite 107 INSURER D : St. Louis, MO 63146 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. ADDLISUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY D1018 P0949-3 1,000,000 03/06/2019 03/06/2020 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre CLAIMS-MADE X OCCUR \$ Professional Liability MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 3,000,000 X POLICY PRO- LOC PRODUCTS - COMP/OP AGG s 100,000 Deductible OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED ALL OWNED AUTOS **BODILY INJURY (Per accident** AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS UMBRELLA LIAB EACH OCCURRENCE OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E L. DISEASE - EA EMPLOYER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EVIDENCE OF INSURANCE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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Min R. h



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/26/2020

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

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StateFarm The Matt Greer State Farm Agency				PHONE [A/C, No, Ext): 314-576-9900 [FAX [A/C, No]: 314-576-9901										
A 4000 S. Outon 40 Pd. Suito 200 N				E-MAIL Appress: matt.greer.c5dm@statefarm.com										
	DO:	Chesterfield	d, MO 63017				INSURER(S) AFFORDING COVERAGE NAIC #							
314-576-9900					INSURE	Clain En		Casualty Company			25143			
INSUI	RED						INSURER B:							
		io Tab LLC					INSURER C:							
	1	1701 Borman C	Orive				INSURER D:							
	s	t. Louis, Mo 63	146				INSURE	RE:						
							MSURER F:							
COV	/ERAGES		CER	TIFIC	ATE	NUMBER:		100		REVISION NUMB				
IN	DICATED. N	NOTWITHSTAND	DING ANY RE ED OR MAY I NS OF SUCH I	QUIR PERT POLIC	EME AIN, JES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH	ECT TO	O ALL	AAUTOU ILIIO I	
NSR	T	YPE OF INSURANC	Œ	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		0.000	
	COMME	RCIAL GENERAL L	IABILITY							DAMAGE TO RENTED		\$ 3,00		
	CLA	IMS-MADE	OCCUR							PREMISES (Ea occume	1901	\$ 300		
								00/00/0000	00/00/0004	MED EXP (Any one per		\$ 5,00	10	
Α [- 1		95-C8-A392-0	1	03/09/2020	03/09/2021	PERSONAL & ADV INJ		\$ 6,00	0.000	
	GEN'L AGGRE	GATE LIMIT APPL	ES PER:							GENERAL AGGREGAT	_	-	10,000	
	POLICY	PRO-	LOC							PRODUCTS - COMP/O		<u> </u>	10,000	
	OTHER						-			COMBINED SINGLE LI		\$ 5		
	AUTOMOBILE	LIABILITY			.		1			(Ea accident)		\$		
	ANY AUT									BODILY INJURY (Per p		\$		
	OWNED AUTOS (DALI YIMC	HEDULED TOS							PROPERTY DAMAGE		\$		
	HIRED AUTOS	ONLY NO	ITOS ONLY							(Per accident)		\$		
												-	00,000	
	UMBREL	TY FIVE	OCCUR			05 044 14470 2		10/07/2019	10/07/2020	EACH OCCURRENCE		·	70,000	
Α	EXCESS	LIAB	CLAIMS-MADE			95-CM-W178-3		10/0//2015	10/0//2020	AGGREGATE		\$		
	DED	RETENTION \$								PER	OTH- ER	\$		
	WORKERS CO	MPENSATION ERS' LIABILITY	Y/N								ER	s		
- 1	ANY PROPRIE	TOR/PARTNER/EXE BER EXCLUDED?	ECUTIVE	N/A						E.L. DISEASE - EA EMI	N OVEE	-		
ŀ	(Mandatory in	NHI		ľ						E.L. DISEASE - POLICY		\$		
	DESCRIPTION	Under OF OPERATIONS	below							E.L. DISEASE - POLICE	LIMIT	•		
						<u></u>						·		
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CERTIFICATE HOLDER						SHO THE ACC	ULD ANY OF EXPIRATION ORDANCE WI	THE ABOVE D N DATE TH ITH THE POLICE	DESCRIBED POLICIE EREOF, NOTICE BY PROVISIONS.	S BE C	ANCEL Be de	LED BEFORE LIVERED IN		
	AUTHORIZED REPRESENTATIVE © 1988-2015 ACORD CORPORATION. All rights reserve							to recovered						



CERTIFICATE OF LIABILITY INSURANCE

09/06/2019

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RO	DUCÉR					NAME:	244 57	0000	FAX (A/C, No):	314-576-9901		
Sta	rteFarm The Matt Green					PHONE (A/C. No.	Ext): 314-576			314-373-3301		
	14323 S. Outer	40 Rd. Suite	e 300) N.	į	E-MAIL address: malt.greer.c5dm@statefarm.com						
Q	Chesterfield, M	O 63017			ļ	INSURER(S) AFFORDING COVERAGE NAIC #						
	314-576-9900					INSURER A : State Farm Fire and Casualty Company 25143						
NSU	RED					INSURER B:						
	Bio Tab, LLC					INSURER	C:					
	11701 Borman Dr. S	Sulte 107				INSURER	D:					
	St. Louis, MO 63146	3			ļ	INSURER	E:					
						INSURER	lF:		THE PART AND THE			
co	VERAGES	CERTIF	ICA	TE I	NUMBER:			THE INCHES	REVISION NUMBER:	HE POLICY PERIOD		
- IN	VERAGES HIS IS TO CERTIFY THAT THE IDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED (XCLUSIONS AND CONDITIONS (OR MAY PE OF SUCH PO	RTAII LICIE	NEN N, TI ES. LI	UE INCUPANCE AFFORD	ED BY BEEN R	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT T	O ALL THE TERMS,		
NSR	TYPE OF INSUPANCE	ADI	DL SU	BR VD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT			
LTR	COMMERCIAL GENERAL LIABI			1					EACH OCCURRENCE DAMAGE TO RENTED	\$ 3,000,000 \$ 300,000		
		CUR							PREMISES (Ea occurrence)			
	CDAIMS-III/DE			-					MED EXP (Any one person)	\$ 5,000		
Α		Y	/ \	Y !	95-KG-8564-0		06/11/2019	06/11/2020	PERSONAL & ADVINJURY	\$ 000,000		
,,	GEN'L AGGREGATE LIMIT APPLIES	PER							GENERAL AGGREGATE	\$ 6,000,000		
		oc	-						PRODUCTS - COMPIOP AGG	s 6,000,000		
	OTHER:								COMBINED SINGLE LIMIT	\$		
_	AUTOMOBILE LIABILITY								(Ez accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
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	AUTOS ONLY AUTOS	ONLT		- 1						\$ 000,000		
	X UMBRELLA LIAB X OC	CUR	_	_					EACH OCCURRENCE	s 3,000,000		
Α		AIMS-MADE	1		95-CM-W178-3		06/11/2019	06/11/2020	AGGREGATE	\$		
									OTH COTH	\$		
_	WORKERS COMPENSATION								PER OTH-			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU	TIVE Y/N							E.L EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	^	/A						E.L. DISEASE - EA EMPLOYEE	· ·		
	If yes, describe under DESCRIPTION OF OPERATIONS belo	ow							E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF OPERATIONS						!					
				1								
OE:	SCRIPTION OF OPERATIONS / LOCATE	ONS / VEHICLE	8 (AC	ORD	101, Additional Remarks Sched	ule, may t	e attached if mo	re space is requi	red)			
•н	louston Methodist Hospital Syst	tem is name	d as	an A	Additional Insured excludit	ng Work	er's Comper	isation and E	mployers Liability			
*g	eneral advertising and injury is	included										
	ERTIFICATE HOLDER					CAN	CELLATION					
Ų.	Houston Methodist	t Hospital Sy	stem	1		SHO	OULD ANY OF	THE ABOVE	DESCRIBED POLICIES BE IEREOF, NOTICE WILL CY PROVISIONS.	CANCELLED BEFORE BE DELIVERED IN		
	C/O Vendor Crede					AUTUO	RIZED REPRES	FNTATIVE				
	616 Cypress Creek)		AUTHO	7/1/1/	ENTATIVE				
	Houston, TX 77090						11/1/	1				
							1160	000 2045 AC	ORD CORPORATION.	All rights reserved.		
							© 1:	700-2013 AU	OUR COLLICIATION			

5X

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)	2
☐ 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: Gordian Medical II, Inc.	
Physical Address: 5834 Louetta Road Suite D Spring, TX 77379 (This must be a business address, we cannot issue a license to a home address)	
Mailing Address: 17595 Cartwright Road	
City: Irvine State: CA Zip Code: 92614	
Telephone: (281) 205-7091 Fax: (281) 205-7093	
E-mail: licensure@amtwoundcare.com Website: NA	
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING	
Mon: 9:00am to 3:00pm Tue: 9:00am to 3:00pm Wed: 9:00am to 3:00pm Thu: 9:00am to 3:00pm Fri:	
9:00am to 3:00pm Sat: Closed to Sun: Closed to Holidays: Closed to	
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis	
Name: Tina Sam	
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)	
□ Medical Gases** □ Respiratory Equipment** □ Life-sustaining equipment** □ Diabetic Supplies **If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: NA Provide NA	1

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numb	ers registered to the business or i	ts owner	:
Please see attached			
Do any shareholders hold an interest ownersh type of business or facility which are licensed			
another political jurisdiction?		Yes □	No 🗏
Are you or have you in the last year been assibusiness or health care entity in which MDEG			
dispensed or distributed?	13	Yes ■	No □
Are any of the owners health professionals?	If yes, please list name.		
Practitioner	Name: NIA		
 Advanced Practitioner of Nursing 	Name: NIA		
Physician's Assistant	Name: N/A		
Physical TherapistOccupational Therapist	Name: NIA		
Registered Nurse	Name: NIA		
Respiratory Therapist	Name: NA		
respiratory morapist	THE THE		
<u>Practicing</u> licensed health care professionals	cannot obtain a license per NAC 6	39.6943.	
Has the corporation, any owner(s), sha any interest, ever been charged, or cor misdemeanor (including by way of a gu	nvicted of a felony or gross	Yes [□ No 🗹

This page must be submitted for all types of owner
--

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 🗸
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mess of any documents that identify the circumstance or contain an order, agrees sition may be required.			
I under	by certify that the answers given in this application and attached documentation are restand that any infraction of the laws of the State of Nevada regulating the operation ized MDEG provider or wholesaler may be grounds for the revocation of this permi	n of an		orrect.
penalty hereby any inv reputat	read all questions, answers and statements and know the contents thereof. I hereby of perjury, that the information furnished on this application are true, accurate and authorize the Nevada State Board of Pharmacy, its agents, servants and employed vestigation(s) of the business, professional, social and moral background, qualification, as it may deem necessary, proper or desirable.	correctes, to ion an	ct. I cond	
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	S		***
Jos	eph Del Signore 2 · 12 · 20 2	20		
Print N	Name of Authorized Person Date			
Board	Use Only Received: 3.26.2020 Amount: 500.00	<u> </u>		

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State	ite of Incorporation: Texas		
Parer	rent Company if any: Gordian Medical,	Inc.	
Corpo	rporation Name: American Medical Ted	chnologies	}
Mailir	iling Address: 17595 Cartwright Road		
		e: CA	_{Zip:} 92614
Telep	lephone: (714) 556-0200	Fax:	
Conta	ntact Person: Stoney Harville		
For a	r any corporation non-publicly traded, discl	ose the follo	owing:
1)	List top 4 persons to whom the shares	were issue	d by the corporation?
	a) Joseph Del Signore	7595 Carty	wright Road Irvine, CA 92614
	Name	Address	
	b)		
	Name	Address	
	c)	A 1.1	
	Name	Address	
	d) Name	Address	
2)	Provide the number of shares issued b	y the corpo	oration. 1,000
3)	What was the price paid per share?	150	
4)	What date did the corporation actually	receive the	cash assets? N/A
5)	Provide a copy of the corporation's sto	ck register	evidencing the above information

Include with the application for a non-publicly traded corporation

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

List of officers and directors.



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0008696501

DATE (MM/DO/YYYY) 03/16/19

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(iee) 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 PHARMACISTS MUTUAL INSURANCE COMPANY RAMECT							
NAME: 1 PHONE PH							
INSURER(S) AFFORDING COVERAGE	NAIC #						
INSURER A: Pharmacists Mutual Insurance Company	13741						
INSURER B:							
INSURER C:							
INSURER D:							
INSURER E:							
INSURER F:							
	CONTACT NAME: PHONE Ext: 800-247-5930 EAC. No: EXCHERS: INSURER(S) AFFORDING COVERAGE INSURER A: Pharmacists Mutual Insurance Company INSURER B: INSURER C: INSURER D. INSURER E:						

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 ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS LTB (MM/DD/YYYY) (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY 04/25/2019 04/25/2020 A X BOP 0122735 07 1,000,000 EACH OCCURRENCE CLAIMS MADE X OCCUR DAMAGE TO RENTED Includes-PREMISES (Ea occurrence) 50,000 5,000 Pharmacy Professional Liab MED EXP (Any one person) \$ Health Care Consultation INCLUDED PERSONAL & ADV INJURY 8 GEN'L AGGREGATE LIMIT APPLIES PER Services Liability 3,000,000 **GENERAL AGGREGATE** 5 PRO-JECT Hired Auto Liability X POLICY PRODUCTS - COMP/OP AGG S 2,000,000 OTHER Non-Owned Auto Liability 50,000 WATER LEGAL LIABILITY COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** S BODILY INJURY (Per person) ANY AUTO **BODILY INJURY** ALL OWNED S SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) HIRED NON-OWNED AUTOS S --\$ UMBRELLA LIAB OCCUR EACH OCCURRENCE 5 CLAIMS-MADE **EXCESS LIAB** AGGREGATE S \$ DED RETENTION S WORKERS COMPENSATION AND STATUTE EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A E.L. DISEASE-EA EMPLOYEE S (Mandatory In NH)
If yes, describe under
DESCRIPTIONS OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$

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

See Remarks for Location Schedule

CERTIFICATE HOLDER

CANCELLATION

FOR EVIDENCE ONLY

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

GAIL T. WOLFE, CISR, API

AMT Medicaids

STATE	STATUS	PROVIDER NO.	EXPIRATION DATE
Arizona	Active	228661	06/01/20
Arkansas	Active	222434716	
California Crossover	Active	1063771798	
Colorado	Active	9000143125	
Connecticut	Active	1063771798	06/05/20
Idaho	Active	1063771798	
Illinois	Active	1063771798	05/31/20
Indiana	Active	300003799	12/31/99
Iowa	Active	1063771798	12/01/21
Kansas	Active	201149250A	06/30/20
Kentucky	Active	7100477670	09/30/20
Maryland	Active	4244362 00	
Michigan	Active	1063771798	10/01/24
Minnesota	Active	1063771798	12/01/21
Mississippi	Active	09722542	06/30/20
Montana	Active	1063771798	11/30/20
Nebraska	Active	10026638400	12/01/21
New Hampshire	Active	3108874	05/31/20
New Mexico	Active	58080708	05/31/20
North Carolina	Active		09/13/24
Oklahoma	Active	200699500A	12/31/20
Pennsylvania	Active	103234178 0001	12/23/21
South Carolina	Active	DM1648	
Tennessee	Active	Q030405	
Texas	Active	149338	
Utah	Active	3001875	12/01/21
Vermont	Active	1029386	12/31/21
Virginia	Active	1063771798	
Washington	Active	2149270	ы
Wyoming	Active	1063771798	

License Name	STATUS	LICENSE NO.	EXPIRATION DATE
Medicare-DMEPOS (CMS855S)	Active	7565280001	04/07/20
Medicare-Pharmacy (CMS855B)	Active	307543	07/08/23

Rolando B. Pablos Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Gordian Medical II, Inc. (file number 801536663), a Domestic For-Profit Corporation, was filed in this office on January 19, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 09, 2017.



RR

Rolando B. Pablos Secretary of State

Gordian Medical II, Inc. dba American Medical Technologies

5834 Louetta Road Suite D Spring, TX 77379

List of Principal Officers

Joseph A. Del Signore, CEO 17595 Cartwright Road Irvine, CA 92614

David R. Simon, SVP & General Counsel
17595 Cartwright Road
Irvine, CA 92614

5Y

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
□ 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: HARP MEDICAL SUPPLY
Physical Address: 12339 WAKE UNION CHURCH RB, Sume 108 WAKE FOREST, NC 278 (This must be a business address, we cannot issue a license to a home address)
Mailing Address: 12339 WAKE UNION CHURCH RD, SUITE 108
City: WAKE FOREST State: NC Zip Code: 27587
Telephone: 888 - 229 - 4460 Fax: 888 - 229 - 4460
E-mail: HARP MEDICAL JURRY @ PROTOMMAIL. COM Website: N/A
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9-12 to 1230-5 Tue: 9-12 to 1230-5 Wed: 9-12 to 1230-5 Thu: 9-12 to 1230-5 Fri:
N/A to Sat: N/A to Sun: N/A to Holidays: to CUSEN
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name:JAMES FOLEY
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Varenteral and Enteral Equipment ☐ Contract and Prosethics
☑ Diabetic Supplies Other:
**If providing these types of services you are required to have in place a mechanism to ensure continued
care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Telephone:

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numb	ers registered to the business or i	ts owner:
7778790001		
Do any shareholders hold an interest ownersh type of business or facility which are licensed		
another political jurisdiction?	by the State of Nevada of	Yes □ No
Are you or have you in the last year been ass		
business or health care entity in which MDEG dispensed or distributed?	products were sold,	Yes □ No 🗹
Are any of the owners health professionals?	If ves. please list name.	
Practitioner	N/.	
 Advanced Practitioner of Nursing 	name:	
Physician's AssistantPhysical Therapist	Name:	
Occupational TherapistRegistered Nurse	Name:	
 Respiratory Therapist 	Name:	
Practicing licensed health care professionals	cannot obtain a license per NAC 6	339.6943.
1) Has the corporation, any owner(s), sha	• • •	
any interest, ever been charged, or cor misdemeanor (including by way of a gu		Yes □ No

This page must be submitted for all types of ownership	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 🗹
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation is of any documents that identify the circumstance or contain an order, agresition may be required.		
i unde	by certify that the answers given in this application and attached documentation are retained that any infraction of the laws of the State of Nevada regulating the operation ized MDEG provider or wholesaler may be grounds for the revocation of this permitted.	on of an	correct.
penalty hereby any inv	read all questions, answers and statements and know the contents thereof. I here of perjury, that the information furnished on this application are true, accurate an authorize the Nevada State Board of Pharmacy, its agents, servants and employ restigation(s) of the business, professional, social and moral background, qualification, as it may deem necessary, proper or desirable.	d correct. I ees, to con	
Origin	al Signature of Person Authorized to Submit Application, no copies or stam	ps	
	JAMES FOLEY 2/24/20	20	
Print M	Name of Authorized Person Date		
Board	Use Only Received: 5 6 2020 Amount: 600.0	0	

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

Owner's Name:	JAMES	FOLEY		
	_			
Date of Birth:				
			Country:	UK
Citizenship: USA				
If applicable, list Natu	ıralization Number:_		Passport Number: _	
4	SEE ATTACHE	d copy of Pi	RMINANT RESIDENT	ALLEN CARD
Current residence addres	s: KENSI	UGTON DR	City: <u></u> Υ	UNGSVILLE
State: NC Zip Code: 2	7596 Telephone	Number:	Fax Number:	NA
Previous address (last 5 y Address <u>: 2408 DEA</u>	vears):	City:RALE	State: NLZip C	ode <u>: 276/5</u>
Address:		City:	State:Zip C	ode <u>:</u>
Address:		City:	State:Zip C	ode <u>:</u>
Address:		City:	State:Zip C	ode:
Business Name:	HARP MEDICAL	SUPPLY		
Current Business Add	dress: 12339 W	TXE UNION CH	WACH RD, SUITE	108
City: WAKE FORE	31	State:_ /	CZip Code: _	27587
Telephone Number:				
Previous Employment (la Name: BVAGER 3.	• •	Address:1132	. HERMITAGE	RB
City: RICHMON!	>	State:\	/AZip Code:	23220
Name:			•	
			Zip Code: _	
			•	
City:				





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/23/2019

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).

CE	ertificate holder in lieu of such endors	ement(s)		iiuui seli	nent. A State	ernent on til	a ceruncate uves not c	omei f	ignia io ine
	DUCER			CONTAC NAME:	T Amv	Cranford I	Perkins		
	Cranford Agency, The 906 S. Fayetteville St.			PHONE (A/C, No, Ext): 336-629-9100 (A/C, No): 336-629-733 E-MAIL ADDRESS: amy@cranfordagency.com					29-7337
	Po Box 99								.0 / 00/
	Asheboro NC 27204			AUDRES			DING COVERAGE		NAIC#
				INCUDE	RA: Lloyd's				265
INSU				INSURE		Onde, opone	oring Cyriai		200
Ha	rp Medical Supply LLC								
12	339 Wake Union Ch Rd ke Forest NC 27587			INSURE					
wa	Re Forest NC 27587			INSURE					
				INSURE					
CO	VERAGES CER	TIFICATI	E NUMBER:	INSURE	KF:		REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	OF INSU	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSLIPANCE AFFORM	OF ANY	CONTRACT	THE INSURE	D NAMED ABOVE FOR TO COCUMENT WITH RESPE	CT TO	OH IT LIGHTER
INSR	TYPE OF INSURANCE	ADDLISUB		DELIVI	POLICY EFF (MM/DDYYYY)	POLICY EXP			
	GENERAL LIABILITY	INSR WVD	HAH18-2469		(MM/DD/YYYY) 09/20/2019		LIMIT	T	00 000
A	X COMMERCIAL GENERAL LIABILITY		11/1110-2409		09/20/2019	09/20/2020	DAMAGE TO RENTED		00,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$50,	
							MED EXP (Any one person)	\$5,0	luded
							PERSONAL & ADV INJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		100,000 luded
	X POLICY PRO-						PRODUCTS - COMPIOP AGG	2 1110	tuaea
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	-	
	ANY AUTO	1 1					(Ea accident) BODILY INJURY (Per person)	S	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	-	
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	s	
	70103						(Per accident)	s	
	UMBRELLA LIAB OCCUR						TACH COOLDDENOT	-	
	EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$	
	DED RETENTIONS	1					AGGREGATE	\$	
	WORKERS COMPENSATION						WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	1	
A	Professional Liab		HAH18-2469		09/20/2019	09/20/2020		laim	
DES	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC Le of Orthotics. Profess	LES (Attack	 ACORD 191, Additional Remarks Liability is cl	s Schedule a i ms	, if more space is made Ret	s required) tro Sept	20, 2019.		
CE	RTIFICATE HOLDER			CANO	ELLATION				
	ard of Certification/Accreditation, Internated Mill Run Circle	stional		ACC	EXPIRATION CORDANCE WI	N DATE THI	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.	ANCEL BE DE	LED BEFORE LIVERED IN
Su	ite 1250			AUTHO	RIZED REPRESE				
Ov	Owings Mills, MD 21117				Danielle D Wade				

5Z

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 C	orporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,6 ed Corporation – Pages 1,2,3,5 □ Sole Owner – Pages 1,2,3,7 heck box for type of ownership and complete correct part of the application.
FACILITY INFORM	MATION
Facility Name:	Pathema DME LLC
Physical Address:	4300 N University Dr STE C101 Lauderhill FL 33351-6243 (This must be a business address, we cannot issue a license to a home address)
Mailing Address: _	4300 N University Dr STE C101
City: Lauderhill	State: FL Zip Code: 33351-6243
Telephone: (754)	200-9639 Fax: (877) 890-7464
E-mail: credential	@pathemadme.com Website: www.pathemadme.com
DAYS AND HOUR	S THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon:11:00Amto05:00 P	mTue:11:00Amto05:00 Pm Wed:11:00Amto05:00 PmThu:11:00Amto05:00 PmFri:_
11:00Am to 05:00 Pm	Sat: to Sun: to Holidays: to
MDEG ADMINISTI	RATOR INFORMATION: Person in charge on a daily basis
Name: Jack Avera	
TYPE OF MDEG P	PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
TITE OF MIDEO	NODOGO THAT WILL DE GOLD TOTLON ALL APPLICABLE!
☐ Medical Gases*	** Assistive Equipment
☐ Respiratory Equ	
☐ Life-sustaining	
☑ Diabetic Supplie	
**If providing these to care in the event of a Name:	ypes of services you are required to have in place a mechanism to ensure continued an emergency. Provide name and telephone number of Nevada contact. Telephone:

This page must be submitted for all types of ownership.

Medicare# 7764230001 Medicaid SC# DM1	.644	
Medicaid VT# 6702674		
Do any shareholders hold an interest ownersh type of business or facility which are licensed another political jurisdiction?		V-o□ No M
another political jurisdiction?		Yes □ No 🖾
Are you or have you in the last year been asso business or health care entity in which MDEG		
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 of	cannot obtain a license per NAC	639.6943.

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)	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?								
5)	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								
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mesof any documents that identify the circumstance or contain an order, agreements that identify the circumstance or contain an order, agreements that identify the circumstance or contain an order, agreements are required.								
Lunder	by certify that the answers given in this application and attached documentation are stand that any infraction of the laws of the State of Nevada regulating the operation zed MDEG provider or wholesaler may be grounds for the revocation of this permi	n of an	orrect.						
penalty hereby any inv	read all questions, answers and statements and know the contents thereof. I hereby of perjury, that the information furnished on this application are true, accurate and authorize the Nevada State Board of Pharmacy, its agents, servants and employe restigation(s) of the business, professional, social and moral background, qualification, as it may deem necessary, proper or desirable.	correct. I							
	Pityle Earl								
Origin	al Signature of Person Authorized to Submit Application, no copies or stamp	S							
	popher Eaves - President Jame of Authorized Person Jake		_						
Board	Use Only Received: 3-30-2020 Amount: 500.00)							

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

Corporation Name: Pathema DME LLC Mailing Address: 4300 N University Dr STE C101 City: Lauderhill State: FL Zip: 33351-6243 Telephone: (754) 200-9639 Fax: (877) 890-7464 Contact Person: Christopher Eaves For any corporation non-publicly traded, disclose the following: 1) List top 4 persons to whom the shares were issued by the corporation? a) Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968 Name Address b) Name Address c) Name Address d) Name Address d) Name Address Provide the number of shares issued by the corporation.	State of Incorporation:	Florida
Mailing Address: 4300 N University Dr STE C101 City: Lauderhill State: FL Zip: 33351-6243 Telephone: (754) 200-9639 Fax: (877) 890-7464 Contact Person: Christopher Eaves For any corporation non-publicly traded, disclose the following: 1) List top 4 persons to whom the shares were issued by the corporation? a) Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968 Name Address b) Name Address c) Name Address d) Name Address d) Name Address Provide the number of shares issued by the corporation.	Parent Company if any: _	Pathema DME Series
City: Lauderhill State: FL Zip: 33351-6243 Felephone: (754) 200-9639 Fax: (877) 890-7464 Contact Person: Christopher Eaves For any corporation non-publicly traded, disclose the following: 1) List top 4 persons to whom the shares were issued by the corporation? a) Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968 Name Address b) Address c) Name Address d) Address d) Name Address d) Name Address Provide the number of shares issued by the corporation.	Corporation Name: Pa	thema DME LLC
Felephone:	Mailing Address: 43	00 N University Dr STE C101
Contact Person: Christopher Eaves For any corporation non-publicly traded, disclose the following: 1) List top 4 persons to whom the shares were issued by the corporation? a) Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968 Name Address b) Name Address c) Name Address d) Name Address Provide the number of shares issued by the corporation.	City: Lauderhill	State: FL Zip: 33351-6243
For any corporation non-publicly traded, disclose the following: 1) List top 4 persons to whom the shares were issued by the corporation? a) Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968 Name Address b) Name Address c) Name Address d) Address Provide the number of shares issued by the corporation.	Telephone: (754) 200-963	9 Fax: (877) 890-7464
List top 4 persons to whom the shares were issued by the corporation? a) Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968 Name Address b) Name Address c) Name Address d) Name Address Provide the number of shares issued by the corporation.	Contact Person: Christop	her Eaves
a) Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968 Name Address b) Name Address c) Name Address d) Name Address Provide the number of shares issued by the corporation.		
Name Address b) Name Address c) Name Address d) Name Address Provide the number of shares issued by the corporation.	1) List top 4 persons to	whom the shares were issued by the corporation?
b)	/	E Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968
Name Address c) Name Address d) Address Name Address Provide the number of shares issued by the corporation.	Name	Address
c)Name Address d)Name Address 2) Provide the number of shares issued by the corporation. N/A	b)	
Name Address d)	Name	Address
d)	C)	Address
Name Address 2) Provide the number of shares issued by the corporation. N/A	Name	Address
Provide the number of shares issued by the corporation. N/A		Address
1 Tovide the number of shares issued by the corporation.		21/2
3) What was the price paid per share?	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?	4) What date did the d	corporation actually receive the cash assets?

Include with the application for a non-publicly traded corporation

<u>Certificate of Corporate status</u> (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.

Policy Number: NPP8587659



CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 01/17/2020

DATE (MM/DD/YYYY) 1/17/2020

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 ce	rtificate does not confer rights t	o the	certi	ficate holder in fleu of su						
PRODUCER Provider Professional Insurance					CONTACT NAME:					
	4345 SW 72ND AVE STE		- U.L.	an C	PHONE (305)740-5319 FAX Not. (305)740-3459					740-3459
		A			E-MAIL ADDRESS: gofarril01@gmail.com					
	MIAMI, FLORIDA 33155							RDING COVERAGE		NAIC#
							WORLD IN	SURANCE CO	1 41	
INSURED	NSURED PATHEMA DME, LLC									
	4300 N UNIVERSITY DRI	E C101	INSURE							
	LAUDERHILL, FL 33351				INSURE					
					INSURE					
COVER	AGES CER	TIFIC	ΔTE	NUMBER:	INSURE	nr:		REVISION NUMBER:		
	TO CERTIFY THAT THE POLICIES				E BEEN	I ISSUED TO	THE INSURED		E POLIC	Y PERIOD
INDICAT CERTIF	TED. NOTWITHSTANDING ANY REICATE MAY BE ISSUED OR MAY ISSONS AND CONDITIONS OF SUCH	QUIRE PERTA	MEN AIN, 1	IT, TERM OR CONDITION OF THE INSURANCE AFFORDE	F ANY D BY T	CONTRACT O	DR OTHER DO	DOUMENT WITH RESPEC	T TO WI	HICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY		., .,					EACH OCCURRENCE		00,000
	CLAIMS-MADE OCCUR			NPP8587659		05/15/2019	05/15/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,	
X	PROFESSIONAL							MED EXP (Any one person)	\$5,0	
	LIABILITY							PERSONAL & ADV INJURY	-	00,000
GEN	L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		00,000
	POLICY PRO-							PRODUCTS - COMP/OP AGG	1 -	LUDED
	OTHER:							PRODUCTS - COMPTOT AGG	s	
	OMOBILE LIABILITY							COMBINED SINGLE LIMIT	s	
-	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	s	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	-	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	s	
	AUTOS ONLY AUTOS ONLY							(Per accident)	s	
	UMBRELLA LIAB OCCUP								1	
								EACH OCCURRENCE	\$	
	ODAING-WADE							AGGREGATE	\$	
	DED RETENTION S (ERS COMPENSATION							PER OTH-	\$	
AND E	MPLOYERS LIABILITY Y/N							PER OTH- STATUTE ER	3	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT	\$	
	statory in NH) describe under							E.L. DISEASE - EA EMPLOYEE	\$	
DÉSC	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	15						8			
					4.1					
										14.34
DESCRIPTION	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD	101, Additional Remarks Schedule	, may be	attached if more	space is required	1)		
CERTIFI	CATE HOLDER				CANC	ELLATION				
					THE	EXPIRATION	DATE TH	DESCRIBED POLICIES BE EREOF, NOTICE WILL LY PROVISIONS.		
					AUTHO	RIZED REPRESE	NTATIVE ,	//		
							11	160/		
					MARIO	O'FARRIL	- ///		AN 1 .	
						© 1	988-2035 AC	OFFI CORPORATION.	All righ	nts reserved.

ANNUAL CERTIFICATE OF USE

To engage in or manage the business occupation listed below From October 1, 2019 expires September 30, 2020

www.lauderhill-fl.gov

Name of Business

Business Number 24866

PATHEMA DME LLC 4300 N UNIVERSITY DRIVE # C101 LAUDERHILL, FL 33319

Business Classes

Description	Current	Total
BUSINESS DEVELOPMENT FEE OFFICE SPACE - BUSINESS USE ONLY	27.56 201.02	0.00

Business Address: 4300 NW 76 AVE BAY C101

It is your responsibility to renew your Certificate of Use on or before Sept. 30th of each year. This certificate of use must be conspicuously displayed to the public view inside (near cash register or entrance) at the business location, except for rental units which do not have an onsite business office.

BUS. OFFICE/MAIL
ORDER MED SUPPLIES
NO CUSTOMER PICK-UP
NO OUTDOOR STORAGE

DEPARTMENT OF THE TREASURY

INTERNAL REVENUE SERVICE

CINCINNATI, OH 45999

In reply refer to: 0241590225 Feb. 20, 2019 LTR 147C 0 83-3131337 000000 00 000 00001 BODC: SB

PATHEMA DME LLC CHRISTOPHER EAVES SOLE MBR 20 S FEDERAL HWY A DANIA FL 33004-3605

Employer identification number: 83-3131337

Dear Taxpayer:

Thank you for your inquiry of Feb. 20, 2019.

Your employer identification number (EIN) is 83-3131337. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-4933.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number	()	Hours	

Keep a copy of this letter for your records.

Thank you for your cooperation.

Sincerely yours,

Susan M. O'Neill, Operations Mgr. Accounts Management Operations 2

Certificate of Accreditation

The man and the same of the sa Exemination

Granted To

Pathema DME, LLC

dba Pathema DME

4300 N University Dr C101 Lauderhill, FL 33351

Outstanding Healthcare Delivery Practices for demonstrating

Compliance to

Safety • Honesty • Caring®

Accreditation Quality Standards

DMEPOS

Durable Medical Equipment, Prosthetics, Orthotics and Supplies EXPIRATION DATE: JUNE 30, 2022

Founder & CEO, The Compliance Team, Inc

June 11, 2019

The Promise of HEALTHCARE EXCELLENCE

PATIENT-CENTERED MEDICAL HOME RURAL HEALTH PHARMACY CLINIC

DMEPOS

PHYSICIAN INFUSION

OCULARIST

AONESTY



P. O. Box 160, 905 Sheble Lane, Suite 102, Spring House, PA 19477 v: (215) 654-9110 | f: (215) 654-9068 | The Compliance Team.org

June 13, 2019

Christopher Eaves
President
Pathema DME, LLC
Pathema DME
4300 N University Dr C101
Lauderhill, FL 33351

LETTER OF ACCREDITATION

Dear Christopher,

Congratulations on your outstanding achievement and demonstrated commitment to delivering healthcare excellence. Pathema DME, LLC dba Pathema DME is now an official member of the League of Exemplary Providers®. Your official Accreditation Certificate and comprehensive scoring documentation are enclosed.

The Certificate of Accreditation verifies that Pathema DME, LLC dba Pathema DME has established processes that conform to the Evidence of Compliance requirements of The Compliance Team's Exemplary Provider® DMEPOSQuality Standards.

The scoring document registers a Passing Final Score as a result of the recent on-site evaluation conducted on June 11, 2019 at 4300 N University Dr C101 Lauderhill, FL 33351. Please review the documentation and comments and submit any follow-up action plan within 60 days.

Accreditation Period

Effective Date: June 11, 2019 Expiration Date: June 30, 2022

Leading up to your next on-site evaluation, The Compliance Team will review and evaluate Pathema DME, LLC dba Pathema DME outcomes data as prescribed by the program's "Safety-Honesty-Caring®" quality standards. In the meantime, our entire team congratulates you on achieving your EP™ status and wishes your organization continued success.

Sincerely,

Steve Simmerman Executive Vice President



Product Category Addendum

The Compliance Team accredited the following Product Categories for

Pathema DME, LLC
Pathema DME

4300 N University Dr C101, Lauderhill, FL 33351

June 11, 2019

DM06 Blood Glucose Monitors and Supplies (mail order)
OR03 Off-The-Shelf Orthotics

State of Florida Department of State

I certify from the records of this office that PATHEMA DME LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on May 02, 2019, effective April 25, 2019.

The document number of this company is L19000112183.

I further certify that said company has paid all fees due this office through December 31, 2019, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 190502151947-100328750141#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Second day of May, 2019

Electronic Articles of Organization For Florida Limited Liability Company

L19000112183 FILED 8:00 AM May 02, 2019 Sec. Of State

Article I

The name of the Limited Liability Company is: PATHEMA DME LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4300 N UNIVERSITY DRIVE #C101 LAUDERHILL, FL. 33351

The mailing address of the Limited Liability Company is:

4300 N UNIVERSITY DRIVE #C101 LAUDERHILL, FL. 33351

Article III

The name and Florida street address of the registered agent is:

BRIDGETT ENGLISH 3901 S OCEAN DR. UNIT C3Y HOLLYWOOD, FL. 33019

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BRIDGETT ENGLISH

Article IV

The name and address of person(s) authorized to manage LLC:

Title: P CHRISTOPHER EAVES 2887 NW MELVILLE DR. BEND, OR. 97703

Title: VP SHAUNA FRASER 587 CONGRESS ST APT L PORTLAND, ME. 04101 L19000112183 FILED 8:00 AM May 02, 2019 Sec. Of State

Article V

The effective date for this Limited Liability Company shall be:

04/25/2019

Signature of member or an authorized representative

Electronic Signature: HANNAH SARTIN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

State of Florida Department of State

I certify from the records of this office that PATHEMA DME LLC is a limited liability company organized under the laws of the State of Florida, filed on May 2, 2019, effective April 25, 2019.

The document number of this limited liability company is L19000112183.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019 and that its status is active.

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



RAUNULAGE
Secretary of State

Tracking Number: 8167521623CU

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

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



4300 N University Dr, C101 Lauderhill, FL 3335

Ph: 754-200-9639 Fax: 877-890-7464

03/17/2020

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

Re: Application for Out of State MDEG License - Letter to notify that FL Health-care Licensing authority The Agency For Health Care Administration does not issue, or, per its regulation we are not required to obtain license for Durable Medical Equipment viz. Blood Glucose Monitors And Supplies (Mail Order) & Orthoses: Off-The-Shelf.

To, Concerned Licensing authority,

This is to bring your notice that, regarding our Nevada non resident DME license application for Pathema DME, LLC (EIN:83-3131337) - per Connecticut licensing regulations we are required to submit a copy of resident / home state license along with the application.

But per our Home / Resident State (Florida) licensing Authority, the Agency for Health Care Administration(AHCA) we are not required to obtain a license from AHCA, or AHCA does not issue a license for the DME products that we Pathema DME, LLC supply viz Blood Glucose Monitors And Supplies (Mail Order) & Orthoses: Off-The-Shelf.

To further support our explanation we are attaching the email communication had with the Agency for Health Care Administration(AHCA) for your review. Also you can refer National Supplier Clearing House License Directory to see the list equipment and its license requirement listed by each each state. Providing the linke for the same for your further review.

NSC License directory:

https://www.palmettogba.com/licensure/licdirec.nsf/StateLicenseInformation_N?openform&State=FL

In case any additional information is needed from our end to process the License application please reach out to us via email <credential@pathemadme.com>.

Thank you,

Christopher Eaves | President

PathemaDME

4300 N University Dr STE C101

Lauderhill FL 33351-6243 Phone: (916) 716-7117 | Fax: (877) 890-7464 Screencopy from National Supplier License Directoy URL: https://www.palmettogba.com/licensure/licdirec.nsf/StateLicenseInformation_N?openform&State=FL

FL

llood Glucose Monitors/ Su	ipplies (Non-M	ail Order)			
License required (In-state)	Req. for suppliers (Out-of- state)	Licensing Agency	Verify Online	Req. for Pharmacies (in- state)	Notes
Automatic Ext Defibri	llator (AEDS)	and/or Supplies (DM01)			
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	Yes	No	<u>C</u>
Blood Glucose Monito	ors/ Supplies	(Non-Mail Order) (DM05)			
No License Required	No			No	
Blood Glucose Monito	ors/Supplies	(Mail Order) (DM06)	7,000		
No License Required	No			No	
Breast Prostheses and	or Accessor	ries (PD01)		17.	
No License Required	No			No	
Canes and/or Crutche	s (M01)				
No License Required	No			No	
Cochlear Implants (PD	002)				
No License Required	No			No	
Commodes, Urinals, B	sedpans (DM	02)			
No License Required	No			No	
Continuous Passive M	otion (CPM)	Devices (DM03)			
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health	<u>Yes</u>	No	2
Continuous Positive A	irway Pressu	Facility Regulation Ire (CPAP Devices) (R01)			E
			Von	Ne	
Home Medical Equipment Provider License	Yes	Florida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	<u>Yes</u>	No	E

License required (In-state)	Req. for suppliers (Out-of- state)	Licensing Agency	Verify Online	Req. for Pharmacies (in- state)	Notes
No License Required	No			No	
Oral Anticancer Drugs	(A05)				
Community Pharmacy License	Yes	Florida Department of Health	<u>Yes</u>	Yes	
Oral Antiemetic Drugs	(A06)				
Community Pharmacy License	Yes	Florida Department of Health	Yes	Yes	
Orthoses: Custom Fab	(OR01)				
Orthotist License	Yes	Florida Department of Health, Board of Orthotists & Prosthetists	Yes	No	Δ
Prosthetist-Orthotist License	Yes	Florida Department of Health, Board of Orthotists & Prosthetists	<u>Yes</u>	No	Δ
Orthoses: Off the Shel	f (OR03)				
No License Required	No			No	
Orthoses: Prefabricate	d (Custom Fi	tted) (OR02)			
Orthotic Fitter	Yes	Florida Department of Health, Board of	<u>Yes</u>	No	A
		Orthotists & Prosthetists			D
Osteogenesis Stimulat	ors (DM17)				
Home Medical Equipment Provider License	Yes	Elorida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	<u>Yes</u>	No	<u>C</u>
Ostomy Supplies (PD0	6)				
No License Required	No			No	
Oxygen Equipment and	d/or Supplies	s (R08)			
Medical Oxygen Retail Establishment Permit	See Note B	Florida Department of Business Professional Regulation, Division of Drugs, Devices and Cosmetics	Yes	No	В
Home Medical Equipment Provider License	Yes	Elorida Agency for Health Care Administration (AHCA), Bureau of Health Facility Regulation	<u>Yes</u>	No	C E
Parenteral Equipment	and Supplies				
Home Medical Equipment	Yes	Florida Agency for Health Care	<u>Yes</u>	No	C
Provider License		Administration (AHCA), Bureau of Health Facility Regulation			Ē
Parenteral Nutrients (P	PE05)				



4300 N University Dr, C101 Lauderhill, FL 3335

Ph: 754-200-9639 Fax: 877-890-7464

03/17/2020

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

Re: Organization structure for Pathema DME, LLC.

To, Concerned Nevada State Board of Pharmacy Licensing authority,

Pathema DME LLC is a Non Publicly traded / Closely held for profit organization incorporated with the Florida Secretary of State. The sole owner of the organization is Pathema DME Series which is a Puerto Rico incorporated Series LLC. Below listed the Organization and ownership structure to support the Non resident DME permit application.

Christopher Eaves - President

SSN -

DOB:

Office address: 4300 N University Dr Ste C101 Lauderhill FL 33351 Resident address: / NW McCready Dr. Bend OR 97703-8650

Ph:

Jack Avera - Vice President

SSN -

DOB:

Office address: 4300 N University Dr Ste C101 Lauderhill FL 33351

Resident address:

NE 28TH ST # D3 WILTON MANORS FL 33334-2537

Ph:

Pathema DME Series - Owner

FEIN: 66-0934612

Ownership in percentage - 100% Metro Office Park 7 Calle 1, Suite 204

Guaynabo, PR 00968

Sub: Business ownership organizational chart

PATHEMA DME LLC

4300 N UNIVERSITY DR STE C101 LAUDERHILL, FL 33351-6243

FEIN: 83-3131337

Pathema DME Series Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968

FEIN: 66-0934612

BKV SLLC Metro Office Park 7 Calle 1, Suite 204 Guaynabo, PR 00968

FEIN:66-0822500

DARREN CHIAPPINELLI

Metro Office Park 7 Calle 1, Suite 204

204

Guaynabo, PR 00968

00968

SSN:

8

DOB:

Ownership - 50%

HARRY HATZIS

Metro Office Park 7 Calle 1, Suite

Guaynabo,

PR

SSN:

DOB:

Ownership - 50%

In case any additional information is needed from our end to process the License application please reach out to us via email < credential@pathemadme.com>.

Thank you,
Christopher Eaves | President
PathemaDME

4300 N University Dr STE C101 Lauderhill FL 33351-6243

Phone: (916) 716-7117 | Fax: (877) 890-7464

5AA

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: Solara Medical Supplies, LLC
Physical Address: 38023 Schoolcraft Rd Livonia, WT 48150 (This must be a business address, we cannot issue a license to a home address)
Mailing Address: 2084 Otay Lakes Rd. Ste 102
City: Chula Vista State: Ca Zip Code: 91913
Telephone: 868-568-8145 Fax: 800-999-3514
E-mail: compliance as darmedical supplies com Website: www. Solara, Com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: Santo Sp. Tue: 5an to Spm Wed: 5an to Spm Thu: 5an to Spm Fri:
5 m to 5pm Sat: to Sun: to Holidays: to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Martin Hattman
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
 □ Respiratory Equipment** □ Life-sustaining equipment** □ Orthotics and Prosethics
Diabetic Supplies Other:
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: 14 TMM Telephone: 775-1004-5724

This page must be submitted for all types of ownership.

	List all Medicare and Medicaid provider number		
CAA)	Medicare 108580006 Medicaid 139	56716534 (WIL)	
MI)	Medicare 1085580006 Medicaid 135 Medicare 1085580003 Medicaid 13	567165H (CH)	
NV)	Medicaid 250005522		·
	Do any shareholders hold an interest owners type of business or facility which are licensed another political jurisdiction?	•	Yes □ No i
	Are you or have you in the last year been ass business or health care entity in which MDEO dispensed or distributed?		Yes □ No √
	Are any of the owners health professionals?	If yes, please list name.	
	 Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Respiratory Therapist 	Name:	
	Practicing licensed health care professionals	cannot obtain a license per NAC	639.6943.
	Has the corporation, any owner(s), sh any interest, ever been charged, or co misdemeanor (including by way of a control of the corporation).	onvicted of a felony or gross	Yes □ No 🇸

This page must be submitted for all types of ownership.

Board	Use Only Received: 3.26.2020	Amount: 500.00			
Print N	Name of Authorized Person	Date			
	astin Holfman	2/26/2020	0		
Origin	al Signature of Person Authorized to Submit Application	on, no copies or stamp	os		
	Mark Holy				
penalty hereby any inv	read all questions, answers and statements and know the or of perjury, that the information furnished on this application authorize the Nevada State Board of Pharmacy, its agents vestigation(s) of the business, professional, social and moration, as it may deem necessary, proper or desirable.	n are true, accurate and s, servants and employe	correct. I es, to con		
I under author	by certify that the answers given in this application and attactive rstand that any infraction of the laws of the State of Nevada ized MDEG provider or wholesaler may be grounds for the	regulating the operation revocation of this permi	n of an it.		
Copie	answer to question 1 through 5 is "yes", a signed state is of any documents that identify the circumstance or costition may be required.				
5)	Has the corporation, any owner(s), shareholder(s) or printerest, ever surrendered a license, permit or certific voluntarily or otherwise (other than upon voluntary cl	ate of registration	Yes □	No	
4)	Has the corporation, any owner(s), shareholder(s) or printerest, ever been found guilty, pled guilty or entered contendere to any offense federal or state, related to substances?	a plea of nolo	Yes □	No	
3)	Has the corporation, any owner(s), shareholder(s) or printerest, ever been the subject of an administrative accretating to the pharmaceutical industry?		Yes □	No	\checkmark
2)	Has the corporation, any owner(s), shareholder(s) or pany interest, ever been denied a license, permit or ceregistration?		Yes □	No	V

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

Λ 1.Λ .	
State of Incorporation:	n
Parent Company if any: Solara Intermediate, LLC	
Corporation Name: Solara Medical Supplies, LCC	
Mailing Address: 2084 Otay Lakes Pd Ste 102	
City: Chula Vista State: Ca Zip: 91913	
Telephone: <u>619-553-2723</u> Fax: <u>69-680-5128</u>	
Contact Person: Martin Hothman	
For any corporation non-publicly traded, disclose the following:	
1) List top 4 persons to whom the shares were issued by the corporation?	
a) Solara Intermediate, UC 2084 Otay Lakes Rd St Name Address	e 102 Chulai
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? Per share	11200
4) What date did the corporation actually receive the cash assets? 5 8 20	18
5) Provide a copy of the corporation's stock register evidencing the above inform	nation

Include with the application for a non-publicly traded corporation

<u>Certificate of Corporate status</u> (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.



February 25, 2020 Nevada Board of Pharmacy

To whom it may concern: Below is the requested list of our officers.

Officers/Board of Directors

Stephen Lynn Foreman, CEO Vista Drive, Chula Vista, CA 91910 -3131

SSN: ¹ DOB: 0% ownership

Start date: 1/7/2019

Aaron Andrew Heisler, CFO Reflection Street, San Marcos, CA 92078 - 1064

SSN: DOB: 0% ownership Start date: 10/15/2018

Martin Adam Hoffman, VP of Compliance and Legal

Crane Canyon RD, Santa Rosa, CA 95404

SSN: DOB: 0% ownership Start date: 1/28/2019

If you have any additional questions or concerns, please call or email me.

Thank you,

Heather O'Neal
Compliance Coordinator
(800) 999-7516 ext 3124
Heather.oneal@solaramedicalsupplies.com

Page 1 of 2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2019

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(les) 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).

	SUBROGATION IS WAIVED, subject is certificate does not confer rights t							equire an endorsement	. A st	atement on
_	DUCER				CONTA		•			
Wil	is Towers Watson Insurance Service		est,	Inc. fka Willis	NAME: PHONE (A/C, No, Ext): 1-877-945-7378 (A/C, No, Ext): 1-888-467-2378					
	rance Services of California, Inc			ŀ						
	26 Century Blvd Box 305191				ADDRESS: Certificates@willis.com INSURER(S) AFFORDING COVERAGE NAIC #					
	ville, TN 372305191 USA				INSURE			y Insurance Company		NAIC# 27154
INSU	RED					arr.				
Sol	ara Medical Supplies, LLC				INSURER B:					
	Otay Lakes Road Suite 102 La Vista, CA 91913					INSURER C:				
Citu	a vista, th 91919				INSURE					
					INSURER E:					
CO	VERAGES CER	TIEI	CATE	NUMBER: W12659444	INSURE	RF:		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES				/F BFF	N ISSUED TO			IF POL	ICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RE	QUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	OT TO	WHICH THIS
	ERTIFICATE MAY BE ISSUED OR MAY							HEREIN IS SUBJECT TO	ALL 1	THE TERMS,
INSR	CCLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR		DEEN		POLICY EXP (MM/DD/YYYY)			
LTR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT		2 000 000
								DAMAGE TO RENTED	\$	2,000,000
١.	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	1,000,000
A				711-01-68-45-0000	,	00/20/2010	09/20/2020	MED EXP (Any one person)	\$	15,000
				/11-01-66-45-0000	,	09/20/2019	09/20/2020	PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	× POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	
_	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
١.	X ANY AUTO							BODILY INJURY (Per person)	\$	
A	OWNED AUTOS ONLY AUTOS		711-01-68-45-000		<i>(</i> 0	09/20/2019	09/20/2020	BODILY INJURY (Per accident)	S	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
A	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE			711-01-68-45-0000)	09/20/2019	09/20/2020	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 0								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						09/20/2020	× PER OTH-		
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		406-04-63-11-0000	,	00/20/2010		E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory In NH)			400-04-03-11-0000	,0	03/20/2013		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A	Products - Completed Operations			750-00-01-60-0000)	09/20/2019	09/20/2020	see below		
1										
								<u> </u>		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	O 101, Additional Remarks Schedu	ie, may b	e attached if mor	e space is requir	ed)		
	38023, 38025, 38027 Schoolcr	aft	Rd,	Livonia, MI 48150						
SEI	ATTACHED									
CE	RTIFICATE HOLDER				CAN	CELLATION				
								ESCRIBED POLICIES BE C		
								EREOF, NOTICE WILL I BY PROVISIONS.	DE DE	LIVERED IN
					AUTHORIZED REPRESENTATIVE					
						0.1				
In	Insured Verification Only					Boll 7	me			

BATCH: 1372136

AGENCY CUSTOMER ID:			
100#			



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

NAIC#: 27154

AGENCY Willis Towars Water Insurance Services West, Inc. Sta Willis Insurance Services of California, Inc. POLICY NUMBER See Page 1	NAMED INSURED Solara Medical Supplies, LLC 2084 Otay Lakes Road Suite 102 Chula Vista, CA 91913	
CARRIER	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: Certificate of Liability Insurance FORM NUMBER: ____25

Products - Completed Operations Hazard Each Claim or Suit Limit \$10,000,000 Aggregate Limit \$10,000,000 Retention \$5,000

Retroactive Date 4/15/2015

INSURER AFFORDING COVERAGE: Atlantic Specialty Insurance Company

EXP DATE: 09/20/2020

TYPE OF INSURANCE: Professional Liability E&O LIMIT DESCRIPTION:

Each Claim Aggregate

LIMIT AMOUNT:

\$10,000,000 \$10,000,000

Professional Liability E&O Retroactive Date - 4/15/2015 Retention:

\$5,000

ACORD 101 (2008/01)

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SR ID: 18529187

BATCH: 1372136

CERT: W12659444

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SOLARA MEDICAL SUPPLIES, LLC

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

201814910111 05/25/2018

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

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 5BB

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.

Mew 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.
r loade direct box for type of ownership and delitiplete correct part of the application.
FACILITY INFORMATION
Facility Name: Well Spect Inc
Physical Address: 1235 Friendship Bd Ste 205
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 1235 triendship Rd Stc 205
city: Braselton State: GA Zip Code: 30517
Telephone: 877-456-3742 Fax: 866-666-6250
E-mail: heidi. toylor@wellsped.com Website: Www. wellspect. US
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9A to 4D Tue: 9A to 4D Wed: 9A to 4D Thu: 9A to 4D Fri:
9A to 4p sat: Cluserd sun: Closed to Holidays: Closed to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Fric Hymes
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
Diabetic Supplies Other: Incohnance and Prosettics Canhance Supplies
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.
Name: Telephone:

This page must be submitted for all types of ownership.

Pan	Medicare and Medicaid provider numb	ers registered to the business or it	s owner:
type c	y shareholders hold an interest ownersh of business or facility which are licensed er political jurisdiction?		Yes □ No
busin	ou or have you in the last year been asso ess or health care entity in which MDEG nsed or distributed?	• •	Yes ⊠ No □
Are a	ny of the owners health professionals? I	lf yes, please list name.	
	 Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Respiratory Therapist 	Name: NA	
<u>Practi</u>	cing licensed health care professionals	cannot obtain a license per NAC 6	39.6943.
1)	Has the corporation, any owner(s), sha any interest, ever been charged, or cor misdemeanor (including by way of a gu	nvicted of a felony or gross	Yes □ No

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							
Copie	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 unde	by certify that the answers given in this application and attached documentation a rstand that any infraction of the laws of the State of Nevada regulating the opera ized MDEG provider or wholesaler may be grounds for the revocation of this pe	tion of an							
penalty hereby any inv	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.								
	2								
Origin	Original Signature of Person Authorized to Submit Application, no copies or stamps								
Drint N	Fric Humps Vame of Authorized Person Li-29-20 Date	120							
THILL	value of Authorized Ferson								
Board	Use Only Received: 5.4.2020 Amount: 500	0.00							

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delawace
Parent Company if any:
Corporation Name: Welspect Inc
Mailing Address: 1235 Friendship Rand Ste 205
city: Broselton State: GA zip: 30517
Telephone: 877-456-3742 Fax: 866-666-6250
Contact Person: Heidi Taylar
For any corporation non-publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a)Name Address
Name
b)Name , Address
Name Address
c)NameAddress
realite , / / Address
d)Name Address
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?

Include with the application for a non-publicly traded corporation

<u>Certificate of Corporate status</u> (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.

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

List of officers and directors.

5)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY) 12/06/2019

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).

u	18 C	ertincate does not confer rights t	o tne	cen	incate nolder in iteu of st	icu eu	aorsement(s	<i>]</i>			
PRO	DUCE	R				CONTA NAME:	CT				
Willis of Maryland, Inc.				PHONE (A/C, No. Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378							
c/o 26 Century Blvd											
P.O. Box 305191				ADDRESS: certificates@willis.com							
Nashville, TN 372305191 USA					INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Property Casualty Company of Ame					NAIC#	
										f Ame	25674
Den:		y Sirona Inc.						x Insurance		\longrightarrow	25623
	-	anna Commerce Center				INSURE	RC: Travel	ers Indemni	ity Company		25658
		ish Touras				INSURE	RD:				
		t Philadelphia Street Suite 60W A 17405				INSURE	RE:				
101	.,					INSURE	RF:				
CO	VER	AGES CER	TIFIC	CATE	NUMBER: W14097442				REVISION NUMBER:		
IN C	DIC/ ERTI	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME 'AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO V	WHICH THIS
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	1
	×	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s	1,000,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000
A									MED EXP (Any one person)	s	10,000
			Y	Y	TC2J-GL8A-650G2920-T	[L-19	05/01/2019	05/01/2020	PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO-							PRODUCTS - COMP/OP AGG	s	
		OTHER:								s	
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	
	\vdash	ANY AUTO							BODILY INJURY (Per person)	\$	
	Н	OWNED SCHEDULED	ļ	ļ					BODILY INJURY (Per accident)	s	
		AUTOS ONLY AUTOS NON-OWNED					1		PROPERTY DAMAGE		
	Ш	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE]						AGGREGATE	\$	
		DED RETENTION \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY						05/01/2020	X PER OTH-		
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE		Y					E.L. EACH ACCIDENT	s	1,000,000
		ICER/MEMBER EXCLUDED?	N/A		TC2N-UB-650G289A-1	L9	05/01/2019		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						İ	E.L. DISEASE - POLICY LIMIT	s	1,000,000
С		kers Comp & Emp Liab Retro		Y	TRJUB-650G2907-19		05/01/2019	05/01/2020	EL Each Accident	\$1,000	0.000
		Statute		-					EL Disease-Pol. Limit		
		or orea of the total									
					l				EL Disease-Each Empl	\$1,000	1,000
		TON OF OPERATIONS / LOCATIONS / VEHICO eekside Village Medical Of									
		ship Road Properties, LLC			The state of the s		-				
		of Subrogation applies in						-	-	ilite	
		of Subrogation applies in			to the second second					_	
		ted by law (Any person or			_	-		_	_		
_		h this waiver.)							-		
		·									
CEI	RTIF	ICATE HOLDER				CANO	ELLATION				
											-
						THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
		ship Road Properties, LLC				AUTHORIZED REPRESENTATIVE					
		Wy 124				CHALLING SWOOD CONT. LINE OF THE PROPERTY OF T					
		100				Karaley L. Bentz					
Aul	burn, GA 30011					0					

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BATCH: 1482639

Control Number: 20033124

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF AUTHORITY

I, Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Wellspect Inc.
a Foreign Profit Corporation

has been duly formed under the laws of **Delaware** and has filed an application meeting the requirements of Georgia law to transact business as a **Foreign Profit Corporation** in this state.

WHEREFORE, by the authority vested in me as Secretary of State, the above Foreign Profit Corporation is hereby granted, on 03/04/2020, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 03/06/2020.



Brad Raffensperger Secretary of State

Brad Raffensperger

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAMARE, DO HEREBY CERTIFY "WELLSPECT INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MELLSPECT INC."

WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2020.

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

7852390 8300
SR# 20201913778
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202515201

Date: 03-04-20



Secretary of State

OFFICE OF SECRETARY OF STATE CORPORATIONS DIVISION

 Martin Luther King Jr Dr. SE Suite 313 West Tower Atlanta, Georgia 30334 (404) 656-2817 sos.georgia.gov/corporations



APPLICATION FOR CERTIFICATE OF AUTHORITY FOR FOREIGN PROFIT OR NONPROFIT CORPORATION

IMPORTANT Please provide the entity's primary email address when completing this form?

Primary Email Address: corporate-legal@dentsplysirona.com

PM h:

	Wellspect Inc.				
	Name of Corporation		Name Resen	ation Numbe	er (Optional)
	Date business commenced (or proposed to comme	nce) in Georgia: April 15, 2020			
	(NOTE: (1) Profit Corporations. If the date provided here a and cannot be waived by Secretary of State. (2) Nonprofi	s more than 30 days prior to the effective date of this appli t Corporations: There is no late filing penalty.)	ication, a \$500 penalty must b	e paid. Penalty	is statutory
	Corporation Service Company				
	Name* of Filing Person		*		
	251 Little Falls Drive	Wilmington	DE		19808
	Address	City	State		Zip Code
	Filer's Email Address		800-927-9801		
	riier a Emaii Address		Telephone Number		
	1235 Friendship Rd., Ste 205	Braselton	GA		30517
_	Principal Office Mailing Address (may be P.O. Box	City	State	200	Zip Code
	Corporation Service Company		sop@cscglobal.com	70.00	
	Name* of Registered Agent in Georgia		Registered Agent's Email	Address	
	40 Technology Pkwy South, #300				
	Registered Office Street Address in Georgia (posi	office box or mail drop not acceptable for registere	ed office address)		······································
	Norcross	Gwinnett	GA	30092	
	City	County	State	n. a.s.7 Tres	Zip Code
	Wellspect Inc.			alfordil	
	Corporation's Name in State or Country of Incorp	oration (Must match name on certificate of existence)			
	Check ONE	Jurisdiction (Home State or Country)	Date of Incorpora	ation in Home	haiedictio
	PROFIT NONPROFIT	Delaware	February 14, 2		a sundiction
	Eric Hymes / President	, Ballantyne Corporate PI,	Charlotte	NC	28277
6.	Name* of Officer / CEO Addre	SS	City	State	Zip Code
	Peter Caradonna / Treasurer) (Lincoln St	Waltham	MA	02451
	Peter Caradonna / Treasurer) Name* of Officer / CFO Addre		Waltham City	MA	02451 Zip Code
	Name* of Officer / CFO Addre				02451 Zip Code 17401
	Name* of Officer / CFO Addre	W. Philadelphia St, Ste 60W	City	State	Zip Code 17401
	Name* of Officer / CFO Addre Heidi Taylor / Secretary	W. Philadelphia St, Ste 60W	City York	State PA	Zip Code

^{*} Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.

Wellspect[®]

Wellspect Inc. Officers

(Incorporated in Delaware)

Eric Hymes, President
1235 Friendship Road, Suite 205
Braselton, GA 30517
770.545.2575
Eric.hymes@wellspect.com

Heidi K. Taylor, Secretary 1235 Friendship Road, Suite 205 Braselton, GA 30517 877.456.3742 ext. 66011 Heidi.taylor@wellspect.com

Peter Caradonna, Treasurer
1235 Friendship Road, Suite 205
Braselton, GA 30517
781.810.6135

Peter.caradonna@dentsplysirona.com

590 Lincoln Street

Waltham, MA 02451 www.wellspect.us

Phone: 877.456.3742

5CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 - Reno, NV 89521 - (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)
(Flease provide current license number il making changes: MP or MW)
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,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: Life Care Medical Supplies Was Inc
MDEG Name: LifeCare Medical Supplies West Inc Physical Address: 19415 Fort Apache Rd. Ste 175 Las Vegas, NV 87148 (This must be a business address, we can not issue a license to a home address)
Mailing Address: 6415 Fort Apache Rd. Ste 175 Way Mark, Mar States
City: Las Vegas State: W Zip Code: 89148
City: Las Vegas State: W Zip Code: 89147 Telephone: 702 665 - 5730 Fax: 702 - 780 - 4887
E-mail:Website:
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: <u>9AM to 4PM</u> Tue: <u>9AM to 4PM</u> Wed: <u>9AM to 4PM</u> Thu: <u>9AM to 4PM</u>
Mon: 9AM to 4PM Tue: 9AM to 4PM Wed: 9AM to 4PM Thu: 9AM to 4PM Closed Closed Holidays: to
MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)
Name: Liahona Briones
TYPE OF MEEG PROPUSES THAT WILL BE SOLD (QUEOU ALL APPLICABLE)
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Respiratory Equipment** ☐ Life-sustaining equipment** ☐ Corthotics and Prosethics ☐ Corthonics and Prosethics
□ Respiratory Equipment** □ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosethics
Diabetic Supplies Other: woundarke a involvement supplies
**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada
contact. Name: Telephone:
Page 1

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Me	diane In process edicaid In process				
1)	Do any shareholders hold an interest any type of business or facility which or another political jurisdiction?			No XI	
2)	Are you or have you in the last year business or health care entity in whit dispensed or distributed?		 -	No 🙇	
3)	Are any of the owners health profes Practitioner Advanced Practitioner of Nursin Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Respiratory Therapist	Name: _ g Name: _ Name: _ Name: _ Name: _ Name: _	the box and list		vasae N/

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.

1)	Has the corporation, any ow any interest, ever been char misdemeanor (including by	rged, or convicted of a fel	ony or gro	SS	Yes □	No ⊠
2)	Has the corporation, any ow any interest, ever been den registration?				Yes □	No ₩
3)	Has the corporation, any ow interest, ever been the subj- relating to the pharmaceutic	ect of an administrative ac			Yes □	No 🛭
4)	Has the corporation, any owinterest, ever been found guaranteere to any offense fundaments.	uilty, pled guilty or entered	a plea of	nolo	Yes □	No ₩
5)	Has the corporation, any ow interest, ever surrendered a voluntarily or otherwise (otherwise)	a license, permit or certific	ate of reg	gistration	Yes □	No ¥
attach	answer to questions 1 throug ed. Copies of any document er disposition may be require	s that identify the circums		•		ement,
I unde	y certify that the answers giver stand that any infraction of the zed MDEG provider or wholes	laws of the State of Nevada	regulating	the operation	n of an	correct.
I have penalty hereby any inverse of the original origina	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					
	ি <u>aি</u> ধার Iame of Authorized Person		3 19 20 Date	<u> </u>		
Board	Use Only Receive	d:	Amount:	500.00		

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.
Owner's Name: Cletus Amadi
Business Name: <u>LifeCare Medical Supplies Westline</u>
Current Business Address: 6415 FOR Apache Rd. Stc175
City: Las Vegas 16 State: NV Zip: 89148
Telephone: 702 - 303 - 6790 Fax:

SOLE OWNER

Include with the application for a sole owner

<u>Complete personal history record.</u> Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/10/2020

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

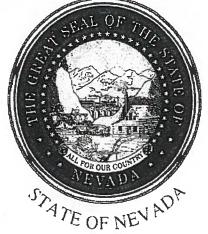
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Gretta Toburen PRODUCER **IMA Select LLC** PHONE (A/C, No, Ext): 913-982-3660 E-MAIL FAX (A/C, No): 913-982-3495 9393 W 110th Street ADDRESS: gretta.toburen@imacorp.com Suite 600 Overland Park KS 66210 **INSURER(S) AFFORDING COVERAGE** NAIC# INSURER A: Continental Insurance Company 35289 INSURED INSURER B: American Casualty Co. of Reading, Pennsylvania 20427 LifeCare Infusion, Inc. INSURER C: LifeCare Medical Supplies West, Inc. 6415 S Fort Apache Rd, Suite 175 INSURER D : Las Vegas NV 89148 INSURER E: INSURER F : COVERAGES **CERTIFICATE NUMBER: 1655668184 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. POLICY EFF POLICY EXP ADDLISUBR TYPE OF INSURANCE POLICY NUMBER INSD WVD \$ 1,000,000 **COMMERCIAL GENERAL LIABILITY** HMA6079253437 9/1/2019 9/1/2020 **FACH OCCURRENCE** CLAIMS-MADE X OCCUR \$50,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$ 5.000 \$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER **GENERAL AGGREGATE** \$3,000,000 POLICY PRODUCTS - COMP/OP AGG \$3,000,000 OTHER OMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** s ANY AUTO BODILY INJURY (Per person) \$ OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) S \$ IIMBREI I A I IAB EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE S DED RETENTION \$ WORKERS COMPENSATION X PER STATUTE WC680136055 11/29/2019 11/29/2020 AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$1,000,000 N/A E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000 3,000,000 HMA6079253437 9/1/2019 9/1/2020 Professional Liability Aggregate Per Claim DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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Proof of insurance

AUTHORIZED REPRESENTATIVE





NEVADA STATE BUSINESS LICENSE

LIFECARE MEDICAL SUPPLIES WEST INC

Nevada Business Identification # NV20191675098 Expiration Date: 12/31/2020

In accordance with Title 7 of Nevaua Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B20191227468516 You may verify this certificate online at http://www.nysos.gov IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/27/2019.

Borbara K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

SECRETARY OF STATE



DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that LIFECARE MEDICAL SUPPLIES WEST INC did, on 12/16/2019, file in this office the original ARTICLES OF INCORPORATION-FOR-PROFIT that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



Certificate Number: B20191227468503 You may verify this certificate

online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/27/2019.

Barbara K. Cegarste

BARBARA K. CEGAVSKE Secretary of State

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 03 19 200

Each MDEG shall employ an administrator at all times. The administrator must be:

- 1. A natural person.
- 2. Have a high school diploma or its equivalent.
- 3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
- 4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
- 5. Be approved by the board.
- 6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	LIFECARE	Medical Supplie	s Wes	+ Inc	
	Apache Rd, Ste 1	Moture et all			
Name a	nd Address of Busin	ess for Which	MDEG A	Administrator	Is Requested
	If applicable, Na	ame Under Wh	ich It Is I	Now Operated	<u></u>

1. PERSONAL INFORMATION:

BRIONES Last Name	LIAHONA First Name	MAGLASAN6 Middle Name
Alias(es, Nicknames, Maiden Name	e, Other Name Changes, Legal or	Otherwise)
Present Residence Address-Street	or RFD City	NV , 99 22 State/Zip
Present Business Address	cates LAS VECAS	NV, 89148 State/Zip
Present Position with the MDEG	ates 01-01-2020	
Phone: 702 645 - 5730	Fax: 702-780 -	4887
Email address: LAI @ LIFECAREME	DICALRX. COM / LIAHONARR	IONES @ SMAIL . COM
Date of Birth P	ORMOC (ITY . PHILIPPINEC lace of Birth (City, County, State)	
Age S	ocial Security Number	FEMALE Sex
BROWN BROWN Color of Hair	_ <i>l5h.lbc</i> Weight	<u>Б'</u> 4 Height
Scars, tattoos or distinguishing mar	ks and/or characteristics	
Are you a citizen of the United State	es? Yes No □	
If alien, registration No		
If naturalized, certificate No	Date	1-17-2015
Place LAS VEGAS , NEVAL	OA (If naturalized	, document must be verified.

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

01 - 2019	LIFECARE MEDICAL SUPPLIES	2080
Month and Year	Name/ Address of Employer/Business CUSTOMER SERVICE, CUSTOMER SERVICE, CUSTOMER SERVICE.	No of Employed Hours
PATIENT COOPDINATOR	PROCESS DHE ORDER, INVENTORY COMPOL	-/ 1101-
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

or a ¡ licen:	I have ☐ I have not ☑ been diagnose ohysical condition that would impair my alse, including alcohol or substance abuse,	bility to perform any of the essentia	or a mental illness al functions of my
1.	I have □ I have not ≥ been charged	, arrested or convicted of a felony	or misdemeanor.
2.	I have ☐ I have not ☑ been the subjection	ect of an administrative action whe	ther completed or
3.	I have □ I have not □ had a license disciplined, including any action against	suspended, revoked, surrendered t a professional license that was no	or otherwise ot made public.
lf you provi	checked "I have" to questions 1, 2 and/ode a written explanation and/or document	or 3, please include the following in ts.	formation <u>and</u>
a) b)		State:	
5)		Date:	
		Case Number:	
c)	Criminal Action:	State:	
		Date:	
		Case Number:	
		County:	
		Court:	
	. Will you be actively involved in and aw peration of the MDEG?	are of the daily	Yes ⊠ No □
ţ	5. Will you be employed fulltime with the	MDEG?	Yes ☑ No □
	.Will you be present at the site of the Muring its normal operating hours?	DEG	Yes 🗇 No 🗆
f you	answer No to questions 4, 5 or 6 please	provide a writton latter of evolunat	ion
		Data	0.0.

read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Original Signature of Applicant

5DD

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.

you have selected. If LLC use Non Public Corporation or Partnership Publicly Traded Corporation – Pages 1,2,3,4	
Physical Address: 1880 McFarland Parkway, Suite 110	☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WHCheck 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
Physical Address: 1880 McFarland Parkway, Suite 110 City: Alpharetta	GENERAL INFORMATION to be completed be all types of ownership
State: GA Zip Code: 30005 Telephone Number: 678-325-5341 Fax Number: 678-746-0717 Toll Free Number: 1-800-541-4802 E-mail: Website: www.acellapharma.com Facility Manager: Harold A. Deas, Jr Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: St. Pharmacies Practitioners Hospitals Wholesalers Other: Hypodermic Devices Poisons or Chemicals Controlled Substances (include copy of DEA)	Facility Name: Acella Pharmaceuticals, LLC
Telephone Number: 678-325-5341 Fax Number: 678-746-0717 Toll Free Number: 1-800-541-4802 E-mail: Website: www.acellapharma.com Facility Manager: Harold A. Deas, Jr Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Hypodermic Devices Poisons or Chemicals Hypodermic Devices Controlled Substances (include copy of DEA)	Physical Address: 1880 McFarland Parkway, Suite 110
Telephone Number: 678-325-5341 Fax Number: 678-746-0717 Toll Free Number: 1-800-541-4802 E-mail: Website: www.acellapharma.com Facility Manager: Harold A. Deas, Jr Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Hypodermic Devices Poisons or Chemicals Hypodermic Devices Controlled Substances (include copy of DEA)	City: Alpharetta State: GA Zip Code: 30005
Toll Free Number: 1-800-541-4802 E-mail: Website: www.acellapharma.com Facility Manager: Harold A. Deas, Jr Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Hospitals Wholesalers Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Controlled Substances (include copy of DEA)	
E-mail: Website: www.acellapharma.com Facility Manager: Harold A. Deas, Jr Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Hypodermic Devices Poisons or Chemicals Controlled Substances (include copy of DEA)	Toll Free Number: 1-800-541-4802
Professional qualifications and experience of facility manager: Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Type of Products to be handled or wholesaled by firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Hypodermic Devices Controlled Substances (include copy of DEA)	E-mail: www.acellapharma.com
Types of licensed outlets or authorized persons firm will serve: ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Other: ☐ Upper of Products to be handled or wholesaled by firm: ☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices ☐ Poisons or Chemicals ☐ Veterinary Legend Drugs ☐ Controlled Substances (include copy of DEA)	Facility Manager: Harold A. Deas, Jr
Pharmacies Practitioners Hospitals Wholesalers Other: Hospitals Wholesalers Type of Products to be handled or wholesaled by firm: Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Hypodermic Devices Controlled Substances (include copy of DEA)	Professional qualifications and experience of facility manager:
☐ Other:	Types of licensed outlets or authorized persons firm will serve:
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices ☐ Veterinary Legend Drugs ☐ Controlled Substances (include copy of DEA)	☑ Pharmacies
□ Poisons or Chemicals □ Veterinary Legend Drugs □ Controlled Substances (include copy of DEA)	Type of Products to be handled or wholesaled by firm:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

	'es □ No 🖺
(If yes, provide a copy of the certificate)	
Licensed as Manufacturer by the FDA?	es ⊠ 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 ju	risdiction? Yes □ No 私
List the top 4 suppliers your company has been associated with regard products that were sold, dispensed or distributed with the last year.	s to pharmaceutical
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, hoplease provide the number:	owever, if you do,
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 私
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 interest, ever been the subject of an administrative action, bossite fine or proceeding relating to the pharmaceutical industry'	ard citation,] No ⊠		
4. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been found guilty, pled guilty or entered a plea contendere to any offense federal or state, related to controlle substances?	f nolo d] No ⊠		
5. Has the corporation, any owner(s), shareholder(s) or partn interest, ever surrendered a license, permit or certificate of recoluntarily or otherwise (other than upon voluntary close of a f	istration] No 图		
If the answer to question 1 through 5 is "yes", a signed statem Copies of any documents that identify the circumstance or cordisposition may be required.	ent of explanation mentain an order, agree	ust be attached. ment, or other		
I hereby certify that the answers given in this application and a correct. I understand that any infraction of the laws of the Sta operation of an authorized pharmacy may be grounds for the	te of Nevada regulati	na the		
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	<u> </u>		
Harold A. Deas, Jr	12/9/2019			
Print Name of Authorized Person	Date			
Board Use Only Date Processed:	nmount: 500.00			

(Limited Liability Company)

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

	f Incorporation: _	Delaware					
Parent	Company if any:	Acella Holdings,	LLC				· · · · · · · · · · · · · · · · · · ·
Mailing	Address	McFarland Parkwa	y, Suite				
City:	Alpharetta		_State:_	GA	Zip: _	30005	
Telepho	one: <u>678-325-534</u> 1		_Fax: _	679746-07	17		
Contact	t Person: Harol	d A. Deas, Jr					
	corporation non- List top 4 persons					rnoratio	n?
,	a) Acella Holdin	gs, LLC		McFarland Pa	ırkway, Sui	•	Alpharetta, GA 30005
	Name	9	В	usiness Addr	ess		
b	O)Name	?	В	usiness Add	ress		
C	C)Name			usiness Add			
d	name d)	3	Б	usiness Add	ress		
C	Name)	В	usiness Addr	ess		
2) F	Provide the number	er of shares issue	ed by th	ne corporat	ion	N/A	·
3) V	What was the pric	e paid per share	?		N/A		
	da business licen	•		ver if the w	holesale	er has a	Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.

	Acella Pharmaceuticals, LLC - Officers	LC - Offic	ers
Full Name	Title	D.O.B B	Business Address
Harold A. Deas, Jr	Harold A. Deas, Jr CEO, Treasure and Secretary		McFarland Parkway, Alpharetta, GA 30005
Chris Schwab	Vice President & General Counsel		McFarland Parkway, 5 Alpharetta, GA 30005



STATE OF GEORGIA

Department of Community Health

Georgia State Board of Pharmacy Wholesaler Pharmacy

License No. PHWH004316

Status: Active

Acella Pharmaceuticals LLC 1880 McFarland Pkwy Ste 110 Alpharetta GA 30005

Expires: 6/30/2021 Issued: 3/16/2018

Real-time license verification is available at gadch mylicense com/verification

Above is your wall license to practice your profession. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.

Please notify the Board if you have a change of address or otherwise need to update your records.



STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Wholesaler Pharmacy
License No. PHWH004316 - Active

Acella Pharmaceuticals LLC 1880 McFarland Pkwy Ste 110 Alpharetta GA 30005

Issued 3/16/2018 Expires 6/30/2021

Real-time license verification is available at gadch mylicense com/verification

ıme: Acella Pharmaceuticals LLC vner: idress: 1880 McFarland Pkwy Ste 110 Alpharetta GA 30005 **Primary Source License Information** ofession: Pharmacy License No: PHWH004316 License Status: Active cense Type: Wholesaler Pharmacy Obtained By Method: Application License Subtype: sue Date: 3/16/2018 **Expiration Date:** 6/30/2021 Last Renewal Date: 4/16/2019 Discipline Information - Public Board Orders -If a public board order exists, it may be listed below. Public Board Order means that there is a public document concerning the licensee.

The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action. Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist. **Associated Licenses** No data available You may close this window to return to your search results

ata current as of: June 10, 2019 11 29:24

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

Drug Establishments Current Registration Site

<u>TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)</u>



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 Acella

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Acella Pharmaceuticals, LLC	3006691461	825380939	MANUFACTURE; RELABEL;	1880 McFarland Pkwy Ste 110, Alpharetta, Georgia (GA) 30005, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Sunday, Mar 22, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

10x1x-6/20

Drug Establishments Current Registration Site

f <u>SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)</u>

<u>▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)</u>

IN 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 Acella

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Acella Pharmaceuticals, LLC	3006691461	825380939	MANUFACTURE; RELABEL;	1880 McFarland Pkwy Ste 110, Alpharetta, Georgia (GA) 30005, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Wednesday, Mar 25, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACELLA PHARMACEUTICALS, LIC" 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 DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACELLA PHARMACEUTICALS, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2007.

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

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

Authentication: 204265692

Date: 12-19-19

4453175 8300 SR# 20198772479

Harold A. Deas, Jr. (Art) **Dinsmore Road** Alpharetta, Georgia 30004 Fa

Phone

Mobile

Accomplishments

Twenty six years Pharmaceutical and Biotech industry experience in leadership positions of management, research, education, product development sales and marketing, with a track record of success in all these capacities.

As District and Area Manager, my teams have been leaders in market share and sales results for the past five years. With these results I received the District Manager of the Year award in 1998 and Sales Management Team of the Year award in 1999.

As project team leader on building a new sales force and sales force expansion I was responsible for recruiting, interviewing and hiring over fifty new top performing associates. This initial hiring included the role out of a new specialty strike force team that launched a billion dollar respiratory product. This hiring excellence has been documented by four years of region leading performance in the launching of six new products or indications.

Objective

Utilize my leadership skills to contribute to the success and expansion of a growth-oriented company in the biotech or pharmaceutical industry.

Experience

2017 - Present Alliant Pharmaceutical Services, LLC **Chief Executive Officer**

2011 - Present Acella Pharmaceuticals, LLC Chief Executive Officer

2007 - 2011 Acella Pharmaceuticals, LLC **Chief Operating Officer**

2004 - 2007 Alliant Pharmaceuticals, LLC Vice President, Sales and Marketing

2001-2004

Genentech, Inc.

Atlanta, GA

Regional Manager

- Responsible for building new sales team for a nine-state region, which will include 4 managers and thirty five sales associates
- Task force leader on sales force sizing and recruiting
- Was awarded the responsibility of implementing 24 nationwide advisory panels for over 300 top thought leaders in the field of respiratory medicine
- Task force member on distribution, reimbursement and managed care
- Regional responsibility for key opinion leader development

1999-2001	Aventis Pharmaceuticals	Atlanta, GA
Α	Manager	
r e a S	 Built new sales team for a five- responsible for teaching and to knowledge and the overall com 	aining, selling skills, product
a I e	of five years. 100% of team	o quota results in the region four out exceeded plan and received sales the Sales Management Team of the

- this position I have had zero negative turnover of associates
- ₩ask force leader on recruiting, hiring and retention policies
- Fearn leader for developing collaborative goal setting and business plans for all promoted products across the area

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9 9 9 a r d

- Responsible for managing a \$400,000 advertising and promotional budget for marketed products
- Developed and implemented strategy and tactics for diabetes product, which resulted in market share growth, double that of the region and the nation
- Highly successful managed care pull-through tactics, strategy and formulary acceptance

1996-1999 Hoechst Marion Roussel , Inc. Atlanta, GA

District Sales Manager

- Excellence in Leadership Award 1997
- Quarterly Excellence in Leadership Award 1997 and 1998
- Launched new Allergy product, which resulted in sales growth from zero to eighteen million dollars in thirty-six months
- Member of task force that developed Strategic Performance Management plan to be used as evaluation and development tool for all sales associates. This included standardized mid year and annual reviews as well as a behavioral anchored rating system for self evaluation and quarterly performance plan for developmental opportunities
- Responsible for management of operations budgets for promotion, salary and expenses

Implemented strategic plans to build product knowledge excellence across the team, which resulted in test score averages of 99%

1992-1996 Marion Merrell Dow, Inc. Atlanta, GA

Professional Education Research Specialist

In this position I was a member of the Global Therapeutic Marketing team for respiratory products. Responsibilities included development of the three-year market development and launch plans for Allegra

- Developed and implemented eight consultant meetings with thought leaders in the therapeutic areas of oncology cardiologyallergy, primary care and managed care
- Market preparation for investigational products in the field of oncology, neurology, respiratory, cardiolog, infectious disease and endocrinology
- Advocate development responsibility for eleven teaching institutions, ten managed care companies and twenty associations across five states
- Identified, recruited, marketed and monitored 25 clinical studies on investigational pharmaceutical products
- Responsible for advocate development and professional education across five states with an annual budget of \$250,000 for programs and grants
- Provided presentations and training to internal personnel on investigational drug results including efficacy, safety, pharmacoeconomics and quality of life data
- This position resulted in speeding profitability of newly launched products
- Responsible for teaching, training and adherence to regulatory guidelines for the marketing and research of pharmaceutical products
- In 1996, received the Professional Education Researcher of the Year award

1985-1992 Marion Laboratories/Marion Merrell Dow Chattanooga, TN

Senior Professional Sales Representative/Field Trainer

- Expanded sales of core products over thirty percent each year for seven years
- Responsible for training new sales associates on all required competencies of the job
- Large account management and teaching institution experience
- Critical care sales experience including emergency room, cardiac catherization lab, SICU, CCU and ICU

- Recognized leader in selling skills and product knowledge
- Achieved 100% formulary coverage of all marketed products in institutional, federal and local accounts
- Received company's highest award four years in a row
- Received two national awards for outstanding sales results and overall job performance
- Promoted twice while in this position
- Promoted to District Sales Advisor

Education

1980-1984 University of South Carolina

Columbia, South Carolina

B.S., Biology and Chemistry

1996-2000 Edinburgh Business School

Edinburgh, Scotland

Masters in Business Administration

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. 10/223576		
Application/License No.	-	
Avion Pharmaceuticals, LLC, doing	g or intending to do business as a	
Applicant/Principal		
pharmaceutical wholesaler, whose address for McFarland Road, St. Alpharetta, GA 30005	for purposes of service is	
Address of Applicant/Princip	, as	
PRINCIPAL, and Travelers Casualty & Surety Company of	f America	
Surety Co	, , u	
corporation organized under the laws of the s	state of Connecticut	
and authorized to transact a general surety b	State of Incorporation Dusiness in the State of	
Nevada, whose address for purposes of serv	vice is	
One Tower Square, Hartford, CT 06183	as	
SURETY, are held and firmly bound unto the State Board of Pharmacy for the penal sum of DOLLARS (\$25,000.00), for which payment were supported to the penal sum of the penal sum	State of Nevada and to the Nevada of TWENTY-FIVE THOUSAND we bind ourselves, our heirs, executo	rs.
administrators, successors and assigns jointly bond term shall become effective on 02/24/2020	ly and severally, by these presents. T	his
Effe	fective 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.

	ond has caused it to be executed on this , 20 ²⁰
APPLICANT/PRINCIPAL	SURETY COMPANY
Authorized Representative	Surety Company's Representative
	Rena M. Casprowitz , Attorney-in-fact print name
SIGNED and SEALED in the presence of: Shahela Moore Witness	SIGNED and SEALED in the presence of: Witness
Lione Braun Witness	Butte Mile
	Nevada Resident Agent Rena M. Casprowitz NV #549630

Cragin & Pike, Inc. #257

W. Charleston Boulevard, Las Vegas, NV 89102

NOTARIAL ACKNOWLEDGEMENT

State of <u>NEVADA</u>

County of CLARK

On the 24th day of <u>FEBRUARY</u> in the year 2020, before me personally appeared <u>RENA M. CASPROWITZ</u> known to me to be the <u>ATTORNEY-IN-FACT</u> of the <u>TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA</u>, known to me to be the person who executed the within Instrument, on behalf of the Corporation, therein names, and acknowledged to me that such Corporation executed the same.

Sarina Kowall

My commission expires 11/30/2021





Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Rena M Casprowitz of Las Vegas, Nevada, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February, 2017.

TO THE PERSON NAMED IN COLUMN
State of Connecticut

City of Hartford ss.

By: Robert | Rangy Setter Vice Provident

On this the **3rd** day of **February**, **2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021

SOUTH AND THE PROPERTY OF THE

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Vice President, any Senior Vice President, any Vice Presiden

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 7 4 they of t



Band # 107223575

Kevin E. Hughes, Assistant Secretary

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. 10/2235/5		
Application/License No		
Acella Pharmaceuticals, LLC	, doing or intending to do	o business as a
Applicant/Principal		
pharmaceutical wholesaler, who		ervice is
	etta, GA 30005	, as
PRINCIPAL, and Travelers Casualty a	of Applicant/Principal	_ *
Tringon AL, and hardens casually a	Surety Company	, a
corporation organized under the		
arperenter organized andorun		of Incorporation
and authorized to transact a ge	neral surety business in the Sta	ate of
3		
Nevada, whose address for pur	poses of service is	
One Tower Square, Hartford, CT 06183	p = = = = = = = = = = = = = = = = = = =	00
	Address of Surety	as
SURETY, are held and firmly be	ound unto the State of Nevada	and to the Nevada
State Board of Pharmacy for the	e penal sum of TWENTY-FIVE	THOUSAND
DOLLARS (\$25,000.00), for wh	ich navment we bind ourselves	THOUSAND
administrators successors and	conjugate in the and a support to	s, our neirs, executors,
administrators, successors and	assigns jointly and severally, b	y these presents. This
bond term shall become effective		
	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.

	oond has caused it to be executed on this , 20 ²⁰ .
APPLICANT/PRINCIPAL	SURETY COMPANY
Hawket North Authorized Representative	Surety Sompany's Representative
	Rena M. Casprowitz , Attorney-in-fact print name
SIGNED and SEALED in the presence of: Shahda Morg Witness	SIGNED and SEALED in the presence of: Witness
Lione Brown Witness	Budjueenulu
	Nevada Resident Agent Rena M. Casprowitz NV #549630

Cragin & Pike, Inc. #257

(702) 877-1111

2603 W. Charleston Boulevard, Las Vegas, NV 89102

391

NOTARIAL ACKNOWLEDGEMENT

State of <u>NEVADA</u>

County of CLARK

On the 24th day of <u>FEBRUARY</u> in the year 2020, before me personally appeared <u>RENA M. CASPROWITZ</u> known to me to be the <u>ATTORNEY-IN-FACT</u> of the <u>TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA</u>, known to me to be the person who executed the within Instrument, on behalf of the Corporation, therein names, and acknowledged to me that such Corporation executed the same.

Sarina Kowall

My commission expires 11/30/2021

SARINA KOWALL Notary Public State of Nevada No. 18-1012-1 My Appt. Exp. November 30, 2021



Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Rena M Casprowitz of Las Vegas, Nevada, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February, 2017.

HPUTESTO, COASI

HAPTFORD CONN

COMPONENT SHALL SH

State of Connecticut

City of Hartford ss.

By: Poport I Poport Settle Vice President

On this the 3rd day of February, 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021

C. TETRE SOTANIE CONTECTED &

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice Presiden

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 11 Tay o



Bard #
107223575

Kevin E. Hughes, Assistant Secretary

5EE

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

application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the

☑New Wholesaler or ☐Ownership Change (Provide current lice Check box below for type of ownership and complete all required you have selected. If LLC use Non Public Corporation or Par ☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ ☐ Non Publicly Traded Corporation — Pages 1,2,3,5,6 ☐	ired forms for type of ownership that the threship Partnership - Pages 1,2,3,7,8
GENERAL INFORMATION to be completed be all type	es of ownership
Facility Name: Althera Pharmaceuticals LLC	
Physical Address: 89 Headquarter Plaza #1448	
City: Morristown State: NJ	Zip Code: 07960
Telephone Number: (973) 387-9771 Fax Num	nber: (973) 775-9537
Toll Free Number: N/A	
E-mail: charmaine.dias@altherainc.com Website: http://d	altherapharma.com
Facility Manager: Marie Charmaine Dias	
Professional qualifications and experience of facility man	nager: See attached.
Types of licensed outlets or authorized persons firm will	serve:
☐ Pharmacies ☐ Practitioners ☐ Other:	Hospitals 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

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	s □ No ☑
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	s ☑ No □
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political juris	* * * * * * * * * * * * * * * * * * * *
List the top 4 suppliers your company has been associated with regards to products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name: N/A	
Address:	
Name: N/A	
Address:	
Name: N/A	
Address:	
Name: N/A	
Address:	
A licensee is not required to have a Nevada State Business License, how please provide the number: N/A	vever, if you do,
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 ☑
ogioa adom.	1 CO INO KI

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been the subject of an administrative action, board site fine or proceeding relating to the pharmaceutical industry?	
4. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been found guilty, pled guilty or entered a plea of a contendere to any offense federal or state, related to controlled substances?	
5 Use the compation and compation about holder(a) or norther	/ A
5. Has the corporation, any owner(s), shareholder(s) or partner interest, ever surrendered a license, permit or certificate of regis voluntarily or otherwise (other than upon voluntary close of a factorial statement of the corporation of the	stration
If the answer to question 1 through 5 is "yes", a signed statement Copies of any documents that identify the circumstance or contadisposition may be required.	
I hereby certify that the answers given in this application and att correct. I understand that any infraction of the laws of the State operation of an authorized pharmacy may be grounds for the re-	of Nevada regulating the
I have read all questions, answers and statements and know the under penalty of perjury, that the information furnished on this a correct. I hereby authorize the Nevada State Board of Pharmacy employees, to conduct any investigation(s) of the business, prof background, qualification and reputation, as it may deem necessity.	pplication are true, accurate and y, its agents, servants and fessional, social and moral
Original Signature of Person Authorized to Submit Application, r	no copies or stamps
Print Name of Authorized Person Da	4/27/2024 ate
	es a
Board Use Only Date Processed: An	nount:

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership:	(General	Limited X
List names of 4 largest partners and percentag	e of ownership	:	
Name: Sanjeev Agarwal		%	o: 76
Name: Marie Charmaine Dias		%	: 24
Name:		%	o:
Name:		%	o:
Partnership Name: Althera Pharmaceuticals L Mailing Address: 89 Headquarter Plaza #1448			
City, State Zip Code: Morristown, NJ 07960			
Telephone Number: (973) 387-9771	_Fax Number:	(973) 775-953	7
Contact Person: Marie Charmaine Dias			
A Nevada business license is not required, how license please provide the number: N/A	vever if the who	olesaler has a N	levada business

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond
 or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond
 or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers only".



NEW JERSEY DEPARTMENT OF HEALTH CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0740139

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 89 HEADQUARTERS PLZ MORRISTOWN, NJ 07960-

Reg. No. 5005766

ALTHERA PHARMACEUTICALS LLC 89 HEADQUARTERS PLZ MORRISTOWN, NJ 07960-

ISSUED PURSUANT TO N.J.S.A. 24:6B

wholesaler which conducts business at the following locations in this State:

EXPIRES: January 31, 2021

Establishment Copy

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:00 PM 08/14/2018
FILED 01:00 PM 08/14/2018
SR 20186162199 - File Number 7015417

CERTIFICATE OF FORMATION OF LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is Althera Pharmaceuticals, LLC.

SECOND: The address of its registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, DE 19808. The name of its Registered Agent at such address is The Company Corporation.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation on this 13th day of August, 2018.

The Company Corporation, Organizer

BY: /s/ Margaret Rosado

NAME: Margaret Rosado Assistant Secretary

NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF REGISTRATION

ALTHERA PHARMACEUTICALS, LLC 0450298742

The above-named FOREIGN LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 08/21/2018 and was assigned identification number 0450298742. Following are the articles that constitute its original certificate.

1. Name:

ALTHERA PHARMACEUTICALS, LLC

2. Registered Agent:

CORPORATION SERVICE COMPANY

3. Registered Office:

PRINCETON SOUTH CORPORATE CTR STE 160, 100 CHARLES EWING BLVD EWING, NEW JERSEY 08628

4. Business Purpose:

DEVELOPMENT AND COMMERCIALIZATION OF PHARMACEUTICAL PRODUCTS.

5. Incorporated Under the Laws of:

DELAWARE ON 08/14/2018

6. Effective Date of this filing is:

08/21/2018

7. Main Business Address:

1448 89 HEAD QUARTERS PLAZA MORRISTOWN, NEW JERSEY 07960

Signatures:

MARIE C DIAS AUTHORIZED REPRESENTATIVE SANJEEV AGARWAL AUTHORIZED REPRESENTATIVE



Certificate Number | 4060322022 Verify this certificate online at https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal 21st day of August, 2018

Shep of Men

Elizabeth Maher Muoio State Treasurer

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

ALTHERA PHARMACEUTICALS, LLC 0450298742

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on August 21, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARIE CHARMAINE DIAS 1448 89 HEADQUARTER PLAZA MORRISTOWN, NJ 07960



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 3rd day of April, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6106416641

Verify this certificate online at

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

Drug Establishments Current Registration Site

f	SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?
U:	HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

<u>TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)</u>

 \pm

■ 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 Althera

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
India Palinia Limited	Concreted/20	*************************************	Firmois;	Concentra Income	42/24/2020
Company	210000	0,70101070	WALLEY CATES	The cross	
Althera Pharmaceuticals,LLC	3015413583	116817996	MANUFACTURE;	89 Headquarters Plaza Suite 1448, Morristown, New Jersey (NJ) 07960, United States (USA)	12/31/2020

Showing 1 to 3 of 3 entries

Previous1Next

Data Current through: Wednesday, Apr 22, 2020

John WEN



Drug Establishments Current Registration Site

f share (https://www.facebook.com/sharen/sharer.php?u=https://www.accessdata.eda.gov/scripts/cder/dris/getdris.cem)

▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

IN LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFW&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/YURL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

+1

D PRINT MAIL (MAILTO:7SUBJECT=DRIJG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for Althera Pharmaceuticals

CSVExcel

Address	89 Headquarters Plaza Suite 1448, Morristown, New Jersey (NJ) 07960,
Business Operations	116817996 MANUFACTURE;
DUNS	116817996
FDA Establishment Identifier	3015413583
Firm Name	Althera

United States (USA)

Expiration

12/31/2020

Showing 1 to 1 of 1 entries

Pharmaceuticals, LLC

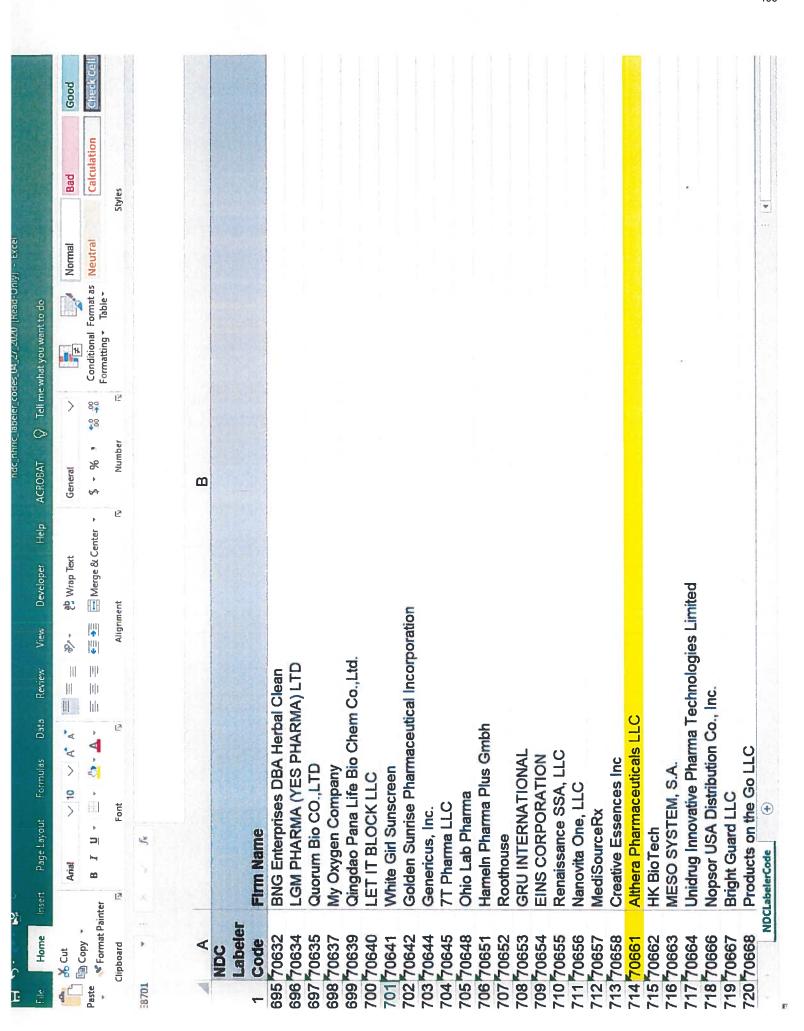
Previous1Next

Data Current through: Monday, Apr 27, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

4/27/2020, 1:17 PN

4/27/2020, 1:17 PM



t Email	charmaine.dias@altherainc.com
Facility Contact Email	charmaine.dias(
Facility Contact Name	Charmaine Dias
Address	89 Headquarters Plaza Suite 1448 Morristown NJ
Reporting Year	2020
License Expire	01/31/2021
License State	rn-sn
License	5005766
Facility Type	WDD
Facility Name	Althera Pharmaceuticals, LLC

Showing 1 to 1 of 1 entries Previous1Next

4/27/2020, 1:14 Pr

Wholesale Distributor and Third-Party Logistics Providers Reporting

f share (https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.eda.gov/scripts/cder/wdd3plreporting/wdd.cem)

■ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDERS REPORTING&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/WDD2PLREPORTING
(WDD.CFM)

in Linkedin (https://www.linkedin.com/sharearticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/wdd3plreporting/wdd.cem&title=wholesale distributor and third-party Logistics providers reporting&source=fda)

★ ■ EMAIL (MAILTO:?SUBJECT=WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDERS REPORTING&BODY=HTTPS://WWW,ACCESSDATA.FDA.GOV/SCRIPTS/CDER/WDD3PLREPORTING/WDD.CFM)

PRINT

About this Database (https://www.fda.gov/DrugSafety/DrugIntegrityandSupplyChainSecurity/DrugSupplyChainSecurityAct/ucm423749.htm) | Back to Search Page (index.cfm)

Search Results for: "Althera"

Show 10 rowsCSV

Filter:

	Facility Contact Email
Facility Contact	Name
	Address
Reporting	Year
License	Expire
License	State
License	Number
Facility	Type
	Facility Name

RESUME

Marie Charmaine Dias

Director Operations
Althera Pharmaceuticals LLC

Office Address: 89, Headquarters Plaza, Morristown, NJ 07960, USA

Email: charmaine.dias@altherainc.com

Phone: +1-973-387-9781

US Citizen

PROFILE

- Over 20 years of experience in business operations, with over 10 years in pharmaceutical business
- Proven organizational, problem solving and communication skill
- Co-investor and Co-founder of Althera in multiple continents including USA, Europe and Asia
- Built supply chain operations with supply and distribution in over 12 markets with over 50 SKUs
- Patent granted for 2 US patents
- Pending patents for additional 3 patents worldwide

PROFESSIONAL EXPERIENCE

Various roles with most recent as

Director Operations

Althera Pharmaceuticals LLC and Althera Life Sciences LLC

2010 – till date

Leads Supply Chain operations for the company

- Previously responsible for development execution of three complex pharmaceutical products including successful registration in multiple markets
- Co-founder of the company
- Oversaw oversees business development and administrative activities

Various roles at General Electric Group of companies including GE Life Sciences, USA, Europe and Asia 1998-2009

- Work areas included Operations, Administration and Human Resources
- Industries included Life Sciences, Media, Financial Services

EDUCATIONAL QUALIFICATIONS

M.A. 1994-1996,

Tata Institute of Social Sciences

Specialization Areas: Personnel Management and Industrial Relations

B.A 1991- 1994

Specialization: Psychology

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. <u>\$327848</u>		
Application/License No.	···	
Althera Pharmaceuticals LLC	doing as intending to	do businos es e
Applicant/Principal	, doing or intending to	do business as a
pharmaceutical wholesaler, wh 89 Headquarter Plaza, Suite 1448, Morristown		
	s of Applicant/Principal	, as
PRINCIPAL, and NGM Insurance Cor		. a
	Surety Company	, a
corporation organized under th		
and authorized to transact a ge	State	e of Incorporation State of
Nevada, whose address for pu	rposes of service is	
55 West Street, Keene, NH 03431		as
SURETY, are held and firmly b State Board of Pharmacy for th	ne penal sum of TWENTY-FIV	E THOUSAND
DOLLARS (\$25,000.00), for wh		
administrators, successors and		, by these presents. This
bond term shall become effecti	ve on April 23, 2020	
	Effective Date	

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

	, 2020.
APPLICANT/PRINCIPAL	SURETY COMPANY
Charmone Das. Authorized Representative	Jount Cheaners Surety Company's Representative
	Donn M Chichcone Attorney-in-fact
SIGNED and SEALED in the presence of: Witness	SIGNED and SEALED in the presence of: KOVER OR Read Witness Karen A. Read
Witness	Witness Travis Shafter
s e	Countersigned by: Wevada Resident Agent



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That NGM Insurance Company, a Florida corporation having its principal office in the City of Jacksonville, State of Florida, pursuant to Article IV, Section 2 of the By-Laws of said Company, to wit:

"SECTION 2. The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

does hereby make, constitute and appoint Donna M. Chiancone its true and lawful Attorney-in-fact, to make, execute, seal and deliver for and on its behalf, and as its act and deed, bond number S327848 dated April 23, 2020.

on behalf of Althera Pharmaceuticals LLC

and to bind NGM Insurance Company thereby as fully and to the same extent as if such instrument was signed by the duly authorized officers of the NGM Insurance Company; the acts of said Attorney are hereby ratified and confirmed.

This power of attorney is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Directors of NGM Insurance Company at a meeting duly called and held on the 2nd day of December 1977.

Voted: That the signature of any officer authorized by the By-Laws and the company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either given for the execution of any bond, undertaking, recognizance or other written obligation in the nature thereof; such signature and seal, when so used being hereby adopted by the company as the original signature of such officer and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, NGM Insurance Company has caused these presents to be signed by its Vice President, General Counsel and Secretary and its corporate seal to be hereto affixed this 7th day of January, 2020.

NGM INSURANCE COMPANY By:

Kimbuly K. Law
Kimberly K. Law
Vice President

General Counsel and Secretary

State of Florida, County of Duval.

On this 7th day of January, 2020, before the subscriber a Notary Public of State of Florida in and for the County of Duval duly commissioned and qualified, came Kimberly K. Law of the NGM Insurance Company, to me personally known to be the officer described herein, and who executed the preceding instrument, and she acknowledged the execution of same, and being by me fully sworn, deposed and said that she is an officer of said Company, aforesaid: that the seal affixed to the preceding instrument is the corporate seal of said Company, and the said corporate seal and her signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Company; that Article IV, Section 2 of the By-Laws of said Company is now in force.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Jacksonville, Florida this 7th day of January, 2020.

Hotely Palitic State of Portice Land Report o

I, Nancy Giordano-Ramos, Vice President of the NGM 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. IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Company at Jacksonville, Florida this 23rd day of April, 2020.

WARNING: Any unauthorized reproduction or alteration of this document is prohibited. TO CONFIRM VALIDITY of the attached bond please call 1-603-358-1343.

TO SUBMIT A CLAIM: Send all correspondence to 55 West Street, Keene, NH 03431 Attn: Bond Claim Dept. or call our Bond Claim Dept. at 1-603-358-1229.



I certify that at the Annual Meeting of the Directors of the NGM Insurance Company duly called and held at Jacksonville, Florida on March 12th, 2020, the following officers were elected and remain in office:

CHRISTOPHER R. LISTAU	CHIEF EXECUTIVE OFFICER AND PRESIDENT
JEFFREY B. KUSCH	EXECUTIVE VICE PRESIDENT, AND CHIEF OPERATING OFFICER
THERESA E. BREUNIG-SILBERNAGEL	SENIOR VICE PRESIDENT, ENTERPRISE SOLUTIONS
KIMBERLY K. LAW	VICE PRESIDENT, GENERAL COUNSEL & SECRETARY
JOESEPH D. FREITAS	VICE PRESIDENT, CHIEF FINANCIAL OFFICER & TREASURER
MICHAEL D. LANCASHIRE	SENIOR VICE PRESIDENT, CLAIMS
DAVID S. MEDVIDOFSKY	SENIOR VICE PRESIDENT, HUMAN RESOURCES
NANCY L. GIORDANO-RAMOS, ROBERT T. HETZE DARRYL J. OSMAN, JANET M. ROOT, JAMES E. VE PRIYESH A. PATEL, STEVEN C. KILINGERMANN, J	L, JR., ETTEL, SARAH C. BOURDEAU, R, CHRISTOPHER L. COXVICE PRESIDENTS

I further certify that the following statement of the Company is true as taken from the records of said Company as of December 31, 2019.

ADMITTED ASSETS

Bonds at Amortized ValuesStocks at Market Value	
First Mortgage Loans	
Real Estate	
Cash in Office and Banks	(18,354,291)
Short Term Investments	
Agent's Balance (Less than 90 Days)	271,920,238
Accrued Interest	564,262
Other Assets	272,692,532
TOTAL ADMITTED ASSETS	793,404,370

LIABILITIES

Reserve for Losses	
Reserve for Loss Adjustment Expenses	0
Reserve for Unearned Premiums	
Reserve for Other Underwriting Expenses	43,754,439
Reserve for Taxes, Licenses, and Fees	5,657,282
Loss Drafts in Transit	0
Other Liabilities	123,348,281
Total Liabilities	172,760,002
Policyholders' Surplus	620,644,368
TOTAL	\$ 793,404,370

Securities as deposited by law, included above = \$5,512,528

I further certify that the following is true and exact excerpt from Article IV, Section 2 of the By-Laws of NGM Insurance Company which is still valid and existing.

The board of directors, the president, any vice president, secretary, or the treasurer shall have the power and authority to appoint attorneys-in-fact and to authorize them to execute on behalf of the company and affix the seal of the company thereto, bonds, recognizances, contracts of indemnity or writings obligatory in the nature of a bond, recognizance or conditional undertaking and to remove any such attorneys-in-fact at any time and revoke the power and authority given to them."

Subscribed and sworn to before me on this day of March,

IN WITNESS THEREOF I hereunto subscribe my name and affix the seal of said company this _____ day of March,______

Kimberly K. L

Vice President, General Counsel & Secretary





Notary Public State of Florida Lisa K Penton My Commission GG 928597 Expires 12/17/2023

68-1191 (3/20)

5FF

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 02552 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: Amring Pharmaceuticals Inc.			
Physical Address: 1205 Westlakes Drive, Suite 275			
City: Berwyn State: PA Zip Code: 19312 -2432			
Telephone Number: (844) 304-4828 Fax Number: (610) 647-3000			
Toll Free Number: N/A			
E-mail: Website: www.amringusa.com			
Facility Manager: Daniel J. Carbery			
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, Repackagers, Nursing Home Pharmacies, Clinics 			
Type of Products to be handled or wholesaled by firm:			
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: 			

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 managemen	
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 regard products that were sold, dispensed or distributed with the last year.	rds to pharmaceutical
Name: N/A	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, please provide the number: <u>E0513152015-8</u>	however, if you do,
1. Has the corporation, any owner(s), shareholder(s) or partner(s) wit any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	th Yes □ No ⊠
2. Has the corporation, any owner(s), shareholder(s) or partner(s) wit any interest, ever been denied a license, permit or certificate of registration?	
regionation!	Yes 🗆 No 🛛

This page must be submitted for all types of ownership.

Board Use Only Date Processed: Amount: 60	D.00
Print Name of Authorized Person Date	
Daniel Carbery 1/15/	20
	,
Original Signature of Person/Authorized to Submit Application, no copies or	
\circ	
employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	cial and moral or desirable.
correct. I hereby authorize the Nevada State Board of Pharmacy, its agents,	servants and
I have read all questions, answers and statements and know the contents th under penalty of perjury, that the information furnished on this application are	ereof. I hereby certify,
operation of an authorized pharmacy may be grounds for the revocation of t	his permit.
I hereby certify that the answers given in this application and attached docur correct. I understand that any infraction of the laws of the State of Nevada r	nentation are true and equiating the
disposition may be required.	
If the answer to question 1 through 5 is "yes", a signed statement of explana Copies of any documents that identify the circumstance or contain an order,	agreement, or other
•	
interest, ever surrendered a license, permit or certificate of registration	Yes □ No ⊠
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any	
contendere to any offense federal or state, related to controlled substances?	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	
	TES LINO A
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 ⊠
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any	

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware	
Parent Company if any: SEVER Life Scient	ences BV
Mailing Address:	Hoofddorp, Netherlands
City:	State:Zip:
Telephone:	Fax: 41 58 3.1 0106
Contact Person: Erik Schropp	
For any corporation non-publicly traded 1) List top 4 persons to whom the s	
Draupnir a) Drapnor Holding BV	
Name	Sirius dreef 41, 2132 WT Hofdling, Neth. Business Address
b) N/A	
Name	Business Address
c)_N/A	
Name	Business Address
d) N/A Name	Pusings Address
	Business Address
Provide the number of shares iss	sued by the corporation. <u>N/A</u>
3) What was the price paid per shar	re? N/A
A Nevada business license is not requir license please provide the number:	red, however if the wholesaler has a Nevada business

Include with the application for a non-publicly traded corporation

<u>List of officers and directors</u> See Attachment D

<u>Certificate of Corporate Status</u> (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 E



Business Register extract Netherlands Chamber of Commerce

CCI number 74996207

Page 1 (of 3)

The company / organisation does not want its address details to be used for unsolicited postal advertising or visits from sales representatives.

Legal entity

RSIN

860102233

Legal form

Besloten Vennootschap (comparable with Private Limited Liability Company)

Statutory name

SEVER Life Sciences B.V.

Corporate seat First entry in Business Hoofddorp 04-06-2019

Register

Date of deed of incorporation 29-05-2019 Date of deed of last

05-07-2019

amendment to the Articles

of Association

Issued capital Paid-up capital

EUR 500.000,00 EUR 500.000,00

Company

Trade name

SEVER Life Sciences B.V.

Company start date

29-05-2019 (registration date: 04-06-2019)

Activities

SBI-code: 6420 - Financial holdings

Employees

0

Establishment

Establishment number

000042904536

Trade name

SEVER Life Sciences B.V.

Visiting address

Hoofddorp

Date of incorporation

29-05-2019 (registration date: 04-06-2019)

Activities

SBI-code: 6420 - Financial holdings For further information on activities, see Dutch extract.

Employees

0

Sole shareholder

Name

Draupnir Holding B.V.

Visiting address

Hoofddorp

Registered under CCI

number

34199037

Sole shareholder since

29-05-2019 (registration date: 04-06-2019)

WAARMERK KAMER VAN KOOPHANDEL A certified extract is an official proof of registration in the Business Register. Certified extracts issued on paper are signed and contain a microtext and UV logo printed on 'optically dull' paper.



Business Register extract Netherlands Chamber of Commerce

CCI number 74996207

Page 2 (of 3)

Board members

Name

Schropp,

Date of birth

Date of entry into office

29-05-2019 (registration date: 04-06-2019)

Title

Director

Powers

Jointly authorised (with other board member(s), see articles)

Name

Schram,

Date of birth

Date of entry into office

29-05-2019 (registration date: 04-06-2019)

Title

Director

Powers

Jointly authorised (with other board member(s), see articles)

Name

Hobbs, J

Date of birth

Date of entry into office

29-05-2019 (registration date: 04-06-2019)

Title

Director

Powers

Jointly authorised (with other board member(s), see articles)

Name

Pettigrew ****

Date of birth

Date of entry into office

29-05-2019 (registration date: 04-06-2019)

Title

Director

Powers

Jointly authorised (with other board member(s), see articles)

Name

Turner,

Date of birth

Date of entry into office

04-07-2019 (registration date: 17-07-2019)

Title

Directo

Powers

Jointly authorised (with other board member(s), see articles)

Name

Date of birth

Brunse,

Date of entry into office

04-07-2019 (registration date: 17-07-2019)

Title

Director

Powers

Jointly authorised (with other board member(s), see articles)

WAARMERK KAMER VAN KOOPHANDEL!

A certified extract is an official proof of registration in the Business Register. Certified extracts issued on paper are signed and contain a microtext and UV logo printed on 'optically dull' paper.



Business Register extract Netherlands Chamber of Commerce

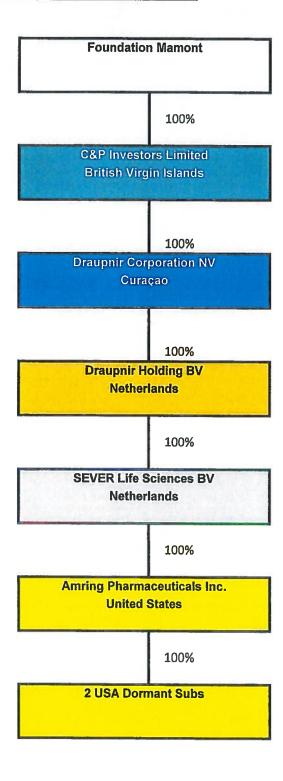
CCI number 74996207

Page 3 (of 3)

Extract was made on 25-09-2019 at 15.28 hours. For extract

F.R. Sweertman, Manager Centrale Productie en Backoffice

CONTEMPLATED GROUP STRUCTURE



Attachment B

Resident State License and Online Verification



Certificate of Registration

Certificate No. 3000010095

(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

FORUM PLACE -7th FLOOR -SUITE 701

555 WALNUT ST

HARRISBURG, PA 17101

(717) 787-4779

Drug & Device Registration

Category:

Distributor (Prescription)
Devices

AMRING PHARMACEUTICALS INC. 1205 WESTLAKES DRIVE, SUITE 275 BERWYN, PA 19312 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: November 15, 2019
Expiration Date: The Last Day of December, 2020

pennsylvania DEPARTMENT OF HEALTH

Lusan Cotto

Deputy Secretary for Quality Assurance

CAR

Rachel L. Levine, MD Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Pennsylvania Department of Health

	Drug, Device and Cosmetic Program Public Lookup
E	nter the 10-digit Certificate Number or Registrant's Name (or first few letters).
	Lookup
	Description of Certificate Categories
Y re	ou may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are esearching is not found.
•	Amring Pharmaceuticals Inc. Westlakes Drive, Berwyn, PA 19312 Certificate(s): 3000010095 issued: 11/15/2019 expires: 12/31/2020
	Back to DD&C Home

Home: Press Releases: Office of the Secretary

Bureau of Community Program Licensure and Certification: Drug, Device and Cosmetic Program: Quality Assurance

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Assembly Version Database Version

Attachment C

Facility Manager's Resume

DANIEL J. CARBERY

Media, PA19063

PROFILE

Motivated and results-driven President and General Manager with a successful track record building category-leading franchises and serving a U.S. and international customer base through highly demanding medical and retail distribution channels. Demonstrated ability to articulate and create a sense of ownership for the organization's mission with the leadership team, employees and investors. Strategically sophisticated, adept and operationally expert in key functions of a high-performing and diverse technology-driven business, including R&D, engineering, plant operations, marketing, product development and market development. Excellent collaboration, communication, interpersonal and leadership skills.

EXPERIENCE

AMRING PHARMACEUTICALS INC. Berwyn, PA Present and General Manager

Jan 2015 - Present

Founder and General Manager of specialty U.S. generic pharmaceutical business within the global, privately-held Ferring Group.

AXCENTRIA PHARMACEUTICALS, LLC. Telford, PA

Jan 2014 -- Jan 2015

CEO, Member of Board of Directors

Turned around privately-held startup development and manufacturing business in pharmaceutical, medical device, nutritional and consumer products segments. Hired to overhaul, refocus, and grow this manufacturer of liquids and semi-solids.

CARBERY STRATEGIC CONSULTING, Media, PA

2013 - 2014

President

Provided strategy, operational, and leadership consulting services for life science companies.

- Provided business carveout project management and operational guidance to a medical device firm recently purchased by Private Equity firm and undergoing separation from a Big Pharma corporation.
- Provided business development, technology development, and market expansion strategy services to private consumer healthcare product company.

ENDO HEALTH SOLUTIONS INC., Chadds Ford, PA

2001 - 2012

Rapidly growing diversified pharmaceutical company with sales of \$3.2 billion and specializing in pain management, generic drugs, urology drugs, devices and services, and healthcare IT. Promoted to diverse leadership roles from Operations VP of branded business through General Manager of generic drug business and drug implant technology business. Extensively involved in leading company licensing and acquisition activities.

Senior Vice President /President, Qualitest Pharmaceuticals (2010 - 2012)

Selected to integrate and grow sixth largest U.S. generic drug business as Division President and General Manager with full responsibility for all P&L, strategy, commercial activities, business development and R&D.

- Led acquisition integration and created new business strategy with result of growing annual sales in two years from \$480 million to \$633 million and net income from 18% to 30% of sales on a run-rate basis.
- Optimized commercial product mix, implemented new R&D portfolio management approach, rationalized R&D projects, and significantly improved supply chain performance metrics.
- Created strategic roadmap to grow to \$1.5 billion in sales and 25 billion dose units by 2015 through organic growth and targeted acquisitions to achieve strategic and sustainable scale as top 10 U.S. generic firm.

Senior Vice President, Specialty Generics and Technologies (2008 – 2010)

Selected as General Manager to turn around lagging portfolio of businesses while continuing to lead Global Operations function. Managed U.S. sales, R&D labs in NY and NJ, manufacturing in NJ, global supply chain partners and corporate quality and technical operations team.

ENDO HEALTH SOLUTIONS INC. (continued)

General Manager, Specialty Generics

- Refocused and grew \$200 million combined brand/generic drug business into a Specialty Generics business with sales growth of 17% annually from 2007 - 2010, and built product development pipeline to over 35 drugs.
- Negotiated and closed business development deals, including product licensing and acquisition with public and private
 equity firms in Asia (APAC), Europe, and the U.S., including BioVeda China Fund, Alembic, Novast, and Stason.
 Worked extensively with trade relations firm and top law firms in U.S. and China, including Skadden Arps, Arnold &
 Porter and in-house counsel.
- Managed key product and technology growth partnerships, including Alembic Pharmaceuticals and Novast Pharmaceuticals in Asia, and Lohmann Therapie-Systeme in Europe.
- Developed and executed next-stage growth strategy and led due diligence assessment for \$1.2 billion acquisition of Qualitest Pharmaceuticals to respond to accelerated consolidation and competition into the U.S. generics business.

General Manager, Implant Drug Delivery Venture

- Identified significant, but dormant, value-creating assets during acquisition of Indevus Pharmaceuticals.
- Created stand-alone internal business venture and implemented new strategy, business plan, and leadership team for polymer implant drug delivery platform over 18-month timeframe after acquisition.
- Acquired research funds, restarted product feasibility research, built focused \$3 million R&D lab, and created operating team. Efforts led to successful IND filings with FDA for two drug implant products.
- Oversaw intellectual property creation and began out-licensing of two lead pipeline products to accelerate cash flow generation.
- Transitioned leadership role to corporate development team in December 2010 in order to focus on large Qualitest acquisition.

Senior Vice President, Operations (2001 – 2008)

Member of Senior Leadership Team / Operating Committee / Vice President, Operations

Hired by Endo Co-Founders in fourth year of startup to create sustainable and cost-effective supply chain network, and to transfer all legacy products from DuPont to Endo's supply chain. Promoted to member of corporate executive team and served on governance committees for corporate profitability, product development, and organizational development.

- Built leading-edge global pharmaceutical supply chain supporting over \$1.4 billion in revenue based on highly agile management team and fully-leveraged external manufacturing and distribution network.
- Developed and implemented strategic operating plan to support company's rapid growth strategy which provided technology flexibility and capital efficiency using strategic third party distribution and manufacturing relationships.
- Managed both developmental and commercial business alliances and partnerships, including Mallinckrodt, United Parcel Services and Novartis in U.S. and Teikoku Pharmaceuticals in Japan.
- Managed end-to-end technology transfer of development programs to commercial manufacturing, distribution, and customer service.
- Negotiated multi-party development and manufacturing agreements, including small, innovative drug research
 companies and large, technology-based drug company, while aligning all parties' needs on intellectual property,
 investments, and long-term manufacturing.
- Developed and implemented unique organizational capabilities/skills assessment tools, leadership programs, and step-wise business structure changes critical to meeting growth driven strategic plan. Deeply involved in successful launch of key brands, including Opana ER, Voltaren Gel, Frova and Synera.

BLOCK DRUG COMPANY (GlaxoSmithKline), Jersey City, NJ

1997 - 2001

Global \$860 million consumer health and prescription drug product company with leading global brands and operating in over 30 countries. Hired to overhaul global manufacturing, supply chain, distribution and related financial and quality infrastructure and performance to reduce operating costs and capital investments and to improve market responsiveness.

Vice President Worldwide Operations

Managed restructuring and \$250 million/year global supply chain operations for OTC and prescription drugs supporting over 30 markets.

Managed \$100 million global restructuring, including factory consolidation, financial integration of disparate business units, distribution network changes, global sourcing programs, technology transfers, product registration changes, and quality cost reduction programs. Restructuring yielded \$25 million in annual profit improvement.

DANIEL J. CARBERY PAGE 3

 Improved customer service and supply chain efficiency through rapid six month development and implementation of new sales and operations planning process across 27 corporate affiliates, 6 plants, and over 20 third party manufacturers.

KPMG LLP, Short Hills, NJ

1995 - 1997

Manager

Oversaw product design, business development and project delivery for strategic and financial integration of business and environmental performance issues.

EARLY EXPERIENCE:

AMERICAN NUKEM, INC., Mahwah and Somerset, NJ Sales, Engineering and Operations positions in startup environmental services company.

NABISCO BRANDS INC., East Hanover, NJ Project Manager

PROCTER & GAMBLE, INC., Baltimore, MD Distribution Team Manager/Project Engineer

MILITARY EXPERIENCE:

NEW JERSEY NATIONAL GUARD -- Executive Officer

MARYLAND NATIONAL GUARD -- Executive Officer, Fire Direction Officer

U.S. Army Field Artillery Course, Fort Sill, OK. Graduated with Honors.

EDUCATION

M.B.A., Rutgers, The State University of New Jersey, Newark, NJ Graduated with Honors

B.S.E., Chemical Engineering, Princeton University, Princeton, NJ Graduated with Honors

Attachment D

Proof of FDA Registration

Miele, Kerry M.

From:

Sent:

Tuesday, June 16, 2015 8:00 AM

To:

Carbery

Subject:

Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 16-JUN-15 Labeler DUNS: 079843051

Labeler Name: Amring Pharmaceuticals Inc.

Labeler Code: 69918

The Food and Drug Administration (FDA) has assigned the above Labeler Code Number to your firm. The number cannot be used until you have confirmed the assignment. Please resubmit your Labeler Code Request SPL with the assigned number above to confirm the assignment and complete the process. To do this, open the previous Labeler Code request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new id root and new version number with the original set id root and the appropriate effective time.

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit **Drug Registration and Listing System** or reply back to this email

Drug Establishments Current Registration Site

<u>TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)</u>

±

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 amring

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Amring Pharmaceuticals Inc.		079843051	LABEL;	Westlakes Drive, Suite , Berwyn, Pennsylvania (PA) United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Feb 4, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Vertica

Attachment E

Corporate Officer and Director Information

Amring Pharmaceuticals Inc.

Daniel Carbery
President and Chief Executive Officer

Tatyana Kosheleva Vice President, Treasurer and Chief Financial Officer

Richard Ciamacca, Esq.

Vice President, Secretary and General Counsel

Directors:

. Quinot Antar, Esq.

Attachment F

Delaware Certificate of Good Standing



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMRING 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 THIRTEENTH DAY OF JANUARY, A.D. 2020.

5069027 8300 SR# 20200231639



Authentication: 202178234

Date: 01-13-20

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. 83BSBIF1600	
Application/License No.	
Applicant/Principal	tending to do business as a
pharmaceutical wholesaler, whose address for pu Westlake Drive Berwyn,	rposes of service is
Address of Applicant/Principal PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY	, a
corporation organized under the laws of the state	of CT
and authorized to transact a general surety busine	State of Incorporation ess in the State of
Nevada, whose address for purposes of service is	
Address of Surety SURETY, are held and firmly bound unto the State State Board of Pharmacy for the penal sum of TW DOLLARS (\$25,000.00), for which payment we bin administrators, successors and assigns jointly and bond term shall become effective on 277/2020 Effective D	ENTY-FIVE THOUSAND nd ourselves, our heirs, executors, is severally, by these presents. This

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.

maration potrol of attornoy.	
In witness whereof, each party to this day of February	bond has caused it to be executed on this _, 20 ²⁰
APPLICANT/PRINCIPAL	SURETY
COMPANY	
AMRING PHARMACEUTICALS INC. Authorized Representative	HARTFORD FIRE INSUFANCE COMPANY Surety Company's Representative
	Bartlomiej Siepierski , Attorney-in-fact
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
Witness	Witness Rachel Fore
Manay M. M. Falls Witness	Withess Aerie Walton
NOTARIAL SEAL Nancy M. McFalls, Notary Public Tredyffrin Twp., Chester County My Commission Expires April 12, 2021	Nevada Resident Agent, Christopher P Troha Non Resident

POWER OF ATTORNEY

Direct Inquiries/Claims to: THE HARTFORD BOND, T-12

One Hartford Plaza Hartford, Connecticut 06155 Bond.Claims@thehartford.com call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC Agency Code: 83-553702

	Agone) Code: 05 353702
Х	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
Х	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
Х	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida
wing their h	amo office in Hartford Connecticut (harris to

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Derek J. Elston, Ann Mullins, Christopher P. Troha, Marcia K. Cesafsky, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by A, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



Kathleen T. Maynard
Kathleen T. Maynard

Notary Public
My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 7th, 2020 Signed and sealed at the City of Hartford.



Kevin Heckman, Assistant Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS COUNTY OF WILL

On this <u>7th</u> day of <u>February</u>, <u>2020</u>, before me, <u>Paul M Allen</u>, a Notary Public, within and for said County and State, personally appeared <u>Bartlomiej Siepierski</u> to me personally known to be the Attorney-in-Fact of and for <u>Hartford Fire Insurance Company</u> and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois

County of Will

OFFICIAL SEAL PAUL M ALLEN NOTARY PUBLIC, STATE OF ILLINOIS WILL COUNTY MY COMMISSION EXPIRES 07/06/2022 5GG

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: WHCheck 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: Cipla USA, Inc.
Physical Address: Independence Blvd., Suite
City: Warren State: NJ Zip Code: 07059
Telephone Number: Fax Numbe
Toll Free Number: N/A
E-mail .com Website: www.cipla.com
Facility Manager: Hindupur Nagraj Deep Sagar
Professional qualifications and experience of facility manager:
☐ 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: Gabapentin ☐ Hypodermic Devices ☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?	Yes □ No ⊠
(If yes, provide a copy of the certificate)	
Licensed as Manufacturer by the FDA?	Yes ⊠ No □
(If yes, provide a copy of your FDA registration)	Labeler code: 69097
Do any shareholders hold an interest ownership or have managemen	t in any type of business or
facility which are licensed by the State of Nevada or another political j	urisdiction? Yes □ No ☒
List the top 4 suppliers your company has been associated with regar	ds to pharmaceutical
products that were sold, dispensed or distributed with the last year.	
Name: CIPLA LTD	
Address: CIPLA HOUSE, RENINSULA BUSINESS PARK "	MARG, MUMBAI
	ON TRA, INDIA
Name: INVAGEN BHARMALEVTICALS, INC.	
Address: OLER AVENUE, HAUPPAUGE, NY	
Name: MIKMA PHARMACGUTICALS UCA, INC.	
Address: WILLON ROAD, LOWMBUS, OH	
Name: SHILPA MEDICARE LIMITED	
Address: . HYDERABAD ROAD, RAILHUR - KAR	NATAKA, INDIA
A licensee is not required to have a Nevada State Business License, please provide the number: N/A	however, if you do,
Within the last five (5) years:	
1. Has the corporation, any owner(s), shareholder(s) or partner(s) wit any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	h Yes □ No ⊠
2. Has the corporation, any owner(s), shareholder(s) or partner(s) wit any interest, ever been denied a license, permit or certificate of	h
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 ar interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	ny Yes □ No ⊠
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with ar interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ny Yes □ No ⊠
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with ar interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ny Yes □ No ⊠
If the answer to question 1 through 5 is "yes", a signed statement of expla Copies of any documents that identify the circumstance or contain an ord disposition may be required.	nation must be attached. er, agreement, or other
I hereby certify that the answers given in this application and attached docorrect. I understand that any infraction of the laws of the State of Nevad operation of an authorized pharmacy may be grounds for the revocation of	a regulating the
I have read all questions, answers and statements and know the contents under penalty of perjury, that the information furnished on this application correct. I hereby authorize the Nevada State Board of Pharmacy, its ager employees, to conduct any investigation(s) of the business, professional, background, qualification and reputation, as it may deem necessary, prop	are true, accurate and ints, servants and social and moral
Original Signature of Person Authorized to Submit Application, no copies	
Biplab Mazumdar November	
Print Name of Authorized Person Date	
Board Use Only Date Processed: Amount: 60	00.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE
Parent Company if any: InvaGen Pharmaceuticals Inc., USA
Mailing Address: c/o State License Servicing State Route 17A, Suite
City: Florida State: NY Zip: 10921
Telephone1-2482Fax: <u>(845)</u> 544-2481
Contact Person: Jennifer Schneider
For any corporation non publicly traded, disclose the following: 1) List top 4 persons to whom the shares were issued by the corporation?
a) InvaGen Pharmaceuticals Inc., USA 7 Oser Avenue Hauppauge, NY 11788 [100% Sole Owner] Name Business Address
Name Business Address
c)
Name Business Address
2) Provide the number of shares issued by the corporation. Cipla USA, Inc. [100% sole owner]
3) What was the price paid per share? No shares issues
A Nevada business license is not required, however if the wholesaler has a Nevada business

Include with the application for a non publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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

0737432

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 wholesater

which conducts business at the following locations in this State:

10 INDEPENDENCE BLVD STE 300 WARREN, NJ 07059-

Reg. No. 5005183

CIPLA USA, INC.

C/O STATE LICENSE SERVICING

STATE RTE 17A, S FLORIDA, NY 10921**ISSUED PURSUANT TO** N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy



NEW JERSEY DEPARTMENT OF HEALTH CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737432

P.O. Box 369, Trenton, New Jersey 08625-0369

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Reg. No.

CIPLA USA, INC.

C/O STATE LICENSE SERVICING

5005183 STATE RTE 17/ FLORIDA, NY 10921**ISSUED PURSUANT TO** N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Office Copy



NEW JERSEY DEPARTMENT OF HEALTH CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737432

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

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Registered as:

manufacturer

wholesaler which conducts business at the following locations in this State:

10 INDEPENDENCE BLVD STE 300 WARREN, NJ 07059-

Reg. No. 5005183 CIPLA USA, INC.

C/O STATE LICENSE SERVICING

STATE RTE 17/ FLORIDA, NY 10921**ISSUED PURSUANT TO** N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Auditor Copy

... .. Sedar

From:

Pharmacy Board

Sent:

Tuesday, March 17, 2020 12:05 PM

To:

. Sedar

Subject:

Fw: Cipla USA, Inc. - Notice of Change of Officers

Follow Up Flag:

Follow up

Flag Status:

Flagged

From: c

.com -^-

lsnysupport.com>

Sent: Tuesday, March 17, 2020 11:37 Aivi

To: Pharmacy Board

Subject: Cipla USA, Inc. - Notice of Change of Officers

IMPORTANT NOTICE



State License Servicing, Inc.

State Route 1 , Suite Florida, NY 10921 (845) 544-2482 Office, (845) 544-2481 Fax

Date: March 17, 2020

To: Nevada State Board of Pharmacy

Re: Cipla USA, Inc., 10 Independence Blvd, Suite 300, Warren, NJ 07059, Permit #:

Pending - Initial

Dear Licensing Authority:

State License Servicing, Inc. represents Cipla USA, Inc. in the servicing of their state licenses. This letter shall serve as notice that Cipla USA, Inc. is undergoing an officer change. Effective March 31, 2020 Nikhil Lalwani will be removed as CEO and will be replaced by Arunesh Verma, and Deepak Agarwal will be added as CFO. The revised officer list for Cipla USA, Inc. will be:

Arunesh Verma - CEO

Biplab Mazumdar - Secretary and Treasurer

Deepak Agarwal - CFO

Dew Officer LIST CLS of 3/31/2020

As well, please let your files reflect that there has not been any change of ownership, interest or tax identification numbers with this recent change. Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider V.P. Client Services -2482 ext :Isny.com

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Cipla USA, Inc.

Drug Labeler Code: 69097 Incorporation State: DE Incorporation Date: 9/12/2012

Corporate Address: 1560 Sawgrass Corporate Parkway, Suite 130, Sunrise, FL 33323 USA FEIN: 99-0381385 www.cipla.com

FACILITY INFORMATION Code	Address		FDA	DEA	DUNS	VAWD	Phone	Fax
WAR	: Independence Blvd. Suite Warre NJ 07059 County: Somerset		W/N	N/A - Uses 3PL DEA		8	(908) 356-8900	
FACILITY DESIGNATED REPRESENTATIVES Name Address	EPRESENTATIVES Address	Title		Prescribing Authority				
Hindupur Nagraj Deep Sagar	Veehawken, NJ 07086	Legal Manager		No				All States
OWNERSHIP Name	Address	Title	Percent of Ownership	Prescribing Authority				
InvaGen Pharmaceuticals Inc., USA	Oser Avenue Hauppauge, NY 11788		100					
LIST OF OFFICERS Name	Address	Title		Prescribing Authority				
Biplab Mazumdar	Tennyson Dr Painsboro, NJ 08536-3016	Secretary and Treasurer		No				
Nikhil Suresh Lalwani	Apt. — Wenue at Port Imperial Apt. — Weenawken, NJ 07086	CEO		No No				
REGISTERED AGENT IN ALL APPLICABLE STATES Name	ILL APPLICABLE STATES							
Incorp Services, Inc.								
3PLS Name	Address	Title		Prescribing Authority	:			
UPS Supply Chain Solutions) Outer Loop Road Louisville, KY 40219							



National Drug Code Directory

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▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM]

MAILTO://SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM

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You have searched Finished drug products

Search Results: '69097'

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Display 50 \$ rec	cords per pag	е						Search for tex	t 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	
Abacavir	69097-514- 03	300 mg/1	TABLET, FILM COATED	ORAL	ANDA078119	Cipla USA Inc.	69097-514	Abacavir	ABACAVIR SULFATE	HUMAN PRESCRIPTION DRUG	1
Abacavir and Lamivudine	69097-362- 02	600 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA091144	Cipla USA Inc.	69097-362	Abacavir and lamivudine	ABACAVIR SULFATE; LAMIVUDINE	HUMAN PRESCRIPTION DRUG	03
Acyclovir	69097-656- 38	50 mg/g	OINTMENT	TOPICAL	ANDA211794	Cipia USA inc.	69097-656	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	0
Acyclovir	69097-656- 40	50 mg/g	OINTMENT	TOPICAL	ANDA211794	Cipla USA Inc.	69097-656	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	0
ALBENDAZOLE	69097-237- 72	200 mg/1	TABLET	ORAL	ANDA210434	Cipla USA Inc.	69097-237	albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	0
ALBENDAZOLE	69097-237- 73	200 mg/1	TABLET	ORAL	ANDA210434	Cipla USA Inc.	69097-237	albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	0:
ALENDRONATE SODIUM	69097-224- 76	70 mg/1	TABLET	ORAL	ANDA076768	Cipla USA Inc.	69097-224	Alendronate sodium	ALENDRONATE SODIUM	HUMAN PRESCRIPTION DRUG	08

National Drug Code Directory

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Search Results '69097'

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roprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketi Date
Abacavir	69097-51 4 - 03	300 mg/1	TABLET, FILM COATED	ORAL	ANDA078119	Cipla USA Inc	69097-514	Abacavır	ABACAVIR SULFATE	HUMAN PRESCRIPTION DRUG	11/21/201
Abacavir and Lamivudine	69097-362- 02	600 mg/1 300 mg/1	TABLET, FILM COATED	ORAL	ANDA091144	Cipla USA Inc	69097-362	Abacavir and lamivudine	ABACAVIR SULFATE	HUMAN PRESCRIPTION DRUG	03/28/20
Acyclovir	69097-656- 38	50 mg/g	OINTMENT	TOPICAL	ANDA211794	C:pla USA Inc	69097-656	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	01/18/201
Acyclovii	69097-656- 40	50 mg/g	DINTMENT	TOPICAL	ANDA211794	Cipla USA inc	89097-856	Acyclovir	ACYCLOVIR	HUMAN PRESCRIPTION DRUG	01/18/20
ALBENDAZOLE	69097-237- 72	200 mg/1	TABLET	ORAL	ANDAZ10434	Cipla USA Inc	69097-237	albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	09/24/20
ALBENDAZOLE	69097-237- 73	200 mg/1	TABLET	ORAL	ANDA210434	Cipla USA Inc	69097-237	albendazole	ALBENDAZOLE	HUMAN PRESCRIPTION DRUG	09/24/20
ALENDRONATE SODIUM	69097-22 4 - 76	70 mg/1	TABLET	ORAL	ANDA076768	Cipla USA Inc	69097-224	Alendronate sodium	ALENDRONATE SODIUM	HUMAN PRESCRIPTION DRUG	08/04/20
ALENDRONATE SODIUM	69097-223- 76	35 mg/1	TABLET	ORAL	ANDA076768	Cipla USA Inc	69097-223	Alendronate sodium	ALENDRONATE SODIUM	HUMAN PRESCRIPTION DRUG	08/04/20
Alfuzosin Hydrochlonde	69097-84 4 - 02	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc	69097-844	Alfuzosin Hydrochlonde	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/30/20
Alfuzosin Hydrochloride	89097-844- 05	10 mg/1	TABLET	ORAL.	ANDA090284	Cipla USA Inc	69097-844	Alfuzosin Hydrochlonde	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/30/20
Alfuzosin Hydrochlonde	59097-844- 07	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc	69097-844	Alfuzosin Hydrochlonde	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/30/2



National Drug Code Directory

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
Alfuzosin Hydrochloride	69097-844- 12	10 mg/1	TABLET	ORAL	ANDA090284	Ciple USA Inc	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/30/2016
amentadine hydrochlonde	69097-925- 12	100 mg/1	TABLET	ORAL.	ANDA207571	Cipla USA Inc	69097-925	amantadine hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/31/2017
Amantadine hydrochlonde	69097-926- 07	100 mg/1	CAPSULE	ORAL	ANDA207570	Cipla USA Inc	69097-926	Amantadine hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/30/2016
Ambrisentan	69097-386- 19	5.mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc	89097-386	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/26/2019
Ambrisentan	89097-387- 02	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc	69097-387	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/26/2019
Ambosentan	69097-387- 19	10 mg/1	TABLET, FILM COATED	ORAL	ANDAZ10715	Cipia USA Inc	69097-387	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/26/2019
Ambrisentan	69097-386- 02	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Ciple USA Inc	69097-386	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/26/2019
AMLODIPINE BESYLATE	69097-127- 15	5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-127	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/28/2007
AMLODIPINE BESYLATE	69097-128- 15	10 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-128	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
Amiodipine Besy	69097-838- 05	10 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-838	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
Amlodipine Besy	fate 69097-836- 15	2.5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-836	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
Amlodipine Besy	69097-837- 05	5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-837	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
Amlodipine Besy	flate 69097-837-	5 mg/1	TABLET	ORAL	ANDA077955	Cipta USA Inc	69097-837	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2016
AMLODIPINE BESYLATE	69097-128- 05	2.5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc	69097-126	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
AMLODIPINE BESYLATE	69097-126- 15	2 5 mg/1	TABLET	ORAL	ANDA077073	Ciple USA Inc	89097-126	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/2007
AMLODIPINE BESYLATE	69097-128- 05	10 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-128	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/200
Amlodipine Besy	date 69097-836- 05	2 5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-836	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/2010
Amlodipine Bes	ylate 69097-838- 15	10 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc	69097-838	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/01/201
AMLODIPINE BESYLATE	69097-127- 05	5 mg/1	TABLET	CRAL	ANDA077073	Cipla USA Inc	69097-127	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/26/200
Amlodipine best and Benazepril hydrochloride	date 69097-143- 02	2.5 mg/1 ₁ 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	89097-143	Amiodipine besylate and Benazepni hydrochlonde	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/201
Amlodipine best and Benszepni hydrochlonde	date 59097-145- 02	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipia USA Inc	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/201

roprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketir Date
Amlodipine besylate and Benazepni hydrochlonde	69097-146- 12	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-148	Amlod:pine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/201
Amlodipine besylate and Benazepril hydrochlonde	69097-144- 06	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-144	Amlodipine besylate and Benazepril hydrochlonde	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/2010
Amlodipine besylate and Benazephi hydrochloride	69097-145- 12	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-145	Amlodipins besylate and Benazeprii hydrochloride	AMLODIPINE BESYLATE BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/201
Amlodpine besylate and Benazephi hydrochlonde	69097-148- 02	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-146	Amlodipine besylate and Benazepni hydrochloride	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/201
Amlod:pine besylate and Benazepril hydrochlonde	69097-146- 06	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Ciple USA Inc	69097-146	Amlodipine besylate and Benazepril hydrochlonde	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/201
Amlodipine besylate and Benazephi hydrochlonde	69097-143- 06	2 5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-143	Amlodipine besylate and Benazepni hydrochloride	AMLODIPINE BESYLATE BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/201
Amłodipine besylate and Benazepni hydrochlonde	69097-144- 12	5 mg/1 _j 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-144	Amlodipine besylste and Benazephi hydrochlonde	AMLODIPINE BESYLATE BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/201
Amlodipine besylate and Benazephi hydrochlonde	69097-145- 06	5 mg/1; 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-145	Amfodipine besylate and Benazepni hydrochlonde	AMLODIPINE BESYLATE BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/20
Amlodipine besylate and Benazephi hydrochlonde	69097-144- 02	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipta USA Inc	89097-144	Amlodipine besylate and Benazepni hydrochloride	AMLODIPINE BESYLATE BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/20
Amlodipine besylate and Benazephi hydrochlonde	69097-143- 12	2 5 mg/1_10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc	69097-143	Amlodipine besylate and Benazepril hydrochlonde	AMLODIPINE BESYLATE, BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/07/20
ATAZANAVIR	69097-445- 03	200 mg/1	CAPSULE, GELATIN COATED	DRAL	ANDA200826	Ciple USA Inc	69097-445	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/20
ATAZANAVIR	69097-444- 03	150 mg/1	CAPSULE GELATIN COATED	ORAL	ANDA200828	Ciple USA Inc	69097-444	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/20
ATAZANAVIR	69097-446- 02	300 mg/1	CAPSULE GELATIN COATED	ORAL	ANDA200628	Cipla USA Inc	69097-446	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/20
ATAZANAVIR	69097-443 03	100 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-443	Atazangvir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	08/09/20
ATAZANAVIR	69097-443- 02	100 mg/1	CAPSULE GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-443	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	08/09/20
ATAZANAVIR	69097-446- 03	300 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-446	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/29
ATAZANAVIR	69097-445- 02	200 mg/1	CAPSULE GELATIN COATED	ORAL	ANDA200626	Cipta USA Inc	69097-445	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/2
ATAZANAVIR	69097-444- 02	150 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc	69097-444	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/14/2

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also <u>Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuldanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)</u>
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/Information/Drugs/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

Drug Establishments Current Registration Site

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Filter: haupp

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
InvaGen Pharmaceuticals, Inc	3003950641	165104469	ANALYSIS; MANUFACTURE;	Oser Ave., Hauppauge, New York (NY) 11788, United States (USA)	12/31/2020

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Data Current through: Wednesday, Nov 20, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S N D
ALENDRONATE SODIUM	69097-223- 76	35 mg/1	TABLET	ORAL	ANDA076768	Cipla USA Inc.	69097-223	Alendronate sodium	ALENDRONATE SODIUM	HUMAN PRESCRIPTION DRUG	08,
Alfuzosin Hydrochloride	69097-844- 02	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc.	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06,
Alfuzosin Hydrochloride	69097-844- 05	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA inc.	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06,
Alfuzosin Hydrochloride	69097-844- 07	10 mg/1	TABLET	ORAL	ANDA090284	Cipla USA Inc.	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/
Alfuzosin Hydrochloride	69097-844- 12	10 mg/1	TABLET	ORAL.	ANDA090284	Cipla USA Inc.	69097-844	Alfuzosin Hydrochloride	ALFUZOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/
amantadine hydrochloride	69097-925- 12	100 mg/1	TABLET	ORAL	ANDA207571	Cipia USA Inc.	69097-925	amantadine hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01,
Amantadine hydrochloride	69097-926- 07	100 mg/1	CAPSULE	ORAL	ANDA207570	Cipla USA Inc.	69097-926	Amantadine hydrochloride	AMANTADINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/
Ambrisentan	69097-386- 19	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc.	69097-386	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04,
Ambrisentan	69097-387- 02	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipia USA Inc.	69097-387	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04,
Ambrisentan	69097-387- 19	10 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc.	69097-387	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04/

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S N D
Ambrisentan	69097-386- 02	5 mg/1	TABLET, FILM COATED	ORAL	ANDA210715	Cipla USA Inc.	69097-386	Ambrisentan	AMBRISENTAN	HUMAN PRESCRIPTION DRUG	04,
AMLODIPINE BESYLATE	69097-127- 15	5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-127	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09,
AMLODIPINE BESYLATE	69097-128- 15	10 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-128	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09,
Amlodipine Besylate	69097-838- 05	10 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-838	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07,
Amlodipine Besylate	69097-836- 15	2.5 mg/1	TABLET	ORAL	ANDA077955	Cipia USA Inc.	69097-836	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07,
Amlodipine Besylate	69097-837- 05	5 mg/1	TABLET	ORAL	ANDA077955	Cipia USA Inc.	69097-837	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07,
Amlodipine Besylate	69097-837- 15	5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-837	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07,
AMLODIPINE BESYLATE	69097-126- 05	2.5 mg/1	TABLET	ORAL	ANDA077073	Cipia USA Inc.	69097-126	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09,
AMLODIPINE BESYLATE	69097-126- 15	2.5 mg/1	TABLET	ORAL	ANDA077073	Cipła USA Inc.	69097-126	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09,
AMLODIPINE BESYLATE	69097-128- 05	10 mg/1	TABLET	ORAL	ANDA077073	Cipia USA Inc.	69097-128	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/
Amlodipine Besylate	69097-836- 05	2.5 mg/1	TABLET	ORAL	ANDA077955	Cipla USA Inc.	69097-836	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07/
Amlodipine Besylate	69097-838- 15	10 mg/1	TABLET	ORAL	ANDA077955	Cipia USA Inc.	69097-838	Amlodipine Besylate	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	07,
AMLODIPINE BESYLATE	69097-127- 05	5 mg/1	TABLET	ORAL	ANDA077073	Cipla USA Inc.	69097-127	AMLODIPINE BESYLATE	AMLODIPINE BESYLATE	HUMAN PRESCRIPTION DRUG	09/
Amlodipine besylate and Benazepril hydrochloride	69097-143- 02	2.5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-143	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S
Amlodipine besylate and Benazepril hydrochloride	69097-145- 02	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipia USA Inc.	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-146- 12	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodiplne besylate and Benazepril hydrochloride	69097-144- 06	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-144	Amlodipine besylate and Benazeprii hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-145- 12	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-146- 02	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12,
Amlodipine besylate and Benazepril hydrochloride	69097-146- 06	10 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-146	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-143- 06	2.5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-143	Amiodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-144- 12	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-144	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12
Amlodipine besylate and Benazepril hydrochloride	69097-145- 06	5 mg/1, 20 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-145	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/
Amlodipine besylate and Benazeprii hydrochloride	69097-144- 02	5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipła USA Inc.	69097-144	Amłodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/
Amlodipine besylate and Benazepril hydrochloride	69097-143- 12	2.5 mg/1, 10 mg/1	CAPSULE	ORAL	ANDA077215	Cipla USA Inc.	69097-143	Amlodipine besylate and Benazepril hydrochloride	AMLODIPINE BESYLATE; BENAZEPRIL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/
ATAZANAVIR	69097-445- 03	200 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-445	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/
ATAZANAVIR	69097-444- 03	150 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipia USA Inc.	69097-444	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	S M D
ATAZANAVIR	69097-446- 02	300 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipia USA Inc.	69097-446	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/
• ATAZANAVIR	69097-443- 03	100 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipia USA Inc.	69097-443	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	08/
ATAZANAVIR	69097-443- 02	100 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-443	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	08/
ATAZANAVIR	69097-446- 03	300 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-446	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/
ATAZANAVIR	69097-445- 02	200 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-445	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/
ATAZANAVIR	69097-444- 02	150 mg/1	CAPSULE, GELATIN COATED	ORAL	ANDA200626	Cipla USA Inc.	69097-444	Atazanavir	ATAZANAVIR SULFATE	HUMAN PRESCRIPTION DRUG	09/
Showing 1 to 50 of	502 entries						Previo	ous 1 2	3 4 5 .	11 Nex	ĸt .

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/GuldanceComplianceRegulatoryInformation/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





U.S. DEPARTMENT OF JUSTICE * DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

DEA Registration Validation Result:

DEA Number: RU0337887

This DEA Number is ACTIVE

Name (Last, First): UPS SUPPLY CHAIN SOLUTIONS INC.

Business Activity: DISTRIBUTOR

Business Address 1: 1920 OUTER LOOP

Business Address 2:

Business Address 3:

City: LOUISVILLE

State: KY

Zip: 402193431

Schedules: Schedule III Narcotic, Schedule III Non Narcotic, Schedule IV, Schedule V

Fee Status: Paid

Expire Date: 05-31-2020

The U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division maintains registrant data and is considered the primary source of information on DEA registrants. The website https://www.deadiversion.usdoj.gov is the official location for real time online verification.

DEA Registration Validation:

DEA Number to be validated (Required - Not Case Sensitive)

Validate

Logout

good standing

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

CIPLA USA INC. 0450318628

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on October 29, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

INCORP SERVICES INC 208 WEST STATE STREET TRENTON, NJ 08608-1002



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of November, 2019

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6102248939

Verify this certificate online at

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

'SAGAR

Avenue at Port Imperial, Weehawken, NJ 07086 M:· 4088 ⊠ mail.com

EDUCATION

- 92.5% in Class X and XII; CBSE; DAV Boys Senior Secondary School, Chennai.
- B.A., L.L.B, ILS Law College, Pune Class of 2011, 62.5%; in the top 0.1% of University of
- Merit List Rank No. 9 in year III and IV.
- Diploma in Mergers & Acquisitions from Asian School of Cyber Law, Pune.
- Diploma in Cyber Law from Asian School of Cyber Law, Pune.

WORK EXPERIENCE

Associate Director, Legal and Compliance

Cipla USA, Inc., Warren, NJ; March 31, 2017 – till date

- Implement the legal strategy for NA, in coordination with Global CLO, to ensure it is in line with overall company legal strategy
- Implement a litigation strategy across all businesses in NA by taking inputs from key stakeholders to protect the best interests of Cipla
- Develop and implement strong legal policies, procedures and systems across NA to provide legal services in an efficient manner and ensure organization wide awareness on legal implications of business decisions
- Drive adherence to all applicable statutory compliances and laws of the land to prevent litigation and mitigate risks and damages, by setting up policy monitoring systems
- Implement mechanism for allocation of in-house as well as outsourced work

Manager, Legal

Cipla USA, Inc., Sunrise, FL; April 2016 – March 31, 2017

- Assist the Chief Legal Officer in developing and implementing the vision and strategy for the Legal Department to ensure adequate legal support is provided to the business and key stakeholders in a timely manner
- Provide specialized advice on legal issues to a number of in-house clients, drawing upon expertise across a range of legal specialties
- Partner closely with other departments to evaluate legal impact of major decisions, assess the company's legal position during disputes and provide appropriate resolutions and end-to-end legal support while ensuring that the company's legal position is protected.

Manager, Legal, Cipla Limited, Mumbai; August 2011 – December 2015 (~5 years)

- Single point of contact for all legal matters relating to North America, In-licensing, Respiratory, Speciality and Cipla New Ventures with reporting to Head of legal.
- Drafting, reviewing, vetting, negotiating, concluding various Agreements and documents including Development, License, Supply and Distribution Agreements, Leave and License, Lease, Letter of Intent, Memorandum of Understanding, Non-Disclosure Agreements, Consultancy Agreements, Service Agreements, Contract Manufacturing Agreements, Loan Licensing Agreements and other commercial documents for the territories of North America, European Union;
- Drafting Notices, replies to notices, Power of Attorney, Affidavits, Indemnities, etc.
- Preparing reports on status of litigation matters;
- Contracts Management of all North American contracts;
- Well versed with concepts relating to NDA, ANDA, Para IV, 505b(ii), Authorised Generics;
- Independently negotiating on all commercial contracts relating to North America;
- Coordinating and integrating with other functions to obtain inputs and close commercial contracts;

- Identifying external legal counsel suiting the legal requirements;
- Creating database of all North American contracts and preparing analysis reports on contracts;
- Coordinating with the Compliance Team on matters relating to compliance such as framing of policies such as Document Retention Policy;

Trilegal, Delhi; November 2010

Extensive research on Companies Act, 1956 regarding winding up and its tax implications, share transfer agreements; issuing of statement in lieu of prospectus for a public company; criminal matters regarding bail. Assisted and advised on laws governing Floating Production, Storage and Offloading (FPSO) units in India.

Fox Mandal Little & Co., Mumbai; June 2010

Researched and Assisted on advice on Zero Coupon Bonds; Drafted opinions on matters relating to customs for a large shipping Company.

Godfrey Philips India, Delhi; May 2010

Was involved in advising on matters regarding Service Tax.

Khaitan & Co., Delhi; June 2009

Was involved in research and assisted in the preparation of legal opinions relating to competition law in the EU; multiple winding up petitions filed by a single party; submitted a research article on the Doctrine of Frustration.

Singh & Singh Advocates, Delhi; November 2008

Assisted in writing legal opinions in the field of Intellectual Property Law and in matters relating to Telecom Disputes.

Dua Associates, Chennai; June 2008

Assisted in drafting Due Diligence Reports on two manufacturing sector Companies; researched and assisted on drafting legal opinions relating to legal remedies available to a power generating company

Kundalia Associates, Kolkata; May 2008

Worked on several queries, assisted in drafting of a JV Agreement and was involved in research on various aspect of corporate law.

Advocate Pankaj Sharma, Jodhpur High Court; May and October 2007

Worked with the General Corporate Team and assisted in the preparation of a Due Diligence Report. Researched on various corporate laws including company law and labour Laws.

CO-CURRICULAR ACTIVITIES

- Winner of Jitendra Chauhan National Moot Court Competition, Mumbai 2008.
- Second runners-up for State Moot court competition held at Balaji College, Pune 2010.
- Adjudicated for 62nd Mukherjee Memorial Parliamentary Debate, held at St. Stephens College, Delhi.

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	2450532	· · · · · ·		
Application	/License No			
Cipla USA, I		, doing or intending	g to do business as	s a
Independ	ence Blvd, Warren, Ste	e address for purposes	of service is	_, as
	L, and Great American	Surety Company	, a	
		laws of the state of Ohi	State of Incorporation	<u>.</u>
	nose address for purporth Street, Cinc	oses of service is cinnati, OH 45202 Address of Surety		as
State Boar which payr and assign	d of Pharmacy for the nent we bind ourselve	und unto the State of Ne penal sum of Twenty Fi s, our heirs, executors, by these presents. Thi	ve Thousand (\$2 administrators, su	5,000), for ccessors
the Applica (Board) a b Pharmacy bond secur NRS 639.2	nt/Principal file or have ond in the sum of \$25 and this bond is execu es payment of any ad 55 and any costs incu	vada Revised Statutes (e on file with the Nevad ,000.00 payable to the ited and tendered in acc ministrative fines impos rred by the Board regar se pursuant to NRS 622	a State Board of F Nevada State Boa cordance therewith ed by the Board pi communicance of	harmacy rd of n. This ursuant to
Applicant/P	rincipal fails to pay.		undated	20
			Rec. 2/19/2 updated ZIP Nath	
			Mart	ne

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 14th day of January	s bond has caused it to be executed on this , 20_20
APPLICANT/PRINCIPAL	SURETY
COMPANY Cipla USA, Inc. Authorized Representative	Great American Insurance Company Surety Company's Representative
	Robyn Rost , Attorney-in-fact
SIGNED and SEALED in the presence of: Witness Witness	SIGNED and SEALED in the presence of: Yamela Uylu Witness Pamela Wyli Witness Karla Luongo Countersigned by:
	Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than FOUR

No. 0 20979

GREAT AMERICAN INSURANCE COMPAN

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name

STEPHEN SCHLUSSEL ROBYN ROST WILLIAM F. MARONEY MAUREEN GRANDE Address ALL OF NEW YORK Limit of Power ALL \$10,000,000.00

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this

5TH day of DECEMBER , 2017 .

Attest

My C. 3

Assistant Secretary

Divisional Senior Vice President

Susan a Kohowst

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 5TH day of DECEMBER , 2017 , before me personally appeared DAVID C. KITCHIN, to me known, being duly swom, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Susan A. Kohorst Notary Public, State of Ohio My Commission Expires 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Sentor Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this

74

day of Lanuary

1020

Assistant Secretar



301 East Fourth Street 16th Floor Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS AS OF DECEMBER 31, 2018

ADMITTED ASSETS

LIABILITIES, CAPITAL AND SURPLUS

Receivable from affiliates	Bonds	3,874,400,270 1,257,698,534 325,454,841 58,221,275 318,171,232 594,596,935 1,021,461 35,251,279 601,673,429 65,592,566	Unpaid losses and loss expenses	3,789,091,910 275,457,294 5,335,703 1,343,186,228 111,234,346 521,260,285 (144,437,953) 219,050,289 6,120,178,102
Other admitted assets	Receivable from Federal Crop Insurance Corporation	466,667,511 179,861,963 10,213,307 28,192,144 35,871,182	Paid in surplus 809,251,710 Special surplus funds 102,620,000 Unassigned funds 978,604,624 Policyholders' surplus	1,905,916,934

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

STATE OF OHIO

COUNTY OF HAMILTON

SS.:

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, 2018.

Subscribed and sworn to before me

this 18th day of February, 2019

JENNIFER A. MEYER Notary Public, State of Chio

My Commission Expires 11-08-2021

AFIA S

Controller

Assistant Secretary

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than FOUR

No. 0 20979

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name

STEPHEN SCHLUSSEL **ROBYN ROST** WILLIAM F. MARONEY MAUREEN GRANDE

Address ALL OF **NEW YORK**

Limit of Power ALL \$10,000,000.00

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above. IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate

officers and its corporate seal hereunto affixed this

DECEMBER day of

2017

Attest

Assistant Secretary

GREAT AMERICAN INSURANCE COMPANY

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 5TH day of

DECEMBER

DAVID C. KITCHIN (877-377-2405)

2017, before me personally appeared DAVID C. KITCHIN, to me known, being duly swom, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Susan A. Kohorsi Notary Public, State of Ohio My Commission Expires 05-18-2020 Susar a Lohoust

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this



301 East Fourth Street 16th Floor Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS AS OF DECEMBER 31, 2018

ADMITTED ASSETS

LIABILITIES, CAPITAL AND SURPLUS

Bonds \$	3,874,400,270	Unpaid losses and loss expenses\$	1 790 001 010
Stocks	1,257,698,534	Reserve for underwriting expenses.	3,789,091,910
Morigage loans on real estate	325,454,841	Faderal and foreign income town	275,457,294
Real estate (net of encumbrances)	58,221,275	Federal and foreign income taxes	5,335,703
Cash and short-term investments	318,171,232	Reserve for uncarned premiums.	1,343,186,228
Other invested assets	594,596,935	Ceded reinsurance premiums payable	111,234,346
Receivable for securities		Funds held under reinsurance treaties	521,260,285
Investment income due and accrued	1,021,461	Retroactive reinsurance ceded	(144,437,953)
A	35,251,279	Other liabilities	219,050,289
Agents' and premium balances	601,673,429	Total liabilities	6,120,178,102
Reinsurance recoverable on loss and loss expense payments	65,592,566		0,120,175,102
Not deferred tax asset	163,195,781		
Receivable from affiliates	10.011.326	Capital stock \$ 15,440,600	
Receivable from Federal Crop Insurance Corporation	466,667,511		
Company owned life insurance	179,861,963	Paid in surplus	
Funds held as collateral		Special surplus funds	
Funded deductibles	10,213,307	Unassigned firmds 978,604,624	
Funded deductibles.	28,192,144	Policyholders' surplus	1,905,916,934
Other admitted assets	35,871,182	•	117031710,757
Total	8,026,095,036	TotalS	8,026,095,036

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

STATE OF OHIO

COUNTY OF HAMILTON

SS.:

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, 2018

Subscribed and sworn to before me

this 18th day of February, 2019

Notary Public, State of Ohio

My Commission Expires 11-08-2021

ARIA

/Contrelle

Assistant Secretary

5HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

 New Wholesaler or □Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 ⋈ Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8 					
GENERAL INFORMATION to be completed be all types of ownership					
Facility Name: Ferndale Laboratories, Inc.					
Physical Address: _ 780 W. 8 Mile Road					
City: Ferndale State: MI Zip Code: 48220					
Telephone Number: (248) 548-0900 Fax Number: (248) 548-0279					
Toll Free Number:					
E-mail: contactus@ferndalelabs.com Website: www.ferndalepharmagroup.com					
Facility Manager: Lori-Sloane					
Professional qualifications and experience of facility manager: Associate VP, Manufacturing					
Types of licensed outlets or authorized persons firm will serve:					
☑ Pharmacies ☐ Practitioners ☑ Hospitals ☑ Wholesalers ☐ Other:					
Type of Products to be handled or wholesaled by firm:					
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: OTC drugs 					

This page must be submitted for all types of ownership Yes □ No 🛛 Is your company VAWD certified by NABP? (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

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: \overline{V} 1

Address.	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, how please provide the number:N/A	ever, if you do,
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 🏻

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ny Yes □ No ⊠
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with a interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ny Yes □ No ⊠
If the answer to question 1 through 5 is "yes", a signed statement of explain Copies of any documents that identify the circumstance or contain an ord disposition may be required.	
I hereby certify that the answers given in this application and attached do correct. I understand that any infraction of the laws of the State of Nevacoperation of an authorized pharmacy may be grounds for the revocation	la regulating the
I have read all questions, answers and statements and know the contents under penalty of perjury, that the information furnished on this application correct. I hereby authorize the Nevada State Board of Pharmacy, its age employees, to conduct any investigation(s) of the business, professional, background, qualification and reputation, as it may deem necessary, professional	n are true, accurate and nts, servants and social and moral
Original Signature of Person Authorized to Submit Application, no copies	or stamps
Anya Stimmel Print Name of Authorized Person Date	12020
Data Bassacida Associato Associato G	\sim
Board Use Only Date Processed: Amount: 5	W. W

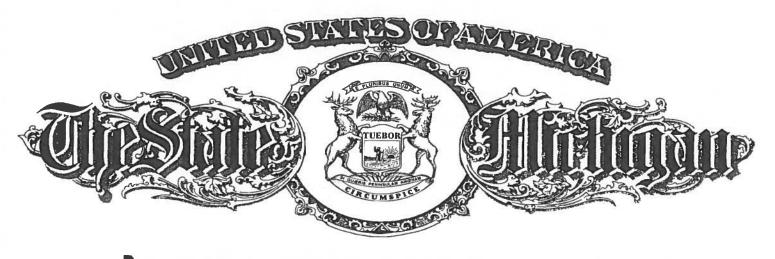
OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:	Michigan			
Parent Company if any	: Ferndale Pharma	Group, Inc.		
Mailing Address: 780				
_	St	ate: MI	_Zip: ˌ	48220
Telephone: (248) 548-	0900 Fa	ax:		
Contact Person:An	ya Stimmel, Regulato	ory Affairs Admin	istrativ	e Assistant
For any corporation no	n-publicly traded, disc			ornoration?
a) Gioconda C.		780 W. 8 Mile	Road, I	•
Na	me	Business Addre	SS	
b) James T. Mo	:Millan II			erndale, MI 48220
Na	me	Business Addre	ess	
c) Pravin M. Pat	tel	780 W. 8 Mil	e Road	Ferndale, MI 48220
Na	me	Business Addre	ess	
d)_Vasilos & Ma	rgaret Ann Stolakis	780 W. 8 Mil	le Road	, Ferndale, MI 48220
Na	me	Business Addre	SS	
2) Provide the num	nber of shares issued	by the corporation	on	50,000,000
3) What was the pr	rice paid per share?	\$0.005		
A Nevada business lice license please provide			nolesai –	er has a Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

FERNDALE LABORATORIES, INC.

was validly incorporated on October 4 , 1897 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

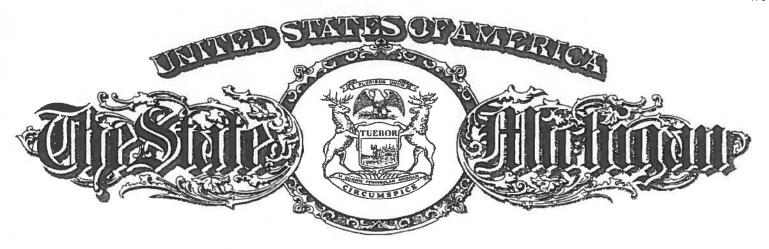
Certificate Number: 20028712060

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of February, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

FERNDALE LABORATORIES, INC.

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This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 19106498770

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of October, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

PARENT COMPANY: FERNDALE PHARMA GROUP, INC.

FERNDALE LABORATORIES, INC. 780 W. EIGHT MILE ROAD FERNDALE, MI 48220 FEDERAL ID #: 38-0632550

STATE OF INCORPORATION: MICHIGAN DATE OF INCORPORATION: 10/04/1897

COMPANY OFFICERS AND DIRECTORS

James Thayer McMillan II	Chairman, CEO
Christopher J. Stein	President and COO
Mark Diekman	Senior Vice President CFO



Drug Establishments Current Registration Site

f	SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?
Ū٠	=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)

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MAIL_(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 Ferndale Laboratories

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Ferndale Laboratories, Inc.	1811212	005320536	ANALYSIS; MANUFACTURE; PACK;	780 West Eight Mile Rd., Ferndale, Michigan (MI) 48220, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

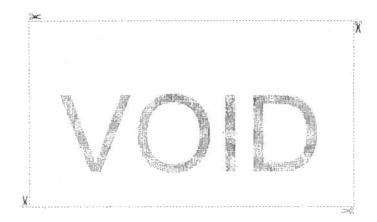
Previous1Next

Data Current through: Thursday, Jan 2, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF PROFESSIONAL LICENSING P.O. BOX 30670 **LANSING, MI 48909**

SHOUDDLISEAPPIN



FERNDALE LABORATORIES INC 780 W & MILE RD FERNDALE, MI 48220

COMPLAINT INFORMATION:

THE ISSUANCE OF THIS LICENSE SHOULD NOT BE CONSTRUED AS A WAIVER, DISMISSAL OR ACQUIESCENCE TO ANY COMPLAINTS OR VIOLATIONS PENDING AGAINST THE LICENSEE, ITS AGENTS OR EMPLOYEES.

FUTURE CONTACTS: YOU SHOULD DIRECT INQUIRIES REGARDING THIS LICENSE OR ADDRESS CHANGES TO THE DEPARTMENT OF LICENSING AND **REGULATORY AFFAIRS BY EMAILING** BPLHELP@MICHIGAN.GOV OR CALL (517) 241-0199

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

FERNDALE LABORATORIES INC
780 W & MILE RD
FERNDALE, MI 48220

LICEBEE NO.

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
MANUFACTURER LICENSE

FERNDALE LABORATORIES INC
780 W & MILE RD
FERNDALE, MI 48220

LICEBEE NO.

SOURCE INCLUMENT OF LICENSE

LICEBEE NO.

SOURCE INCLUMENT OF LICENSE

PO25941

THE BOCKMAN IS BULLY
RESPONSED TO THE BOLLY OF RECEIVED OF THE BULLY OF T

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. <u>354037403</u>	
Application/License No	
Ferndale Laboratories, Inc. , doing or intending to do business a	as a
780 W Eight Mile Rd. Ferndale MI 48220 Address of Applicant Principal	as
PRINCIPAL, and Liberty Mutual Insurance Co. Straty Company	_, a
corporation organized under the laws of the state of MA state of Incorporation and authorized to transact a general surety business in the State of	
Nevada, whose address for purposes of service is	
157 Berkeley, Boston MA 02116	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, execut administrators, successors and assigns jointly and severally, by these presents. bond term shall become effective on September 13, 2017	

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 filling 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.

that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

I certify or declare under penalty of perjury, under the laws of the State of Nevada,

	bond has caused it to be executed on this, 2017.
APPLICANT/PRINCIPAL Mul Ida Authorized Representative Markic Directors	SURETY COMPANY MALL Surety Company's Representative MALL S. MALLAAttorney-in-fact Print name
SIGNED and SEALED in the presence of: ANU E. Musul Witness Witness Witness	Witness Countersigned by: Nevada Resident Agent Todd Fannon

validity of this Power of Attorney call between 9:00 am and 4:30 pm EST on any business day.

To confirm the \ 1-610-832-8240

confirm

currency rate, interest rate or residual value guarantees note, loan, letter of credit mortgage, Not valid for

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS PRINTED ON RED BACKGROUND.

This Power of Altorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Certificate No. 7853470

Liberty Mulual Insurance Company The Ohio Casualty Insurance Company

West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Annette Bosman; Lisa M. Miller; Mari D. Maceri; Michael Leon Miller; Richard Scott McAdams; Susan I. Kirouac

all of the city of Saint Clair Shores , state of MI 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 surely and as its act and deed, any and all undertakings, bonds, recognizances and other surely obligations, in pursuance of these presents and shall be as blading 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 Allornoy has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this_1st day of August 2017



STATE OF PENNSYI VANIA **COUNTY OF MONTGOMERY**

85

The Ohio Casualty Insurance Company Liberty Mutual Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

. 2017, before me personally appeared David M. Cerey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohlo Casually 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 noterial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA **Notarial Scal** Teresa Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021

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 Ohlo Casualty insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and affect reading as follows:

ARTICLE IV - OFFICERS - Section 12. Power of Altorney. 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 attornays-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 surely any and all undertakings, bonds, recognizances and other surely 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.

Gertificate of Designation - The President of the Company, acting pursuent 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 surely any and all undertakings, bonds, recognizances and other surely

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 cartify that the original power of altomey of which the foregoing is a full, true and correct copy of the Power of Altomey expluded 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







Assistant Secretar

13 of 100





CHANGE RIDER

To be attached to and t	orm a part of su	rety bond number	354-037-403	, dated the _	13th
		, issued by Liberty I			
stock insurance company, as s					
Ferndale Laboratories, Inc.			,	as principal (the '	"Principa!").
in favor of					,,
Nevada State Board of Pharm	асу			, as obligee (the	"Obligee").
The Principal and the S Add location: 780 W.			attached bond as		
This change is effective shall be subject to all of its term					bond
IN WITNESS WHEREC					ned and
sealed thisday			,	are to a conjung.	
WITNESS / ATTEST		(Princ			
		By: Nam Title			(Seal)
		(Surety	halph	Lyn	ANY (Seal)
ACCEPTED:		Shei	la Griffin Attorne	ey-III-Fagt	
Nevada State Board of Pharma	су				
(Obligee)	-	-			
By:	(S	eal)			

CURRICULUM VITAE

CONTACT INFORMATION

Name	Lori Lynn Sloane		
Address	5 North Lyon Trail		
City/ST/Zip	South Lyon, MI 48178		
Telephone	2	Mobile Phone	
Email Address	Isloane@ferndalelabs.com		

EMPLOYMENT HISTORY

FERNDALE LABORATORIES, INC., Ferndale, MI Associate Vice President, Manufacturing FEB 2013 – Present

- Responsible for capital purchases. Purchased equipment required for compliance with the Drug Qualities and Securities Act (DQSA), complete packaging lines.
- Maintains a high standard of quality while improving efficiencies.
- Responsible for establishing and maintaining efficient manufacturing systems.
- Responsible for ensuring compliance with current good manufacturing practices per 21 CFR §210/211 and 21 CFR §820.
- Responsible for reviewing and approving all quality-related documentation including batch records, forms, annual product reviews, validation protocols and reports.
- Serves as the Designated Representative for the wholesale distribution of drug products and medical devices shipped from the Ferndale location.

Director, Quality Assurance MAY 2008 – FEB 2013 Sr. Manager, Quality Assurance MAY 2006 – MAY 2008

 Directly managed Quality Control, Quality Assurance, Manufacturing, Safety and Facilities Engineering staff.

ROCKWELL MEDICAL TECHNOLOGIES, INC., Wixom, MI Corporate Quality Assurance Manager, AUG 2004 – MAY 2006 Quality Control / Chemistry and Microbiology Laboratory Manager, AUG 2001 – AUG 2004

PARK METALLURGICAL, Detroit, MI Quality Control Laboratory Technician, JUL 2000 – AUG 2001

EDUCATION

High School	Fitzgerald High School, Warren, MI, SEP 1988 - MAY 1992
University	Michigan State University, East Lansing, MI, BS Zoology AUG 1992 -MAY 1997
Graduate School	Eastern Michigan University, Ypsilanti, MI, Graduate-Level Coursework in
	Quality Science SEP 2005 – MAY 2006

PATENTS

Walsh, Lori. 2010. Packaging of Ferric Pyrophosphate for Dialysis. US Patent US7857977 B2, filed July 12, 2005 and issued December 28, 2010.

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_WH02226 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: _Horizon Therapeutics USA, Inc.
Physical Address: 150 Saunders Road Suite 400
City: Lake Forest State: IL Zip Code: 60045
Telephone Number: (224) 383-3000 Fax Number:
Toll Free Number: N/A
E-mail: statelicense@horizonpharma.com Website: www.horizonpharma.com
Facility Manager: Barry Moze
Professional qualifications and experience of facility manager: See attached resume
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Specialty Distributors
Type of Products to be handled or wholesaled by firm:
 □ Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other:

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Ye	s 🗆 No 🗵
(If yes, provide a copy of the certificate)	
Licensed as Manufacturer by the FDA? Ye	s ⋈ No □
(If yes, provide a copy of your FDA registration)	
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political juri	
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name: See attached	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, how please provide the number: $\frac{N/A}{}$	wever, if you do,
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 図

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	□ N	o X	
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?	Vaa			
substances?	res	□ N	O LX	
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	□ N	o X	
If the answer to question 1 through 5 is "yes", a signed statement of explana Copies of any documents that identify the circumstance or contain an order disposition may be required.				
I hereby certify that the answers given in this application and attached docu correct. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of the state of the revocation of the state of the revocation of the state of t	regul	ating t	the	ie and
I have read all questions, answers and statements and know the contents the under penalty of perjury, that the information furnished on this application are correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	e tru , sen cial a or de	e, acc rants and m esirab	curate and oral	
Original Signature of Person Authorized to Submit Application, no copies or	stan	nps		
Barry Moze 12/3/19				
Print Name of Authorized Person Date			-	
	_ od	L		TIE/
Board Use Only Date Processed: Amount:	0.0	2		

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: _	Delaware		
Paren	it Company if any:	See attached Ownership	Info	
Mailin	g Address:			
City:_		St	ate:	Zip:
		publicly traded, disc		
1)	List top 4 persons	to whom the shares	s were issued by	the corporation?
	a) N/A Name		D : All	
		e	Business Addres	S
	b)Name	e	Business Addre	SS
	c)			
	Name	е	Business Addres	SS
	d)			
	Name	е	Business Addres	S
2)	Provide the number	er of shares issued	by the corporatio	n. <u>0</u>
3)	What was the pric	e paid per share? _	N/A	
	rada business licen e please provide th		owever if the who	olesaler has a Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.



Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3609121



Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
HORIZON THERAPEUTICS USA INC	Lake Forest, IL 60045	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004003279	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	05/25/2011	10/29/2018	12/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004576	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	06/20/2018	10/29/2018	12/31/2020	N
158002749	PUBLIC ACCOUNTANT CE SPONSOR	ACTIVE	07/02/2019	07/02/2019	12/31/2019	N

Generated on: 1/7/2020 11:44:20 AM

HORIZON THERAPEUTICS USA, INC. AND SUBSIDIARIES (FKA HORIZON PHARMA USA, INC. AND SUBSIDIARIES)

56-2523161

FEDERAL ELECTIONS

REGULATION REFERENCE: §1.368-3(A)

STATEMENT PURSUANT TO §1.368-3(A) BY HORIZON THERAPEUTICS USA, INC. (FKA HORIZON PHARMA USA, INC.), 56-2523161, A CORPORATION A PARTY TO A REORGANIZATION

1. TAXPAYER NAME

TAXPAYER IDENTIFICATION #

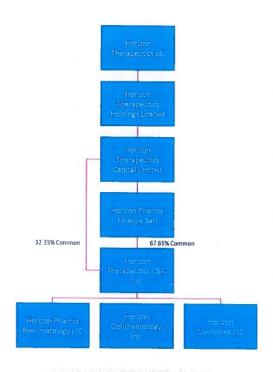
HORIZON PHARMA, INC.
HORIZON THERAPEUTICS USA, INC.
(FKA HORIZON PHARMA USA, INC.)

27-2179987 56-2523161

- 2. DATE OF THE REORGANIZATION:OCTOBER 31, 2018
- 3. AGGREGATE FAIR MARKET VALUE AND BASIS, DETERMINED IMMEDIATELY BEFORE THE EXCHANGE, OF THE ASSETS, STOCK, OR SECURITIES OF THE TARGET CORPORATION TRANSFERRED IN THE TRANSACTION: AVAILABLE UPON REQUEST
- 4. DATE AND CONTROL NUMBER OF ANY PRIVATE LETTER RULING(S) ISSUED IN CONNECTION WITH THE REORGANIZATION: NOT APPLICABLE
- 5. REORGANIZATION SUMMARY:
 PRIOR TO THE TRANSACTIONS DESCRIBED BELOW, HORIZON PHARMA, INC. WHOLLY
 OWNED ALL OF THE OUTSTANDING SHARES OF HORIZON THERAPEUTICS USA, INC.
 (FKA HORIZON PHARMA USA, INC.).

ON OCTOBER 31, 2018, HORIZON PHARMA, INC. MERGED WITH AND INTO HORIZON THERAPEUTICS USA, INC. (FKA HORIZON PHARMA USA, INC.) WITH HORIZON THERAPEUTICS USA, INC. (FKA HORIZON PHARMA USA, INC.) SURVIVING.

Horizon Therapeutics Legal Entity Chart





- 8



OWNERSHIP INFO

Horizon Therapeutics USA, Inc.

150 Saunders Rd. Suite 400

Lake Forest, Illinois 60045

State of Formation: Delaware

Horizon Therapeutics USA, Inc. is the wholly owned subsidiary of:

Horizon Pharma Finance SARL and Horizon Therapeutics Capital Limited

150 Saunders Road, Suite 400

Lake Forest, Illinois 60045

Horizon Therapeutics plc. Is the Grandparent Company and is publicly traded on the NASDAQ (HZNP):

150 Saunders Rd. Suite 400

Lake Forest, Illinois 60045

HORIZON THERAPEUTICS USA, INC. EXECUTIVE OFFICERS

NAME	TITLE
Timothy P. Walbert	President, CEO
Paul Hoelscher	EVP, Chief Financial Officer
Jeffrey W. Sherman, M.D., FACP	Chief Medical Officer
Brian K. Beeler	EVP, General Counsel
Barry Moze	EVP, Chief Administrative Officer

HORIZON THERAPEUTICS USA, INC. BOARD OF DIRECTORS

Action in the Control of the Control	
NAME	
Timothy P. Walbert	150 S. Saunders Rd. Ste 400, Lake Forest, IL 60045
Paul Hoelscher	150 S. Saunders Rd. Ste 400, Lake Forest, IL 60045
Jeffrey W. Sherman	150 S. Saunders Rd. Ste 400, Lake Forest, IL 60045



Description of Operations

Horizon Therapeutics USA, Inc. ("Horizon") is a Virtual Manufacturer. Horizon's office in Lake Forest, IL is a corporate office. Horizon's products, ACTIMMUNE, BUPHENYL, KRYSTEXXA, PROCYSBI, RAVICTI, and RAYOS, are manufactured by contract manufacturers and distributed via a licensed third-party logistics provider (3PL). The drugs will be sold to Wholesalers, Hospitals, Pharmacies, and Physicians.

Horizon's hours of operation are 8:00am-5:00pm Central Time.

Horizon utilizes the following contract manufacturers...

ACTIMMUNE (BLA 103836)

Almac (Nireland)
22 Seagoe Industrial Estate
Craigavon, Armagh BT63 SQD, UK
FDA Establishment No: 3004444888

BUPHENYL (NDA Powder 020573 | Tablet 020572) Patheon Bourgoin FR 40 Boulevard de Champaret

Bourgoin-Jallieu 38 300, France

CS 11006 38307

FDA Establishment No: 3004468553

KRYSTEXXA (BLA 125293)

Exelead US 6925 Guion Rd. Indianapolis, IN 46268

FDA Establishment No: 1000517970

PROCYSBI (NDA 203389)

Patheon Cincinnati 2110 E Galbraith Rd. Cincinnati, OH 45237

FDA Establishment No: 1510437



RAVICTI (NDA 203284)

RAVICTI manufactured in two locations
AndersonBrecon (UK) Limited (PCI Wales)
Pharos House, Wye Valley Business Park
Brecon Road, Hay-on-Wye, Hereford, HR3 5PG,
United Kingdom
FDA Establishment No: 3001670824

Lyne Laboratories, Inc.
Street 10 Burke Dr.
Brockton, MA 02301

FDA Establishment No: 1000513191

RAYOS (NDA 202020)
Patheon Bourgoin
40 Boulevard de Champaret
Bourgoin-Jallieu 38 300, France
CS11006 38307

FDA Establishment No: 3004468553

Labeler Code: 75987

Third Party Logistics Information:

For distribution into the commercial supply channels, Cardinal SPS and Cardinal Health Specialty Pharmaceutical Services acts as Horizon's Third Party Logistics (3PL) provider to manage the storage and distribution of Horizon's product to customers throughout the United States. Cardinal Health's address is:

Cardinal SPS 15 Ingram Blvd., Suite 100 La Vernge, TN 37086

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Rd.
Ste. 200
La Vergne, TN 37086

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/INDC/DSP_SEARCHRESULT.CFM)

FM) +

MAIL (MAILTO: ?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through December 11, 2019

You have searched Finished drug products

Search Results: 'Horizon Therapeutics'

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 Name
ACTIMMUNE	75987-111- 11	100 ug/.5mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA103836	Horizon Therapeutics USA, Inc.	75987-111	Interferon gamma- 1b	INTERFERON GAMMA-1B	HUMAN PRESCRIF DRUG
Ravicti	75987-050- 07	1.1 g/mL	LłQUID	ORAL	NDA203284	Horizon Therapeutics, Inc.	75987-050	glycerol phenylbutyrate	GLYCEROL PHENYLBUTYRATE	HUMAN PRESCRIF DRUG
Ravicti	75987-050- 06	1.1 g/mL	LIQUID	ORAL	NDA203284	Horizon Therapeutics, Inc.	75987-050	glycerol phenylbutyrate	GLYCEROL PHENYLBUTYRATE	HUMAN PRESCRIF DRUG

Showing 1 to 3 of 3 entries

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.Gov)

See also: <u>Drug Registration and Listing Instructions</u>
(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

Verico 2020

Previous

Next

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HORIZON THERAPEUTICS USA, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF

OCTOBER, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZON

THERAPEUTICS USA, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY

OF JUNE, A.D. 2005.

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

LANCE OF THE PARTY
Authentication: 203862330

Date: 10-24-19

3989145 8300 SR# 20197723246

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

CERTIFICATE OF AMENDMENT TO AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF HORIZON PHARMA USA, INC.

Horizon Pharma USA, Inc. (the "Company"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "DGCL"), does hereby certify as follows:

FIRST: The name of the Company is Horizon Pharma USA, Inc.

SECOND: The Company filed its original Certificate of Incorporation with the Secretary of State of the State of Delaware on June 22, 2005.

THIRD: The Board of Directors of the Company, acting in accordance with the provisions of Sections 141 and 242 of the DGCL, adopted resolutions amending Article I of the Company's Amended and Restated Certificate of Incorporation to read in its entirety as follows:

"I.

The name of this corporation is Horizon Therapeutics USA, Inc. (the "Corporation")."

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Company has caused this Certificate of Amendment to Amended and Restated Certificate of Incorporation to be signed by its Chief Executive Officer this 16th day of September, 2019.

HORIZON PHARMA USA, INC.

Name: Timothy Walbert

Title: Chief Executive Officer

HORIZON THERAPEUTICS

NEVADA

Top 4 Suppliers:

NONE

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	PA0512854			
Application/License No).			
		, doing or intendin	g to do busines	s as a
Applicant/Principharmaceutical wholes	saler, whose	address for purposes	s of service is	. as
PRINCIPAL, and	Address of Ap	pplicant/Principal	nany	. a
corporation organized and authorized to trans	under the lav	Surety Company WS of the state of	New Jersey State of Incorporatio	
Nevada, whose addres	, ,	es of service is h Floor Newark, NJ 07102-52	207	as
SURETY, are held and State Board of Pharma DOLLARS (\$100,000.0 administrators, success bond term shall become	I firmly bound acy for the pe DO), for which sors and ass	enal sum of ONE HUI n payment we bind ou signs jointly and seve	NDRED THOUS urselves, our he rally, by these p	SAND irs, executors,
			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.

POWER OF ATTORNEY

Bond # PA05

PA0512854

INTERNATIONAL FIDELITY INSURANCE COMPANY ALLEGHENY CASUALTY COMPANY

One Newark Center, 20th Floor, Newark, New Jersey 07102-5207 PHONE: (973) 624-7200

KNOW ALL MEN BY THESE PRESENTS: That INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and ALLEGHENY CASUALTY COMPANY a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

KATHY L. DELGRECO, RACHEL A. CHAVERIAT, MICHELLE LUTE-HEATHERLY, SANDRA KING, JESSICA FREDERICK, JULIE KARNES, REBECCA J. HOBBS, BONNIE L. RICE, MARIAH SMITH, MARY Y. VOLMAR, ANDREA ALLMAN, JOY M. WILLIAMS, CAROLYN E. WHEELER, VICKI NOBINGER, LORETTA M. JONES, SANDY MCELHANEY, THELMA M. LETT

Knoxville, TN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of INTERNATIONAL FIDELITY INSURANCE COMPANY and all EGHENY CASUALTY COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of ALLEGHENY CASUALTY COMPANY at a meeting duly held on the 10th day of July, 2015

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation, and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY have each executed and attested these presents on this 31st day of December, 2018



STATE OF NEW JERSEY County of Essex

Kenneth Chapman

Executive Vice President, International Fidelity Insurance Company and Allegheny Casualty Company



On this 31st day of December, 2018 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and of ALLEGHENY CASUALTY COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey W My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the sald Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day. December 20, 2019

A00795

Irene Martins, Assistant Secretary

Barry J. Moze

S. Elm Street, Burr Ridge, Illinois 60527
(C); bmoze@horizonpharma.com

PROFESSIONAL SUMMARY

A proven executive with over 26 years of demonstrated national and international advisory, consulting and leadership experience, specializing in clarity of strategies as well as alignment of structure and processes to maximize company value. A leader in the building of organizational behaviors and competencies in order to drive effective organizations.

WORK EXPERIENCE

Horizon Pharma

EVP, Chief Administrative Officer - May 2014 to Present

- Specializes in leadership of core operations and company improvements on a global scale
- Leads cross-functional teams on the implementation and maintenance of life cycle management
- Drives and coordinates multiple facets of acquisition integration, including business logistics aspects as well as human capital affairs
- Directly responsible for oversight of strategic plan, operations and employees for all of Human Resources, Information Technology, Strategic Program Office, Advocacy, Operations, Facilities and Corporate Security

Crystal Clear Communications, LLC

Partner/Owner - December 1988 to May 2014

- Specialized in working with corporate officers and boards, assisting with the development and execution of global strategies
- Worked with executive leadership of Fortune 500 and Fortune 1000 companies to devise and launch cross-company organizational development
- Cultivated and aligned organizational behaviors and competencies to strengthen overall corporate culture
- Coordinated with executives and leaders at all levels to strengthen and enforce strategic and business plans and maximize value
- Coordinated efforts with leadership in every branch to create a cohesive and dynamic work environment that maximized efficiency and improved operations
- Worked one on one with leaders at every level to promote best in class practices as well as to attract, retain and develop top tier talent to stimulate workforce productivity and longevity

Asset Management Incorporated

President/Owner - January 1989 to December 2001

- Investment advisory professional dedicated to long term wealth management
- Managed extensive portfolios for high wealth individuals to increase profitability and achieve both short and long term financial objectives
- Developed business and financial strategies for companies to promote financial diversification and sustainable wealth practices in alignment with their goals

Review Services Incorporated

President/Owner - January 1978 to December 1988

- Financial planning and analysis for clients on a variety of economic levels
- Created and maintained long and short term growth strategies to maximize opportunity for client gain
- Analyzed markets to mold and develop individual strategies for each client and provide sound investment advice in conjunction with successful decision-making and execution

5JJ

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: WHCheck 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 Sole Owner – Pages 1,2,3,8					
□ 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: Kawasumi Laboratories America, Inc.					
Physical Address: 10002 Princess Palm Ave, Suite 324 Tampa, FL 33619					
City: Tampa, FL State: Zip Code: 33619 Telephone					
Number: 813-630-5554 Fax Number: 813-343-4349					
Toll Free Number:					
E-mail: www.kawasumiamerica.com					
Facility Manager: Tracie Lowe					
Professional qualifications and experience of facility manager: Officer - 16 years of experience					
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: □					

This page must be submitted for all types of ownership

(If yes, provide a copy of the certificate)	s ⊔ No ⊠
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	es ⊠ No □
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political juri	
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name: Kawasumi Laboratories America, Inc.	
Address: Shinagawa Intercity Tower // // // // // // // // // // // // //	-
Name: N/A	e e
Address: N/A	
Name: N/A	
Address: N/A	
Name: N/A	
Address: N/A	
A licensee is not required to have a Nevada State Business License, however the number:N/A	wever, if you do,
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 🗗

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 □X			
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 邙			
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 explana Copies of any documents that identify the circumstance or contain an order, disposition may be required.	ation must be attached. agreement, or other			
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 the under penalty of perjury, that the information furnished on this application are correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	e true, accurate and , servants and cial and moral			
Original Signature of Person Authorized to Submit Application, no copies or	stamps			
Tracie Lowe 7/3/2019				
Print Name of Authorized Person Date				
Board Use Only Date Processed: Amount:				

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorpora	tion: FLORIDA				
Pare	nt Company i	if any: <u>Kawasumi L</u> a	boratories, Inc.	Japan		
Mailir	Mailing Address: Shinagawa Inter		Tol			
City:_	Konan, Mina	ito-Ku	State:	Zip:	Japan	
	ohone					
Conta	act Person: _	Takaaki Ishikawa				
For a	ny corporatio	on non publicly traded	, disclose the fol	llowing:		
1)	List top 4 p	ersons to whom the s	hares were issu	ed by the c	corporation?	
	a)Kawası	umi Laboratories, Inc.	Shinaga	wa Intercity T		Minato-ku
		Name	Business	Address T	okyo	
	b) N/A					
		Name	Business	Address		
	c)_N/A					
		Name	Business	Address		
	d) N/A					
		Name	Business	Address		
2)	Provide the	number of shares iss	ued by the corp	oration(0	
3)	What was t	he price paid per shar	re? <u>0</u>		· · · · · · · · · · · · · · · · · · ·	
A Nev	vada busines se please pro	s license is not require vide the number: <u>N/</u>		ne wholesa		ousiness

Include with the application for a non publicly traded corporation

List of officers and directors

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

Include with the application for a non publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

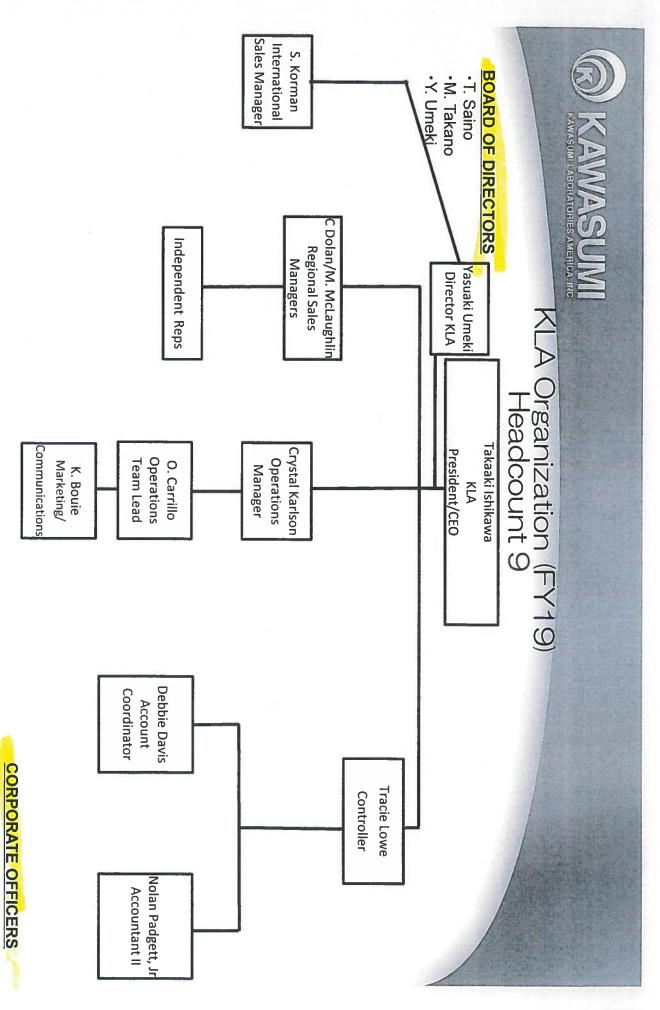
Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. This form is enclosed. Each officer and director of the corporation must submit fingerprints. Please contact the board if fingerprint cards are needed.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

NA, no drugs are handled by our organizations.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

(A) Our Operations manager Crystal Karlson handles all Products.



M. Takano (President)T. Lowe (Treasurer)Y. Umeki (Secretary)

State of Florida Department of State

I certify from the records of this office that KAWASUMI LABORATORIES AMERICA, INC. is a corporation organized under the laws of the State of Florida, filed on February 25, 1991.

The document number of this corporation is \$34281.

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 January 22, 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-second day of January, 2020





Tracking Number: 3877137593CC

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

https://services.sunbiz.org/Filings/CertificateOfS tatus/CertificateAuthentication

Explanation of State Licenses

Is the firm licensed by all other states in which the firm ships?

If yes, please attach proof of licensure:

If no, please describe why not:

KLA Response

Kawasumi Laboratories of America (KLA) is located in the State of Florida, and Florida only licenses medical devices manufacturers. The Florida Board of Pharmacy does not regulate medical device wholesale distributors (Fla. Stat. §465.004).

KLA will be entering into a business relationship with a 3PL located in the state of GA. In doing so, KLA will be moving to a new address (10002 Princess Palm Ave., Tampa, FL 33619), which requires KLA to secure new licenses both: 1) to satisfy the change of location/address; and 2) to ensure appropriate licensure for all customers to which KLA's products will be distributed to as part of our new business relationship with our 3PL.

Before we initiate this new relationship, KLA is applying for wholesale distributor (or equivalent) licenses in the following states:

- Georgia
- Tennessee
- New York
- California
- New Jersey
- Louisiana

These applications are all pending at this time.

We are also intending to ship our product to the following additional states: Texas, Virginia, Illinois, and North Carolina. However, these states either do not license out of state wholesale distributors, or do not license wholesale distributors of medical devices; therefore, no license has been sought.



FDA Home³ Medical Devices⁴ Databases⁵

Establishment Registration & Device Listing 1 result found for Establishment

Registration or FEI Number : 1000113359

Establishment Name

▲⁷ ▼8

Registration Number

Current Registration Yr

New Search⁶

2020

KAWASUMI LABORATORIES

AMERICA, INC.9

FL/USA

1055927

Set, Transfer (Blood/plasma) - KAWASUMI LABORATORIES PHLEBOTOMY SET 10

Set, I.v. Fluid Transfer - KAWASUMI LABORATORIES PHLEBOTOMY SET 11

<u>Set, Administration, Intravascular - IV ADMINISTRATION SET; IV ADMINISTRATION SET SECONDARY ADMINISTRATION SET; IV ADMINISTRATION SET WITH NEEDLELESS ACCESS CONNECTOR; KAWASUMI LABORATORIES IV ADMINISTRATION SET, STANDARD</u> 12

 Set, Administration, Intravascular - IV ADMINISTRATION SET WITH .22 MICRON FILTER; IV ADMINISTRATION SET WITH .22 MICRON FILTER, NEEDLELESS ACCESS CONNECTOR; KAWASUMI LABORATORIES IV ADMINISTRATION SET WITH FILTER ¹³

 Set, Administration, Intravascular - KAWASUMI SMALL VEIN INFUSION SET; SMALL VEIN INFUSION SET 14

Show all <u>21 Listings For KAWASUMI LABORATORIES AMERICA, INC. 15 FL/USA</u>

Complaint File Establishment

Can't find what you're looking for? Try a new search 16

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
- 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=1000113359&OwnerOperatorNumber=&OwnerOperatorName=& ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10& SortColumn=EstablishmentName20%ASC
- 8. ../cfrl/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=1000113359&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
- 9. ./rl.cfm?rid=10889
- 10. ./rl.cfm?lid=569636&lpcd=KSB
- 11. ./rl.cfm?lid=569636&lpcd=LHI
- 12. ./rl.cfm?lid=569637&lpcd=FPA

Verified 2020

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S34281

Entity Name: KAWASUMI LABORATORIES AMERICA, INC.

FILED Apr 22, 2019 **Secretary of State** 7568664824CC

Current Principal Place of Business:

PRINCESS PALM AVE

SUIT TAMPA,

Current Mailing Address:

...... 🔼 აახ23-4355 US

FEI Number: 62-1457241

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OWE, TRACIE CPA

SUI

BRANDON,

JS

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Title

Name

Address

City-State-Zip:

PRESIDENT

TAKAAKI, ISHIKAWA

NISHI-KU, YOKOHAMA

LU, MINAMI-SENGENCHO

SIGNATURE: TRACIE LOWE

04/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title

TREASURER

Name Address LOWE, TRACIE L

PALIES DR

SUITE

City-State-Zip:

BRANDON

Title Name **SECRETARY**

Address

UMEKI, YASUAKI

d FLOC₽

City-State-Zip: CAMBRIDC_

ONE BROADWAY

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACIE LOWE

TREASURER

04/22/2019

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. 21BSBIH0219	
Application/License No	
Kawasumi Laboratories America, Inc. , C	loing or intending to do business as a
pharmaceutical wholesaler, whose address for pr	irposes of service is
Princess Palm Ave, ST Tampa Address of Applicant/Principal	, as
PRINCIPAL, and Hartford Fire Insuranc	
corporation organized under the laws of the state	
and authorized to transact a general surety busin	
Nevada, whose address for purposes of service i	s
One Hartford Plaza, Hartford	as
Address of Surety	to of Novada and to the Novada
SURETY, are held and firmly bound unto the State State Board of Pharmacy for the penal sum of ON	
DOLLARS (\$100,000.00), for which payment we	
administrators, successors and assigns jointly an	
bond term shall become effective on January 2	23, 2020 fective Date
5	lective 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.

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-12
One Hartford Plaza
Hartford, Connecticut 06155
Bond, Claims@thehartford.com

KNOW ALL PERSONS BY THESE PRESENTS THAT:

call 888-266-3488 or fax: 860-757-5835
Agency Name: EAGLE AMERICAN INS AGENCY LLC
Agency Code: 21-211419

Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut	-
Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana	
Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut	
Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut	
Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana	
Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois	
Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana	
Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida	
their home office in Hartford. Connecticut the relief to a relief to the state of Florida	
IU 109IF DOME OTICE ID Hartford, Connecticut (harringter - 11-11-11-11-11-11-11-11-11-11-11-11-1	_

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No. 21B\$BIH0219

Naming Kawasumi Laboratories America, Inc. as Principal,

and Nevada State Board of Pharmacy as Obligee,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his



Kathleen T. May nard Notary Public

Notary Public My Commission Expires July 31, 2021

her live to Abyrand

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of January 30, 2020.

Signed and sealed at the City of Hartford.

















Kevin Heckman, Assistant Vice President

CRYSTAL D. KARLSON

Tanbark Ridge Place • Plant C

Operations Manager

Dedicated and technically skilled business professional with a versatile support skill set developed through years of experience with Kawasumi Laboratories America, Inc.

Excel in network solutions, systems and process improvements proven to increase efficiency.

Offer advanced computer skills in MS Office Suite and other applications/systems.

Experience

Kawasumi Laboratories America, Inc. (Tampa, FL)

1997 to Present

Operations Manager, 2004 to present

Marketing Assistant, 2002 to 2004

Customer Service Representative, A/P-A/R Clerk, 1998 to 2002

Administrative Assistant, 1997 to 1998

Promoted four times during my 13-year tenure with Kawasumi, culminating in current responsibility for coordinating all computer network, inventory control, and warehouse functions and supervising a team of four Customer Service and Warehouse staff.

Education

Gaither Sr. High School

1996

Academic Diploma

Specialized Training / Continuing Education

Basic Spanish	2000
Crystal Reporting Software (14 CPE Credits)	2003
Management Seminar – Effective Management	2004
Supervisory Training - Compliance (7 credit hours)	2006
Supervisory Training - Leadership (7 credit hours)	
Supervisory Training - Development (7 credit hours)	2006
Business Protection 101 – Disaster Recovery	

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

ond No. 21BSBIH0219
pplication/License No
awasumi Laboratories America, Inc., doing or intending to do business as a
harmaceutical wholesaler, whose address for purposes of service is
Princess Palm Ave, STE 324, Tampa,, as Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company, a Surety Company
orporation organized under the laws of the state of Connecticut State of Incorporation
nd authorized to transact a general surety business in the State of
evada, whose address for purposes of service is
One Hartford Plaza, Hartford, CT 06155 as
Address of Surety URETY, are held and firmly bound unto the State of Nevada and to the Nevada tate Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND OLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, dministrators, successors and assigns jointly and severally, by these presents. This ond term shall become effective on January 23, 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 b 30th day of January , 20	ond has caused it to be executed on this 20
APPLICANT/PRINCIPAL	SURETY COMPANY
Kawasumi/Laboratories America, Inc.	Hartford Fire Insurance Company
Authorized Representative	Surety Company's Representative
Notary Public State of Florida Sira A Schroff My Commission GG 235961	Richard J. Leonard , Attorney-in-fact print name
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
Witness Witness	Sandra Uthur Witness
and Cherdle	Jacku Martn
Witness	Countersigned by: LACS Agents, LLC
Notary Public State of Florida Sira A Schroff My Commission GG 235961 Expires 08/25/2022	Countersigned by: URS Agents, LLC By: Kathy Clark, Assistant Secretory Nevada Resident Agent
Witnessed	
Tracie lowe,	₩.
lakishia voule &	

POWER OF ATTORNEY

Direct Inquiries/Claims to: THE HARTFORD BOND, T-12

One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

NOONS BY THESE PRESENTS THAT.	Agency Code: 21-211419	_
Hartford Fire Insurance Company, a corporation dul	y organized under the laws of the State of Connecticut	
Hartford Casualty Insurance Company, a corporation	on duly organized under the laws of the State of Indiana	
Hartford Accident and Indemnity Company, a corp	oration duly organized under the laws of the State of Connecticut	
Hartford Underwriters Insurance Company, a corp	oration duly organized under the laws of the State of Connecticut	
Twin City Fire Insurance Company, a corporation du	aly organized under the laws of the State of Indiana	
Hartford Insurance Company of Illinois, a corporati	on duly organized under the laws of the State of Illinois	
Hartford Insurance Company of the Midwest, a con	rporation duly organized under the laws of the State of Indiana	

Agency Name: EAGLE AMERICAN INS AGENCY LLC

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint

Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No. 21BSBIH0219

Naming Kawasumi Laboratories America, Inc. as Principal,

and Nevada State Board of Pharmacy as Obligee,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard

Notary Public

My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of January 30, 2020.

Signed and sealed at the City of Hartford.



Kevin Heckman, Assistant Vice President

5KK

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: WHCheck 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: Lynch Biologics, LLC					
Physical Address: 5526 Joseph St					
Triyolodi / Idailooo.					
City: Franklin, TN State: Zip Code: 37064 Telephone					
Number: 615-567-6364 Fax Number: 615-567-6643					
Toll Free Number:					
E-mail:www.lynchbiologics.com Website:www.lynchbiologics.com					
Facility Manager: Hans Kestler					
Professional qualifications and experience of facility manager: 25 years in commercial operations in medical product manufacturing and commercialization.					
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: 					

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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership	This page	must be	submitted	for all	types of	ownership
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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 of facility which are licensed by the State of Nevada or another political jurisdiction? Yes \Box 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: CANDINAL HEARTH - SPECIALTY PHARMACEUTICAL SERVICES
Address: 15 INGRAM BLUD, LA VERGNE, TN 37086
Name: LuitPOLD PHARMACEUTICALI / AMERICAN REGENT
Address: 5 RAMSEY RD SHIRLEY, NY 11967
Name: CALAGED MATNIX, INC
Address: 15 THONTON RD. OAKLAID NJ 02436
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 ☑

This page must be submitted for all types of ownership.	Thi	s page	must be	submitted	for all	types	of ownership.
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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 Ø					
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 Ø					
If the answer to question 1 through 5 is "yes", a signed statement of explana Copies of any documents that identify the circumstance or contain an order, 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					
Hans Kestler 7/27	19					
Print Name of Authorized Person Date						
Board Use Only Date Processed: Amount:	D.CO					

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorpora	tion: Delaware				
Paren	t Company i	f any:				
Mailin	g Address:	5526 Joseph Street				
			State:	TN	Zip: _	37064
Conta	ct Person: _	Hans Kestler				
For ar	ny corporatio	n non publicly traded	d, disclose	e the followi	ng:	
1)	List top 4 pe	ersons to whom the	shares we	ere issued b	y the co	rporation?
	a)	N/A				
		Name	E	Business Addr	ess	
	b)					
		Name		Business Add	ress	
	c)					
		Name	E	Business Add	ress	
	d)				8	
		Name	· ·	Business Addr	ess	
2)	Provide the	number of shares is	sued by t	he corporat	ion	N/A
3)	What was t	he price paid per sha	are?	N/A		
		s license is not requivide the number:	ired, howe	ever if the w	holesale	er has a Nevada business

<u>Include with the application for a non publicly traded corporation</u>

List of officers and directors

<u>Certificate of Corporate Status</u> (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.

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

susiness Name: Lynch Blococics	,		5526 JOSEPH ST.
current Business Address:		-	5526 JD SEPH ST.
States: Franklin Sta	ate: TN		Zip Code: 370 64
elephone: 800 - 814 - 2334		Fax:	615-567-6643

Include with the application for a sole owner

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

<u>Submit fingerprints</u> – Please refer to Page 9 for Fingerprint Submission Instructions.

<u>Submit a list</u> containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

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. <u>107156884</u>	
Application/License No	
Lynch Biologics, LLC , doing or intending to do busing	ness as a
Applicant/Principal pharmaceutical wholesaler, whose address for purposes of service i	s
5526 Joseph Street Franklin TN 37064	, as
Address of Applicant/Principal	
PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA Surety Company	, a
corporation organized under the laws of the state ofCONNECTICUT_	
State of Incorporation and authorized to transact a general surety business in the State of	
Nevada, whose address for purposes of service is	
ONE TOWER SQUARE HARTFORD CT 06183	as
Address of Surety	
SURETY, are held and firmly bound unto the State of Nevada and t State Board of Pharmacy for the penal sum of ONE HUNDRED THOOLLARS (\$100,000.00), for which payment we bind ourselves, ou administrators, successors and assigns jointly and severally, by the	OUSAND r heirs, executors
bond term shall become effective on 09/25/2019 Effective Date	
	I

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 for ce 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 \$urety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this

	III Williams Williams I among party as and	
	25TH day of SEPTEMBER	2019
	APPLICANT	SURETY
	COMPANIER	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
AURA GEA		4 Anton
STATE	Authorized Representative	Surety Company's Representative
TENNESS NOTAR PUBLIC	SEE E	MICHAEL NESCHKE , Attorney-in-fact
AMSON C	NED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
	NED and SEALED in the presence of:	Witness Witness
	Multiness Market	Witness
		Countersigned by:
		What Ush



Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Street Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint MICHAEL K NESCHKE

of MOUNT JULIET

Tennessee , their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 17th day of January, 2019.







State of Connecticut

City of Hartford ss.

On this the 17th day of January, 2019, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fre and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF. I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021

HOTARY AT PUBLIC

Anna P. Nowik, Notary Public

ert L. Raney, Senior Vice President

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this

25 day of Eprember, 20



Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-\$00-421-3880.

Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LYNCH BIOLOGICS, 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 THIRTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "LYNCH BIOLOGICS, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LYNCH BIOLOGICS, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2013.

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

THE STATE OF THE S

Authentication: 202176097

Jeffrey W. Bullock, Secretary of State

Date: 01-13-20

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF HEALTH RELATED BOARDS

> ID NUMBER: 0000005264 EXPIRATION DATE: 08/31/2020

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

PHARMACY BOARD MANUFACTURER LYNCH BIOLOGICS LLC

OLO DA 72

LYNCH BIOLOGICS LLC
5526 JOSEPH STREET
FRANKLIN TN 37064-9528



State of Tennessee Department of Health

25801

TENNESSEE BOARD OF PHARMACY
MANUFACTURER
LYNCH BIOLOGICS LLC
CARDINAL HEALTH 15 INGRAM BLVD
LA VERGNE TN 37086

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

ID NUMBER: 0000005264 EXPIRATION DATE: 08/31/2020

Dina E. Saylus

INTERIM DIRECTOR HEALTH RELATED BOARD

TOMMAISSIGNEE

Last Updated: 2/15/2020

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

Health Care Facilities

Licensed Facilities

Current Listings

Type = Pharmacy-Manufacturer/Wholesaler/Distributor County = All Results = 1

Click here to return to the search page

LYNCH BIOLOGICS LLC CARDINAL HEALTH 15 INGRAM BLVD La Vergne, TN 37086 Attn: Joel Wayment 615-793-1200

Rank: Manufacturer

Facility License Number: 00005264 Status: Licensed Date of Original Licensure: 08/07/2018 Date of Expiration: 08/31/2020 No Disciplinary Actions



FDA Home³ Medical Devices⁴ Databases⁵

Establishment Registration & Device ListingNew Search

Back To Search Results

Establishment:

LYNCH BIOLOGICS LLC 5526 Joseph Street Franklin, TN 37064

Registration Number: 3011175224 **FEI Number*:** 3011175224

Status: Active

Date Of Registration Status: 2020

Owner/Operator:

Lynch Biologics LLC⁶ 5526 Joseph Street Franklin, TN US 37064

Owner/Operator Number: 10058000⁷

Official Correspondent:

Kathy Remsen 5526 Joseph Street Franklin, TN 37064 **Phone:** 901-6064856

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

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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













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FDA Home³ Medical Devices⁴ Databases⁵

Establishment Registration & Device Listing 1 result found for Establishment

Registration or FEI Number:

3011175224

Establishment

Name

₩8

Registration Number

LYNCH BIOLOGICS LLC9

TN/USA

3011175224

Bone Grafting Material, Dental, With Biologic Component - Gem 21S 10

Biologic Material, Dental - Gem 21S 11

New Search⁶

Current Registration Yr

2020

Specification Developer; Complaint File Establishment

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- 9. ./rl.cfm?rid=220118
- 10. ./rl.cfm?lid=579502&lpcd=NPZ
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Hans K. Kestler

5 Sunset Rd. Brentwood, TN 37027

MOBILE: 5 EMAIL:

Accomplished and dynamic executive with a proven track record of commercial success in the medical device and pharmaceutical/biotechnology arenas. A strategist, who maintains a hands-on sales approach with focus on year-after-year success exceeding revenue, profit and business growth objectives. Adept in start-up as well as small and mid-cap public companies. Excels in fast paced environments. Has led and motivated worldwide teams and managed the P&L for business divisions exceeding \$400M in revenue. Extensive global experience.

Global Commercialization
Strategy and Operational Planning
P&L and General Management
Corporate Branding
Acquisitions, Licensing and Integrations
Product Development
Value Creation from Scratch to Scale
Clinical/Regulatory/Quality

SELECTED ACHIEVEMENTS

- \$60M USD first year product launch. Responsible for the largest product launch in Wright Medical company history, developed the plan and led the cross functional team responsible for exceeding first year sales plan on a global basis. Revenue of Augment Bone Graft now approaching \$100M USD/yr.
- \$100M and \$380M strategic exits of business units. Business head for two separate events, the first a 4X multiple on sales, resulting in \$100M USD cash return to the parent corporation for sale of craniofacial business to Daiichi Sankyo. The second, a \$380M USD cash/stock merger resulting in significant shareholder value in BioMimetic transaction with Wright Medical.
- Integrated two \$200M USD businesses. Integration leader for International business, combined two businesses (Wright and Tornier) across over 40 countries integrating sales channels, back office teams including ERP systems resulting in continued double market growth (15%) and achieving profit targets ahead of schedule.
- Turned around an underperforming \$40M USD business unit. Created a commercial and operational global strategy to return Wright's Biologics business from a declining growth rate (-6%) to above market growth (13%) with double digit EBITA in less than 15 months with no new product introductions. This business is now the fastest growing business unit for the company (40% growth).
- Successfully rebranded two publicly traded companies. Created powerful corporate positioning via a data driven process resulting in 20+% improvement year over year improvement in "market leader score" as scored by customers and non-customers, via blinded survey.

PROFESSIONAL EXPERIENCE

LYNCH BIOLOGICS, LLC

<u>Franklin, TN</u>

General Manager and Chief Commercial Officer

(July 2018 - Present)

Brokered the reacquisition of the rhPDGF craniofacial business from Daiichi Sankyo and co-founded Lynch Biologics. Focused on the application of recombinant protein therapeutics for use in the wound care, veterinary and craniofacial markets. Accountable for all operations and commercial activities.

- Acquired a market leading product line and vertically integrated it into Lynch Bio in less than three months while exceeding growth and EBITDA objectives.
- Fixed complicated drug and device supply chain to support scale of business.

ORTHOGENRX, INC

Doylestown, PA

Chief Commercial Officer

(Jan 2017 - June 2018)

Responsible for all commercial activities for the company including sales, marketing, market access/reimbursement and commercial operations. Focused on the Viscosupplementation/Hyaluronic Acid buy-and-bill market.

- Built a \$20M USD business first year post launch, taking 11% share of a slow growth market.
- Drove \$4.5M USD in bottom line free cash flow due to targeted business development strategy.
- Key activities include setting sales structure and culture, establishing market access and pricing programs, rebranding and future planning for additional product launches.

WRIGHT MEDICAL TECH, INC (NAS: WMGI)// BIOMIMETIC THERAPEUTICS, INC (NAS: BMTI) Memphis, TN // Franklin, TN 2006 - 2016

Built distinguished 10+ year record of achievement and advancement with this \$900M USD global producer of orthopedic medical devices and biologics.

Vice President, International Marketing and R&D - WMGI

(June 2015 - Dec 2016)

PROMOTED and RETAINED to lead Marketing and R&D across the combined Upper, Lower and Biologics International business units based in London, United Kingdom post-merger with Tornier, Inc.

- Responsible for \$400M USD in revenue across International business unit.
- Relocated to London, U.K. to establish new International Office.
- Created a strategy based on focused brands, and focused geographies to improve top line sales (double market growth) while improving gross margin by 20% across International resulted in achieving 70+% margin contribution.

- Developed process and led team on obsolescence strategy to refine the International portfolio.
 Eliminated 50% of the SKU's for improved efficiency with added focus on premium brands with no revenue dis-synergy.
- Improved forecast accuracy across 9 key subsidiary markets from less than 10% to over 90% resulting in \$6M reduction in capital expenditures.

Vice President, Global Commercial Operations - WMGI

(March 2013 – June 2015)

RETAINED by Wright Medical to lead commercial operations post-merger with BioMimetic,
Therapeutics, Inc. Focused effort on Biologics business on a Global basis. Strategies drove turnaround
of the Biologics business from a negative growth business to above market rates in 15 months.

Significant focus on international markets including Asia Pac (focus on Australia, China and Japan), Latin
America (focus on Brazil and Columbia) and Europe (focus on the EU5) and other developing countries.

- Built launch plan for US launch of Augment® Bone Graft, realizing \$60M USD in first year sales with 80+% margin.
- Developed pipeline strategy for rhPDGF technology, opening potential \$1B USD markets.
- Created strategies for International Expansion, resulting in 2-4x market growth rates in focused International markets
- Member of six different High Performance Management Systems (HPMS) teams, driving the strategic focus of the corporation
- International Integration Lead for the merger with Tornier, Inc. setting the metrics for revenue achievement, synergy and EBITA targets for the International Division.

Vice President, Orthopedics and Sports Medicine - BMTI

(January 2008 – March 2013)

PROMOTED. Member of executive management team reporting to President & CEO and Board of Directors. Led merger with Wright Medical resulting in \$380M cash/stock deal. Responsible for global commercial and product development operations for BMTI, developer of class III Medical device (drug/device combination) products. Leader of Commercialization Committee, member of Disclosure, Compliance and Research Committees.

- Directed Sales, Marketing, Brand and Market Access in support of global commercialization establishing coding guides, reimbursement strategies, marketing collaterals and pricing strategies.
- Led Regulatory, Clinical and Quality for execution of commercial and development strategies worldwide, including developing the companies first IND as well as executing an orphan drug strategy for a novel product use.
- Increased sales over 350% in two years adding new market opportunities globally and expanding product portfolio via in license activity.
- Managed extensive network of Key Opinion Leaders and advisory boards in lower extremity/upper extremity orthopedics, spine and sports medicine.

P&L and general management responsibilities for Orofacial Healthcare business unit. Developed and directed Pre-Clinical, Regulatory, Quality and Clinical Strategy and Staff for the development of drugdevice (PMA) products. Supported PMA process for first growth factor product approved for use in dentistry. Final quality and regulatory sign-off authority for all marketing materials. Responsible for establishment and development of periodontal and oral maxillofacial market development through commercial licensee sales and marketing organization (Daiichi Sankyo/Luitpold Pharmaceuticals' Osteohealth Company).

- Executed the completion of five "bridging" studies and facilitated the publication of all five studies into peer-reviewed periodontal/maxillofacial journals in support of marketing.
- In licensed new matrix materials for additional clinical applications; wrote and received IDE approval for clinical trials for label expansion.
- Created new regulatory strategy for company's first Orphan Drug Designation rhPDGF-BB for the treatment of bisphosphonate-induced Osteonecrosis of the Jaw (ONJ).
- Built \$25M global business, developed, implemented and executed strategy of divestiture of orofacial business totaling \$100M in cash, with continued downstream royalties/Sole Source Supply Agreement.

BIOTECHNOLOGY INSTITUTE (BTI)

Vitoria Spain/Blue Bell, PA

Vice President Sales and Marketing

(March 2005 - March 2006)

P&L and general management responsibilities for establishment of US operations of a private, family-owned dental implant company. Developed small corporate office with Marketing, Sales, Shipping/Receiving and established contracts for Regulatory/Finance/Legal services.

- Developed Key Opinion Leader (KOL) advisory board.
- Established corporate branding at key dental tradeshows.
- Launched 5 new technologies in less than 12 months, exceeding revenue targets.

BIORA, INC // STRAUMANN USA

Chicago, IL // Waltham, MA 2002 - 2005

Area Vice President - Straumann

(April 2004 – March 2005)

Promoted to P&L position responsible for fully integrated sales force including 40 Territory Managers and 5 Regional Sales Directors post merger of BIORA and Straumann. Developed performance metrics and exceeded forecast for assigned Area. Achieved revenue targets of \$50M+ and maintained gross margins of 80+%. Managed continued change of low performing territories/regions.

- Served as Marketing and Sales liaison for corporate (Basel, Switzerland) international product development teams for both regenerative and implant new product development.
- Managed KOL and key account/university accounts.

Regional Sales Director - BIORA

(April 2003 - April 2004)

Promoted to manage East Region for Biora, Inc. Directed 8 Territory Managers to exceed quota and maintain pricing levels. Managed change of 50% of sales force and developed territory manager profile and training to institute performance culture in East Region.

- Successfully lead team through acquisition/merger/integration to form full-line sales force for Straumann USA.
- Maintained 40% growth for mature product line.
- Region of the Year 2004.

Territory Manager - BIORA

(April 2002 - April 2003)

Mid Atlantic Territory Sales Leader for therapeutic Amelogenin product targeting Periodontal Surgeons. Developed budgeting, forecasting and sales metrics to enhance performance and exceed plan.

- Exceeded quota by 65%.
- Territory of the year 2003.

FRIADENT/DENTSPLY

Irvine, CA

Territory Manager

(October 2001 - March 2002)

Responsible for the establishment of new expansion territory in New England. Full-line sales of regenerative and implant products. Developed KOLs for territory. Exceeded sales plan.

OSTEOHEALTH COMPANY, a DIVISION OF DAIICHI SANKYO

Shirley, NY 1996 – 2001

Senior Territory Manager & Sales Trainer

(August 1998 – September 2001)

Promoted after developing mentorship program to facilitate new approach to managing and coaching sales team. Responsible for five Territory Managers' sales objectives; created and provided training to improve technical product knowledge. Assisted with profiling, screening and hiring of new Territory Managers in both US and Canada.

Territory Manager

(September 1996 – August 1998)

Managed sales within a large geographic territory covering northeast corridor of the United States. Exceeded quota. Presidents Club award winner.

STRATEGIC ADVISOR EXPERIENCE

(June 2008 - Present)

SNOASIS MEDICAL, LLC

Denver, CO

Member of Board of Advisors to Snoasis Medical. Board seat created to provide strategic direction to President/CEO for commercialization and launch of placental-tissue base technologies for medical and dental applications worldwide. Company has surpassed sales targets with 3x market growth and exceeded profitability timelines with minimal outside funding.

BIBLIOGRAPHY

Over 20 published peer reviewed journal articles and presentations at scientific educational courses.

PATENT APPLICATIONS AND PATENTS PENDING

US Patent 9,642,892: Platelet-Derived Growth Factor Compositions and Methods for Treatment of Tendinopathies; 2017.

US Patent 8,870,954: Platelet-Derived Growth Factor Compositions and Methods for Treatment of Tendon and Ligament Injuries; 2014.

US Patent 8,492,335: Platelet-Derived Growth Factor Compositions and Methods for Treatment of Tendinopathies; 2013.

Several Applications Pending.

FORMAL EDUCATION

Bachelor of Science

Health Policy and Administration, Focus on Biology and Science The Pennsylvania State University, University Park, PA

College of Health and Human Development Honor Society Ann Marie Brown Scholarship/Internship Award Winner

FELLOWSHIP TRAINING

Nashville Healthcare Council Fellowship Program – 2013

Co-Chaired by Senator William Frist, MD and Prof. Lawrence Van Horn of the Owen School of Management at Vanderbilt University. Leadership development program designed to bring together emerging leaders from across the healthcare industry to explore new solutions to the many challenges facing the U.S. healthcare system.

APPLICABLE CONTINUING EDUCATION AND TRAINING

2015	Sales Force Effectiveness	Miller Heiman
2011	Compliance in a Regulated Industry	Duval Group, LLP
2011	Global Regulatory and Reimbursement	Pacific Bridge Medical
2010	Legislation of Biosimilars and Healthcare	Hogan & Lovells, LLP
2010	Medical Device Research & Reimbursement	Q1 Productions
2009	Patent Law	Morrison & Foerster, LLP
2008	Compliance – Reprints and Journals	Arnall Golden Gregory, LLP
2007	Regulation of Combination Products	FDA Strategies, LLC
2006	Strategies for Regulatory Success in Asia	Pacific Bridge Medical
2006	Quality Systems and ISO Training	Internal Training Course
2005	e-Myth Mastery Course	Michael Gerber
2004	Leadership Defined	International Leadership Conf
2004	SPIN® Selling for Executive Managers	Learning Solutions
2003	"Above the Gap Selling"	Advantage Performance Group
2002	SPIN® Selling Seminar	Huthwaite International
1998	Consultative Selling	Richardson Group
		·

PERSONAL INTERESTS

Family, Travel, Photography, Ice Hockey and Motorsports USA Hockey Level IV (out of V) volunteer coach

REFERENCES AVAILABLE UPON REQUEST

5LL

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 <u>02637</u> Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
□ 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: Meitheal Pharmaceuticals, Inc.
Physical Address: 8700 W. Bryn Mawr Avenue, Suite 600S
City: Chicago State: IL Zip Code: 60631
Telephone Number: (224) 443-4617
Toll Free Number: N/A
E-mail: MPI@slsny.com Website: www.meithealpharma.com
Facility Manager: Gail L. Giambi
Professional qualifications and experience of facility manager: Quality assurance professional with extensive experience ensuring quality in regulated pharmaceutical environments. Vice President, Quality at Meitheal Pharmaceuticals, Inc. since January 2017.
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☒ Other: Distributors, US Government
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:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certifice (If yes, provide a copy of the co	•	Yes □ No ⊠
Licensed as Manufacturer by t (If yes, provide a copy of your		Yes 🗵 No
Do any shareholders hold an interest facility which are licensed by the State		
List the top 4 suppliers your company products that were sold, dispensed or		ards to pharmaceutical
Name: Nanjiang King-Friend Biochemical Pharmaceu	utical Co. LTD	
Address: No. 16 Xuefu Road, Nanjing High and Ne	w Technology Development Zone, Nanjing, Jia	angsu 210061, China
Name: Kindos Pharmaceutical Co., Ltd.		
Address: No. 8-9 Kexin Road, Chengdu Hi-Tech Co	omprehensive Bonded Zone, Chengdu, Sichua	an, 611731, China
Name: Astral Steritech Private Limited		
Address: 911, GIDC Makarpura Vadodara, 390010	, Gujarat, India	
Name: Gland Pharma Ltd.		
Address: Unit II, Block C, Phase I, Visakhapatnam	Special Economic Zone (VSEZ), Duvvada, Vi	sakhapatnam, Andhra Pradesh 530049 India
A licensee is not required to have a Noplease provide the number: NA	levada State Business License	, however, if you do,
1. Has the corporation, any owner(s) any interest, ever been charged, or comisdemeanor (including by way of a g	onvicted of a felony or gross	vith Yes □ No ⊠
Has the corporation, any owner(s) any interest, ever been denied a licen registration?		vith Yes □ No ⊠
-3		169 M MO M

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 explana Copies of any documents that identify the circumstance or contain an order disposition may be required.	
I hereby certify that the answers given in this application and attached docu correct. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regulating the
I have read all questions, answers and statements and know the contents the under penalty of perjury, that the information furnished on this application at correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	re true, accurate and s, servants and ocial and moral
Original Signature of Person Authorized to Submit Application, no copies or	otomno
Original Signature of Person Authorized to Submit Application, no copies of	stamps
Victoria A. Wohlfeil Print Name of Authorized Person Date	0, 2019
Board Use Only Date Processed: Amount: 500	0.00

1-161. -11.

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE		_
Parent Company if any: Multiple Owners, see bo	elow	_
Mailing Address: c/o State License Servicing	1751 State Route 17A, Suite 3	_
City: Florida	State: NY Zip: 10921	
	Fax: (845) 544-2481	•
Contact Person: Jennifer Schneider		•
For any corporation non-publicly traded,	disclose the following:	
1) List top 4 persons to whom the sha	ares were issued by the corporation?	
a)Hong Kong King-Friend Industry, Co., Ltd.	Suite 2808, 28F, Exchange Tower, 33, Wang Chiu Road, Kowloon Bay, Kowloon, China	83.333% _ Ownership
Name	Business Address	, Ownership
b) Lyfe Charles Limited	1468 Nanjing Rd., Suite 1804, United Plaza, Shanghai, China 200040	16,660%
Name	Business Address	Ownership
C)_Thomas J. Shea	7255 West Lunt Ave., Chicago, IL 60631	0.007%
Name	Business Address	Ownershi
d)		_
Name	Business Address	•
2) Provide the number of shares issu	ed by the corporation. 69,048,031	
3) What was the price paid per share	? \$1.65 per share	-
A Nevada business license is not require license please provide the number: N/A	d, however if the wholesaler has a Nevada business	

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.



Meitheal Pharmaceuticals, Inc.

W

Drug Labeler Code: 71288 Incorporation State: DE Incorporation Date: 12/2/2016

Corporate Address: 8700 W. Bryn Mawr Avenue, Suite 600S, Chicago, IL 60631 USA FEIN: 81-4701700

www.meithealpharma.com

meitheal

Code Code	On Address	FDA	DEA DI	NUOS N	VAWD	Phone	Fax
Ido	8700 W. Bryn Mawr Avenue Suite 600S Chicago, IL 60631 County: Cook	N/A	N/A - No CS		ON.	(224) 443-4617	(224) 443-4617 (847) 789-8750

FACILITY DESIGNATED REPRESENTATIVES	REPRESENTATIVES		Description	
Name	Address	Title	Prescribing Authority	
Gail L. Giambi	S Oakleaf Rd. Algonquin, IL 60102	Designated Representative	No	
OWNERSHIP Name	Address	Title	Percent of Prescribing Ownership Authority	
Lyfe Charles Limited	Nanjing Rd. Suite 1804, United Plaza Shanghai, 200040 China		16.660	
Hong Kong King-Friend Industry, Co., Ltd.	Suite 2808, 28F, Exchange Tower, 33 Wang Chiu Road, Kowloon Bay, Kowloon		83.333	
Thomas J Shea	West Lunt Ave. Chicago, IL 60631		200.	
LIST OF OFFICERS Name	Address	Title	Prescribing Authority	
Thomas J. Shea	West Lunt Ave. Chicago, IL 60631	Chief Executive Officer	No	

CT Corporation	

ဍ

General Counsel and Corporate Secretary

Ashbury Lane Barrington Hills, IL 60010

Victoria A. Wohlfeil

Prescribing Authority	
Title	
Address	420 International Blvd Suite 500 Brooks, KY 40109
3PLS Name	Integrated Commercialization Solutions, Inc.





Meitheal Pharmaceuticals, Inc.

Cert. 4000 553 Standing

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MEITHEAL 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 FOURTH DAY OF DECEMBER, A.D.

2019.

6236259 8300

SR# 20198426627

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

Jehrey W. Bullock, Secretary of State

Authentication: 204139132

Date: 12-04-19





Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4073481

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/02/2019
Amount: \$ 500.00
License #: WH02637

Meitheal Pharmaceuticals, Inc. 8700 W Bryn Mawr Ave #600S Chicago IL 60631

(ID Card)

Wholesaler Expires: 10/31/2020

NEVADA STATE BOARD OF PHARMACY

Meitheal Pharmaceuticals, Inc. 8700 W Bryn Mawr Ave #600S

Chicago IL 60631

License # WH02637 Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY

Wholesaler

Expires: 10/31/2020 STATUS: Active

License Type: Wholesaler License #: WH02637

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist:

Meitheal Pharmaceuticals, Inc. 8700 W Bryn Mawr Ave #600S Chicago IL 60631

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 07/22/2019.

From: compliance compliance@slsnysupport.com @

Subject: Meitheal Pharmaceuticals, Inc. - Confirmation of Change of Ownership

Date: November 25, 2019 at 10:29 AM
To: pharmacy@pharmacy.nv.gov



IMPORTANT NOTICE



State License Servicing, Inc.

1751 State Route 17A, Suite 3, Florida, NY 10921 (845) 544-2482 Office, (845) 544-2481 Fax

Date: November 25, 2019

To: Nevada State Board of Pharmacy

Re: Meitheal Pharmaceuticals, Inc., 8700 W. Bryn Mawr Avenue, Suite 600S, Chicago , IL 60631, Permit #: WH02637

Dear Licensing Authority:

State License Servicing, Inc. represents Meitheal Pharmaceuticals, Inc. in the servicing of their state licenses. This letter shall serve as confirmation of an earlier notification that Meitheal Pharmaceuticals, Inc. has undergone a change of ownership of their company effective October 31, 2019. There has been no change in officers or FEIN. The ownership change is as follows:

From:

Lyfe Charles Limited - 100%

To

LYFE Charles Limited - 16.660% Hong Kong King-Friend Industry Co., Ltd. - 83.333% Other Owners <5% - 0.007%

Total - 100%

Please be assured that if your state requires any additional forms, filings and associated fees to effectuate this change, these are being completed and will be filed shortly.

If you need any additional information, please feel free to call or email me at the address below.

Kind Regards,

Jennifer Schneider V.P. Client Services (845) 544-2482 ext 207 jennifers@slsny.com

THE ELECTRONS WAS AN ENDING VAN AND A CARRY OF THE PROPERTY OF

Click Here to Respond to this Email

IMPORTANT NOTICE



Start Marketing

12/17/2018

12/17/2018

12/17/2018

National Drug Code Directory

▼ TWEET/HTTPS://TWITTER.COM/INTENT/TWEET/7TEXT=NATIONAL DRUG CODE DIRECTORYAURL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP SEARCHRESULT.CFM) +

MAIL MAILTO://SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP. SEARCHRESULT.CFM

Current through February 04, 2020

You have searched Finished drug products

Search Results: '71288'

Ampicillin and

Sulbactam

71288-006-

30

2 g/1, 1 g/1

INJECTION,

POWDER,

SOLUTION

FOR

Back to Search Page () | Search Again ()

	rds per page							Sea	rch 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
Ampicillin and Sulbactam	71288-007- 75	10 g/1, 5 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA090578	Meitheal Pharmaceuticals Inc.	71288-007	Ampicitin Sodium and Sulbactam Sodium	AMPICILLIN SODIUM; SULBACTAM SODIUM	HUMAN PRESCRIPTION DRUG
					9					
Ampicillin and Sulbactam	71288-005- 20	1 g/1, .5 g/1	INJECTION, POWDER, FOR	INTRAMUSCULAR; INTRAVENOUS	ANDA090579	Meitheal Pharmaceuticals Inc.	71288-005	Ampicitin sodium and Sulbactam sodium	AMPICILLIN SODIUM; SULBACTAM	HUMAN PRESCRIPTION DRUG
Sulbactam	20		POWDER,		ANDA090579	Pharmaceuticals	71288-005	and Sulbactam	SODIUM,	

INTRAMUSCULAR; ANDA090579

INTRAVENOUS

Besylate	71288-701- 05	10 mg/mL	SOLUTION	INTHAVENOUS	ANUA091488	Pharmaceuticals	71288-701	Atracurium Besylate	ATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	05/15/2018	
Atracurium Besylate	71288-702- 10	10 mg/mL	INJECTION,	INTRÁVENOUS	ANDA091489	Meitheal	71288-702	Atracurium	ATRACURIUM BESV ATE	HUMAN	05/15/2018	

Inc.

Meltheal

Pharmaceuticals

71288-006

Ampicillin sodium

and Sulbactam

sodium

AMPICILLIN

SULBACTAM

SODIUM;

SODIUM

HUMAN

DRUG

DRUG

PRESCRIPTION

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
Bleomycin	71288-107- 20	30 [USP:U]/1	POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAPLEURAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205030	Meitheal Pharmaceuticals Inc.	71288-107	Bleomycin Sulfate	BLEOMYCIN SULFATE	HUMAN PRESCRIPTION DRUG	08/31/2018
(Bleomyciл	71288-106- 10	15 USP'U/1	POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAPLEURAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205030	Meitheal Pharmaceuticals Inc.	71288-106	Bleomycin Sulfate	BLEOMYCIN SULFATE	HUMAN PRESCRIPTION DRUG	08/31/2018
Carboplatin	71288-100- 45	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA077096	Meitheal Pharmaceuticals Inc.	71288-100	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG	06/19/2017
Carboplatin	71288-100- 05	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA077096	Meitheal Pharmaceut/cals Inc.	71288-100	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG	06/19/2017
Carboplatin	71288-100- 51	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA077096	Meitheal Pharmaceuticals Inc.	71288-100	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG	06/19/2017
Carboplatin	71288-100- 15	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA077096	Mettheal Pharmaceuticals Inc.	71288-100	Carboplatin	CARBOPLATIN	HUMAN PRESCRIPTION DRUG	06/19/2017
Cefepime	71288-008- 15	1 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA091048	Meitheal Pharmaceuticals Inc.	71288-008	cefepime hydrochioride	CEFEPIME HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/17/2018
Cefepime	71288-009- 20	2 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA091048	Meitheal Pharmaceuticals Inc.	71288-009	cefepime hydrochloride	CEFEPIME HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/17/2018
Cisatracurium Besylate	71288-712- 06	10 mg/5mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Meitheal Pharmaceuticals Inc.	71288-712	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019

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
Cisatracurium Besylate	71288-714- 11	20 mg/10mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211669	Meitheal Pharmaceuticals Inc.	71288-714	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019
								m.			
Cisatracurium Besylate	71288-713- 21	200 mg/20mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211668	Meltheal Pharmaceuticals Inc.	71288-713	Cisatracurium Besylate	CISATRACURIUM BESYLATE	HUMAN PRESCRIPTION DRUG	10/31/2019
		2									
Cytarabine	71288-109- 20	2 g/20mL	INJECTION, SOLUTION	INTRATHECAL; INTRAVENOUS; SUBCUTANEOUS	ANDA205696	Meitheal Pharmaceuticals Inc.	71288-109	cytarabine	CYTARABINE	HUMAN PRESCRIPTION DRUG	09/01/2018
DAPTOMYCIN	71288-018- 10	500 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA212513	Meitheal Pharmaceuticals Inc.	71288-018	DAPTOMYCIN	DAPTOMYCIN	HUMAN PRESCRIPTION DRUG	06/26/2019
Enoxaparin Sodium	71288-410- 89	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meltheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
										5,100	
Enoxaparin Sodium	71288-410- 81	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
									8		
Enoxaparin Sodium	71288-410- 85	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
Enoxaparin Sodium	71288-410- 83	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
Enoxaparin Sodium	71288-410- 87	100 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-410	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
					æ						
Enoxaparin Sodium	71288-411- 81	150 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-411	Eпохарагіn Sodlum	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019

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
Enoxaparin Sodium	71288-411- 83	150 mg/mL	INJECTION	SUBCUTANEOUS	ANDA206834	Meitheal Pharmaceuticals Inc.	71288-411	Enoxaparin Sodium	ENOXAPARIN SODIUM	HUMAN PRESCRIPTION DRUG	12/01/2019
FOSAPREPITANT	71288-418- 10	150 mg/5mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA212309	Meitheal Pharmaceuticals Inc.	71288-418	FOSAPREPITANT	FOSAPREPITANT DIMEGLUMINE	HUMAN PRESCRIPTION DRUG	11/15/2019
Fulvestrant	71288-555- 86	50 mg/mL	INJECTION	INTRAMUSCULAR	ANDA209714	Meitheal Pharmaceuticals Inc	71288-555	Fulvestrant	FULVESTRANT	HUMAN PRESCRIPTION DRUG	11/21/2019
GEMCITABINE	71288-114- 50	1 g/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA091365	Meitheal Pharmaceuticals Inc.	71288-114	GEMCITABINE HYDROCHLORIDE	GEMCITABINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2018
GEMCITABINE	71288-113- 10	200 mg/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA091365	Meitheal Pharmaceuticals Inc.	71288-113	GEMCITABINE HYDROCHLORIDE	GEMCITABINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/01/2018
Glycopyrrolate	71288-407- 03	ି2 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	Meitheal Pharmaceuticals Inc.	71288-407	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	05/15/2019
Glycopyrrolate	71288-407- 04	.2 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	Meitheal Pharmaceuticals Inc.	71288-407	Glycopyrrolate	GLYCOPYFROLATE	HUMAN PRESCRIPTION DRUG	05/15/2019
Glycopyrrolate	71288-408- 06	,2 mg/mL	INJECTION -	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	Meitheal Pharmaceuticals Inc.	71288-408	Giycopyrrolate -	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	05/15/2019
Glycopyrrolate	71288-408- 21	.2 mg/mL	INJECTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211705	Meitheal Pharmaceuticals inc.	71288-408	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	05/15/2019

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
Heparin Sodium	71288-421- 96	1000 [USP [†] U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-421	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-424- 96	10000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-424	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-419- 96	t000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-419	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodlum	71288-420- 96	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals	71288-420	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION	06/15/2019
						Inc.				DRUG	
Heparin Sodium	71288-422- 96	5000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-422	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-423- 96	5000 {USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-423	Heparin Sodlum	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-425- 96	10000 [USP [†] U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-425	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-400- 03	1000 [USP [*] U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211005	Meitheal Pharmaceuticals Inc.	71288-400	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-402-	1000	INJECTION	INTRAVENOUS;	ANDA211007	Meitheal	71288-402	Heparin Sodium	HEPARIN SODIUM	HUMAN	06/15/2019
7	02	{USP'U]/mL		SUBCUTANEOUS		Pharmaceuticals Inc.		•		PRESCRIPTION DRUG	

Proprietary Name	NDC Package Code 71288-403-	Strength	Dosage Form	Route INTRAVENOUS;	Appl. No. ANDA211007	Labeler Name	Product NDC 71288-403	Nonproprietary Name Heparin Sodium	Substance Name HEPARIN SODIUM	Product Type Name HUMAN	Start Marketing Date
	02	(USP'U)/mL		SUBCUTANEOUS		Pharmaceuticals Inc.				PRESCRIPTION DRUG	0010/2013
Heparin Sodium	71288-402- 11	1000 {USP'U}/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-402	Heparin Sodlum	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-402- 31	1000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-402	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-404- 05	10000 [USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-404	Heparin Sodlum	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-403- 11	5000 {USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-403	Heparin Sodlum	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Heparin Sodium	71288-404- 02	10000 {USP'U]/mL	INJECTION	INTRAVENOUS; SUBCUTANEOUS	ANDA211007	Meitheal Pharmaceuticals Inc.	71288-404	Heparin Sodium	HEPARIN SODIUM	HUMAN PRESCRIPTION DRUG	06/15/2019
Levoleucovorin	71288-105- 25	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211002	Meitheal Pharmaceuticals Inc.	71288-105	levoleucovorin calcium	LEVOLEUCOVORIN CALCIUM	HUMAN PRESCRIPTION DRUG	08/16/2019
Levoleucovorin	71288-105- 18	10 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA211002	Meitheal Pharmaceuticals Inc.	71288-105	levoleucovorin calcium	LEVOLEUCOVORIN CALCIUM	HUMAN PRESCRIPTION DRUG	08/16/2019
Levoleucovorin	71288-104- 10	50 mg/10mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA211003	Meitheal Pharmaceuticals Inc	71288-104	levoleucovorin calclum	LEVOLEUCOVORIN CALCIUM	HUMAN PRESCRIPTION DRUG	08/22/2019

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
Melphalan hydrochloride	71288-112- 90		кіт	INTRAVENOUS	ANDA209826	Meitheal Pharmaceuticals Inc.	71288-112	Mełphalan hydrochłoride		HUMAN PRESCRIPTION DRUG	06/30/2019
Meropenem	71288-015- 31	1 g/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA204858	Meitheal Pharmaceuticals Inc.	71288-015	Meropenem	MEROPENEM	HUMAN PRESCRIPTION DRUG	11/04/2019
Meropenem	71288-014- 21	500 mg/1	INJECTION, POWDER, FOR SOLUTION	INTRAVENOUS	ANDA204858	Meitheal Pharmaceuticals Inc.	71288-014	Meropenem	MEROPENEM	HUMAN PRESCRIPTION DRUG	11/04/2019
Methocarbamol	71288-716- 10	100 mg/mL	INJECTION, SOLUTION	INTRAMUSCUŁAR; INTRAVENOUS	ANDA211504	Meitheal Pharmaceuticals Inc.	71288-716	Methocarbamol	METHOCARBAMOL	HUMAN PRESCRIPTION DRUG	12/17/2018
Oxaliplatin	71288-101- 10	5 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA207325	Meitheal Pharmaceuticals Inc.	71288-101	Oxaliplatin	OXALIPLATIN	HUMAN PRESCRIPTION DRUG	10/01/2017
Oxaliplatin	71288-101- 20	5 mg/mL	INJECTION, SOLUTION	INTRAVENOUS	ANDA207325	Meitheal Pharmaceuticals Inc.	71288-101	Oxaliplatin	OXALIPLATIN	HUMAN PRESCRIPTION DRUG	10/01/2017
PHENYLEPHRINE HYDROCHLORIDE	71288-807- 02	10 mg/mL	INJECTION	INTRAVENOUS	ANDA210334	Meitheal Pharmaceuticals Inc.	71288-807	PHENYLEPHRINE HYDROCHLORIDE	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/27/2018

Previous 1 Next

Proprietary Name	NDC Package Code	Strength 10 mg/mL	Dosage Form	Route INTRAVENOUS	Appi. No.	Labeler Name	Product NDC 71288-808	Nonproprietary Name PHENYLEPHRINE	Substance Name	Product Type Name HUMAN	Start Marketing Date
HYDROCHLORIDE	76	10 1191112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WITH VEROOS	AND 12 10 3 5 3	Pharmaceuticals Inc.	71200-000	HYDROCHLORIDE	HYDROCHLORIDE	PRESCRIPTION DRUG	04/27/2018
PHENYLEPHRINE HYDROCHLORIDE	71288-808- 77	10 mg/mL	INJECTION	INTRAVENOUS	ANDA210333	Meitheal Pharmaceuticals Inc.	71288-808	PHENYLEPHRINE HYDROCHLORIDE	PHENYLEPHRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/27/2018
Topotecan	71288-127- 15	4 mg/15mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAVENOUS	ANDA201166	Meitheal Pharmaceuticals Inc.	71288-127	Topotecan Hydrochloride	TOPOTECAN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/02/2019

Showing 1 to 61 of 61 entries

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: <u>Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)</u>
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services Public Health Service Food and Drug Administration Center for Drug Evaluation and Research Division of Data Management and Services



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Soarch for text in the table:

Proprietary Name	Ampicting and Subactam	Ampletiim and Subactiam	Ampician and Subactam	Autacurium Besyrate	Atracurium Besylate
NDC Package \$	71288-007-75	71288-005-20	71288-006-30	71288-701-05	71288-702-10
Strength	10 g/1, 5 g/1	19/1, 59/1	2 9/1, 1 9/1	10 mg/mL	10 mg/mL
Dosage &	POWDER FOR SOLUTION	HAECTION, POWDER FOR SOLUTION	POWDER. FOR SOLUTION	SOLUTION.	SOLUTION.
Route \$	INTRAVENOUS	RITRAMISCULAR; RITRAMENOUS	INTRAMESCULAR: INTRAVENCUS	HTRAVENOUS	INTRAVEHOUS
Appl. No.	A1DAGR0578	AriDA090579	A1DA090579	AtDA091488	A1DA091489
Labeler 💠	Me ineal Pharmac esticals inc	Metheal Pharmacculicals inc	Metheal Pharmaceuticals Inc	Medheal Pharmaceuticals inc	Medheal Pharmaceulicals inc
Product \$	71289-007	71283-005	71288-006	71288-701	71288-702
Nonproprietary \$	Amperiin Sodium and Subactam Sodium	Ampicilim sodium and Suibactam sodium	Antpedian sodium and Subactam sodium	Atracunum Besylate	Altracurium Besylate
Substance \$	AMPICILLEN SOCIUM, SULBACTAM SOCIUM	AJPICILLIK SODIUM, SULBACTAM SODIUM	AMPICILLIN SODIUM SULENCIAM SODRUM	ATRACURIUM BESYLATE	ATRACURIUM BESYLATE
Product \$	HUMAN PRESCRIPTION DRUG	HUIJAH PHESCRIPTION DRUG	HJIWAI PRESCRIPTION DRUG	HUMAN PRESCRIPTION DRUG	PRESCRIPTION DRUG
Start Marketing \$ Date	12/17/2018	12/17/2018	12/17/2018	05/15/2018	05/15/2018
End Marketing & Date	N/N	VIII	NA	N/A	NA
Market +	VONV	AUDA	ACHA	ANDA	A AGNA
Package \$ Description	1 BOTTLE In 1 CARTON (7 1288-007-75) > 1 ILLECTION, POWDER, FOR SOLUTION In 1 BOTTLE	10 VAAL SINGLE-DOSE IN 1 CARTON (7128-005-20) > 1 INJECTION, POWDER, FOR SOUTHON IN 1 VAAL, SINGLE- DOSE (71288-005-21)	10 VAL. SANGLE DOSE IN 1 CARTON (71280-006-30) > 1 INJECTION, POWDER, FOR SOLUTION IN 1 VAL, SWIGLE- DOSE (71280-006-31)	SWALE-DOSE IN 1 CARTON (71288-701-05) > 5 mL in 1 VAIL, SHOLE- DOSE (71288-701-06)	10 VAL MULTI- DOSE IN 1 CARTON (71288-702-10) > 10 mL in 1

Jehner Jahren

Q

Quality Assurance professional with extensive experience ensuring quality in regulated pharmaceutical environments. Proven expertise in quality systems, quality control, sterility assurance, sterilization, and aseptic manufacturing. Successful in leading, influencing and motivating both direct reports and other team members. Excellent organizational and communication skills with a reputation for multitasking and solving problems in fastpaced environments.

Areas of Expertise

- FDA/Regulatory Compliance
- Product Launch & Project Management
- Quality Management Systems
- Microbiological Test Methods
- Environmental Monitoring and Media Fill Programs
 Isolator Technology
- Training

Investigations/CAPA

8 | 5

- Team Leadership Development
- Aseptic Manufacturing
- Risk Mitigation
- Validations (Process, Equipment, Cleaning)

Professional Experience

Meitheal Pharmaceuticals, Inc., Chicago, Illinois Vice President, Quality

January 2017 - Present

- Accountable for the management and oversight of all quality activities for the company.
- Oversee ongoing development and operation of the quality function and the quality management system.
- Manages support for product development, product launches, and commercial product release and shipments to ensure compliance with required regulations.
- Implemented all applicable quality modules of the Quality Management System within the TrackWise Digital System from Sparta Systems.
- Responsible for the supplier audits and ongoing performance evaluations to ensure compliance with applicable regulations.

Medefil, Inc., Glendale Heights, Illinois Vice President, Quality

July 2016 - December 2016

- Supervised staff of twenty (20) responsible for quality assurance and quality control functions for the facility.
- Responsible for the product development laboratories conversion to meet all applicable GMP requirements.
- Supported project team to meet new labeling requirements for devices within applicable timelines.
- · Responsible for the handling and updating of the CE Technical and Medical Device Master Files for the prefilled syringe products.

Sagent Pharmaceuticals, Inc., Schaumburg, Illinois

May 2008 - July 2016

Senior Director, Quality Assurance (January 2010 – July 2016)

- Supervised staff of five (5) responsible for review of batch record documentation and change controls.
- Responsible for the quality oversight of Contract Manufacturers via non-conformance report reviews, FDA 483 and warning letter responses, risk assessments, product recalls, and compliance remediation plans.
- Supported product launch activities as Quality Assurance representative on project management teams. Executed packaging and shipping protocols for new products.
- Managed the conversion of Quality Management Systems into Trackwise.
- Led project to implement cold chain packaging to end users.

Senior Manager (May 2008 - January 2010)

- Developed quality management systems for greenfield site in China. Provided guidance for isolator environmental monitoring and loading configurations for VHP cycle development.
- Responsible for review of batch record documentation, finished product testing, and supporting shipment documentation.
- Subject matter expert within company for reviews of Quality Management Systems, aseptic processing, environmental monitoring, microbiological sections of submissions, and microbiological test methods.

Catalent Pharma Solutions, Woodstock, Illinois

July 2006 - May 2008

Business Unit Director (September 2007 – May 2008)

- Managed two (2) Manufacturing Business Units with a staff of over 200 employees and 16 direct reports.
- Responsible for schedule adherence to a 24 hour/5 day a week manufacturing facility to meet the demand of over 12 customers with a monthly output of over 48M units.
- Continuous improvements to decrease deviations, increase machine yields and labor utilization.

QA Manager (July 2006 – September 2007)

- Managed, developed, and evaluated a staff of 22 and three (3) direct reports.
- Responsible for QA floor coverage, batch release, and CAPA program.
- Directed site audit program for FDA, customer and internal audits.
- Led project to decrease open plant CAPAs by 80%.
- Chairperson for the Woodstock plant Material Review Board.
- Instituted new programs such as real-time batch record review, paper recycling within the plant, and investigational review board.

Hospira Inc., Lake Forest/North Chicago, Illinois August 1993 – July 2006 Program Manager, Solutions Optimization (February 2005-July 2006)

- Leader of cross-functional team responsible for site transfer of Large Volume Parenteral filling line.
- Responsibilities included facilitated effective meetings, tracked of action items, updated project plans and deliverables, and identified issues and resolved to meet project timelines.

Senior Group Leader, Manufacturing Quality Assurance (April 2002-February 2005)

- Supervised, developed, and evaluated a staff of 25, including six (6) direct supervisors.
- Responsible for Quality Assurance floor coverage and final product inspection testing in the manufacturing areas.
- Key contact for Quality Assurance support on product processes in the manufacturing areas.
- Reviewed validations (equipment, cleaning, and process) and plant change control documentation.
- Leader of a performance team to implement a 5'S program within the plant.
- Project leader to develop a computer system to track the life cycle of all batch records within the plant.

Group Leader, Biological Quality Assurance (February 1997-April 2002)

- Managed, developed, and evaluated a staff of 11 non-exempt technicians.
- Set testing priorities and coordinated laboratory activities to meet production release goals.
- Completed all investigations, deviations and related corrective/preventative actions in a timely manner.
- · Directed project to move sterility testing into isolator barrier technology.
- Developed and maintained a department operating budget tracking system to ensure budget goals were met.

Hospital Products and Chemical and Agricultural Divisions (August 1993-February 1997)

- Performed fermentations in shaken flasks of actinomycetes, myxobacteria, and fungi.
- Planned and performed package integrity/maintenance of sterility experiments.

Education

ASQ Certified Quality Engineer Loyola University of Chicago- Bachelor of Science-Cum Laude, Major: Biology Hope College- Holland, Michigan

2003

1990-1993

1989-1990

GAIL GIAMBI

S. Oakleaf Road Algonquin, IL 60102

Awards

Recognition as key contributor to Sagent Heparin Launch Hospira Staff Award for Implementation of the Batch Record Tracking System Abbott Laboratories HPD Staff Award for Abbokinase CBER Release Request Samples July 2010 October 2004 July 2002

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Special Training & Skills

- Quality Risk Management (ICH Q9)
- Limulus Amebocyte Lysate Workshop
- Pharmaceutical Supply Chain
- LIMS (Laboratory Information Management Systems
- Pharmaceutical Freeze-Drying Workshop
- Vaporized Hydrogen Perioxide Workshop
- Trackwise
 - Salesforce platform

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. <u>755053</u>	
Application/License No.	
Meitheal Pharmaceuticals, Inc. , doing or intending to do b	ousiness as a
Applicant/Principal	
pharmaceutical wholesaler, whose address for purposes of servi	ice is
8700 W Bryn Mawr. Ave, Ste. 600S , Chicago, IL 60631	, as
Address of Applicant/Principal	, ao
PRINCIPAL, and International Fidelity Insurance Company	, a
Surety Company	
corporation organized under the laws of the state of New Jersey	
State of in	ncorporation
and authorized to transact a general surety business in the State	of of
Novada whose address for the	
Nevada, whose address for purposes of service is	
One Newark Center, Newark, NJ 07102-5207	as
Address of Surety	
SURETY, are held and firmly bound unto the State of Nevada ar	nd 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 1/29/2019	minute production 11110
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 to the state of th	oond has caused it to be executed on this , 20 <u>19</u> .
APPLICANT/PRINCIPAL	SURETY COMPANY
Authorized Representative	Surety Company's Representative
	Chris Eley , Attorney-in-fact
SIGNED and SEALED in the presence of: Witness	SIGNED and SEALED in the presence of: Witness
Mitness Right	Witness Soll
	Countersigned by:
	N/A Nevada Resident Agent
	Toluga i tolidelit Agell

Bond #

POWER OF ATTORNEY

INTERNATIONAL FIDELITY INSURANCE COMPANY **ALLEGHENY CASUALTY COMPANY**

One Newark Center, 20th Floor, Newark, New Jersey 07102-5207 PHONE: (973) 624-7200

KNOW ALL MEN BY THESE PRESENTS: That INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and ALLEGHENY CASUALTY COMPANY a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

JASON JENKINS, AMELIA MCSHANE, CHRIS ELEY

Little Rock, AR

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of ALLEGHENY CASUALTY COMPANY at a meeting duly held on the 10th day of July, 2015

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-In-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

> IN WITNESS WHEREOF, INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY have each executed and attested these presents on this 31st day of December, 2017

STATE OF NEW JERSEY County of Essex

George R. James

Executive Vice President (International Fidelity Insurance Company) and Vice President (Allegheny Casualty Company)



On this 31st day of December, 2017 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and of ALLEGHENY CASUALTY COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

> Cathy Cruz a Notary Public of New Jersey My Commission Expires April 16, 2019

CERTIFICATION

I, the undersigned officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 1/31/2019

Maria A. Branco

5MM

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								
Facility Name: Millicent U.S., Inc.								
Physical Address: 120 Eagle Rock Avenue, Suite #307								
City: East Hanover State: NJ Zip Code: 07936								
Telephone Number: 862-701-5097 Fax Number: 862-701-5098								
Toll Free Number: N/A								
E-mail: jim.black@millicentpharma.com Website: Pending								
Facility Manager: James C. Black								
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: 								

This page must be submitted for all types of ownership

(If yes, provide a copy of the certificate)	Yes □ No 🏻
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration) See Attachment (Yes ⊠ No □
Do any shareholders hold an interest ownership or have management facility which are licensed by the State of Nevada or another political judicial political	
List the top 4 suppliers your company has been associated with regard products that were sold, dispensed or distributed with the last year.	ds to pharmaceutical
Name: See Attachment D	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, have please provide the number: N/A	nowever, if you do,
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)?	n 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	1
registration?	Yes □ No 🗓

This page must be submitted for all types of ownership.

Board Use Only Date Processed:	Amount:
James C. Black Print Name of Authorized Person	Date
	12/1/2019
Original Signature of Person Authorized to Submit Applicatio	n, no copies or stamps
employees, to conduct any investigation(s) of the business, p background, qualification and reputation, as it may deem neo	professional, social and moral
I have read all questions, answers and statements and know under penalty of perjury, that the information furnished on thi correct. I hereby authorize the Nevada State Board of Pharm	s application are true, accurate and
I hereby certify that the answers given in this application and correct. I understand that any infraction of the laws of the State operation of an authorized pharmacy may be grounds for the	ate of Nevada regulating the
If the answer to question 1 through 5 is "yes", a signed stater Copies of any documents that identify the circumstance or codisposition may be required.	ment of explanation must be attached. ontain an order, agreement, or other
5. Has the corporation, any owner(s), shareholder(s) or partinterest, ever surrendered a license, permit or certificate of revoluntarily or otherwise (other than upon voluntary close of a	egistration
4. Has the corporation, any owner(s), shareholder(s) or part interest, ever been found guilty, pled guilty or entered a plea contendere to any offense federal or state, related to controll substances?	of nolo
3. Has the corporation, any owner(s), shareholder(s) or part interest, ever been the subject of an administrative action, be site fine or proceeding relating to the pharmaceutical industry	pard citation,

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of In	corporation: Delaware			
Parent Co	mpany if any: Millicent	Pharma Limited		
Mailing Ad	Idress: 120 Eagle Rock	Avenue, Suite #307		
City: East I	Hanover	State: N	IJZip	07936
Telephone	e: <u>862-701-5097</u>	Fax: <u>86</u>	2-701-5098	
Contact Pe	erson: James C. Black			
	orporation non-publicly top 4 persons to who			corporation?
·				ess PK, Mill St., Dundalk, Louth Ac KA91
b)	Name	Bu	siness Address	
c)	Name	Bu	siness Address	
d)	Name	Bu	siness Address	
2) Pro	vide the number of sh	ares issued by the	e corporation.	100
3) Wh	at was the price paid	per share?	·	\$.01
	business license is no		er if the wholes	saler has a Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment E

<u>Certificate of Corporate Status</u> (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 License and Online Verification



NEW JERSEY DEPARTMENT OF HEALTH CONSUMER AND ENVIRONMENTAL HEALTH SERVICE P.O. Box 369, Trenton, New Jersey 08625-0369

0738060

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."

[X] wholesaler which conducts business at the following locations in this State: 120 EAGLE ROCK AVE, STE 307 EAST HANOVER, NJ 07936-Registered as: X manufacturer

Reg. No.

ISSUED PURSUANT TO

EXPIRES: January 31, 2021

Establishment Copy

5005540

MILLICENT U.S., INC. 120 EAGLE ROCK AVE, STE 307 EAST HANOVER, NJ 07936-

N.J.S.A. 24:6B

579

New Jersey Department of Health P.O. Box 369, Trenton, New Jersey 08625-0369 Drug and Medical Device Certificate of Registration

Information recorded in the system as of 10/30/2019

Registration Number: 5005540 Registered as: Manufacturer and Wholesale

Parent Company Name: MILLICENT U.S., INC.

Trade Name:

Original Issue Date: 12/05/2018 Expiration Date: 01/31/2020

Current Issue Date: 12/05/2018

Disciplines: No

Attachment B

Facility Manager's Resume

JAMES C. BLACK, MBA

! Heck Avenue, Ocean Grove, NJ 07756

C. 1

SUMMARY

Successful Supply Chain and Trade Operations Executive with extensive and diverse experience across all functions supporting Trade / Wholesale & Retail channels. Proficient Trade contracting and business strategies improving customer service, performance management, distribution operations, and systems implementation.

QUALIFICATIONS

- Responsible for key Trade wholesaler and retail relationships including Mckesson, Cardinal, AmerisourceBergen, CVS, Walgreens, RiteAid, and Wal-Mart.to ensure full placement and sufficient representation of products in the supply chain.
- Development and implementation of order processing, Accounts Receivable and inventory management departments and systems in start-up environments.
- Interfacing with sales to develop pricing and promotional programs to support corporate objectives.
- Successfully managing supply chain activity using demand planning tools based on trade sales and prescription activity to ensure and efficient scheduling, sufficient supply and timely delivery of required products.

EXPERIENCE & ACCOMPLISHMENTS

MILLICENT U.S., INC., East Hanover, NJ

Senior Director, Distribution and Government Contracts

11/2018 to present

- Established and managed the distribution function for this start-up virtual pharmaceutical manufacturer, ensuring that all products were properly inventoried and available at our key wholesaler direct customers and downstream retail partners.
- Assisted with the initial application submission for State licenses. Maintained files for retention and calendar for renewals.
- Assisted in the launch of our exclusive distributor, Prasco, ensuring that all services (OTC, pick-pack-ship, and returns processing were properly implemented and operating successfully.
- Developed demand plan with finance, supply chain, and marketing which is used as the primary forecasting tool for scheduling manufacture of all products, leading to improved manufacturing and delivery schedules and minimizing production risks.
- Successfully completed implementation of Cumberland Consulting Group government pricing model, resulting in automating calculations for BP, mAMP, qAMP, NFAMP and FCP and improved efficiency and accuracy.

GEMINI LABORATORIES, LLC, Bridgewater, NJ

Senior Director, Supply Chain and Trade Relations

12/2014 to 10/2018

- Established and managed the distribution function for this start-up virtual pharmaceutical manufacturer, ensuring that all products were properly inventoried and available at our key wholesaler direct customers and downstream retail partners.
- Assisted with the initial application submission for State licenses. Maintained files for retention and calendar for renewals.
- Coordinated with our 3PL to ensure that all direct customer State and DEA licenses were on hand and in proper order.
- Identified 3PL and negotiated contract terms to provide OTC, pick-pack-ship, returns processing, and government pricing services.
- Negotiated Distribution Service Agreements (DSA's) with Big 3 wholesalers for this start-up pharmaceutical company.
- Developed demand plan with finance, supply chain, and marketing which is used as the primary forecasting tool for scheduling manufacture of all products, leading to improved manufacturing and delivery schedules and minimizing production risks.
- Interfaced with sales to develop pricing and promotional programs to support corporate objectives

PAR PHARMACEUTICAL COMPANY

Consultant, Trade Finance

Consulting

04/2014 to 08/2014

Providing interim transitional services to integrate recently acquired JHP functions into Par.

WARNER CHILCOTT (acquired by ACTAVIS 10/2013), Rockaway, NJ

Director, Trade Relations Corporate restructuring, Actavis purchase 1996 - 2014

Senior Manager, Customer Relations

01/2007 to 03/2014

Customer Service Manager

03/2002 to 12/2006 10/1996 to 02/2002

- Managed the distribution function for this \$3.5 billion company, ensuring that all products were properly inventoried and available at our key wholesaler direct customers and downstream retail partners.
- Coordinated with our 3PL and internal compliance department to ensure that all internal and external State and DEA licenses were properly filed with copies kept on hand and current.
- Successfully established the WC Order-to-Cash (SOX compliant) processes and departments in this start-up company resulting from the divestiture by Warner-Lambert, 3 months prior to expiration of Transitional Services Agreement.

- Identified 3PL and reverse 3PL candidates and negotiated favorable contract terms to provide pick-pack-ship and returns processing. In successive contract renewals, renegotiated reduced rates on average of 5% annually.
- Initiated Distribution Management Agreements (DMA's) on a selected basis with Mckesson, Cardinal, AmerisourceBergen and HD Smith. Established scorecard to monitor performance using Valuetrak. Renegotiated significantly reduced terms, saving the company well in excess of \$5mm annually from 2009 thru 2013.
- Team lead on ERP task force to test and implement order management, accounts receivable, and inventory modules of SAP. Project was successfully launched in an abbreviated timeline of 6 months.
- Successfully completed implementation of Model N Government Pricing module, replacing manual process. Automating
 calculations for BP, mAMP, qAMP, NFAMP and FCP has resulted in a higher level of accuracy leading to a reduction in
 Medicaid/340B pricing restatement and true-up rebate payments that in prior years exceeded \$3MM in additional rebate payments.
- Developed trade strategy and implementation protocols for managing product life cycle initiatives and new product launches. The 4 most recent programs have resulted in 70 to 85% conversion rate, significantly improved compared to historical conversion rates that ranged from 30 to 50%.
- Worked with tax department to identify most advantageous state tax environment to operate in. Explored options having nominal business impact with optimal tax savings.
- Key functional team lead responsible for integrating Order-to-Cash functions resulting from the acquisition of P&G Pharmaceuticals. Integration completed on time.
- Managed transition of several divested products from WC to other manufacturers covering sales, distribution, chargebacks, contract administration, government pricing and returns.
- Developed a 2 plus year demand plan with finance, supply chain, and marketing which was used as the primary tool for scheduling
 manufacture of all products, leading to improved manufacturing and delivery schedules and minimizing production risks.
- Negotiated Dual Pricing contract with VA/DOD, expected to result in a reduction of rebate payments up to \$30MM over the 5 year term of the contract.
- Managed A/R with no bad debt in 10 years, deductions less than 0.5%, and average DSO of 33 over past 5 years.
- Team lead on Model N committee to test and implement the Contract, Chargebacks and Tricare modules.
- Functional lead on EPedigree/track-and-trace implementation committee.

ARIS ISOTONER, Division of SARA LEE, New York, NY

Senior Manager, Client Services

06/1994 to 10/1996

- Developed strong interdepartmental relationships with sales and distribution leading to improved credibility with customers in this turnaround environment.
- Restructured job responsibilities of staff to improve efficiency and effectiveness while providing each employee a challenge
 commensurate with their respective experience.
- Facilitated Inventory and Order Management task force sessions charged with troubleshooting systems issues (ACS and PkMS software, AS400 platform) and increasing customer satisfaction.
- Improved monthly DSO to 38 days in 1995 from 42 days in 1994.
- Minimized losses resulting from bad debt to .04% of sales in 1995.
- Chaired Quality of Life Task Force established to provide solutions to perceived problems and promote interdepartmental cooperation.

JVC COMPANY OF AMERICA, Pine Brook, NJ

Branch Controller Credit Operations Manager

05/1992 to 06/1994

03/1988 to 04/1992

- Increased sales 10% annually from 1988 to 1994 while limiting annual bad debt expense to less than .05% of total sales for same period.
- Consolidated work force for annual payroll savings of over \$450k.
- Renegotiated facility lease that resulted in annual savings of \$275k.
- Improved average DSO from 52 days to 33 days between 1988 to 1989 and maintained comparable levels through 1994.
- Reduced month end charge back balance from S2,179k in April 1988 to a \$50k per month average from October 1989 through January 1994.

SKC COMPANY OF AMERICA, Rutherford, NJ

Credit Manager

02/1986 to 03/1988

- Successfully established customer service and credit and collection departments in this start-up company.
- Key member of senior management team responsible for developing SKC's marketing strategies, forecasting potential sales, and designing promotional activities to achieve them.

WARNER-LAMBERT COMPANY, Morris Plains, NJ

Credit Analyst

05/1984 to 02/1986

• Assessed financial condition and credit worthiness through financial statement and trend analyses for mid-sized and large pharmaceutical companies and recommended appropriate credit lines.

EDUCATION

RUTGERS GRADUATE SCHOOL OF MANAGEMENT, Newark, NJ MBA, Finance and Business Administration COLUMBIA UNIVERSITY, New York, NY BA, Sociology

Attachment C

FDA Registration

National Drug Code Directory

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1 mg/d RING	VAGINAL	NDA021367	Millicent US, Inc	72495-202	estraciol acetate	ESTRADIOL ACETATE	HUMAN PRESCRIPTION DRUG	12/10/2018	N/A	NDA
05 mg/d RING	VAGINAL	NDA021367	Millicent US, Inc	72495-201	estradiol acetate	ESTRADIOL ACETATE	HUMAN PRESCRIPTION	12/10/2018	N/A	NDA
							DRUG			
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Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also <u>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>

U.S. Department of Health and Human Services Public Health Service Food and Drug Administration Center for Drug Evaluation and Research Division of Data Management and Services

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National Drug Code Directory

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					NDA021367	Millicent	72495-202	estradiol acetate	ESTRADIOL	HUMAN	12/10/2018	N/A	NDA
● Feming	72495-202- 10	1 mg/d	RING	VAGINAL	110/102/100	US Inc			ACETATE	PRESCRIPTION DRUG			1000

Drug questions email <u>DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)</u>

See also <u>Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)</u>
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/Information/Drugs/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

Attachment D

Nature of Business

Millicent U.S., Inc. (Millicent) is a virtual manufacturer of prescription drugs. Millicent will utilize a facility operated by an affiliated company to manufacture its product and a licensed third party logistics provider to warehouse and distribute. The company will not physically handle product. Provided below is the contact information for the third party logistics provider and physical manufacturer.

Third Party Logistics Provider:

Prasco LLC 6125 Commerce Court Mason, Ohio 45040

Physical Manufacturer:

Millicent Pharma (NI) Limited Old Belfast Rd. Millbrook, Larne, UK BT40 2SH

Attachment E

Corporate Officer Information

Millicent U.S., Inc. 120 Eagle Rock Avenue, Suite #307 East Hanover, NJ 07936

Roger M. Boissonneault President

Donald A. McClenaghan Secretary

Attachment F

Delaware Certificate of Good Standing

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MILLICENT U.S., INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF NOVEMBER, A.D. 2019.

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

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

STARY'S OFFICE OF THE PROPERTY
6861324 8300
SR# 20198015477
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203976885

Date: 11-11-19

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. PB00352000083		
Application/License No.		
Millicent U.S., Inc. , doing or intendi	ng to do business	as a
pharmaceutical wholesaler, whose address for purpose	es of service is	
120 Eagle Rock Avenue, Suite #307, East Hanover, NJ 07936	es of service is	, as
Address of Applicant/Principal PRINCIPAL, and Philadelphia Indemnity Insurance Company		
Surety Company	, 8	2
corporation organized under the laws of the state of	Pennsylvania	
	State of Incorporation	
and authorized to transact a general surety business in	the State of	
Nevada, whose address for purposes of service is		
One Bala Plaza, Suite 100, Bala Cynwyd, PA 190	004-1403	as
Address of Surety		
SURETY, are held and firmly bound unto the State of N	levada and to the	Nevada
State Board of Pharmacy for the penal sum of TWENT	Y-FIVE THOUSA	ND
DOLLARS (\$25,000.00), for which payment we bind of	ourselves our heirs	s executors
administrators, successors and assigns jointly and seve	erally by these pre	seente Thie
bond term shall become effective on February 10, 2020	braily, by these pre	sociilo. Tillo
20114 Commonato Chicotive on rebidaly 10, 2020	Effective Date	
	-nooned Date	

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and
- (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 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 10th day of February	bond has caused it to be executed on this, 20 20 .
APPLICANT/PRINCIPAL	SURETY
COMPANY	
Millicent U.S., Inc.	Philadelphia Indemnity Insurance Company
Authorized Representative	Surety Company's Representative
	Frances Rodriguez , Attorney-in-fact print name
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
Witness	Witness Kemal Brkanovic
Witness	Witness Alicia McKay
	Halina Naothana

Nevada Resident Agent, Aklima Noorhassan

Non-Resident

PHILADELPHIA INDEMNITY INSURANCE COMPANY One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Cynthia Farrell, Debra A. Deming, Sandra Diaz, Peter Healy, Susan A. Welsh, Francesca Kazmierczak, Aklima Noorhassan, Anne L. Potter and Frances Rodriguez of AON Risk Services Northeast, Inc., its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto, and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED:

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Hommes

Robert D. O'Leary Jr., President & CEO Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

COMMONNEAL THE OF PERSONNEAS MOTARIAL SEAL Margan Krapp Robary Public Librar Marian Teps. Management County My Commission Expines Bast 25, 2021 In the propulsing Library County

Notary Public

Moreyan Knopp

(Notary Seal)

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 10th day of 120 20



Edward Sayago, Corporate Secretary

PHILADELPHIA INDEMNITY INSURANCE COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus (in thousands, except par value and share amounts)

Admitted Assets		As of	Decem	ber 31,
Bonda (Ginanda 67 02 (110 10 C)		2018		2017
Bonds (fair value \$7,036,118 and \$6,911,411)	\$	7,018,246	\$	6,708,174
Preferred stocks (fair value \$46,324 and \$50,134)		46,213		48,537
Common stocks (cost \$14,897 and \$31,965) Mortgage loans		14,853		33,817
Real estate		473,067		400,590
		1,514		3,294
Other invested assets (cost \$211,099 and \$234,382) Derivatives		219,251		240,475
		157		- 10 17 17 -
Receivables for securities sold		1,109		399
Cash, cash equivalents and short-term investments Cash and invested assets		65,668		140,468
Cash and invested assets		7,840,078		7,575,754
Premiums receivable, agents' balances and other receivables		968,504		831,770
Reinsurance recoverable on paid losses		34,694		33,955
Accrued investment income		82,576		86,998
Receivable from affiliates		5,480		6,611
Federal income taxes receivable		5,100		4.869
Net deferred tax asset		121,266		113,125
Other assets		5,586		89
Total admitted assets	S	9.058.184	\$	8,653,171
Liabilities and Capital and Surplus				
Liabilities:				
Net unpaid losses and loss adjustment expenses	\$	4,581,608	\$	4,263,696
Net unearned premiums	•	1,616,043	Ψ	
Reinsurance payable on paid loss and loss adjustment expenses		30,374		1,533,201 23,933
Ceded reinsurance premiums payable		89,591		80,592
Commissions payable, contingent commissions and other similar charges		234,551		
Federal income taxes payable		3,141		225,361
Funds held		61,944		83 000
Accrued expenses and other liabilities		37,562		83,909
Payable to affiliates				33,890
Provision for reinsurance		13,148		10,761
Payable for purchased securities		20.741		1
Total liabilities	-	20,741		81.458
	\$	6,688,703	\$	6,336,802
Capital:				
Common stock, par value of \$10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding				
Surplus:		4,500		4,500
Gross paid-in and contributed surplus				
Unassigned surplus		386,071		386,071
Total surplus	-	1.978.910		1.925,798
Total capital and surplus		2,364,981	100	2,311,869
Total capital and surplus Total liabilities and capital and surplus	-	2,369,481		2.316,369
Total Havillies and capital and surplus	\$	9.058.184	S	8,653,171

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the 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 the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement.

Attest:

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kimberly A. Kessleski, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Dec. 18, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Sworn to before me this 21st day of May 2019.

Karen Gilmer-Pauciello, EVP& CFO

Esslesli

Kimberly Kessleski, Notary



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of

Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN 165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer Casualty, Property

Issue Date: 06-10-2016

Expiration Date 07-01-2022

Generated by Sircon 191412208

5NN

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.

• • • • • • • • • • • • • • • • • • • •							
GENERAL INFORMATION to be complete							
Facility Name: MorphoSys US Inc.							
Physical Address: 470 Atlantic Avenue, Suite 14	101						
City: Boston Sta	ate: MA Zip Code: 02210						
Telephone Number: 617-505-2150 Fax Number: N/A							
Toll Free Number: N/A	<u> </u>						
E-mail:We	ebsite: morphosys.com						
Facility Manager: Gladys G. Feisthammel							
Professional qualifications and experience of	f facility manager: See Attachment B						
Types of licensed outlets or authorized person	ons firm will serve:						
☑ Pharmacies ☐ Practitioners ☐ Other:	,						
Type of Products to be handled or wholesale	ed by firm:						
 ☑ Legend Pharmaceuticals, Supplies or De ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of D ☑ Other: Biologics 	☐ Veterinary Legend Drugs						

This page must be submitted for all types of ownership

	□ No ⊠
(If yes, provide a copy of the certificate)	
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration) See Attachment C	⊠ No □
(If yes, provide a copy of your FDA registration) See Attachment C	
Do any shareholders hold an interest ownership or have management in a facility which are licensed by the State of Nevada or another political juriso	, ,,
List the top 4 suppliers your company has been associated with regards to products that were sold, dispensed or distributed with the last year.	o pharmaceutical
Name: See Attachment D	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, how please provide the number: N/A	ever, if you do,
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 ⊠

This page must	<u>be submitted</u>	for all typ	es of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been the subject of an administrative action, board site fine or proceeding relating to the pharmaceutical industry?	
4. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been found guilty, pled guilty or entered a plea of contendere to any offense federal or state, related to controlled substances?	nolo
5. Has the corporation, any owner(s), shareholder(s) or partner interest, ever surrendered a license, permit or certificate of regis voluntarily or otherwise (other than upon voluntary close of a factorial statement of the corporation of the	stration
If the answer to question 1 through 5 is "yes", a signed statemetropies of any documents that identify the circumstance or contadisposition may be required.	
I hereby certify that the answers given in this application and att correct. I understand that any infraction of the laws of the State operation of an authorized pharmacy may be grounds for the re	of Nevada regulating the
I have read all questions, answers and statements and know the under penalty of perjury, that the information furnished on this a correct. I hereby authorize the Nevada State Board of Pharmac employees, to conduct any investigation(s) of the business, probackground, qualification and reputation, as it may deem necessity.	pplication are true, accurate and y, its agents, servants and fessional, social and moral
Original Signature of Person Authorized to Submit Application, i	no copies or stamps
	13 Jan 2020 ate
Board Use Only Date Processed: An	nount:

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware	
Parent Company if any: MorphoSys A	G
Mailing Address: 470 Atlantic Avenue,	Suite 1401
City: Boston	State: MA Zip: 02210
Telephone	Fax: N/A
Contact Person: Gladys G. Feisthamme	el .
For any corporation non-publicly trad 1) List top 4 persons to whom the	ed, disclose the following: e shares were issued by the corporation?
a) MorphoSys AG	Semmelweisstrasse7,82152 Planegg, Germany
Name	Business Address
b)Name	Business Address
	Dusitiess Address
c)Name	Business Address
d)	
Name	Business Address
2) Provide the number of shares	issued by the corporation. 500
3) What was the price paid per s	hare?\$20.00
A Nevada business license is not req	uired, however if the wholesaler has a Nevada business

Include with the application for a non-publicly traded corporation

<u>List of officers and directors</u> See Attachment E

<u>Certificate of Corporate Status</u> (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 License and Verification

Enclosed is a copy of the resident state license. Please note that the resident state licensing agency, the Massachusetts Department of Public Health (Department), no longer completes license verification forms. Provided is proof of licensure from the Department's website and an e-mail from the state verifying licensure.

A70 ATLANTIC AVENUE FOURTH FLOOR COMMISSIONER OF PUBLIC HEALTH COMMISSIONER OF PUBLIC HEALT

leeleelee

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

09/03/2019

MA0000466

NUMBER

09/03/2020 EXPIRES

TYPE

Virtual Drug Manufacturers

ISSUED TO

MORPHOSYS US INC.

470 ATLANTIC AVENUE

BOSTON, MA 02210 FOURTH FLOOR

ATTN: DAVID R TREXLER PRESIDENT

NEW

Massachusetts Department of Public Health	Bureau of Health Professions Licensure	Drug Control Program	9 Causeway Street, Suite 500, Boston, MA 02114	Tel 617-973-0949 Fax 617-753-8233
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Bureau of Health Professions Licensure	Drug Control Program	239 Causeway Street, Suite 500, Boston, MA 02114	Tel 617-973-0949 Fax 617-753-8233	
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		Bureau 239 Causeway Tel 617	Bureau of Health Professions Licensure Prug Control Program Day Control Program AN 02114 Tel 617-973-0949 Fax 617-753-8233	Bureau of Health Professions Licensure Drug Control Program Causeway Street, Suite 500, Boston, MA 02 Tel 617-973-0949 Fax, 617-753-8233	02114				Verthed
The List of licensed Virtual Drug Manufacturers in Massachusetts	Massachusetts			\parallel					O cathalo
Company name	Doing Business As	Address	2 <u>i</u>	State 7in	N SS NO	Petris Date	Fernire Date		
ACER THERAPEUTICS INC.	ACER THERAPEUTICS INC.	ONE GATEWAY CENTER, STE. 351	NEWTON	MA 02458	T	2/12/2019		020	
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE			3/27/2019		050	
AKCEA THERAPEUTICS, INC.	AKCEA THERAPEUTICS, INC.	22 BOSTON WHARF ROAD	BOSTON			11/26/2019		050	
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	1 1		9/18/2019		020	
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM	MA 02451	51 MA0000303	3/27/2019	9/27/2020	020	
ARGENY, US INC.	ARGENX, US INC.	33 ARCH STREET	BOSTON			12/30/2019		020	
BEIGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE			4/16/2019		020	
BIOFRONTERA INC.	BIOFRONTERA INC.	120 PRESIDENTIAL WAY	WOBURN	MA 01801	31 MA0000430	5/13/2019	0202/E1/S 61	020	
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM	MA 02451	11 MAD000226	2/12/2019	0712/2050	020	
BLUEBIRD BIO, INC.	BLUEBIRD BIO, INC.	60 BINNEY STREET	CAMBRIDGE	MA 02142	12 MA0000252	2/12/2019	0202/21/2 61	020	
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MEDICINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE	MA 02139	19 MA0000187	1/30/2020	1/30/2021	021	
CEOUR CORPORATION	CEQUR CORPORATION	734 FOREST STREET	MARLBOROUGH	MA 01752	52 MA0000480	9/18/2019	9/18/2020	020	
COLLEGIUM PHARMACEUTAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER	STOUGHTON	MA 02072	72 MA0000163	11/13/2019	0202/21/11 6	020	
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA 02451	1 MA0000505	10/21/2019	9 10/21/2020	020	
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA 02421	11 MAD000428	12/27/2019	9 12/27/2020	020	
ENZYVANT THERAPEUTICS, INC.	ENZYVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA 02142	12 MAD000492	9/25/2019	9/25/2020	020	
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA 02139	19 MA0000238	2/12/2020	1202/21/2	021	
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA 01803	3 MA0000442	4/23/2019	9 4/23/2020	020	
GAMIDA CELL INC.	GAMIDA CELL INC.	673 BOYLSTON STREET	BOSTON	MA 02116	.6 MA0000543	11/27/2019	9 11/27/2020	020	
GELESIS, INC.	GELESIS, INC.	SO1 BOYLSTON ST.	BOSTON	MA 02116	.6 MA0000264	2/12/2019	9 2/12/2020	020	
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	MA 02142	12 MA0000327	3/11/2019	9 3/11/2020	020	
IMMUNDGEN, INC.	IMMUNDGEN, INC.	830 WINTER STREET	WALTHAM	MA 02451	1 MA0000288	3/4/2019	9 3/4/2020	020	
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	MA 02142	2 MA0000199	2/4/2019	9 2/4/2020	020	
IRONWOOD PHARMACEUTICALS, INC.	IRONWOOD PHARMACEUTICALS, INC.	100 SUMMER STREET	BOSTON	MA 02110	.0 MA0000555	12/9/2019	9 12/9/2020	020	
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY, SUITE 120	WATERTOWN	MA 02472	72 MA0000149	12/4/2019	9 12/4/2020	020	
KARYOPHARM THERAPEUTICS INC.	KARYOPHARM THERAPEUTICS INC.	85 WELLS AVENUE	NEWTON	MA 02459	9 MA0000202	2/12/2019	9 2/12/2020	020	
KERYX BIOPHARMACEUTICALS, INC.	KERYX BIOPHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA 02142	Z MAD000365	4/19/2019	9 4/19/2020	220	
MORPHOSYS US INC.	MORPHOSYS US INC.	470 ATLANTIC AVENUE	BOSTON	MA 02210	0 MA0000466	9/3/2019	0202/8/6 6	220 https://www.mass.gov/service-details/registration-verification-for-mcsr	egistration-verification-for-mcsr
PARTNER THERAPEUTICS, INC.	PARTNER THERAPEUTICS, INC.	19 MUZZEY STREET	LEXINGTON	MA 02421	1 MA0000137	11/26/2019	9 11/26/2020	320	
RHYTHM PHARMACEUTICALS, INC.	RHYTHM PHARMACEUTICALS, INC.	222 BERKELEY STREET	BOSTON	MA 02116	6 MA0000567	12/19/2019	9 12/19/2020	320	
SAGE THERAPEUTICS, INC.	SAGE THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA 01242	2 MAD000151	12/27/2019	9 12/27/2020	220	
SCPHARMACEUTICALS INC.	SCPHARMACEUTICALS INC.	2400 DISTRICT AVE, SUITE 310	BURLINGTON	MA 01803	3 MAD000353	4/3/2019	9 4/3/2020	320	
SHIRE HUMAN GENETIC THERAPIES INC.	SHIRE HUMAN GENETIC THERAPIES INC.	300 SHIRE WAY	LEXINGTON	MA 02421	1 MA0000416	12/27/2019	9 12/27/2020	320	
SHIRE US INC.	SHIRE US INC.	300 SHIRE WAY	LEXINGTON	MA 02421	1 MA0000389	12/27/2019	9 12/27/2020	020	
SHIRE-NPS PHARMACEUTICALS, INC.	SHIRE-NPS PHARMACEUTICALS, INC.	300 SHIRE WAY	LEXINGTON	MA 02421	1 MA0000404	12/27/2019	9 12/27/2020	020	
STEALTH BIOTHERAPEUTICS INC.	STEALTH BIOTHERAPEUTICS INC.	275 GROVE STREET	NEWTON	MA 02466	6 MA0000454	8/19/2019	9 8/19/2020	320	
SUNDVION PHARMACEUTICALS INC.	SUNOVION PHARMACEUTICALS INC.	84 WATERFORD DRIVE	MARLBOROUGH	MA 01752	2 MAD000341	4/8/2019	9 4/8/2020	320	
TESARO, INC.	TESARO, INC.	1000 WINTER STREET	WALTHAM	MA 02451	1 MA0177003	11/26/2019	9 11/26/2020	220	
TETRAPHASE PHARMACEUTICALS, INC.	TETRAPHASE PHARMACEUTICALS, INC.	480 ARSENAL WAY	WATERTOWN	MA 02472	2 MA0000276	2/12/2020	2/12/2021	221	
VERASTEM, INC.	VERASTEM ONCOLOGY	117 KENDRICK STREET	NEEDHAM	MA 02494	4 MA0000240	2/12/2019	9 2/12/2020	320	
VIROPHARMA BIOLOGICS, INC.	VIROPHARMA BIOLOGICS, INC.	300 SHIRE WAY	LEXINGTON	MA 02421	1 MA0000377	12/27/2019	9 12/27/2020	020	
AEGERION PHARMACEUTICALS, INC.	AEGERION PHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA 02142	2 MAD000062	5/20/2019	9 5/20/2020	020	
DOMPE U.S., INC.	DOMPE U.S., INC.	DRIVE		- 1	- 1	12/11/2019		020	
ROMEG THERAPEUTICS, LLC	ROMEG THERAPEUTICS, LLC	400 TRADE CENTER	WOBURN	MA 01801	1 MA0000024	12/28/2018	8 12/28/2019	19	
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Primary Source Verification

I THE LIST OF INCERSED VITTUAL DEGIS IVIANUI ACTURES IN INIASSACTION	assachusetts							
Company name	Doing Business As	Address	City	State	Zip	MCSR No.	Issue Date E	Expire Date
ACER THERAPEUTICS INC.	ACER THERAPEUTICS INC.	ONE GATEWAY CENTER, STE. 351	NEWTON	MA	02458	MA0000214	2/12/2019	2/12/2020
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE	MA	02139	MA0000290	3/27/2019	3/27/2020
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	MA	02142	MA0000478	9/18/2019	9/18/2020
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM	MA	02451	MA0000303	3/27/2019	3/27/2020
BEIGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MA0000339	4/16/2019	4/16/2020
BIOFRONTERA INC.	BIOFRONTERA INC.	120 PRESIDENTIAL WAY	WOBURN	MA	01801	MA0000430	5/13/2019	5/13/2020
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM	MA	02451	MA0000226	2/12/2019	2/12/2020
BLUEBIRD BIO, INC.	BLUEBIRD BIO, INC.	60 BINNEY STREET	CAMBRIDGE	MA	02142	MAD000252	2/12/2019	2/12/2020
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MEDICINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE	MA	02139	MAD000187	1/30/2019	1/30/2020
CEOUR CORPORATION	CEQUR CORPORATION	734 FOREST STREET	MARLBOROUGH	MA	01752	MAD000480	9/18/2019	9/18/2020
COLLEGIUM PHARMACEUTAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER	STOUGHTON	MA	02072	MAD000163	11/13/2019	11/13/2020
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA	02451	MA0000505	10/21/2019	10/21/2020
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000428	12/27/2018	12/27/2019
ENZYVANT THERAPEUTICS, INC.	ENZYVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	MA	02142	MAD0000492	9/25/2019	9/25/2020
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA	02139	MA0000238	2/12/2019	2/12/2020
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA	01803	MA0000442	4/23/2019	4/23/2020
GELESIS, INC.	GELESIS, INC.	501 BOYLSTON ST.	BOSTON	MA	02116	MA0000264	2/12/2019	2/12/2020
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	ΜA	02142	MA0000327	3/11/2019	3/11/2020
IMMUNOGEN, INC.	IMMUNOGEN, INC.	830 WINTER STREET	WALTHAM	ΜA	02451	MA0000288	3/4/2019	3/4/2020
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	ΑM	02142	MAD000199	2/4/2019	2/4/2020
IRONWOOD PHARMACEUTICALS, INC.	IRONWOOD PHARMACEUTICALS, INC	301 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000315	3/27/2019	3/27/2020
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY, SUITE 120	WATERTOWN	MA	02472	MA0000149	12/4/2019	12/4/2020
KARYOPHARM THERAPEUTICS INC.	KARYOPHARM THERAPEUTICS INC.	85 WELLS AVENUE	NEWTON	MA	02459	MA0000202	2/12/2019	2/12/2020
KERYX BIOPHARMACEUTICALS, INC.	KERYX BIOPHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	ΜA	02142	MA0000365	4/19/2019	4/19/2020
MORPHOSYS US INC.	MORPHOSYS US INC.	470 ATLANTIC AVENUE	BOSTON	MA	02210	MA0000466	9/3/2019	9/3/2020
PARTNER THERAPEUTICS, INC.	PARTNER THERAPEUTICS, INC	19 MUZZEY STREET	LEXINGTON	MA	02421	MA0000137	11/26/2019	11/26/2020
SAGE THERAPEUTICS, INC.	SAGE THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA	01242	MA0000151	12/27/2019	12/27/2020
SCPHARMACEUTICALS INC.	SCPHARMACEUTICALS INC.	2400 DISTRICT AVE, SUITE 310	BURLINGTON	MA	01803	MA0000353	4/3/2019	4/3/2020
SHIRE HUMAN GENETIC THERAPIES INC.	SHIRE HUMAN GENETIC THERAPIES INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MADD00416	12/27/2018	12/22/2019
SHIRE ORPHAN THERAPIES LLC	SHIRE ORPHAN THERAPIES LLC	300 SHIRE WAY	LEXINGTON	MΑ	02421	MA0000391	12/27/2018	12/27/2019
SHIRE US INC.	SHIRE US INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000389	12/27/2018	12/27/2019

Valenti, Amanda C.

From:

Walker, Ryan (DPH

นร>

Sent:

Tuesday, December 10, 2019 1:30 PM

To:

Valenti, Amanda C.

Subject:

RE: MorphoSys US Inc. - License Verification

EXTERNAL MESSAGE

Amanda, see below in red for my response.

Thanks,

Ryan Walker, MPA Director, MCSR

From: Valenti, Amanda C. ^r

.com]

Sent: Tuesday, December 10, 2019 12:16 PM

To: Walker, Ryan (DPH)

Subject: MorphoSys US Inc. - License Verification

Dear Ryan,

On behalf of our client, MorphoSys US Inc. (license #: MA0000466), kindly verify the information requested below and send verification back to me.

Please include the following information in the e-mail:

Company Name: MorphoSys US Inc.

License

Date of Issuance: 9/3/2019 Expiration Date: 9/3/2020

Disciplinary Actions (Y/N) (If necessary, provide details regarding the action)?

Please feel free to contact me if you have any questions.

Thanks in advance!

Regards,

Amanda

Amanda C. Valenti
Regulatory Assistant
PORZIO LIFE SCIENCES, LLC
A wholly-owned subsidiary of PORZIO, BROMBERG & NEWMAN, P.C.
Southgate Parkway, C. Morristown

Attachment B

Facility Manager's Resume

Fairways Lane, Methue....
mobile)
home)
com

SUMMARY OF QUALIFICATIONS

- A proven Quality leader professional with over 21 years industry experience supporting product lifecycle/programs in pre-clinal phases through commercial, GxP (cGMP/GLP/GCP) and Good Product Distribution, industry knowledge and over 12 years of managerial experience; working in QA/QC within Commercial and Development Environments (on-site and virtual) Contract manufacturing and laboratories management. Technical subject matter expert in Sterile and Lyophilized products, Personal Care/OTC products, Solid (tablets/capsules/ powder pouch), solid and liquid dosage and Biological processes.
- Experience with QMS system, Lims, Trackwise, Master Control, QUMAS, SAP, JD Eduards, Oracle and Veeva.
- Responsible for initiation and revision of Quality Agreements and assessing /approving CTAs as applicable.
- Experience in working with regulatory authority experience ANVISA, EU, US, Health Canada, JAPAN, MHRA, and Mexico.
- Key-player in over five product launches; including Cystic fibrosis disease products, parenteral operations (Penicillin, Erythromycin and Cardiolite) and treatments for myeloma, lymphoma and ovarian cancers. Instrumental in the 50% reduction of cycle times for Product Release and CAPA closure.
- US citizen. Bi lingual English and Spanish. I am available for relocation.

COMPETENCIES

- Quality System: Quality Lead to ensure the following but not limited to is in compliance: Managing CAPAs, Deviations, Change Controls, QTAs, MVPs, product disposition, etc. for commercial and clinical products.
- QC/Analytical Development: Method transfers and validation documentation, Protocol assessment and approval, review of data package, review and approval final reports, Specifications / test methods review and approval, stability protocols assessments and implementations.
- Contract Manufacturing, Distributions and Laboratories: Conduct on-site audits per regulatory requirements, review and approve the associated documentation to their activities, ensure meeting compliance with QMS, serve as a Quality Lead for commercial, development and clinical programs.
- Transfer of Technology: CDMO site audits, QP interaction CMC Team to support clinical and commercial, including regulatory assessments.

PROFESSIONAL EXPERIENCE

TESARO, Inc. (a GSK Company), Waltham, MA September 2017 – Present Senior Manager, Quality Assurance Commercial

- Quality liaison for the Contract Manufacturing Organizations for Regulatory Starting Materials, APIs, Drug Product and Finished Product for ZEJULA and VARUBI/VARUBY.
- Review and approve MBRs, TMs, specifications, deviations, OOS, CAPA, Change Control, APRs and negotiations of Quality Agreements.
- Active partner with CMC colleague to provide QA leadership, guidance, and direction on site selection, technology transfer and validation of a commercial product to a secondary supplier.

- Active participation in Qualification of suppliers and audits.
- Disposition executed batch records for bulk drug substance, drug product and packaging operations for US market and work with QP to enable disposition of product to EU market.
- Monitor and track Quality metrics for assigned vendors to identify and react to emerging trends. Present metrics during Quarterly Business Review meetings with CMOs.
- Responsible of QA oversight for analytical method transfer and validations and manufacturing validation activities.
- Support Regulatory submission or notifications of for assigned projects.
- Veeva, Master Control and Oracle.

Acetylon Pharmaceuticals, Inc., Boston, MA

May 2014 – December 2016 Senior Quality Manager

- Developed and maintained Acetylon's Quality Systems to ensure alignment with global GxP regulatory compliance requirements and current industry standards.
- Led audits of external (vendor) quality systems, batch record review, documentation/ training management, and led teams in the evaluation of cGMP quality systems for API and final drug product selection.
- Disposition executed batch records for bulk drug substance, drug product and packaging operations for US market and work with QP to enable disposition of product to EU market and Quality Agreements negotiations.
- Performed GMP Vendor audits and ensured timely closure of audit reports and CAPA follow- up. Maintained a
 database to track and trend audit commitments.
- Supported Clinical Operation activities as required -approval of labels, audits, complaint investigations and released of CTM.
- Participated CMC Team meetings and assessments.
- Monitored the manufacturing activities and initiatives to release products such as batch records, Change Controls, Investigations/Deviation as a Quality Lead.
- Supported submission of INDs, CTAs, IMPDs for assigned projects.

Compliance Consultant

07/2010 - 04/2014

See below the specific location and summary of responsibilities.

MedImmune/ AstraZeneca - Biologics, MD

09/2013 - 04/2014

COMPLIANCE CONSULTANT (Associate Director Level)

LANTHEUS MEDICAL IMAGING - Echocardiography and Nuclear Medicine, MA

04/2011 - 09/2013

COMPLIANCE CONSULTANT (Associate Director Level)

ELI LILLY/ALNARA - Biologics, MA

07/2010 -- 04/2011

COMPLIANCE CONSULTANT (Sr Manager Level)

- Consulting Manager/AD within Quality and Compliance Departments
- As a Lead Consultant, I was responsible for assessed and led the changes implemented to clients':
 Investigation/CAPA tools, Quality Systems, Validation activities, Product disposition processes/activities for US and EU market (with QP interaction).
- Negotiated Quality Agreements with CDMOs, contract laboratories and EU clinical sites.
- Reviewed and approved validation documentation for manufacturing and analytical methods.
- Supported cGxP. GLP activities as requested by clients.
- Man in the plant in relation to manufacturing activities.
- Supported execution of site Inspection Readiness Activities, Internal Audits, site Regulatory Agency Inspections and CDMOs audits activities and associated processes.

Ensured Investigations and CAPAs were properly addressed and closed at CDMO or Firm Site.

Vertex Pharmaceuticals, Inc., Cambridge, MA June 2008 – March 2010 GMP Quality Manager

- Led the Quality group for Phase 2/3 development phases included registration and validation activities for manufacturing from the RSM – API- DS – DP – FD with the development, implementation of quality systems and overall manufacturing strategy.
- Led all development packaging and labeling activities to support clinical programs, including the audits.
- Directly supervised 5 direct reports.
- Managed disposition of CTM and other cGMP activities for contract manufacturing/testing laboratories for API, Drug Substance, Drug Product and Finished Product.
- Supported the clinical sites audits.
- Participated with the development and implementation with the Nation Specific product distribution process in support of clinical studies.
- Negotiated Quality Agreements with CDMOs, contract laboratories and EU clinical sites.
- QP interactions.
- CDMOs and contract laboratories audits.
- Supported submission of INDs, CTAs, IMPDs, and NDAs for assigned projects.
- QDoCs and Trackwise

Allergan/Actavis PLC. (former Andrx/Watson Pharmaceutical), Davie, FL August 2006 – June 2008 Quality Engineer

- Participated in lifting FDAs "Official Action Indicated" by execution of the remediation plan.
- Conducted manufacturing/laboratory/maintenance investigations and product complaints.
- Supported investigation process for the whole product cycle (incoming pharmacy-blend- fluid bed (GLATT)compression/encapsulation, laser drill for fast release-coating-packaging/labeling activities; including the in process
 testing and release testing.
- Reviewed and approved investigation reports and CAPA's to ensure compliance and change control (Trackwise)
- Evaluated Annual Product Review to identify trends for investigations and CAPA effectiveness.
- Conducted internal audits, risk assessments and wrote periodic trend reports.

Colgate-Palmolive Guayama, PR June 2004 – August 2006 Site Quality Head

- Directed, motivated and scheduled a team of 16 direct reports responsible for QA and QC.
- Directed the product final disposition for personal and house care products.
- Implemented the six-stream process for product release and successfully redesigned the Quality System for the site.
- Directed day to day operations concerning the in-process testing, labeling issuance, returned goods, customer complaints investigations, internal inspections, raw material releases or rejections and preparation and issuance of cleaning validation protocols.
- Developed the Tracking and Trending System for Investigations and CAPAs and established the Calibration System for the QC Lab and Production Areas.
- Hosted site Regulatory Agency Inspections, Global Company Inspections and Internal Audits to ensure compliance with FDA and company policies.
- Prepared and participated in the Quarterly Product Review and Annual Product Reviews for the North Division.

Watson Pharmaceuticals, Inc., Miami, FL April 1998 – November 1999 Quality Assurance Supervisor

- Oversaw batch/record reviews for product final disposition (solid dosage/control 2, 3, 4 drug substances) with 12 direct reports.
- Directed day to day operations concerning the incoming sampling, pharmacy, blend, encapsulation/compression, coating, packaging/labeling, in-process testing, label control room and issuance, returned goods, customer complaints investigations, internal inspections, raw material releases or rejections and preparation and issuance of cleaning validation protocols.
- Implemented a system to conduct investigations and perform internal audits to ensure compliance with the FDA and DEA regulations.
- Successfully implemented a system to maintain the training records and a database for the site.

Teva Pharmaceuticals Industries, Ltd. (former IVAX Pharmaceutical), Miami, FL January 1996 – April 1998 Quality Assurance Supervisor

- Supervised, coached and developed five QA Auditors.
- Executed cycle-time reports, out of compliance reports, Certificate of Analysis (COA), budget versus product reports, assistance/payroll reports and department monthly reports.
- Released/rejected Raw Materials, Packaging Components, Intermediates and Finished Products.
- Reviewed Characterization/Validation documents for Softgel and Solid Dosage.
- Implemented the following procedures: Stability Program; Returned Goods and Vendor Certification Program.

Wyeth Pharmaceutical Co. Ltd. (former Lederle Pharmaceutical, Inc.), Carolina, PR October 1991 – September 1995
Analyst

- Performed release testing analysis on raw materials and finished products for parenteral and injectable products
- Conducted investigations when an Out of Specification (OOS) result was generated.
- Executed testing for Stability and Validation projects.
- Well-versed in the operation and maintenance of the following instruments: GC, HPLC, Atomic Abs, All-wet Chemistry, Moisture Ovens, and FTIR.
- Lims, QDoCs and Trackwise.

EDUCATION

Sacred Heart University, Santurce, PR Bachelor Science, Concentration in Chemistry

AFFILIATIONS

- American Society of Quality (ASQ)
- American Chemical Society (ACS)

Attachment C

FDA Registration

From: CDER Electronic Drug Registration and Listin

gov>

Sent: Tuesday, November 26, 2019 8:18 AM

To: Bakhtiani, Leer

com>; CDER Electronic Drug Registration and Listing

gov>

Cc: David Trexle

/s.com>

Subject: RE: Request for FEI for MorphoSys US Inc.

The following FEI has been assigned by ORA:

FEI Number

Firm Name

MORPHOSYS US INC

Physical Address

Atlantic Ave, Boston

US

Mailing Address

Atlantic Ave, Boston, M.,

US

Thank you, eDRLS Staff (dm)

From: Bakhtiani, Leen

com>

Sent: Monday, November 25, 2019 11:43 PM

To: CDER Electronic Drug Registration and Listing

Cc: David Trexler (Com)

.gov>

Subject: Request to the relief wild pricesys us inc.

Hello eDRLS Team,

We recently submitted an electronic establishment registration on behalf of MorphoSys US Inc. (Main contact at Morphosys US Inc. is David Trexler included on this email). We would like to request an FEI number assignment for the establishment. As this is needed for an upcoming BLA application, could you provide the FEI in a few days.

The Core ID of the file is

nd it was submitted on 25 November 2019.

Please let David or me know if you have any questions.

Kind regards,

Leena



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the Results for morphosys

Search

/ Excel m Name FDA Establishment Identifier ♦ DUNS ♦ Bu

470 Atlantic Avenue, Suite 1401, Boston, Massachusetts (MA) 02210, United States (USA) Business Operations MANUFACTURE, 100556743

Expiration Date

Filter:

12/31/2020

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shoSys US Inc.

Current through: Tuesday, Feb 4, 2020

n to Drug Firm Annual Registration Status Home Page

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	① Safety	Oinspections & Compliance	♦ Industry	

Attachment D

Nature of Business

MorphoSys US Inc. (MorphoSys) is a virtual manufacturer of prescription drugs. MorphoSys will utilize a contract manufacturer to produce its product and a licensed third party logistics provider to warehouse and distribute. The company will not physically handle product. Provided is the contact information for the third parties.

Contract Manufacturer:

Millmount Healthcare Limited
CityNorth Business Campus,
Stamulle
Meath
FDA Registratio

Third Party Logistics Provider:

Integrated Commercialization Solutions, LLC .__ .nternational Blvd.

Attachment E

Corporate Officer and Director Information

MorphoSys US Inc. 470 Atlantic Avenue, Suite 1401 Boston, MA 02210

Corporate Officers:

David Trexler President

Christopher Krawtschuk Treasurer

Benjamin Looker Secretary

Board of Directors:

David Trexler Jens Holstein Jean-Paul Kress

Attachment F

Delaware Certificate of Good Standing

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MORPHOSYS 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 SIXTEENTH DAY OF JANUARY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MORPHOSYS US INC." WAS INCORPORATED ON THE SECOND DAY OF JULY, A.D. 2018.

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

Authentication: 202203201

Date: 01-16-20

BANK OF AMERICA - CONFIDENTIAL PAGE: 1
DATE: APRIL 13, 2020
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68171331

APPLICANT
MORPHOSYS US INC.
470 ATLANTIC AVENUE, SUITE 1401
BOSTON, MA 02210

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
SUITE 206
RENO, NV 89521

ATTN: EXECUTIVE SECRETARY

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

AMOUNT
NOT EXCEEDING USD 25,000.00
NOT EXCEEDING TWENTY FIVE THOUSAND AND 00/100'S US DOLLARS

EXPIRATION FEBRUARY 28, 2021 AT OUR COUNTERS

WE HEREBY ESTABLISH IN YOUR FAVOR OUR IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER 68171331 WHICH IS AVAILABLE WITH BANK OF AMERICA N.A. BY PAYMENT AGAINST PRESENTATION OF THE ORIGINAL OF THIS LETTER OF CREDIT AND YOUR DRAFTS AT SIGHT DRAWN ON BANK OF AMERICA N.A., ACCOMPANIED BY THE DOCUMENTS DETAILED BELOW:

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF MORPHOSYS US INC., WE, BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF \$ 25,000.00.



BANK OF AMERICA - CONFIDENTIAL

PAGE: 2

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

- 2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR A STATE LICENSE.
- 3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT 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. UPON THE OCURRENCE OF ANY DEFAULT BY APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THIS AGREEMENT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.
- 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, RETURN RECEIPT REQUESTED OR OVERNIGHT COURIER SERVICE.
- 6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.
- 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 THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.
- 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 WITHIN THE EXPIRATION DATE.
- 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 UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH (I) SHALL BE IN THE FORM OF ATTACHMENT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

BANK OF AMERICA - CONFIDENTIAL

PAGE: 3

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

- 12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.
- 13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.
- 14. THIS CREDIT SHALL, IF NOT CANCELED AS PROVIDED HEREIN, EXPIRE ON FEBRUARY 28, 2021.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 14TH DAY OF APRIL, 2020.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

BANK OF AMERICA - CONFIDENTIAL

PAGE: 4

THIS	TD	AIN	INTEGRAL	PART	OF	LETTER	UF	CKEDIT	NUMBER:	PRT / T33T

ATTACHMENT A CERTIFICATE FOR DRAWING

ISSUING	BANK	:	
BANK OF	AMER	RICA,	N.A.
1 FLEET	WAY,		
SCRANTON	I, PA	185	07

DATE:

BOSTON, MA 02210

APPLICANT: MORPHOSYS US INC. 470 ATLANTIC AVENUE, SUITE 1401

IRREVOCABLE LETTER OF CREDIT NUMBER 68171331

BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
RENO, NV 89521
ATTN: EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

- 1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68171331 (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 \$
- 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	AMO	TUUC	OF	DRA	WING	REQU	ESTEI	SH	ALL	BE	PAYA	ABLE	TO	THE	BOARI	NI C
LAW	FUL,	IN	MED:	IATE	LY .	AVAII	LABLE	FUND	ST	O B	E RE	CEIV	ÆD E	BY TI	HE E	BOARD	AT
THE	ABC	OVE	ADDI	RESS	NO	LATI	ER TH	AN 5:	00	PM :	EAST	ERN	TIME	E ON	THE	·	
DAY	OF				20_												

THEREFORE,	$_{ m THE}$	UNI	DERS]	GNED	HAS	EXECUTED	AN	DΙ	DELIVERED	THIS
CERTIFICATE	E AS	OF	THE	DAY	OF		_, :	20_	•	

BANK OF AMERICA - CONFIDENTIAL

PAGE: 5

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

NEVADA STATE BOARD OF PHARMACY BY

(INSERT NAME)
EXECUTIVE SECRETARY

BANK OF AMERICA - CONFIDENTIAL

PAGE: 6

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331
ATTACHMENT B CERTIFICATE FOR CANCELLATION
DATE:
ISSUING BANK: BANK OF AMERICA, N.A. PA6-580-02-30 1 FLEET WAY SCRANTON, PA 18507
APPLICANT: MORPHOSYS US INC. 470 ATLANTIC AVENUE, SUITE 1401 BOSTON, MA 02210
IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68171331
BENEFICIARY: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521
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 APPROPIATE.
2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.
THEREFORE, THE UNDERSINGED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THEDAY OF, 20
NEVADA STATE BOARD OF PHARMACY
BY
(INSERT NAME) EXECUTIVE SECRETARY



BANK OF AMERICA - CONFIDENTIAL

PAGE: 7

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

THIS STANDBY LETTER OF CREDIT IS SUBJECT TO INTERNATIONAL CHAMBER OF COMMERCE (ICC) INTERNATIONAL STANDBY PRACTICES, 1998 (ISP98).

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CALL 800-370-7519.

AUTHORIZED SIGNATURE

THIS DOCUMENT CONSISTS OF 7 PAGE(S).

BANK OF AMERICA - CONFIDENTIAL

PAGE: 1

DATE: APRIL 13, 2020

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68171331

APPLICANT
MORPHOSYS US INC.
470 ATLANTIC AVENUE, SUITE 1401
BOSTON, MA 02210

BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
SUITE 206
RENO, NV 89521

ATTN: EXECUTIVE SECRETARY

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

AMOUNT
NOT EXCEEDING USD 25,000.00
NOT EXCEEDING TWENTY FIVE THOUSAND AND 00/100'S US DOLLARS

EXPIRATION FEBRUARY 28, 2021 AT OUR COUNTERS

WE HEREBY ESTABLISH IN YOUR FAVOR OUR IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER 68171331 WHICH IS AVAILABLE WITH BANK OF AMERICA N.A. BY PAYMENT AGAINST PRESENTATION OF THE ORIGINAL OF THIS LETTER OF CREDIT AND YOUR DRAFTS AT SIGHT DRAWN ON BANK OF AMERICA N.A., ACCOMPANIED BY THE DOCUMENTS DETAILED BELOW:

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BANK OF AMERICA - CONFIDENTIAL

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- 2. WE ARE ADVISED BY THE APPLICANT THAT THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR A STATE LICENSE.
- 3. WE ARE FURTHER ADVISED BY THE APPLICANT THAT 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. UPON THE OCURRENCE OF ANY DEFAULT BY APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THIS AGREEMENT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.
- 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, RETURN RECEIPT REQUESTED OR OVERNIGHT COURIER SERVICE.
- 6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.
- 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 THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.
- 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 WITHIN THE EXPIRATION DATE.
- 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 UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH (I) SHALL BE IN THE FORM OF ATTACHMENT B ATTACHED HERETO, AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

BANK OF AMERICA - CONFIDENTIAL

PAGE: 3

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

- 12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.
- 13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.
- 14. THIS CREDIT SHALL, IF NOT CANCELED AS PROVIDED HEREIN, EXPIRE ON FEBRUARY 28, 2021.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 14TH DAY OF APRIL, 2020.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

BANK OF AMERICA - CONFIDENTIAL

PAGE: 4

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

ATTACHMENT A CERTIFICATE FOR DRAWING

ISSUING	BANK:	
BANK OF	AMERICA,	N.A
1 FLEET	WAY,	

DATE:

SCRANTON, PA 18507

APPLICANT: MORPHOSYS US INC. 470 ATLANTIC AVENUE, SUITE 1401 BOSTON, MA 02210

IRREVOCABLE LETTER OF CREDIT NUMBER 68171331

BENEFICIARY: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY RENO, NV 89521 ATTN:EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

- 1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68171331 (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 \$
- 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	AM(TNUC	OF	DRA	WING	REQUI	ESTEI	SH C	ALL	BE	PAY	ABLE	TO T	янт	BOARI	TN
LAW	FUL,	II	MED:	IATE	LY	AVAII	ABLE	FUNI	S T	O B	E RE	CETY	JED E	יידי עו	HE I	BOARD	יייע ע
THE	ABC	OVE	ADDI	RESS	NO	LATE	R TH	AN 5:	0.0	PM	EAST	TERN	יי בב	INO 5	ונויים		AI
	OF				20							. 401/11	TIME	3 014	7 111	<u> </u>	

THEREFORE,	THE	UND	ERSI	GNED	HAS	EXECUTED	AN	ID.	DE	LIVERED	THIS
CERTIFICATE	E AS	OF '	THE	DAY	OF			20			

ORIGINAL

BANK OF AMERICA - CONFIDENTIAL

PAGE: 5

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

NEVADA STATE BOARD OF PHARMACY BY

(INSERT NAME) EXECUTIVE SECRETARY

BANK OF AMERICA - CONFIDENTIAL

PAGE: 6

THIS	IS	AN	INTEGRAL	PART	OF	LETTER	OF	CREDIT	NUMBER:	68171331
------	----	----	----------	------	----	--------	----	--------	---------	----------

ATTACHMENT B CERTIFICATE FOR CANCELLATION

DATE:

ISSUING BANK:
BANK OF AMERICA, N.A.
PA6-580-02-30
1 FLEET WAY
SCRANTON, PA 18507

APPLICANT: MORPHOSYS US INC. 470 ATLANTIC AVENUE, SUITE 1401 BOSTON, MA 02210

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68171331

BENEFICIARY: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521

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 APPROPIATE.
- 2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.

THEREFORE,	THE	UNDI	ERSIN	GED	HAS	EXE	CUTED	AND	DELIVE	RED	THIS
CANCELLATIO	N AS	OF	THE	I	YAC				20 .		

NEVADA STATE BOARD OF PHARMACY

BY

(INSERT NAME)
EXECUTIVE SECRETARY

ORIGINAL

BANK OF AMERICA - CONFIDENTIAL

PAGE: 7

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68171331

THIS STANDBY LETTER OF CREDIT IS SUBJECT TO INTERNATIONAL CHAMBER OF COMMERCE (ICC) INTERNATIONAL STANDBY PRACTICES, 1998 (ISP98).

IF YOU REQUIRE ANY ASSISTANCE OR HAVE ANY QUESTIONS REGARDING THIS TRANSACTION, PLEASE CALL 800-370-7519 .

AUTHORIZED SIGNATURE

THIS DOCUMENT CONSISTS OF 7 PAGE(S).

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
□ Publicly Traded Corporation – Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation – Pages 1,2,3,5,6 □ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Olympus America, Inc.
Physical Address: 3500 Corporate Parkway
City: Center Valley State: PA Zip Code: 18034
Telephone Number: 484-896-5000 Fax Number: 484-896-7128
Toll Free Number: 800-401-1086
E-mail: Steve.Thomas@Olympus.com Website: https://www.olympusamerica.com/
Facility Manager: Steven B. Thomas
Professional qualifications and experience of facility manager: Regulatory Affairs and Quality Assurance. Maintain vigilance of nonconforming products, including the disposition of damaged product and administering ship holds when necessary. Responsibilities also include ensuring that nonconforming product is quarantined, if necessary. Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Clinics
Type of Products to be handled or wholesaled by firm:
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

X

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?	Yes □ No 🗵
(If yes, provide a copy of the certificate) N/A	
Licensed as Manufacturer by the FDA?	Yes ⊠ No □
(If yes, provide a copy of your FDA registration) See Attachmen	nt B
Do any shareholders hold an interest ownership or have manageme facility which are licensed by the State of Nevada or another politica	
List the top 4 suppliers your company has been associated with reg products that were sold, dispensed or distributed with the last year.	ards to pharmaceutical
Name: N/A - Only prescription devices are sold, no pharmaceutical products.	
Address:	
Name:	
Address:	
Name:	
Address:	in the street of the
Name:	
Address:	
A licensee is not required to have a Nevada State Business License please provide the number: NV19961142796	e, however, if you do,
1. Has the corporation, any owner(s), shareholder(s) or partner(s) any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) any interest, ever been denied a license, permit or certificate of registration?	with 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 explana Copies of any documents that identify the circumstance or contain an order, disposition may be required.	
I hereby certify that the answers given in this application and attached docu correct. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of the state of	regulating the
I have read all questions, answers and statements and know the contents the under penalty of perjury, that the information furnished on this application are correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	re true, accurate and , servants and ocial and moral
Atur Thomas	
Original Signature of Person Authorized to Submit Application, no copies or	stamps
Steven B. Thomas (/7/202	20
Print Name of Authorized Person Date	
Board Use Only Date Processed: Amount: 60	0.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: New York	
Paren	t Company if any: Olympus Corporat	tion of the Americas
Mailin	g Address: 3500 Corporate Parkway	and the state of t
City:_C	Center Valley	State: PA Zip: 18034
Telepl	hone: 484-896-5000	Fax: 484-896-7128
Conta	act Person: Steven B. Thomas	
For ar 1)	ny corporation non-publicly traded, List top 4 persons to whom the sh	disclose the following: pares were issued by the corporation?
	a) N/A - Olympus America, Inc. is wholly Name b)	y-owned by its parent company, Olympus Corporation of the America Business Address
	Name	Business Address
	c)Name	Business Address
	d)Name	Business Address
2)	Provide the number of shares issu	ued by the corporation. N/A
3)	What was the price paid per share	e? <u>N/A</u>
	vada business license is not require se please provide the number: NV1	ed, however if the wholesaler has a Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment C

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



Certificate of Registration

Certificate No. 6000009630

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

FORUM PLACE -7th FLOOR -SUITE 701

555 WALNUT ST

HARRISBURG, PA 17101

(717) 787-4779

Drug & Device Registration

Category:

Devices

OLIMPUS AMERICA, INC. 3500 CORPORATE PARKWAY CENTER VALLEY, PA 18034 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: November 06, 2019 Expiration Date: The Last Day of November, 2020

Lusan Coffee

Deputy Secretary for Quality Assurance

CAR

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 A

Resident State License and Online Verification

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.

- Olympus America Inc. 871 Nestle Way; Breinigsville, PA 18031 Certificate(s): 6000007827 issued: 4/4/2011 expires: 4/30/2020
- Olympus America, Inc. 3500 Corporate Parkway; Center Valley, PA 18034
 Certificate(s): 6000009630 issued: 11/6/2019 expires: 11/30/2020

Back to DD&C Home

<u>Home</u>: <u>Press Releases</u>: <u>Office of the Secretary</u>

<u>Bureau of Community Program Licensure and Certification</u>: <u>Drug, Device and Cosmetic Program</u>: <u>Quality Assurance</u>

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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.

Attachment B

FDA Registration

ACT

SEARCH

Home Food Drugs Medical Devices Radiation-Emitting Products Vaccines, Blood & Biologics Animal & Veterinary Establishment Registration & Device Listing Part Home Part Medical Devices Patabases

Cosmetics Tobacco Products

No.

New Search

1 result found for Establishment Registration or FEI Number: 2429304

			NON
Establishment Name		Registration Number	Current Registration Yr
OLYMPUS Corporation of the Americas	PA/USA	2429304	2020
Device, Digital Image Storage, Radio	ological	 Device, Digital Image Storage, Radiological - ImageManager And EndoWorks Software 	Manufacturer, Complaint File Establishment
 Device, Digital Image Storage, Radio 	ological -	Device, Digital Image Storage, Radiological - ImageManager And Endoworks Software	Manufacturer, Complaint File Establishment
 System, Image Processing, Radiolog Software 	gical - Er	System, Image Processing, Radiological - EndoWorks; Image Manager And Endoworks Software	Manufacturer, Complaint File Establishment
 Device, Digital Image Storage, Radic Software 	ological -	 Device, Digital Image Storage, Radiological - EndoWorks, Image Manager And Endoworks Software 	Manufacturer, Complaint File Establishment
 System, Digital Image Communication Software 	ons, Rad	System. Digital Image Communications. Radiological - ImageManager And EndoWorks Software	Manufacturer, Complaint File Establishment
 Show all 26 Listings For Ol YMPUS Compression Of The Americas PALISA 	Comoral	on Of The Americas PANISA	

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E

Accessibility

Contact FDA | Careers

Combination Products Advisory Committees Science & Research

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

FDA Basics | FOIA | No FEAR Act | Nondiscrimination | Website Policies

U.S. Department of Health & Human Services

8

Emergency Preparedness

International Programs

Regulatory Information









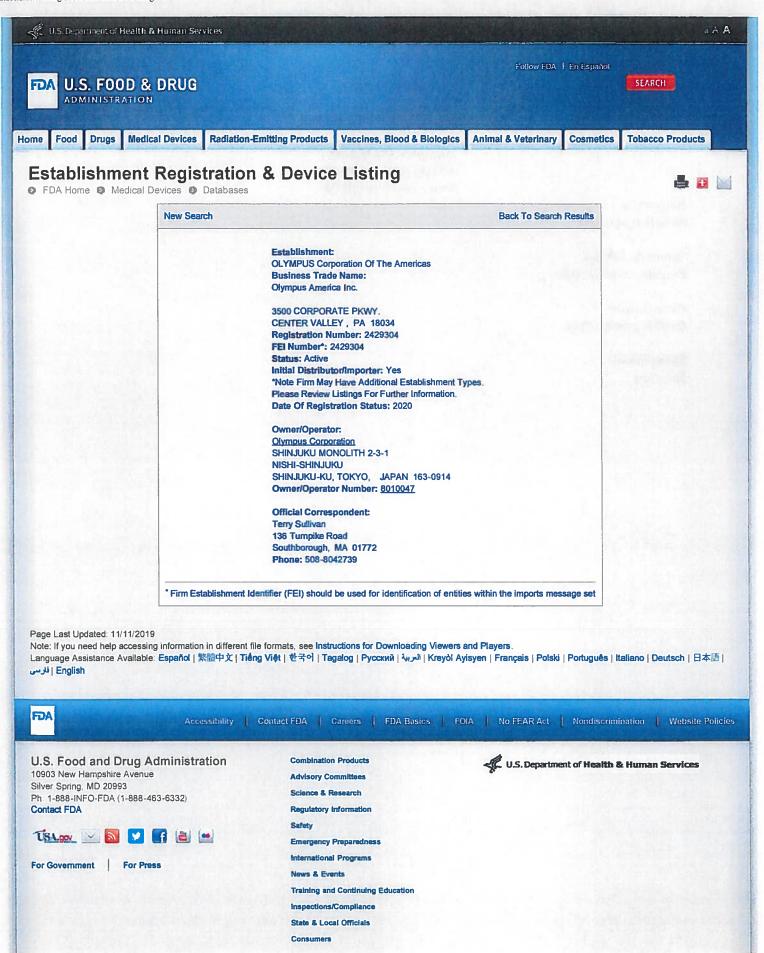


For Government For Press

Training and Continuing Education News & Events

641

Establishment Registration & Device Listing 642



Attachment C

Corporate Officer Information

Olympus America, Inc. 3500 Corporate Parkway Center Valley, PA 18034

Nacho Abia

President and CEO

Tomohisa Sakurai Executive Vice President

Pierre Lacroix Chief Financial Officer

Steve Froehle Secretary

Attachment D

New York Certificate of Good Standing

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of OLYMPUS AMERICA INC. was filed on 03/15/1977, under the name of OLYMPUS CAMERA CORPORATION, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment OLYMPUS CAMERA CORPORATION, changing its name to OLYMPUS CORPORATION, was filed 03/11/1983.

A Certificate of Amendment OLYMPUS CORPORATION, changing its name to OLYMPUS AMERICA INC., was filed 04/01/1993.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 31st day of December two thousand and nineteen.

Brandon C. Heylen

Brendan C Hughes
Executive Deputy 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. K40382264		
Application/License No.		
Olympus America, Inc. Applicant/Principal	, doing or intending to do busines	ss as a
pharmaceutical wholesaler, will 3500 Corporate Parkway, Center Valley, PA.	hose address for purposes of service is	. as
Address PRINCIPAL, and Westchester Fire Is	ss of Applicant/Principal nsurance Co	, ao
	Surety Company he laws of the state of Pennsylvania	
	State of Incorporation	ın
Nevada, whose address for pu	urposes of service is	26
	Address of Surety	as
State Board of Pharmacy for the DOLLARS (\$25,000.00), for w	bound unto the State of Nevada and to the he penal sum of TWENTY-FIVE THOUS/ hich payment we bind ourselves, our hei	AND rs. executors.
administrators, successors an bond term shall become effect	d assigns jointly and severally, by these parties on April 7, 2020	presents. This
	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 day of April	bond has caused it to be executed on this, 20 ²⁰
Olympus America, Inc.	Westchester Fire Insurance Company
Authorized Representative	Surety Company's Representative
	Sandy McElhaney , Attorney-in-fact print name
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
Witness	Witness Bonnie Rice
Witness	Witness Krystal Karnes
	Countersigned by:
	N/A Nevada Resident Agent

Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that WESTCHESTER PIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Andrea Allman, Rachel A. Chaveriat, Jessica Frederick, Rebecca J Hobbs, Linda M. Howard, Loretta M. Jones, Julie Karnes, Sandra G. King, Thelma M. Lett, Michelle Lute-Heatherly, Sandy McElhaney, Vicki Nobinger, Bonnie L. Rice, Mariah Smith, Mary Y. Volmar, Carolyn E. Wheeler and Joy M. Williams of Knoxville, Tennessee --

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 aftering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations

In Witness Whereof, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 24th day of June, 2019.

CRUZ ITI CRUDLOS

Davin M. Chloros, Assistant Societary

-Atr. M. H





STATE OF NEW JERSEY

County of Hunterdon

On this 24th day of June, 2019, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WENTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies: and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Scal



KATHERINE J. ADELAAR ARY PUBLIC OF NEW JERSEY NO 2316665 Imission Expires July 16, 2024

Suh of adv

CERTIFICATION

Resolutions adopted by the Boards of Directors of WESTCHESTER PIRE INSURANCE COMPANY on December 11, 2006; ACE AMERICAN INSURANCE COMPANY on March 20,

*RESOLVED, that the following authorizations reliate 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 husiness (each a "Written Commitment"):

- Each of the Chalrman, 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 scal of the Company or otherwise.
- 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 (2) 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.
- Each of the Chairman, the President and the Vice Presidents of the Company is bereby 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.
- cause or the contamination received and the vice recognition or the company of nearby administration and introduced or the company, to design a writing round of the Company and in the Company and 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.
- The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

I. Dawn M. Chloros, Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

- the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect.
- 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 7th day of April 2020



Cruzzin Chilares

Leg in Machinery, Versiani accident

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 Pax (908) 903-3656 e-mail: surety@chubh.com



Steven Thomas

2 CONCORD CIRCLE
 EASTON, PA 18045
 STEVE.THOMAS@OLYMPUS.COM

SUMMARY

Over 30 years experience within the medical device industry offering strong analytical and organizational skills along with a demonstrated ability to manage cross-functional teams.

PROFESSIONAL EXPERIENCE

OLYMPUS AMERICA INC.

SENIOR RA/QA ANALYST (APRIL 2006 - PRESENT)

- Responsible for oversight of the CAPA process, which includes moderating monthly CAPA review meetings and
 ensuring CAPA are reviewed and closed within a reasonable time frame.
- Develop and maintain standard operating procedures and work instructions.
- Generating and maintaining training development plans.
- Responsible for purchasing and supplier controls, which includes supplier approval, periodic requalification and administration of supplier audits.
- Lead auditor responsible for scheduling, conducting and following up on internal audits.
- Maintain vigilance of nonconforming products, including the disposition of damaged product and administering ship holds when necessary. Responsibilities also include ensuring that nonconforming product is quarantined and if necessary, generate distribution lists for corrections and removals.

ORTHO-CLINICAL DIAGNOSTICS, A JOHNSON & JOHNSON COMPANY

STAFF QUALITY ENGINEER / CUSTOMER QUALITY (JULY 2002 – APRIL 2006)

- Lead for all donor-screening medical device and software failure investigations, which minimally required a root cause investigation, risk assessment, health hazard evaluation, CAPA, and effectiveness verifications. Six sigma tools were extensively utilized.
- Analyze complaint records by use of statistical methods in order to improve the quality of donor screening products and services.
- Facilitate investigations for all US and International donor screening instrument/software complaints.
- Participate in all internal and external audits, including Johnson & Johnson Corporate, TUV and FDA audits.
- Report to senior management on health and safety issues at weekly Quality Inspection Board meetings.
- Review and approve Medical Device Reports (MDRs) for donor screening instruments/software. Ensure technical accuracy of reports along with timely submission.

SENIOR INSTRUMENT SPECIALIST (OCTOBER 1993 – JUNE 2002)

- Key technical liaison between Customer Technical Services, Sales and Marketing and the Original Equipment Manufacturer (OEM). This included the evaluation and testing of incoming components and procedures from several OEMs.
- Technical Trainer for all donor screening hardware. This included on site customer training as well as advanced technical training for field service engineers.
- Project lead for a major systems compliance project. This project included the validation of a medical device, which is an integral part of OCDs AIDS/Hepatitis Test System.

Steven Thomas

- Investigate the root cause of customer complaints and work closely with Quality Assurance and Product Support to provide timely and comprehensive responses.
- Provide second-level support for field service in situations where initial attempts to resolve issues could not be readily determined. This included on-site visits to domestic and international customer sites.
- Worked directly with other departments to successfully introduce major new products to the donor screening market. Working directly with clinical affairs at several US sites for data collection in order to support FDA submissions.
- Lead role in forecasting department budgets.
- Forecast service parts usage based on internal and external information such as historical levels of parts usage, sales forecast and market conditions.
- Provide written follow up to major customers, such as the American Red Cross, concerning instrument complaints and failure investigations.
- Develop and maintain departmental SOPs to meet GMP, Quality Systems and ISO requirements.
- Developed an advanced training manual for customer use in order to provide troubleshooting capability to medical technicians at most major customer sites. Onsite training was included within the scope of this project.
- Generate and facilitate review for all service bulletins.
- Provide product training and refresher training for Customers, Service Engineers and Field Technical Support throughout the world.

SYSTEMS ENGINEER (SEPTEMBER 1992 - OCTOBER 1993)

- Aided in the development of an expert system to support Service Engineers in their efforts to diagnose and troubleshoot hardware and software related problems in various instruments.
- Responsible for the compilation of various service and user manuals into an electronic format, which were
 incorporated into field service laptop computers.
- Primary field service liaison for all technical issues.

FIELD SERVICE ENGINEER (SEPTEMBER 1990 - SEPTEMBER 1992)

- Responsible for the on-site repair and maintenance of instruments, including blood-screening systems, flow cytometers and coagulation analyzers.
- Accounts included the American Red Cross, Smith Kline Beecham, and Kaiser Permanente along with several large university laboratories and hospitals throughout the western US, including Hawaii.

SERONO-BAKER DIAGNOSTICS

FIELD SERVICE ENGINEER (OCTOBER 1985 - SEPTEMBER 1990)

- Responsible for the on-site repair and maintenance of hematology and chemistry analyzers throughout Los Angeles County.
- Traveled to Europe and Japan as a product specialist to train personnel on the repair and maintenance of a newly released immunology analyzer.

EDUCATION / CERTIFICATIONS / MEMBERSHIPS

- DeSales University, Center Valley PA, BS degree in Electronic Commerce
- Northampton County Area Community College-Bethlehem, PA, AAS, Electronic Technology
- Regulatory Affairs Professionals Society Member
- American Society for Quality / Certified Quality Auditor
- Six Sigma trained

5PP

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: WHCheck 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: Oxford Pharmaceuticals, LLC						
Physical Address: 301 Leaf Lake Parkway						
City: Birmingham State: AL Zip Code: 35211						
Telephone Number: 205-434-9649 Fax Number: N/A						
Toll Free Number: N/A						
E-mail: Website: www.oxford-rx.com						
Facility Manager: John A Schultz						
Professional qualifications and experience of facility manager: University. Plant Manager, Vintage Pharmaceuticals 4/29/.1992 to 8/31/2011 BA Penn State University, Masters Stanford						
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: 						

This page must be submitted for all types of ownership

(If yes, provide a copy of the certificate)	⊔ No ⋈
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	☑ No □
Do any shareholders hold an interest ownership or have management in a facility which are licensed by the State of Nevada or another political jurisc	
List the top 4 suppliers your company has been associated with regards to products that were sold, dispensed or distributed with the last year.	o pharmaceutical
Name: Morris & Dickson	
Addres Kay Lane, Shrevepo	
Name: Louisiana Wholesale Drug	
Address: South Service Rd, Sun	
Name: Hospital Pharmaceutical Consulting	
Address ommerce Parkway, San Anto	
Name: Second Source Rx	
Address noreline Dr., Suite 200, Earth	
A licensee is not required to have a Nevada State Business License, howen	ever, if you do,
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	103 110 2

I nis p	<u>age</u>	<u>must</u>	be	<u>subm</u>	<u>ittea</u>	tor	all	types	ot	owner	<u>ship.</u>

Board Use Only Date Processed: Amount:	
Print Name of Authorized Person Date	
John A Schultz 04.03.	2020
Original Signature of Person Authorized to Submit Application, no copies or	r stamps
employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, prope	ocial and moral
under penalty of perjury, that the information furnished on this application a correct. I hereby authorize the Nevada State Board of Pharmacy, its agents	
I have read all questions, answers and statements and know the contents t	
correct. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	
I hereby certify that the answers given in this application and attached docu	
disposition may be required.	
If the answer to question 1 through 5 is "yes", a signed statement of explan Copies of any documents that identify the circumstance or contain an order	
voluntarily or otherwise (other than upon voluntary close of a facility)?	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	
substances?	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	
site fine or proceeding relating to the pharmaceutical industry?	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,	

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: Delaware		
Paren	t Company if any: None		
Mailin	g Address: Leaf lake Parkw	/ay	
City:	Birmingham	State: Zip:	
Telep	hone: 205-434-9649	Fax: N/A	
Conta	ct Person:John Schultz		
	ny corporation non publicly trade		
1)	List top 4 persons to whom the	e shares were issued by the corporation?	
	a) John Hoffmire Name	eaf Lake Parkway, Birmingham Business Address	70%
	b) John Schultz	Leaf Lake Parkway Birmingham	30%
	Name	Business Address	
	c)		
	Name	Business Address	
	d)		<u> </u>
	Name	Business Address	
2)	Provide the number of shares	issued by the corporation. 20,000,000	
3)	What was the price paid per sl	hare? \$1.00	295 <u>a martin</u>
	rada business license is not req	uired, however if the wholesaler has a Neva	ada business

Include with the application for a non publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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

f 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)

±

MAIL (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 Oxford Pharmaceuticals, LLC

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Oxford Pharmaceuticals, LLC	3012257735	079638266	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL;	301 Leaf Lake Parkway, Birmingham, Alabama (AL) 35211, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Monday, Dec 16, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Verified 1202

Drug Establishments Current Registration Site

f <u>SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)</u>

<u>▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)</u>

IN 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)

PINIT (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 Oxford Pharmaceuticals

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Oxford Pharmaceuticals, LLC	3012257735	079638266	ANALYSIS; LABEL; MANUFACTURE; PACK; RELABEL;	301 Leaf Lake Parkway, Birmingham, Alabama (AL) 35211, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Apr 7, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)



Leaf Lake Parkway Birminghan

Corporate Officers and Directors of Oxford Pharmaceuticals, LLC

Home
John Hoffmire, CEO
Middleton Beach Rd
Middleton.

Office
John Hoffmire, CEO
Leaf Lake Parkway
Birmingham

John Schultz, President Willow Trace Circle Owens Cross Roac John Schultz, President Leaf Lake Parkwav Birmingham

Mohammad Rahman, VP Operations Bellingham Dr Madisc Mohammad Rahman, VP Operations Leaf Lake Parkway Birmingham

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OXFORD 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2020.



Authentication: 202404290

Date: 02-18-20

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: Oxford Pharmaceution							
Addresseaf Lake Pa	kway						
City: Birmingham	Sta		Zip				
I hereby authorize the Alabama State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.							
Signature of Applicant	Al Sihn	1/2					
THIS FORM N LICENSING AGENCY F	BE FORWAR						
License Number L	icense Status D	ate License Issu	led [Date License Expires			
195189	tetrue	1-18-15	7	12-31-20			
encumbered in any way? ☐ Yes ☐ No USE REVERSE SIDE	☐ Suspended ☐ Please attach copi	☐ Surrendered☐ Restricted es of any pertin	□ I ent legal				
Has the applicant been corelating to drug samples, a distribution of controlled s. Has the applicant furnished applications made in condistribution? (if yes, please Have any inspections of the (If yes, please explain). Has applicant met all licer (If no, please explain)	onvicted of any feder wholesale or retail d ubstances? (If yes, ed any false or fraud nection with drug ma se explain) ne applicant resulted	ral, state or loc rug distributior please explair ulent material anufacturing or d in deficient ra	cal laws n, or n) [in any r atings?	Yes No Yes No			
Signature of State Official	Title	State	Date	State			
Khonda Coku	Licencing Superviso	- AL 3	3-30-20				

Alabama State Board of Pharmacy



2020

This is to Certify **OXFORD PHARMACEUTICALS, LLC** 301 LEAF LAKE PARKWAY BIRMINGHAM, AL 35211

Permit No. 195189

Supervising Pharmacist

Is duty licensed as a

Manufacturer

IN CONFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD, THIS CERTIFICATE EXPIRES ON THE LAST DAY OF 12/31/2020 AND MUST BE CONSPICUOUSLY DISPLAYED.

Alabama State Board of Pharmacy

This is Your Receipt For Fee Paid As Required By Law THIS PERMIT IS NOT TRANSFERABLE

Knexa C Hatman

Secretary

Alabama State Board of Pharmacy Village Street Birmingham Phor. Fax:

www.albop.com

Report changes of name, ownership, address or supervising pharmacist on the appropriate application/ form downloaded from our website: www.albop.com.

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE ALABAMA STATE BOARD OF PHARMACY 2020

The Controlled Substances Act of 1971 reads in part as follows

Section 304. (Revocation and Suspension of Registration.)

(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant.

(1) has furnished false or fraudulent material information in any application filed under this Act;

has been convicted of a felony under any State or Federal law

relating to any controlled substance, or has had his Federal registration suspended or revoked to manufac-

hure, distribute, or dispense controlled substances.
Has violated the provisions Act 205, 1986 Special Session of Alabama Legislature (Trite 468 257 (al-a32) Code of Alabama 1940. (Recomp 1958)

CONTROLLED SUBSTANCES REGISTRATION NUMBER

195189

THIS REGISTRATION

12/31/2020

\$600.00

DATE ISSUED

SCHEDULES 非順IV State Specific

BUSINESS ACTIVITY

MFG

01/01/2020

OXFORD PHARMACEUTICALS, LLC LEAF LAKE PARKWAY BIRMINGHAM

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

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. <u>\$1902442</u>	-
Application/License No.	-
Oxford Pharmaceuticals, LLC Applicant/Principal as a pharmaceutical wholesaler. whose add	, doing or intending to do business
eaf Lake Parkway, Birmingham,	
Address of Applicant/Principa	, as
PRINCIPAL, and Platte River Insurance Compa	
Surety Co	
corporation organized under the laws of the s	
and authorized to transact a general surety b	State of Incorporation pusiness in the State of
Nevada. whose address for purposes of serv	vice is
, Madiso	as
Address of Surety SURETY, are held and firmly bound unto the	
State Board of Pharmacy for the penal sum of	
DOLLARS (\$100,000.00), for which payment	t we hind ourselves, our heirs, executors
administrators, successors and assigns jointly	we bill ourselves, our fields, executors
bond term shall become effective onMa	arch 23 2020
\ <u></u>	ffective 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 beginning to the second state of the second sta	oond has caused it to be executed on this , 2020 .
APPLICANT/PRINCIPAL Oxford Pharmaceuticals, LLC By: Authorized Representative	SURETY COMPANY Platte River Insurance Company By: Surety Company's Representative Jennifer Freeman , Attorney-in-fact print name
SIGNED and SEALED in the presence of: Witness Witness	SIGNED and SEALED in the presence of: Witness Countersigned by: Notice and Agent

PLATTE RIVER INSURANCE COMPANY POWER OF ATTORNEY

S1902442

Bond Number

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

Jennifer Freeman Name of licensed Individual

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of _for _S1902442 See Bond Form on behalf of Oxford Pharmaceuticals, LLC

Bond Amount

Bond Number

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

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

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

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

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

John E. Rzepinski

Vice President, Treasurer & CFO

Durpmie in Broadband

Suzanne M. Broadbent **Assistant Secretary**

STATE OF WISCONSIN COUNTY OF DANE

A THE PARTY OF THE ENER INSURANCE **MEBRASKI** Mannanan Manna

PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills CEO & President

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

STATE OF WISCONSIN COUNTY OF DANE



Notary Public, Dane Co., WI My Commission Is Permanent

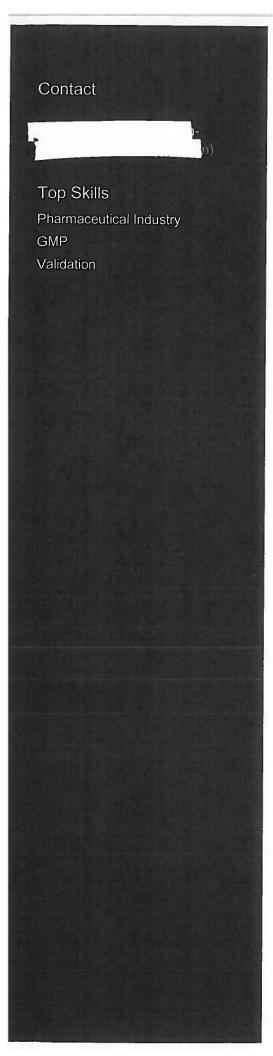
I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore,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

Signed and sealed at the City of Middleton, State of Wisconsin this

day of.



Antonio Celii General Counsel, Vice President & Secretary



John Schultz

Pharmaceuticals Professional Huntsville, Alabama

Experience

Oxford Pharmaceuticals.

President

January 2015 - Present (5 years 4 months)

Birmingham, Alabama

Oxford Pharmaceuticals, LLC
President
January 2015 - Present (5 years 4 months)

Vintage Pharmaceuticals Plant Manager 1993 - 2007 (14 years)

Education

Penn State University

Bachelor of science mineral production and supply, Earth and mineral science · (1983)

5QQ

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.

GENERAL INFORMATION to be completed be all types of ownership Facility Name:TIDI Products, LLC d/b/a Posey Products, LLC Physical Address:2530 Lindsay Privado, Unit A City: _Ontario State: _CA Zip Code:91761 Telephone Number:626-443-3143 X-105 Fax Number: N/A Toll Free Number: Website: www.tidiproducts.com Facility Manager: Francisco Villalobos Professional qualifications and experience of facility manager: See attached resume	New Wholesaler or □Ownership Change (Provide current license number if making changes: WHCheck 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 *LLC □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,9				
Physical Address: 2530 Lindsay Privado, Unit A City: Ontario State: CA Zip Code: 91761 Telephone Number: 626-443-3143 X-105 Fax Number: N/A Toll Free Number: N/A E-m20m Website: www.tidiproducts.com Facility Manager: Francisco Villalobos Professional qualifications and experience of facility manager: See attached resume Types of licensed outlets or authorized persons firm will serve: Mathematical Practitioners Devices Wholesalers Other: Type of Products to be handled or wholesaled by firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Veterinary Legend Drugs Controlled Substances (include copy of DEA)					
City: Ontario State: CA Zip Code: 91761 Telephone Number: 626-443-3143 X-105 Fax Number: N/A Toll Free Number: N/A E-m	Facility Name:TIDI Products, LLC d/b/a Posey Products, LLC				
Telephone Number: _626-443-3143 X-105	Physical Address: 2530 Lindsay Privado, Unit A				
Toll Free Number:	City: Ontario State: CA Zip Code: 91761				
E-m Website: www.tidiproducts.com Facility Manager: Francisco Villalobos Professional qualifications and experience of facility manager: See attached resume	Telephone Number: 626-443-3143 X-105 Fax Number: N/A				
Professional qualifications and experience of facility manager: See attached resume Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: Type of Products to be handled or wholesaled by firm: Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices Poisons or Chemicals Hypodermic Devices Controlled Substances (include copy of DEA)	Toll Free Number: N/A				
Professional qualifications and experience of facility manager:	E-mWebsite:www.tidiproducts.com				
Types of licensed outlets or authorized persons firm will serve: By Pharmacies By Practitioners By Hospitals By Wholesalers Other: Type of Products to be handled or wholesaled by firm: By Legend Pharmaceuticals, Supplies or Devices By Hypodermic Devices Poisons or Chemicals By Veterinary Legend Drugs Controlled Substances (include copy of DEA)	Facility Manager: Francisco Villalobos				
 ☑ Pharmacies ☑ Other: ☐ 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 	Professional qualifications and experience of facility manager: See attached resume				
 ☐ Other:	Types of licensed outlets or authorized persons firm will serve:				
 ✓ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Hypodermic Devices ☐ Veterinary Legend Drugs 	,				
☐ Poisons or Chemicals☐ Controlled Substances (include copy of DEA)☐ Veterinary Legend Drugs	Type of Products to be handled or wholesaled by firm:				
Li Culot.	□ Poisons or Chemicals □ Veterinary Legend Drugs				

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	Yes □ No 🖾
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	Yes ⊠ No □
Do any shareholders hold an interest ownership or have management facility which are licensed by the State of Nevada or another political	
List the top 4 suppliers your company has been associated with regard products that were sold, dispensed or distributed with the last year.	rds to pharmaceutical
Name: Owens & Minor/Richmond	
Address: POB Richmond, 5007	
Name: Cardinal Health Address: PO B El Paso -2279	
Name: Medline IND, Inc. Vend	
Address: PO Bc Mundlein 876	
Name: Seneca Medical Addres: Shaffer Park Drive, Tiffli	
A licensee is not required to have a Nevada State Business License, please provide the number:N/A 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with the corporation of the co	
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 🖄

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been the subject of an administrative action, boa site fine or proceeding relating to the pharmaceutical industry?	rd citation,
4. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been found guilty, pled guilty or entered a plea or contendere to any offense federal or state, related to controlled substances?	f nolo
5. Has the corporation, any owner(s), shareholder(s) or partner interest, ever surrendered a license, permit or certificate of reg voluntarily or otherwise (other than upon voluntary close of a factorial content of the corporation of the cor	istration
If the answer to question 1 through 5 is "yes", a signed statemed Copies of any documents that identify the circumstance or condisposition may be required.	
I hereby certify that the answers given in this application and a correct. I understand that any infraction of the laws of the Stat operation of an authorized pharmacy may be grounds for the respectively.	e of Nevada regulating the
I have read all questions, answers and statements and know the under penalty of perjury, that the information furnished on this correct. I hereby authorize the Nevada State Board of Pharma employees, to conduct any investigation(s) of the business, probackground, qualification and reputation, as it may deem necessary.	application are true, accurate and cy, its agents, servants and ofessional, social and moral
Original Signature of Person Authorized to Submit Application, Brenda Ammonette Print Name of Authorized Person	no copies or stamps 0 5 Mar 2020 Date
Board Use Only Date Processed: A	mount:

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership:	(General	Limited x
List names of 4 largest partners and percentage	e of ownership:	:	
Name:		%:	
Name:			
Name:			
Name:		%:	
Partnership Name: TIDI Products, LLC Mailing Address: 570 Enterprise Drive			
City, State Zip Code: Neenah, WI 54956			
Telephone Number: 920-751-4300 X- 4812	Fax Number:	N/A	
Contact Person: Brenda Ammonette			
A Nevada business license is not required, how license please provide the number:N/A	ever if the who	olesaler has a Ne	evada business

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond
 or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond
 or other form of security must be current in order to maintain and keep a Nevada
 wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash
 deposit are included under the new application tab entitled "Wholesalers only".

Verifie d 671 3/25/2020 MS



FDA Home³ Medical Devices⁴ Databases⁵

Establishment Registration & Device Listing

Back To Search Results

Establishment: TIDI PRODUCTS, LLC) Enterprise Dr NEENAH, WI Registration Number. 2182318 FEI Number*: 2182318

Initial Distributor/Importer: Yes *Note Firm May Have Additional Establishment Types.

Please Review Listings For Further Information. Date Of Registration Status: 2020

Owner/Operator:

Status: Active

TIDI PRODUCTS, LLC6 C. D Enterprise Dr Neenah, "Total

Owner/Operator Number: !

Official Correspondent:

Brenda Ammonette T'-1 Products, LLC _ East Deerpath Road Suite Lake Forest

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

Links on this page:

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- 3. https://www.fda.gov/
- 4. https://www.fda.gov/MedicalDevices/default.htm
- $5.\ https://www.fda.gov/MedicalDevices/DeviceRegulation and Guidance/Databases/default.htm$
- 6. /scripts/cdrh/cfdocs/cfRL/rl.cfm? $start_search = 1 \\ \& establishment \\ Name = \\ \& Num = \\ \& State \\ Name = \\ \& Country \\ Name = \\ \& Registration \\ Number = \\ \& Owner \\ Operator \\ Number = \\ 9921057 \\ \& Owner \\ Operator \\ Number =
- 7. /scripts/cdrh/cfdocs/cfRL/rl.cfm? $start_search=1 \\ \& establishment \\ Name= \\ \& Num= \\ \& State \\ Name= \\ \& Country \\ Name= \\ \& Registration \\ Number= \\ \& Owner \\ Operator \\ Number= \\ 9921057 \\ \& Owner \\ Operator \\ Number= \\ Numbe$

Page Last Updated: 01/20/2020

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players. Language Assistance Available: Español | 然體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | ألحربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本船 | فارسى | English

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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

US1,004 - 3 2 4 & ...

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



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- 4. https://www.fda.gov/MedicalDevices/default.htm
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- 6. /scripts/cdrh/cfdocs/cfRL/rl.cfm? start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9921057&OwnerOperator
- 7. /scripts/cdrh/cfdocs/cfRL/rl.cfm? start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9921057&OwnerOperator



FDA Home³ Medical Devices⁴ Databases⁵

Establishment Registration & Device Listing 1 result found for Establishment

Registration or FEI Number:

2182318

Establishment

Name

¥8 WI/USA

Registration Number

2182318

• Cotton, Roll 10

TIDI PRODUCTS, LLC9

Absorber, Saliva, Paper 11

Gauze / Sponge, nonresorbable For External Use 12

Gown, Examination ¹³

• Bedding, Disposable, Medical - TIDIShield 14

Show all <u>57 Listings For TIDI PRODUCTS</u>, <u>LLC</u>¹⁵ WI/USA

New Search⁶

Current Registration Yr

2020

Manufacturer; Specification Developer

Manufacturer

Manufacturer; Specification Developer

Manufacturer; Specification Developer

Manufacturer; Specification Developer

Can't find what you're looking for? Try a new search 16

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- https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance /medical-device-databases
- 6. ../cfrl/rl.cfm
- ../cfrl/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=& RegistrationNumber=2182318&OwnerOperatorNumber=&OwnerOperatorName=& ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10& SortColumn=EstablishmentName20%ASC
- 8. ../cfrl/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=2182318&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
- 9. ./rl.cfm?rid=27485
- 10. ./rl.cfm?lid=100765&lpcd=EFN
- 11. ./rl.cfm?lid=100767&lpcd=KHR
- 12. ./rl.cfm?lid=100769&lpcd=NAB
- 13. ./rl.cfm?lid=100773&lpcd=FME
- 14. ./rl.cfm?lid=100775&lpcd=KME
- 15. ./rl.cfm?start_search=1&showList=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=2182318&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&ProprietaryName=

OSP 07 102308

DEPARTMENT OF PUBLIC HEALTH FOOD AND DRUG BRANCH

DEVICE MANUFACTURING LICENSE

TIDI Products
Posey Products, LLC
2530 Lindsay Privado Unit A
Ontario, CA 91761

LICENSE NUMBER: 106445 EXPIRATION DATE: 11/25/2020

icense. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of icensee is required by law to immediately notify the California Department of Public Health of any The person named herein is licensed to manufacture devices through the expiration date of this the California Health and Safety Code and is not transferable to any other person or place. The 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) 660-6500

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: POSEY PRODUCTS, LLC

REGISTERED IN CALIFORNIA AS: POSEY PRODUCTS, LLC

FILE NUMBER:

201707610297

REGISTRATION DATE:

03/07/2017

TYPE:

FOREIGN LIMITED LIABILITY COMPANY

JURISDICTION: DELAWARE

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is qualified to transact intrastate business in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 15, 2020.

ALEX PADILLA
Secretary of State

JMC

TIDI Products, LLC

Corporate Officers

• Kevin McNamara

Title: President & CEO

Home Address:

Avenue S.,

Napl

Business Address:

Enterprise Drive

Neenah,

Phone # Hon

Phone # Business

• James Rubright

Title: CFO

Home Address:

. Cathedral Forest Drive

Suamico,

Business Address:

Enterprise Drive

Neenah,

Phone # Hom

Phone # Business

Coalinga Ave Montclair, (

om

FRANCISCO VILLALOBOS

Objective

Very Reliable, Dependable, Responsible, Hard Working Individual.

Experience

1997 - Present

Posey Company

Arcadia, Ca.

DC Warehouse Supervisor

- Overseeing 8 Posey Employees in Our Shipping Department
- Attending to Customer Service Concerns
- Pick and Pack Sales Orders
- Load and Unload Containers
- Coordinate Daily Work Tasks for Shipping Employees
- Making Sure Ali Shipments Get Processed Daily
- Production Receipt Transactions Interfacility MTO

Transactions

- Keeping Track of Late or Pending Orders to Ship
- Securing, Locking Up Buildings at End of shift
- Inventory Control
- Assist in Physical Inventory

Computer Training

- UPS, FedEx Manifest System
- Microsoft Excel, Word Data Entry
- Manage 2000 ROI System
- Basic Computer Knowledge

Education

1986 - 1990

Duarte High School

ion • High School Diploma

Training Courses

Forklift Certified - Posey Sponsored

CPR Certified — Posey Sponsored

Regulatory Compliance Training — Posey

Sponsored

Duarte, Ca.

<u>Delaware</u>

Page 1

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 "TIDI PRODUCTS, LLC" AS
RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE THIRTY-FIRST DAY OF JANUARY, A.D. 2005, AT 12:11 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "BHG

ACQUISITION LLC" TO "TIDI PRODUCTS, LLC", FILED THE SIXTEENTH

DAY OF MARCH, A.D. 2005, AT 4:50 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2010, AT 9:16 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "TIDI PRODUCTS, LLC".



Authentication: 203243873

Date: 10-28-16

3919338 8100H SR# 20166405390

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

RIDER

To be attached to and form part of:

Bond Number

1078959

dated

November 1, 2019

issued by the

THE HANOVER INSURANCE COMPANY

(Surety)

on behalf of

POSEY PRODUCTS LLC

(Principal)

and in favor of

STATE OF NEVADA AND TO THE NEVADA STATE BOARD OF

PHARMACY

(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The **BOND AMOUNT** shall be amended:

FROM: \$100,000.00

TO: \$125,000.00

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 27th day of February, 2020.

Signed, Sealed & Dated this 28th day of February, 2020.

POSEY PRODUCTS LLC

(Principal)

By:

THE HANOVER INSURANCE COMPANY

(Surety)

Rv

Derek J. Elston, Attorney-in-Fact

THE HANOVER INSURANCE COMPANY MASSACHUSETTS BAY INSURANCE COMPANY CITIZENS INSURANCE COMPANY OF AMERICA

POWER OF ATTORNEY

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.

KNOW ALL PERSONS BY THESE PRESENTS:

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

Susan A. Welsh, Christopher P. Troha, Sandra M. Winsted, Michelle D. Krebs, Sandra M. Nowak, Jeannette M. Davis, Salena Wood, Christina L. Sandoval, Derek J. Elston, Judith A. Lucky-Eftimov, Jennifer Williams, Bartlomiej Siepierski and/or Aerie Walton

Of AON Risk Services of Chicago, IL each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

Any such obligations in the United States, not to exceed Fifty Million and No/100 (\$50,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 23rd day of February, 2018.

The Hanover Insurance Company Massachusetta Bay Insurance Company Citizens Insurance Company of America

onhe

John C. Roche, EVP and President

669

The Hanover Insurance Company
Nassachusetts Bay Insurance Company
Citizans Insurance Company of America
Acros A Kauraul

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS COUNTY OF WORCESTER

) ss.

On this 23rd day of February, 2018 before me came the above named Vice Presidents of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

Diane J. Marko, Notary Public My Commission Expires March 4, 2022

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the sald Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 28th day of February 2020

CERTIFIED COPY

Theodore G. Martinez, Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS COUNTY OF WILL

On this <u>28th</u> day of <u>February</u>, <u>2020</u>, before me, <u>Paul M Allen</u>, a Notary Public, within and for said County and State, personally appeared <u>Derek J. Elston</u> to me personally known to be the Attorney-in-Fact of and for <u>The Hanover Insurance Company</u> and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois

County of Will

OFFICIAL SEAL
PAUL M ALLEN
NOTARY PUBLIC, STATE OF ILLINOIS
WILL COUNTY
MY COMMISSION EXPIRES 07/06/2022

5RR

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						
GENERAL INFORMATION to be completed be all types of ownership						
Facility Name: NS Pharma, Inc.						
Physical Address: 140 East Ridgewood Avenue, Suite 280S						
City: Paramus State: NJ Zip Code: 07652						
Telephone Number: 201-986-3860 Fax Number: 201-986-3865						
Toll Free Number: N/A						
E-mail: nishimura@nspharma.com Website: http://www.nspharma.com/						
Facility Manager: Hikaru Nishimura						
Professional qualifications and experience of facility manager: See Attachment B						
Types of licensed outlets or authorized persons firm will serve:						
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Other: ☐						
Type of Products to be handled or wholesaled by firm:						
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: 						

This page must be submitted for all types of ownership

Is your company VAWD certified to (If yes, provide a copy of the certified to the certified		Yes No X
Licensed as Manufacturer by the I		Yes 🗵 No 🗆
Do any shareholders hold an interest ow facility which are licensed by the State of	nership or have manageme	nt in any type of business or
List the top 4 suppliers your company ha products that were sold, dispensed or dis	s been associated with rega	
	en sold, dispensed or distributed	within the last year.
Address:		
Name:		
A al al mana a si		
A .l.d.		
AL &		
Address:		
A licensee is not required to have a Neva please provide the number:N/A	ada State Business License	, however, if you do,
 Has the corporation, any owner(s), shany interest, ever been charged, or convinisdemeanor (including by way of a guilt 	cted of a felony or gross	rith Yes □ No 🗷
Has the corporation, any owner(s), sh any interest, ever been denied a license, registration?	areholder(s) or partner(s) w permit or certificate of	rith Yes □ No য

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 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 explana Copies of any documents that identify the circumstance or contain an order disposition may be required.	ation must be attached. , agreement, or other
I hereby certify that the answers given in this application and attached docu correct. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regulating the
I have read all questions, answers and statements and know the contents the under penalty of perjury, that the information furnished on this application are correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	re true, accurate and s, servants and ocial and moral
Original Signature of Person Authorized to Submit Application, no copies or	stamps
Hikaru Nishimura Print Name of Authorized Person Date	
Date of the second of the seco	
Board Use Only Date Processed: Amount: 50	0.00

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporatio	n: <u>Delaware</u>						
Paren	t Company if a	ny: Nippon Shinyak	u Co., Ltd.					
Mailin	g Address:	140 East Ridgewood Av	enue, Suite 2	280S				
		· L.						
		86-3860						
Conta	ct Person:	Hikaru Nishimura						
For ar	ny corporation	non-publicly traded	disclose t	he follow	/ing:			
1)	List top 4 pers	sons to whom the sl	nares were	eissued	by the co	orporation?		
	u/	Shinyaku Co., Ltd., 14, N Name		nonguchi-c		oin, Minami-k	u, Kyoto 601-85	50, Japar ——
	b)	Name	Bu	siness Ad	dress			
	c)	Name	Bu	siness Ad	dress			
	d)	Name						
2)		umber of shares iss		siness Add		30		
3)	What was the	price paid per shar	e?	USA	10,0	200 00		
		icense is not requir			wholesa	ler has a Ne	evada busines	is

Include with the application for a non-publicly traded corporation

List of officers and directors

See Attachment D

<u>Certificate of Corporate Status</u> (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 E

Attachment A

Resident State License and Verification



NEW JERSEY DEPARTMENT OF HEALTH CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738046

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:68-5 -- "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: 140 E RIDGEWOOD AVE STE 280S PARAMUS NJ 07652-

Reg. No. 5005716

NS PHARMA, INC. 140 E RIDGEWOOD AVE, STE 280S PARAMUS, NJ 07652-

ISSUED PURSUANT TO N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

New Jersey Department of Health P.O. Box 369, Trenton, New Jersey 08625-0369 Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/27/2019

Registration Number: 5005716 Registered as: Manufacturer and Wholesale

Parent Company Name: NS PHARMA, INC.

Trade Name:

Original Issue Date: 12/26/2019 Expiration Date: 01/31/2021

Current Issue Date: 12/26/2019

Disciplines: No



NEW JERSEY DEPARTMENT OF HEALTH CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738046

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:68-5 -- "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

140 E RIDGEWOOD AVE. STE 280S PARAMUS, NJ 07652-

Reg. No. 5005716 NS PHARMA, INC.

140 E RIDGEWOOD AVE, STE 280S

PARAMUS NJ 07652-

ISSUED PURSUANT TO

N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

Attachment B

Facility Manager's Resume

Hikaru Nishimura

Birth date:

Languages:

Japanese - English -Business level

Nationality:

Japanese

Resides:

E. Midland Av. PH06 Paramus

NJ, 07652 USA

Mobile Phone Number: 1

Education:

Apr. 1984 - Mar. 1988

Osaka City University, Faculty of Science.

Bachelor of Science (Chemistry)

Apr 1988 - Mar 1990

Grad school, Osaka City University, Faculty of Science.

Master of Science (Chemistry)

Apr 1991 - Mar 1994

Grad school, Osaka City University, Faculty of Science.

Ph.D. (Science, Chemistry)

Qualifications:

- Ph.D. (Science) (1994)
- The EIKEN Test in Practical English Proficiency 1st Grade (2005)
- English Guide Interpreter (2007)
- TOEIC 940 (2010)
- Bookkeeping 2nd Grade (2011)

Technical Skills:

- Class A Certified Hazardous Materials Manager (1995)
- The Proficiency Test in Trading Business Grade B (2009)

Summary:

- Broad Procurement experience covering pharmaceutical ingredients, food stuff.
- Especially, lots of experiences of import, customs clearance, logistics.
- As a liaison person, coordination between business partners and our related departments, such as manufacturing, regulatory, quality assurance, legal.
- Negotiation of price, purchasing condition and solve the quality matters based on critical thinking, finance knowledge and experience as a researcher.

Career History:

Apr. 1994 - Present

Nippon Shinyaku Co., Ltd, Kyoto, Japan

Company Description, 2,055 employees in Japan. Pharmaceutical company

Apr. 1994 – Mar. 2003

Chemical Research Laboratory

Researcher

- Organic synthesis of candidate compounds for new medicine.
- One of compound showed positive effect for kidney malfunction and proceed to pre-clinical stage. However, due to a side effect, this project was suspended.
- From Apr. 1994 to Mar. 1995, studied at IMMD, venture company under Tokyo University, specializing in rational drug discovery with computer, assures successful drug discovery with minimum time and cost.

Apr. 2003 – Mar. 2018

International Business Department: up to Mar. 2012
Purchasing Department: From Apr. 2012 - Mar. 2018
Supply Chain Staff, Manager

- Procurement of pharmaceutical ingredients and food stuff from overseas.
- Price negotiation based on National Health Insurance price reduction.
- Draft preparation and conclusion of Supply Agreement, Quality Agreement.
- Work as liaison person between business partners and our manufacturing, R&D, regulatory, legal, accounting, and sometimes president.
- Due to organization reform, International Business Department became under Purchasing Department and promoted to manager as of Apr. 2012.
- From Apr. 2012, procurement of pharmaceutical ingredients and excipients from Japan and overseas.
- Managed purchasing and sourcing strategies of both direct and indirect materials.
- Supervised 6 staff.

Apr. 2018 - Jun. 2019

NS Pharma, Inc. (Overseas affiliated company)

Business Planning Department, Director

- Feasibility study aimed at investigating the possibility to sell clinical stage muscular dystrophy medicine by ourselves.
- Responsible for building and managing the Supply Chain Management under Business Planning Department.

Jul. 2019 - Sep. 2019

NS Pharma, Inc.

Commercial Department, Vice President

- Responsible for building and managing the Supply Chain Management.
- Market Access, reimbursement, procurement, transportation, customs clearances are supervised.

Oct. 2019 - Present

NS Pharma, Inc.

Global Supply Chain Department, Vice President

 Besides establishing the logistic channel, Procurement, customs clearance, preparation for the export to Canada, quality control are supervised.

Apr. 1990 - Mar. 1991

Sekisui Chemical Co., Ltd. Shiga in Japan.

Company Description, 26,000 employees in Japan. Chemical company

Research & Development staff.

- Material development for window film which has noise absorption capacity.
- During this period, my research conducted during the glad school was accepted by Journal of American Chemical Society. Since this academic paper fulfilled the criteria of Dr. Degree, I returned to University.
- Still, I keep in touch and maintain good relationship with then immediate boss and co-workers.

Attachment C

FDA Registration

Hisashi Goto

From:

edrls@fda.hhs.gov

Sent:

Thursday, August 8, 2019 5:58 AM

To:

Hisashi Goto

Subject:

Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 08-AUG-2019 Labeler DUNS: 135666654 Labeler Name: NS Pharma, Inc.

Labeler Code: 73292

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 <u>drugs</u> 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).

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New Jersey Department of Health P.O. Box 369, Trenton, New Jersey 08625-0369 Drug and Medical Device Certificate of Registration

Information recorded in the system as of 12/27/2019

Registration Number: 5005716 Registered as: Manufacturer and Wholesale

Parent Company Name: NS PHARMA, INC.

Trade Name:

Current Issue Date: 12/26/2019

Disciplines: No

Attachment D

Corporate Officer and Director Information

NS Pharma, Inc.

Corporate Officers:

Tsugio Tanaka Chairman of Board and President

Taro D. Tsutsumi Treasurer

Tadashi Yamaguchi Secretary

Directors:

Tsugio Tanaka Akira Matsuura Toru Nakai

Attachment E

Delaware Certificate of Existence

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NS PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NS PHARMA, INC." WAS INCORPORATED ON THE FIRST DAY OF JULY, A.D. 1999.

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

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

3064317 8300 SR# 20197603463

Date: 10-17-19

Authentication: 203815709



MUFG Bank, Ltd.

New York Branch 1251 Avenue of the Americas New York, NY 10020 Tel: 201-413-8044 Fax: 201-521-2312 SWIFT: BOTKUS33XXX

Irrevocable Standby Letter of Credit No.: S526016N

DATE: APRIL 3, 2020

BENEFICIARY:

NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521 ATTN: EXECUTIVE SECRETARY

APPLICANT/LICENSEE:

NS PHARMA, INC. 140 EAST RIDGEWOOD AVENUE, SUITE 280S PARAMUS, NJ 07652

AMOUNT: USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS)

EXPIRY DATE: APRIL 3, 2021 (ONE YEAR FROM THE ISSUING DATE AT THE COUNTER OF THE ISSUING BANK)

- 1. AT THE REQUEST AND ON THE INSTRUCTIONS OF NS PHARMA, INC. (APPLICANT/LICENSEE), 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 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS).
- 2. THE APPLICANT HAS INFORMED US, 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 SUBSTANTIALLY THE SAME FORM AS ATTACHMENT A, ATTACHED



HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE ALONG WITH THE ORIGINAL LETTER OF CREDIT AND ALL AMENDMENTS (IF ANY).

- 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, RETURN RECEIPTREQUESTED.
- 6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.
- 7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM OF USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS).
- 8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THE CREDIT, WE SHALL GIVE THE BOARD PROMPT NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.
- 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.

EXCEPT AS OTHERWISE EXPRESSLY STATED HEREIN, THIS STANDBY LETTER OF CREDIT IS ISSUED SUBJECT TO THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS (2007 REVISION), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NUMBER 600 (THE 'UCP). AS TO MATTERS NOT COVERED BY UCP THE LAWS OF THE STATE OF NEW YORK WILL RULE.

Page 2 of 3



15. THIS CREDIT WILL EXPIRED ON THE EXPIRY DATE OR AT THE TIME OF CANCELLATION REQUEST RECEIVED FROM THE BENEFICIARY ALONG WITH THE ORIGINAL LETTER OF CREDIT AND ALL AMENDMENTS (IF ANY).

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT THE EXPIRATION DATE SHALL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT FOR ONE (1) YEAR FROM THE EXPIRATION DATE HEREOF OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST SIXTY (60) DAYS PRIOR TO SUCH EXPIRATION DATE WE SEND NOTICE TO YOU BY CERTIFIED MAIL OR BY COURIER SERVICE, THAT WE ELECT NOT TO EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD. SAID NOTICE WILL BE SENT TO THE ADDRESS INDICATED ABOVE, UNLESS A CHANGE OF ADDRESS IS OTHERWISE NOTIFIED BY YOU TO US IN WRITING BY RECEIPTED MAIL OR COURIER. ANY NOTICE TO US WILL BE DEEMED EFFECTIVE ONLY UPON ACTUAL RECEIPT BY US AT OUR DESIGNED OFFICE.

THEREFORE,

MUFG BANK, LTD., NEW YORK BRANCH

HAS EXECUTED AND - SENT BY COURIER SERVICE 770169032853 (FEDEX TRACKING NO.)THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 3RD DAY OF APRIL, 2020.

VERY TRULY YOURS.

MUFG BANK, LTD.
NEW YORK BRANCH

AUTHORIZED SIGNATORY

ATTACHMENT A

NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521 (775) 850-1440 – (775) 850-1444 – FAX PHARMACY@PHARMACY.NV,GOV

CERTIFICATE OF DRAWING

TO:

MUFG BANK, LTD., NEW YORK BRANCH 1251 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10020 ATTN. TRADE SERVICE OPERATIONS/ STANDBY LC SECTION

APPLICANT/LICENSEE:
NS PHARMA, INC.
140 EAST RIDGEWOOD AVENUE, SUITE 280S
PARAMUS, NJ 07652

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: \$526016N

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.S526016N (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	3. THE BOARD IS	THEREFORE MAK	ING A DRAWING L	INDER THE CREE	DIT IN THE	AMOUNT OF
\$	S					

- 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 5:00 PM PACIFIC TIME ON THE _____DAY OF ______20 .

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

ATTACHMENT B

NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521 (775) 850-1440 – (775) 850-1444 – FAX PHARMACY@PHARMACY.NV,GOV

CERTIFICATE FOR CANCELLATION

TO:

MUFG BANK, LTD., NEW YORK BRANCH
1251 AVENUE OF THE AMERICAS
NEW YORK, NEW YORK 10020
ATTN. TRADE SERVICE OPERATIONS/ STANDBY LC SECTION

APPLICANT/LICENSEE: NS PHARMA, INC. 140 EAST RIDGEWOOD AVENUE, SUITE 280S PARAMUS, NJ 07652

IRREVOCABLE STANDBY LETTER OF CREDIT NO.: \$526016N

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 LETTER OF CREDIT – PAGE 6 - 2009 **5SS**

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 currer Check box below for type of ownership and complete all re	equired 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 t	types of ownership
Facility Name: Pageview Pharmaceuticals, LLC	
Physical Address: 2228 Welsch Industrial Court, Suite A	
City: Maryland Heights State: MO	Zip Code: 63146
Telephone Number: 636-399-9417 Fax	Number: 636-431-3611
Toll Free Number:	
E-mail: david.gindelberger@pageviewpharma.com Website: _w	ww.pageviewpharma.com
Facility Manager: David Gindelberger	
Professional qualifications and experience of facility	manager: See Attached Resume
Types of licensed outlets or authorized persons firm	will serve:
☐ Pharmacies ☐ Practitioners ☐ Other: Distributors & Repackagers	☐ Hospitals
Type of Products to be handled or wholesaled by firm	n:
☑ Legend Pharmaceuticals, Supplies or Devices	☐ Hypodermic Devices
☐ Poisons or Chemicals	□ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)	the state of the second
Other: Solid Dose-Rectal Suppository	

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	Yes No X (3PL Provider is-See Attached)
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	Yes □ No ☒
Do any shareholders hold an interest ownership or have management facility which are licensed by the State of Nevada or another political	ent in any type of business or al jurisdiction? Yes ⊠ No □
List the top 4 suppliers your company has been associated with reg products that were sold, dispensed or distributed with the last year.	
Name: Apertus Pharmaceuticals, LLC	
Address: 331 Consort Drive, St. Louis, MO 63011	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business Licens please provide the number:N/A	
1. Has the corporation, any owner(s), shareholder(s) or partner(s) any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) any interest, ever been denied a license, permit or certificate of registration?) with Yes □ No ⊠

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?		□ No	X	
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?		□ No	X	
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	KI	
If the answer to question 1 through 5 is "yes", a signed statement of explanation Copies of any documents that identify the circumstance or contain an order disposition may be required.	ation i , agre	must be ement,	attac or oth	hed. er
I hereby certify that the answers given in this application and attached docucorrect. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regula	ating th		and
I have read all questions, answers and statements and know the contents to under penalty of perjury, that the information furnished on this application a correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, property.	re trues, serv	e, accu ants ar and mo	rate ar nd ral	rtify, nd
Marche Ma				
Original Signature of Person Authorized to Submit Application, no copies of	r stam	nps		
Sandra Oh 3/7/	202	Ö		
Print Name of Authorized Person Date			relegan	
	ué.			
Board Use Only Date Processed: Amount:				

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Inc	orporation: Missouri				
Parent Con	npany if any: N/A				
Mailing Add	Iress: 2228 Welsch Industr	ial Court, Suite A			
City: Maryland	l Heights	State	: MO	_Zip:	63146
Telephone:	636-399-9417	Fax:	636-431-3611		
	rson: David Gindelberger				
-	rporation non-publicly top 4 persons to who				eorporation?
a) S	andra Oh-President	2228 Welsch in	ndustrial Court, Suite	e A, Maryl	and Heights, Mo 63146
۵/	Name		Business Addre	ess	
b) R	ichard Brady-CFO	, 2228 Welsch l	ndustrial Court, Suit	e A, Mary	rland Heights, MO 63146
-/	Name		Business Add	ress	
c) Th	e Ryan Revocable Trust	2228 Welsch l	ndustrial Court, Suit	e A, Mary	rland Heights, MO 63146
	Name		Business Add	ress	
d)					
/ <u>-</u> -	Name		Business Addr	ess	
2) Prov	vide the number of sh	ares issued by	the corporat	ion	N/A
3) Wha	at was the price paid	per share?			NIA
	business license is nease provide the num		wever if the w	rholesa 	aler has a Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.



Pageview Pharmaceuticals, LLC

Applicant:

Pageview Pharmaceuticals, LLC

2228 Welsch Industrial Court, Suite A

County: St Louis

Maryland Heights, MO 63146

Phone:

636-399-9417

Fax:

636-431-3611

EIN:

81-4910032

Missouri Limited Liability Company incorporated on January 9, 2017

Owner/Members:

The Ryan Revocable Trust

32% owned

440 Coronado Drive Ballwin, MO 63011

Phone:

638-328-6610

Corporate Officers:

Dr. Sandra Oh--President

: \ S. Price Road, Ladue, MO 63124

C-3

SS#

DOB:

41% owned

Richard Brady--CFO

Villanova Avenue, Los Angeles, CA 90045

C-

SS# €

DOB: c

11% owned

Designated Representative:

Dr. David E. Gindelberger--CSO

S. Price Road

Ladue, MO 63124

P- (

F- ...

david.gindelberger@pageviewpharma.com

Method of Distribution:

Third Party Logistics Provider (3PL)

Masters Drug Company, Inc. 4200 Binion Way, Suite 200

Mason, OH 45036

Pageview Pharmaceuticals, LLC Ownership and Management Organizational Chart

Name	Position/Title	% Owned
Dr. Sandra Oh	President	41.00%
The Ryan Revocable Trust	n/a	32.00%
Richard Brady	CFO	11.00%
Se Oh	n/a	5.50%
June Oh	n/a	5.50%
Denise Heinz	n/a	5.00%
Dr. David Gindelberger	CSO Manager in Charge Designated Contact	0.00%

Business Address for all officers:

2228 Welsch Court, Suite A Maryland Heights, MO 63146 636-399-9417

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Pageview Pharmaceuticals, LLC LC001520747

was created under the laws of this State on the 9th day of January, 2017, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of February, 2020.

Secretary of State

Certification Number: CERT-02142020-0031



STATE OF MISSOUR



John R. Ashcroft Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

Pageview Pharmaceuticals, LLC LC001520747

filed its Articles of Organization with this office on the 9th day of January, 2017, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 9th day of January, 2017, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 9th day of January, 2017.

Secretary of State



State of Missouri

Division of Professional Registration
Licensed Drug Distributor
Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021
ORIGINAL CERTIFICATE/LICENSE NO. 2020003988
PAGEVIEW PHARMACEUTICALS (LC
PAGEVIEW PHARMACEUTICALS (LC
DAVID E GINDELBERGER, MIC
2228 WELSCH INDUSTRIAL CT STE A
SAINT LOUIS MO 63146
USA

State of Missouri

Missouri Department of Commerce and Insurance
Division of Professional Registration
Missouri Board of Pharmacy
Licensed Drug Distributor

Wholesale Drug Distributor

VALID THROUGH OCTOBER 31, 2021

ORIGINAL CERTIFICATE/LICENSE NO. 2020903988

David E Gindelberger

PAGEVIEW PHARMACEUTICALS LLC PAGEVIEW PHARMACEUTICALS LLC DAVID E GINDELBERGER, MIC 2228 WELSCH INDUSTRIAL CT STE A SAINT LOUIS MO 63146 USA

EXECUTIVE DIRECTOR

DIVISION DIRECTOR

Missouri Division of Professional Registration

PR Home (https://pr.mo.gov/)

Detail

Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Pageview Pharmaceuticals LLC
Drug Distributor
2020003988
10/31/2021
2/3/2020
David E Gindelberger, MIC
2228 Welsch Industrial Ct Ste A
Saint Louis, MO 63146
St. Louis County
Pageview Pharmaceuticals LLC
Wholesale Drug Distributor
None



Contracted CMO:

Apertus Pharmaceuticals, LLC 331 Consort Drive St. Louis, MO 63011 USA

FDA:

3010401502

Nature of Business:

Pageview Pharmaceuticals, LLC (Pageview) is a virtual manufacturer that intends to sell legend prescription drugs. Pageview will utilize contract manufacturers to produce its products and a licensed third-party logistics provider to warehouse and distribute. Pageview will never physically manufacture or distribute any products. Pageview is not required by the Drug Enforcement Administration to obtain registration, as there are no controlled substances on its premises.

FDA Labeler Code:

73028

List of Products to be manufactured:

73028-101-12 Hydrocortisone Acetate Suppositories 25mg Unit Dose 73028-101-24 Hydrocortisone Acetate Suppositories 25mg Unit Dose

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103.25 73013 OURFRARMS, LLC				
10531 (3019 SALIALA BIO LABS PRIVATE LIMITED				
10536 73025 Shalom International Corp.				
10538 73027 JIANGSU HANHE DAILY CHEMICALS CO., Ltd.				
Pagewew Pharmaceuticals LLC				
1034 Janaa DEIROII WICK				
10547 73037 The Medical Store, Inc.				
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State of Missouri

John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322

Jefferson City, MO 65102

LC001520747 Date Filed: 1/9/2017 John R. Ashcroft **Missouri Secretary of State**

Articles of Organization

(Submit with filing fee of \$105.00)

	cuticals, LLC (Must include "Limited Liability Company," "Limited	Company," "LC," "L.	C.," "L.L.C.," or "LL	2")
The purpose(s) for	which the limited liability company is organized	i:		
	y lawful business for which a limited liability of		ganized under the	Missouri Limited Liability
Company Act, Chapt		ompany may be or	, .	
	ress of the limited liability company's registered	l agent in Missouri	is:	
David Gindelberger		a agent in ivisseur	Saint Lou	is MO 63124
Name Name	Street Address: May not use PO Box unless street ac	ddress also provided	City/State/Z	ip .
. The management of	of the limited liability company is vested in:	⊠ managers	□ members	(check one)
5. The events, if any,	on which the limited liability company is to dis	ssolve or the numb	er of years the lir	nited liability company is to
continue which m	ay be any number or perpetual: Perpetual swer to this question could cause possible tax consequence			
i. The name(s) and s	treet address(es) of each organizer (PO box may or	nly be used in addition	to a physical street ad	dress):
	(Organizer(s) are not required to be n Address	nemoer(s), manage	i(s) or owner(s)	City/State/Zip
Name Brady, Richard	9556 Park Lane			Saint Louis MO 63124
 Series LLC (OI operating agreement) 	PTIONAL) Pursuant to Section 347.186, the line ent. The names of the series must include the full	nited liability comp Il name of the limi	oany may establish ted liability comp	h a designated series in its any and are the following:
New Series:				
The limited lia	bility company gives notice that the series has l	limited liability.		
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New Series	ability company gives notice that the series has l			
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New Series: The limited lia New Series: The limited lia (Each separate series) Name and address Name: Richar	ability company gives notice that the series has ability company gives notice that the series has a ries must also file an Attachment Form LLC 1A to return filed document:	limited liability.		
New Series: The limited lia New Series: The limited lia (Each separate series) Name and address Name: Richar	ability company gives notice that the series has ability company gives notice that the series has a ries must also file an Attachment Form LLC 1A to return filed document: and Brady a rorady00@gmail.com	limited liability.		

8. The effective date of this do indicated: :	cument is the date it is filed by the Secretary of State of N	dissouri unless a future date is otherwise		
	(Date may not be more than 90 days after the filing date in th	is office)		
In Affirmation thereof, the facts (The undersigned understands that f All organizers must sign:	In Affirmation thereof, the facts stated above are true and correct: (The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo) All organizers must sign:			
Richard Brady	RICHARD BRADY	01/09/2017		
Organizer Signature	Printed Name	Date of Signature		

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
Application/License No. N/A (Initial Application)
Pageview Pharmaceauticals , doing or intending to do business as a Applicant/Principal pharmaceutical wholesaler, whose address for purposes of service is
2228 Welsch Industrial Court, Maryland Heights, MO 63146 .as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company corporation organized under the laws of the state of Connecticut
State of Incorporation and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183
Address of Surety as
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executor administrators, successors and assigns jointly and severally, by these presents. This
bond term shall become effective on February 27, 2020
Effective Date

WHEREAS, the provisions of Nevada Revised 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:

27 day of___

February

- (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

	APPLICANT/PRINCIPAL	SURETY
	COMPANY Pageview Pharmaceauticals	Travelers Casualty and Surety Company of America
1418 * No.	Authorized Representative	Surety Company's Representative
SEAL NOTARY	U	Andrew P. Thome , Attorney-in-fact print name
773444	SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
K. ADELE My Comn Marc Frank	Witness	Don + Juliu
. ADELE KUBES QUALE My Commission Expires March 13, 2023 Franklin County Commission #15024516	Witness	Witness Dana A. Johnessee, Witness Witness Andrea McCarthy, Witness
	day of Ala ich 7828	Nevada Resident Agent Andrew P. Thome, NV Licensed Agent
Notary Public C		

State of Missouri
County of St. Louis

On <u>2/27/2020</u>, before me, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared <u>Andrew P. Thome</u> known to me to be Attorney-in-Fact of

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

the corporation described in and that executed the within and foregoing instrument, and known to me to be the person who executed the said instrument in behalf of said corporation, and he duly acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year stated in this certificate above.

Dana A. Johnessee, Notary Public

My Commission Expires:

DANA A JOHNESSEE
Notary Public – Notary Seal
State of Missouri, St. Louis County
Commission # 13516439
My Commission Expires Sept. 30, 2004



Travelers Casualty and Surety Company of America Travelers Casualty and Surety Company St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Andrew P. Thome, of Chesterfield, Missouri, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February, 2017.







State of Connecticut

City of Hartford ss.

By: Robert I. Raney Sertify Vice President

On this the 3rd day of February, 2017, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal,

My Commission expires the 30th day of June, 2021



Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-In-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this

27

day of February

2020







Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880. Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

S Price Rd Ladue, MO 63124

)

david.gindelberger@pageviewpharma.com

Education:

1990-1994 University of California, Berkeley.

Ph.D. Organometallic Chemistry

Conducted research in organometallic and inorganic chemistry with Prof. John Arnold December 1994

Degree awarded December 1994

1986-1990 Purdue University, West Lafayette.

B.S. Chemistry

Conducted research on hindered phenol synthesis under the direction of Prof. lan Rothwell Degree awarded May 1990

Work Experience:

▶ 2016-Present Pageview Pharmaceuticals

Chief Scientific Officer

Co-founded Pageview Pharmaceuticals to provide API services to the pharmaceutical market
Developed synthetic route to dihydrocodeine for a new customer
Managed real estate purchase and build-out of office, lab and warehouse space
Added labeling operation for existing products from sister company, Apertus Pharmaceuticals in 2018
Installed quality system based on requirements for drug labeler

▶ 2011-Present Apertus Pharmaceuticals

President and Chief Scientific Officer

Founded Apertus in 2012 and assembled angel investments and seed funding totaling \$420K
Built out 8900 sq ft of facility to-date with manufacturing, analytical, vault, and office space
Obtained manufacturing, analytical and R&D registrations with the DEA for Schedule II – V controlled substances
Designed and built four cGMP manufacturing suites, and installed two tablet presses, an encapsulator, a suppository production line and a cream blending and tube filling line

Directed de-formulation projects on five extended release products and formulation projects on six prescription products Currently manufacture three prescription products under cGMP

Designed a novel route to remifentanil and currently directing the development project to file an ANDA Directed a program to provide a novel magnetic nano-particle injectable product for animal studies

▶ 2008-2011 Covidien/Mallinckrodt Pharmaceuticals

Senior Research Scientist

Designed processes for the conversion of inexpensive alkaloid opiates to higher value products Formulated a novel heterogeneous catalyst system for production of ICH-compliant opiate products Developed homogeneous catalyst for the production of hydromorphone (Dilaudid) Led a project to completely redesign of the synthesis of methadone

≥ 2003-2007 Oh Chem Inc.

President

Business focused on custom synthesis of organic and organometallic compounds.

Larger volume materials were imidazolium compounds useful as supporting ligands in catalysis

Customer base included large corporations such as Aldrich Chemical Co., Umicore AG. and ExxonMobil

Constructed a 1000sq ft. pilot facility equipped with a dry-box, hoods, reactors and NMR spectrometer

≥ 2001-2003 Materia, Inc.

Director of Product Development

Directed fine chemical and catalyst production group activities

Developed new process scale-up methods for Grubbs metathesis catalyst production

Conducted basic research focused on Grubbs metathesis catalyst discovery and improvement

Provided consulting services to existing and potential customers

Managed all information technology projects including web site, intranet, and VPN design and deployment

▶ 2000-2001 KMCO Inc.

Quality Manager

Supervised Quality Control Lab operations
Provided troubleshooting services to manufacturing group
Consulted with new and existing customers on project proposals
Led a group of three B.S. chemists and one M.S. chemist

▶ 1994–2000 Exxon Chemical Co.

Senior Research Scientist

Designed new metallocene catalyst systems for high density polyethylene production

Developed improved methods of delivering active catalysts to reactors

Designed and commercialized new anti-wear and friction modification additives for hydraulic systems

Designed and scaled two new additives and several lubricant formulations

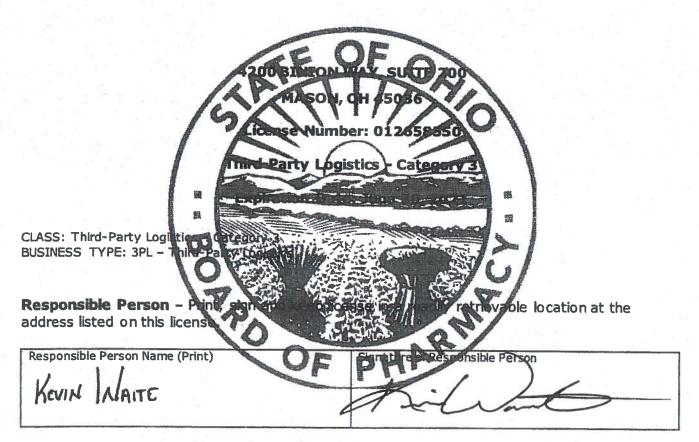
Supervised lab and plant personnel during lubricant formulation and chemical process scale-up projects



LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2021.

MASTERS DRUG COMPANY, INC.



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

State of Ohio Board of Pharmacy

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



The National Association of Boards of Pharmacy® hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

3

Masters Drug Company, Inc dba RXTPL

becaled al

4200 Binion Way Ste 200, Mason, OK 45036

the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by be verified by visiting the VAWD section of the NABP website, located at www.nahp.pharmacy

Carmen A. Catizone, Executive Di ector/Secretary

August 31, 2018 - August 30, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, II, 60056 | этим *нибр рһатни*с

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Application must be printed legibly or typed

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

New Wholesaler or □Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership □ Publicly Traded Corporation − Pages 1,2,3,4 □ Partnership - Pages 1,2,3,7 □ Non Publicly Traded Corporation − Pages 1,2,3,5,6 □ Sole Owner − Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: Sigmapharm Laboratories, LLC
Physical Address: 3375 Progress Drive
City: Bensalem State: S
Number: (215) 352-6655 Fax Number: (215) 352-6644
Toll Free Number:
E-mail:_nwilliams@sigmapharm.com
Facility Manager: Prakashkumar Patel
Professional qualifications and experience of facility manager: see enclosed CV
Types of licensed outlets or authorized persons firm will serve:
☐ 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:

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	es □ No	X
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	es 🗵 No	
Do any shareholders hold an interest ownership or have management if facility which are licensed by the State of Nevada or another political justices.	in any type risdiction?	of business or Yes □ No 坙
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	s to pharma	aceutical
Name: AmerisourceBergen Drug Corporation		
Address: 1300 Morris Drive, Chesterbrook, PA 19087		
Name: Cardinal Health Address: 7000 Cardinal Place, Dublin, OH 43017		
Name: McKesson Corporation		
Address: 6555 State Hwy 161, Irving, TX 75039		
Name: Econdisc Contracting Solutions, LLC		
Address: 8555 University Place Drive, St.Louis, MO 63121		
A licensee is not required to have a Nevada State Business License, ho please provide the number:	wever, if yo	ou do,
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 🗷

This page	must be	submitted	for all	types	of o	ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) interest, ever been the subject of an administrative action, board c site fine or proceeding relating to the pharmaceutical industry?)with any citation, Yes □ No 園
4. Has the corporation, any owner(s), shareholder(s) or partner(s) interest, ever been found guilty, pled guilty or entered a plea of not contendere to any offense federal or state, related to controlled	lo
substances?	Yes □ No ☒
5. Has the corporation, any owner(s), shareholder(s) or partner(s) interest, ever surrendered a license, permit or certificate of registra voluntarily or otherwise (other than upon voluntary close of a facility	ation
If the answer to question 1 through 5 is "yes", a signed statement of Copies of any documents that identify the circumstance or contain disposition may be required.	of explanation must be attached. an order, agreement, or other
I hereby certify that the answers given in this application and attack correct. I understand that any infraction of the laws of the State of operation of an authorized pharmacy may be grounds for the revoc	Nevada regulating the
I have read all questions, answers and statements and know the counder penalty of perjury, that the information furnished on this application of the period of Pharmacy, it employees, to conduct any investigation(s) of the business, profess background, qualification and reputation, as it may deem necessary	lication are true, accurate and ts agents, servants and signal social and moral
Original Signature of Person Authorized to Submit Application, no o	copies or stamps
Basil Theofanopoulos	125/19
Print Name of Authorized Person Date	
Board Use Only Date Processed: Amoun	nt: <u>600.00</u>

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership:	General	Limited x
List names of 4 largest partners and percentage	e of ownership:	
Name: Spireas Family Partnership, LP	% :	77.4
Name: Spiro Spireas		
Name: Amalia Kassapidis-Spireas		
Name:		
Partnership Name: Sigmapharm Laboratories, LLC Mailing Address: 1536 Pebbletown Drive City, State Zip Code: New Hope, PA 18938	9	
Telephone Number: (215) 352-6655	Fax Number: (215) 352-6644	
Contact Person: Spiro Spireas		
A Nevada business license is not required, how license please provide the number:	ever if the wholesaler has a Nev	ada business

Include with the application for a partnership

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

<u>Submit fingerprints</u> – Please refer to Page 9 for Fingerprint Submission Instructions.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".



Certificate of Licensure

Certificate No. 8000001747

(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

FORUM PLACE -7th FLOOR -SUITE 701

SSS WALNUT ST

HARRISBURG, PA 17101

(717) 787-4779

Drug & Device Registration

Category:

Wholesaler/Distributor

SIGNAPHARM LABORATORIES, LLC 3375 PROGRESS DRIVE BENSALEM, PA 19020

accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved The above business is registered in the required category to conduct and maintain a facility in December 14, 1992.

Issuance Date: July 18, 2006

Expiration Date: The Last Day of August, 2020

Lusan Cotta

Deputy Secretary for Quality Assurance



OS So

Rachel L. Levine, MD Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Certificate of Registration

Certificate No. 1000003074

(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

FORUM PLACE -7th FLOOR -SUITE 701

555 WALNUT ST

HARRISBURG, PA 17101 (717) 787-4779

Drug & Device Registration

Category:

Manufacturer (Prescription)
Manufacturer (Non-Prescription)

SIGMAPHARM LABORATORIES, LLC 3375 PROGRESS DRIVE BENSALEM, PA 19020 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: July 18, 2006

Expiration Date: The Last Day of August, 2020

Lusan Cotto

Deputy Secretary for Quality Assurance

pennsylvania DEPARTMENT OF HEALTH

CAR RE

Rachel L. Levine, MD Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Drug Establishments Current Registration Site

f https://www.accessdata.fda.gov/scripts/cde R/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 Sigmapharm

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sigmapharm Laboratories, LLC	3005444934	556234636	ANALYSIS; API MANUFACTURE; MANUFACTURE;	3375 Progress Drive, Bensalem, Pennsylvania (PA) 19020, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Nov 26, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)



Drug Establishments Current Registration Site

<u>▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)</u>

±

■ 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 Sigmapharm Laboratories, LLC

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Sigmapharm Laboratories, LLC	3005444934	556234636	ANALYSIS; API MANUFACTURE; MANUFACTURE;	3375 Progress Drive, Bensalem, Pennsylvania (PA) 19020, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Monday, Nov 25, 2019

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 09/10/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Sigmapharm Laboratories, LLC

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

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

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

Acting Secretary of the Commonwealth

Certification Number: TSC190910131140-1

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

From: June 2018 to Present

PRAKASH PATEL

Contact:

mail: p

SUMMARY OF QUALIFICATION

- Over ten years of working experience in pharmaceutical quality area in leading pharmaceutical industries.
- Expertise in Internal Audit and External Audit documentation management system and pharmaceutical quality system.
- Thorough knowledge of CAPA, Investigation, Process Validation, Change Control, Deviations and Market complaint documentation practices.
- Excellent presentation skill during various quality projects meetings.

Thorough knowledge of cGMP, GLP, and FDA regulations.

Thorough Knowledge of manufacturing process involved in OSD and Liquid production.

Expertise in time management of activities assigned.

Excellent team player and capable to handle work load efficiently with maximum best output.

Efficiently work in multi-cultural environment with multi-tasking ability.

PROFESSIONAL EXPERIENCE

A) SigmaPharm Laboratories, LLC, Bensalem, PA Role: Vice President, Quality Operations Division (QOD) **Duties:**

Performs, supervises, and manages all functions, personnel and activities of the Quality Operations division of the company including but not limited to:

Serve as primary site contact for FDA inspections.

Manage administrative collaboration of Quality Assurance, Operations and Compliance & Audit department of the company.

Oversees establishment and maintenance of quality systems, including but not limited to change control, vendor qualification programs, internal and external audits, Standard Operating Procedures (SOPs) and process improvement;

Developing, implementing, maintaining, and revising policies and procedures for the continuous compliant operation of the company's Quality Assurance unit intended to ensure legal, ethical, and proper conduct by the company and its employees as defined by the relevant governing regulatory agencies:

Maintaining the company's manufacturing plant, equipment and relevant systems and accessories, packaging area, warehouse facilities including the vaulted and caged areas, shipping and receiving areas in a manner consistent with FDA regulations and current good manufacturing practices ("CGMP") and in accordance with the company's current standard operating procedures ("SOPs") and policies:

Oversees manufacturing of the company's commercial, process validation and clinical/exhibit batch supply requirements for marketing/sale and or regulatory submission in strict compliance with FDA regulations, and company SOPs;

Providing support to the Product Development and Technology Development departments to manufacture Scale-up batches of final product formulations slated for submission;

Ensuring, that all quality operations division's personnel is fully continuously trained in all operations, programs, system of the respective department, especially those pertaining to CGMP and safety procedures as per FDA guidelines and regulations and company SOPs;

Coordinating and collaborating with other divisions and departments and committees of the company to ensure that all activities, programs and systems of the QOD are current and consistent with the company's training program, safety policies, cleaning validation program and the most current FDA guidelines and regulations and cGMP;

B) SigmaPharm Laboratories, LLC, Bensalem, PA Role: Senior Director, Quality Assurance (Head of QA) Director, Quality Assurance (Head of QA)

From: Jan 2016 to June 2018 From: Sep 2014 to Dec 2016

Duties:

Performs, supervises, and manages all functions, personnel and activities of the Quality Assurance department of the company (QA department) including but not limited to:

Establishing and maintaining quality systems, including but not limited to change control, vendor qualification programs, internal and external audits, Standard Operating Procedures (SOPs) and process improvement;

- Developing, initiating, maintaining, and revising policies and procedures for the continuous compliant operation of the company's Quality Assurance unit intended to ensure legal, ethical, and proper conduct by the company and its employees as defined by the relevant governing regulatory agencies;
- Serve as primary site contact for FDA inspections.
- Overseeing all Quality Assurance operations including the planning, coordination, and implementation efforts for compliance with all CGMPs, regulations, laws, and internal SOPs through audits, inspections and training of personnel;
- Directing and supervising all employees in the company's Quality Assurance department; hiring, planning, directing and assigning workload; deciding and implementing disciplinary actions as needed; and resolving personnel issues;
- Reviewing all annual budget submissions and expenditure plans for the Quality Assurance department; and making decisions regarding the use of financial resources allocated to the QA department;
- Providing final guidance to senior management, company employees, and clients regarding quality and regulatory issues that affect pharmaceutical products being made by the company and operations performed by the company;
- Perform, track and monitor Investigations, Deviations, Out of Specification (OOS), Customer Complaints documents, change control documentation. Preparation of final reports of the same.
- Developing and overseeing the objectives and programs to insure FDA and DEA regulatory compliance that results in receiving and maintaining the capability to manufacture and test investigational and commercial drug products in a continuously compliant manner;
- Developing approaches to solve problems identified during daily activities and for quality and agency audits;
- Serving as the management lead in dealing with all regulatory agency and client representatives;
- Recruiting, hiring, and monitoring the use of consultants in providing quality and regulatory services to the company;
- Preparing and/or reviewing documentation for FDA and DEA submissions by the company; and supporting the company's clients' regulatory submissions.
- Creating and reviewing quality agreements in collaboration with the company's General Counsel;
- Preparing, reviewing and issuing quality investigation and CAPA reports, and periodic quality trend reports; and
- Providing input on all quality related matters of the company; documenting and tracking the company's regulatory commitments; and ensuring the company's cGMP inspection readiness.

From: Jun 2013 to Sep 2014

From: Nov 2010 to Feb 2011

From: Feb 2009 to Nov 2010

C) SigmaPharm Laboratories, LLC, Bensalem, PA

Role: Manager, Quality Assurance Associate, Quality Assurance

Duties:

From: Feb 2011 to Jun 2013 Assist the Vice President of Quality Assurance in ensuring that all pharmaceutical process performed at Sigmapharm comply with cGMP requirements.

Coordinate with management and regulatory affairs to host FDA Inspection.

- Independently Perform Quality Assurance external (vendor qualification program) and internal audits.
- Perform, track and monitor Investigations, Deviations, Out of Specification (OOS), Customer Complaints documents, change control documentation. Preparation of final reports of the same.

Develop, Implement and Manage Corrective and Preventive Actions (CAPA) Program.

Manage Training Program of all employees.

Manage the Document Control system.

Manage the Label Control system.

Manage and Maintain the Equipment Qualification Program (DQ, IQ, OQ, PQ) and Calibration Program.

Participate in Factory Acceptance Testing (FAT) and Site Acceptance Testing (SAT).

Review and approval of all product and process related official documents such as batch record, process validation protocols/reports, analytical test methods, monographs, method validation protocols/reports.

Create sustain quality system for the company.

Supervise Sampling and Release of raw materials and finished products.

Coordinate with stability group.

Projects: Created On the Job Training (OJT) Program for Quality Assurance Department, Developed training record system.

D) Amneal Pharmaceuticals, Hauppauge, NY Role: Lab Analyst (Solid Dosage Forms) **Duties:**

Perform Chemical analysis on a wide range of finished drug products (Tablets, Capsules) by following the standard test procedure in fully complied cGMP environment.

 Operate advanced analytical instruments such as HPLC, IR, UV-VIS Spectrophotometer, Dissolution Apparatus, PH-Meter, Melting point apparatus.

Perform the Thin Layer Chromatography for the Finished Products.

Perform physical test for Finished Product like Moisture Content, friability test, Tablet hardness test, Content uniformity.

Maintain lab notebook, logbook, reports, and other documents as per requirement of cGMP/cGLP.

E) Tri-Med Laboratories, Somerset, NJ

Role: Quality Control Chemist (Liquid Dosage Forms) **Duties:**

Perform Chemical analysis on a wide range of drug product, in process products, finished products, stability testing and R&D products in accordance with approved analytical procedure.

Perform Process validation & Method validation for Pharmaceutical Products. Standardization & Re-standardization of House reference standards and testing of Raw materials.

Operate and calibrate advanced analytical instruments such as HPLC, IR, PH-Meter, Melting point apparatus.

Perform the Titrations for the release and stability products and also associated wet chemistry testing for the raw material.

Maintain lab notebook, logbook, reports, and other documents as per requirement of cGMP/cGLP.

Perform physical test for release and stability products & maintain monthly stability schedule as well as Annual stability schedule.

Prepare Protocol & reports for stability drug products & maintain the documentation record for the same.

F) Deluxe Surgical

Quality Control Inspector

(from 10th Jan 2007 to 10th Dec 2007)

Duties:

Practical Training

EDUCATION & TRAINING

Root Cause Analysis of Failures & Deviations- Developing and Effective CAPA Strategy May - 2012 (CFPIE) Effective Internal and External Quality Assurance Auditing for FDA regulated industries OCT - 2011 (CFPIE)

Masters of Science in Pharmaceutical Manufacturing Engineering Stevens Institute of Technology, Hoboken NJ 0703

(Jan 2008- Dec 2009)

Graduate Certificates in validation and regulatory affairs Graduate Certificates in Pharmaceutical Manufacturing Practices

Bachelor of Pharmacy

St. John's Pharmacy College, Bangalore, Karnataka

University: Rajiv Gandhi University of Health Sciences, India.

(Dec 2002 to Dec 2006)

INTERESTS

Validation and Regulatory affairs, Quality Assurance, Quality Control, Manufacturing Pharmaceutical Dosage Forms.

REFERENCES

Shall be furnished upon request.

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

1				
Name: Sigmapharm Laboratories, LLC				
Address: 3375 Progress Drive				
City: <u>Bensalem</u>	Stat	te: PA	Zip:	19020
I hereby authorize the Pennsylvania Department of Health to furnish to the Nevada State Board of Pharmacy, the information requested below.				_
Signature of Applicant	1/5			
THIS FORM MUS LICENSING AGENCY FOR	ST BE FORWAR R COMPLETION	RDED TO 1 N. DO NOT	THE HOME WRITE BE	STATE LOW THIS LINE
License Number Lice	nse Status [Date License	e Issued	Date License Expires
8000001747 A	Ctive	7/18	100	8/31/20
Has this license been cumbered in any way? ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents				
USE REVERSE SIDE OF	THIS FORM FO	OR EXPLA	NATIONS I	NECESSARY
Has the applicant been convirelating to drug samples, who distribution of controlled substant that the applicant furnished a applications made in connect distribution? (if yes, please elements of the all licensing (If yes, please explain) Has applicant met all licensing (If yes, please explain)	plesale or retail of tances? (If yes, any false or frauce tion with drug mexplain) applicant resulte	drug distrib , please ex dulent mate anufacturii d in deficie	ution, or plain) erial in any ng or ent ratings?	Yes No Yes No Yes No
Signature of State Official	Title	State	Date	Yes □ No State Seal
/IK	gram Specia		10/3//19	State Ocal

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. <u>0771339</u>	
Application/License No.	
Sigmapharm Laboratories, LLC, doing or intending to do business as a	
Applicant/Principal pharmaceutical wholesaler, whose address for purposes of service is 3375 Progress Drive Bensalem, PA 19020, as	
PRINCIPAL, and HARCO NATIONAL INSURANCE COMPANY, 8	
corporation organized under the laws of the state of Italiands State of Incorporation	
and authorized to transact a general surety business in the State of	
Nevada, whose address for purposes of service is 702 Oberlin Road, Raleigh, North Carolina 27605	
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, execut administrators, successors and assigns jointly and severally, by these presents. bond term shall become effective on	ors,

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

POWER OF ATTORNEY

Bond # 0771339

HARCO NATIONAL INSURANCE COMPANY

INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That HARCO NATIONAL INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RALF RIGO, SHARIF ISMAIL

Syracuse, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surely, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, requisition, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all Intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Altorney is executed, and may be revoked, pursuant to and by suthority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by suthority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duty held on the 13th day of December, 2018 and by the Board of Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waives and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

> IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and altested these presents on this 31st day of December, 2018

STATE OF NEW JERSEY County of Essex

STATE OF ILLINOIS County of Cook

Kenneth Chapman

Executive Vice President, Harco National Insurance Company and international Fidelity Insurance Company

, before me came the individual who executed the preceding instrument, to me personally known, and, On this 31st day of December, 2018 being by me duly sworn, said he is the therein described and authorized officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

> Shirelia A Outley a Notary Public of New Jersey My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Altomey and affidavit, and the copy of the Sections of the By-Laws of said Companies as ast forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day. December 14, 2019

. Irene Martins, Assistant Secretary

A00816

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Application must be printed legibly or typed

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

New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: SK Life Science, Inc.
Physical Address: 461 From Road, 5th Floor
City: Paramus State: Zip Code: NJ Telephoñe
Number: (201) 421-3800 Fax Number:
Toll Free Number: (201) 421-3800
E-mail Polans@sklsi.com Website: https://www.sklifescienceinc
Facility Manager: Augustin Pegan
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: Military/Long-Term Care
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:

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?	es □ No ⊠
(If yes, provide a copy of the certificate)	
Licensed as Manufacturer by the FDA?	es □ No ☑
(If yes, provide a copy of your FDA registration)	
Do any shareholders hold an interest ownership or have management if facility which are licensed by the State of Nevada or another political jurishing the stat	
The same and the same and the change of the same and the	indiction. Too L 140 E
List the top 4 suppliers your company has been associated with regard products that were sold, dispensed or distributed with the last year.	s to pharmaceutical
Name: N/A	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, he please provide the number: N/A	owever, if you do,
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	x
registration?	Yes □ No k

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?		□ 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?		□ No	
Cubotanooo.	103		لكا
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)?	nikidala	□ No	×
If the answer to question 1 through 5 is "yes", a signed statement of explan Copies of any documents that identify the circumstance or contain an order disposition may be required.			
I hereby certify that the answers given in this application and attached docucorrect. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regul	ating the	e true and e
I have read all questions, answers and statements and know the contents to under penalty of perjury, that the information furnished on this application a correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, subackground, qualification and reputation, as it may deem necessary, proper	re tru s, serv ocial a	e, accui vants ar and mor	rate and nd ral
and		6: 0	-044
Original Signature of Person Authorized to Submit Application, no copies o	r stam	nps	
Hong Wook Kim Print Name of Authorized Person Date	()	de.	risotosti.
Board Use Only Date Processed: Amount:			

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:DE
Parent Company if any: SK Biopharmaceuticals Co., LTD
Mailing Address: 461 From Road, 5th Floor
City: Paramus State: NJ Zip: 07652
Telephone: (201) 421-3800 Fax:
Contact Person: Hong Wook 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
Name Business Address
b)
Name Business Address
c)
Name Business Address
d)
Name Business Address
2) Provide the number of shares issued by the corporation0
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

<u>Certificate of Corporate Status</u> (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

0737700

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:

461 FROM RD, 5TH FL PARAMUS, NJ 07652-

Reg. No. 5005512

SK LIFE SCIENCE, INC. 461 FROM RD, 5TH FL PARAMUS, NJ 07652-

ISSUED PURSUANT TO N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SK LIFE SCIENCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF 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 "SK LIFE SCIENCE, INC." WAS INCORPORATED ON THE NINTH DAY OF AUGUST, A.D. 2002.

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

3548025 8300

Authentication: 203667962

Date: 09-25-19

SR# 20197226918

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

From: edrls@fda.hhs.gov [mailto:edrls@fda.hhs.gov]

Sent: Monday, August 28, 2017 7:11 AM To: Robert Polans/Marketing Center/SKBP Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 28-AUG-2017 Labeler DUNS: 001993265

Labeler Name: SK Life Science, Inc.

Labeler Code: 71699

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).



Product List

Cenobamate – Labler Code 71699

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1325 7 1666	Maithr Laboratones Private Limited						
1327 71671	John Therapeutics, Inc.						
328 71672 329 71673	Eco Face Shop MSCO CO., LTD.						
1330 71675	Berjing Zhangguang 101 Science & Technology Co, Ltd						
1332 71679	Essential Cares Supplies inc Health Pharma USA LLC						
1333 71680	LaShe Naturals, LLC Nonetrack Disconnections for						
1335 71682	COENBIO CO., LTD.						
133671683	CC Wellness LLC						
1338 71685	Aspen API Inc.						
133971686	Sofina Foods inc Focus Consumer Healthcare, LLC						
1341 71688	BioChem.Corporation					to please the second se	
1342 71689	FLAVORCHEM (INDIA) PRIVALE LIMITED JATLee Inc.						
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135171700	GETTIK International LLC						
1353 71703	Frontier EDU						
135571704	Guangzhou Beauty Cosmetic Co., Ltd Medicines Development Limited (trading as Medicines Development for Global Health)						
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1358 71708	Deepak Fertilisers And Petrochemical Corporation Limited						
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James James

Augustin Pegan, R.Ph.

Stoneleigh Terrace Riverdale, NJ 07457 201-421-3802 work 3 home mobile

apegan@sklsi.com

Quegustin Pegan 24 JUL 20
Signature / Date

SUMMARY

ij

- Over 35 years of pharmaceutical industry experience
- 22 years of experience managing up to 8 scientists
- Responsible for the regional CMC support of marketed products and new drug development including pharmaceutical science, regulatory affairs, clinical supplies manufacturing, new technology assessment and competitive intelligence.
- Responsible for regional technical support of commercial manufacturing.
- An effective, highly productive staff member and team leader with a unique blend of technical, analytical and communicative skills and a verifiable record of achievement in supporting and building productive business relationships in order to achieve corporate goals.
- The capacity to utilize and integrate diverse resources in achieving business objectives.
- Experienced in working in a cross-cultural environment, including living in Berlin for 3 months.

EXPERIENCE

SK Life Science

2008 - Present

Director, Head of CMC Team (Clinical Supply)

Manage staff of 5

Lead group activities in the areas of DS/DP development and clinical supplies packaging and labeling from Phase 1-3

Activities include:

- Process Development (DP)
 - o Process selection
 - o Establishment of critical process parameters
 - o Equipment selection
 - o Cleaning procedures
 - o Scale-up and validation
- Formulation Development
 - o Excipient compatibility studies
 - Ingredient selection and justification
 - Manufacture feasibility batches
 - Manufacture stability batches
 - o Pharmaceutical Development Report
- Analytical Development (DP)
 - o Characterization and analytical methods
 - o Specifications for release and stability
 - Stability indicating method development
 - o Cleaning validation method development
 - o ICH compliant stability studies

- Clinical Supplies manufacturing and packaging
 - o Prepare master batch records
 - o Review and approve executed batch records
 - o Ensure that all CTMs are manufactured according to cGMPs
 - o Identify package configuration and select packaging components
 - o Identify comparator and blinding strategies for comparator
 - Identify label design appropriate for clinical study (i.e. open vs double blind)
 - Approve all label copy for open and double blind investigational product labels
 - o Manage the specification, implementation, and utilization of IWRS for clinical supplies
 - o Ensure that adequate inventory of CTMs are available throughout clinical study period
 - o Investigational product logistics management to allocate appropriate inventory to clinical study regional depots and the clinical sites they serve
- CMC Regulatory Affairs
 - o Provide technical information for incorporation in regulatory submissions (INDs, Amendments, and Annual Reports)
 - o Serve as a technical resource to other groups in the company
 - o Serve as a CMC regulatory resource for colleagues in Korea.
- Manage all CMC activities at CROs
 - o Identify vendors
 - o Evaluate vendor capabilities with respect to cost and quality
 - o Manage ongoing vendor relationships
 - Create and monitor budgets for development projects
- Manage personnel in the Clinical Supply group
 - o Create Individual Performance Plan for each direct report
 - o Monitor performance through periodic feedback meetings such as mid-year review
 - o Perform annual performance reviews for all direct reports
- Lead cross functional drug development project team
 - o Define drug development timeline with input from subject matter experts
 - o Define deliverables for all functional groups
 - o Propose and manage drug development budget
 - o Lead selection process of clinical CRO
 - o Lead project team meetings
 - Prepare and distribute weekly project progress reports
 - o Coordinate the preparation of the monthly project progress report

Schering-Plough Corp.

2008

Senior CMC Project Manager, Summit, NJ

- Manage CMC aspects of drug development process from Phase II through approval and launch.
- Monitor progress (track milestones), perform risk analysis, track budget (internal and external).
- Schedule and run team meetings, prepare meeting agendas and minutes.
- Present regular periodic progress reports to senior management.
- Foster accountability for decisions, commitments, and actions.

Bayer HealthCare Pharmaceuticals (formerly Berlex Laboratories)

1996 - 2007

Section Head, Pharmaceutical Technology, Wayne, NJ Managed staff of 6

2002 - 2007

Manager, Pharmaceutical Technology, Wayne, NJ

1996 - 2002

- Tripled prescription volume during my tenure as head of Rx department.
- Managed operation of the pharmacy department.
 - Managed inventory (increased inventory turnover to highest in my district).
 - Supervised activities of pharmacy technicians.
- Counseled patients on drug side effects and interactions.
- Interacted with physicians concerning patient medications.

Veterans Administration Medical Center

1977 - 1978

Staff Pharmacist, East Orange, NJ

- Prepared adult hyperalimentation intravenous mixtures.
- Compounded and dispensed capsules for use in VA sponsored clinical studies.
- Dispensed prescriptions in the outpatient pharmacy.

EDUCATION

Pharmacist License, 1977 - New Jersey

Bachelor of Science (Pharmacy), 1977 - Rutgers University, New Brunswick Campus

COMPUTER SKILLS

Microsoft Office including Word, PowerPoint, Excel, Outlook, and Project, SAP, and Documentum.

OTHER SKILLS

Fluent in German.

AWARDS

Schering Long Term Incentive Award (stock options): May 2001

Berlex CITE Award: November 2001

PUBLICATIONS

- SPLITTING BETAPACE® (SOTALOL HCI) TABLETS TO ACHIEVE A LOWER DOSE RESULTS IN UNACCEPTABLY HIGH DOSE VARIATION. A. Pegan, M. Thome, A. Schenck. Journal of the American Pharmaceutical Association, Volume 43, Number 2, March/April 2003, Pages 267-324.
- ASPECTS OF THE USE OF LAKES IN COMPRESSED TABLETS. J.W. Lai and A. Pegan. Pharmaceutical Research, (6(9), S74, 1989

POSTER PRESENTATIONS

 PHARMACOKINETICS (PK) AND PHARMACODYNAMICS (PD) OF YKP10461 FOLLOWING A FIRST-IN-HUMAN PHASE I STUDY IN HEALTHY PARTICIPANTS. Sabrina Ciric¹, Mike Di Spirito¹, Sandra M. Connolly¹, Augustin Pegan², Elizabeth Graham². American Association of Pharmaceutical Scientists 2013 Annual Meeting. ¹Celerion, ²SK Life Science

- Identify process improvement opportunities and propose implementation activities in line with continuous improvement philosophy.
 - Evaluated multi-tip tablet press tooling to increase compression step productivity.
 - Worked with equipment manufacturer to develop a sealed interchangeable high shear blending container.
 - Transferred an enteric-coated bead product from a coating pan to a fluid bed wurster coater, greatly improving product process robustness, cycle time, quality and performance.
- Performed troubleshooting of manufacturing problems.

Supervisor/GMP Compliance Officer

1990 - 1992

Clinical Supplies Manufacturing – R. W. Johnson Pharmaceutical Research Institute, Raritan, NJ

- Participated in the planning, construction, and qualification of a new clinical pilot plant (14 million dollar project).
 - Specified layout and utilities for clinical manufacturing area.
 - Selected, purchased, and qualified new equipment for manufacturing area.
 - Managed capital budget for equipment purchases.
 - Created SOPs for the new manufacturing area and equipment.
- Reviewed and approved master batch records prior to manufacturing and executed batch records after completion of manufacturing.
- Managed Clinical Supplies Staff (2 technicians) in the following activities:
 - Manufacture of clinical batches under GMP conditions.
 - Routine maintenance of the clinical pilot plant.
 - Planning and execution of equipment cleaning validation.
 - Inventory management (raw material and in-process).
 - Maintenance of SOPs.

Associate Scientist 1984 – 1990

Pharmaceutical Development – R. W. Johnson Pharmaceutical Research Institute, Raritan, NJ

- Created a "color palette" for use by the Marketing department when creating brand identity for new products.
 - Used only colorants that were approved globally.
 - Percentages of colorants and colorimeter results were cataloged.
 - Tablet samples were provided to Marketing for future use.
- Evaluated new processing techniques with the aim of decreasing manufacturing cycle time:
 - Dry blending of hormone products to eliminate granulation step.
 - Incorporating active ingredients in tablet coatings.
 - Customized processing equipment to achieve goals (fluid bed coater and coating pan).
- Participated on teams that developed new solid dosage formulations:
 - Evaluated and selected excipients.
 - Performed physical testing on drug substance and drug product.
 - Manufactured lab scale feasibility batches.
 - Manufactured pilot scale batches for stability studies.
 - Identified and evaluated in-process packaging components.

RITE AID PHARMACY

1978 - 1983

Pharmacist-in-Charge, New Brunswick, NJ

Managed staff of 4

- Represent CMC on global project teams, including first-in-class compounds.
- Participate in risk management assessments for new drug development projects.
- Manage/monitor regional CMC budgets for new drug development projects.
- Review CMC documentation for regulatory submission.
- Provide CMC information for annual reports.
- Identify and evaluate new drug delivery technologies.
- Identify and evaluate contract research organizations.
- Participate on audit and due diligence teams as a technical resource.
- Prepare CMC competitor analysis for project teams utilizing library searches (IMS, Pharma Projects, Thompson Scientific, Micropatent, etc), trade publications, and various websites (FDA, NIH, US Patent Office, competitor websites, etc).
- Developed liquid dosage form for use in pediatric studies that resulted in extension of exclusivity for product line (\$70 million dollar value to the company).
- Reformulated marketed tablets to create new product image for line extension with new indication, saving time to market and development costs.
- Consult or participate in optimization and validation activities associated with external development.
- Developed an extended release bead formulation in conjunction with a CRO.
- Identified a new manufacturing site for Berlex products produced in Wayne.
- Managed the technology transfer of Berlex products to the new site.
- Led Operations Anti-Counterfeiting Team in assessing and implementing countermeasures.
- Reviewed and analyzed data to determine the root cause of drug product dissolution failures and made recommendations for corrective actions. This saved \$500,000 per year in lost batches.
- Responsible for the management of the Pharmaceutical Technology group's role in product development, technical production support, pilot plant and equipment maintenance, resource management, and staff professional development, including:
 - Cost center budget (expense and capital) and employee performance review.
 - Review of CMC documentation for clinical manufacturing and production activities.
 - Development of specific dosage forms required for clinical studies.
 - Manufacture of clinical supplies under GMP conditions.
 - Processing of NDA/ANDA stability and biobatches on production equipment.
 - Equipment selection and qualification and associated cleaning validation.
 - Maintenance and use of the clinical pilot plant and equipment in a GMP manner.
 - Technical support to Manufacturing including trouble shooting, new technology assessment, process improvements, process validation, investigations, training, and maintenance of SOPs.

Johnson & Johnson

1984 - 1996

Scientist

1992 - 1996

Process Development/Technical Support - Ortho-McNeil Pharmaceutical Inc., Raritan, NJ

- Scaled-up and transferred new drug product manufacturing processes from Research to Manufacturing.
- Validated new or changed manufacturing processes (prepared and executed protocols, wrote validation reports).
- Identified requirements and specifications for the purchase of new equipment.
- Qualified new or changed equipment, utilities, vendors, or ingredients/packaging components (prepared and executed protocols, wrote qualification reports).

 BIOMARKER MEASUREMENTS IN EARLY CLINICAL STUDIES: YKP10461, POSITIVE BIOMARKER SIGNALS CAN PREDICT A SUCCESSFUL CANDIDATE FOR PARKINSON'S DISEASE. Elizabeth Graham, Hong Wook Kim, Augustin Pegan, Duncan Taylor, Darryl Penenberg, and Mark Kamin. Clinical Safety, Clinical Operations, Clinical Supply, SK Life Science, Inc., Fair Lawn, NJ 07410

AFFILIATIONS

- American Association of Pharmaceutical Scientists
- American Pharmacists Association

COMPANY SPONSORED EXTERNAL TRAINING

Global Institute for Leadership Development Palm Desert, CA. October 2004

Problem Solving & Decision Making Kepner Tregoe Princeton, NJ, June 2005

Project Management Kepner Tregoe Princeton, NJ, May 2007



OWNERSHIP

SK Life Science, Inc. ("SKLSI"), a 100% wholly owned subsidiary of SK biopharmaceuticals, is a virtual manufacturer of prescription drugs located in Fair Lawn, NJ.

COMPANY INFORMATION

SK Life Science, Inc. 461 From Road, 5th Floor Paramus, NJ 07652 Phone: (201) 421-3800 Email: rpolans@sklsi.com

Tax ID: 22-3007257

CORPORATE OFFICERS

Hong Wook Kim, VP, Chief Operating Officer 461 From Road, 5th Floor Paramus, NJ 07652 Phone: (201) 421-3800

Sebastiano Borriello, VP, Chief Commercial Officer 461 From Road, 5th Floor Paramus, NJ 07652 Phone: (201) 421-3800

Jeong Woo Cho, Chief Executive Officer 461 From Road, 5th Floor Paramus, NJ 07652

Phone: (201) 421-3800

Dr. Marc Kamin, Chief Medical Officer 461 From Road, 5th Floor Paramus, NJ 07652 Phone: (201) 421-3800



DESCRIPTION OF OPERATIONS

SK Life Science, Inc. ("SKLSI"), a 100% wholly-owned subsidiary of SK biopharmaceuticals, is a virtual manufacturer of prescription drugs located in Fair Lawn, NJ. SKLSI is focused on developing and bringing treatments for disorders of the central nervous system (CNS) to market. SKLSI has a pipeline of six products in development for the treatment of CNS disorders including epilepsy, sleep disorder and attention deficit hyperactivity disorder, among others. The company's lead product is cenobamate, an investigational drug that is being studied as a potential treatment option for patients with epilepsy.

THIRD-PARTY LOGISTICS

SKLSI's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Cardinal Health dba Specialty Pharmaceutical Services ("SPS").

SKLSI utilizes the following SPS location for distribution of product:

Cardinal Health dba Specialty Pharmaceutical Services 15 Ingram Blvd. LaVergne, TN 37086

MANUFACTURING

SKLSI uses the following manufacturer to produce finished product:

Patheon Inc. 111 Consumers Drive Whitby, Ontario L1N 525, Canada FDA Establishment Number – 3003516812 DUNS – 205475333

FREE GOODS & PRODUCT SAMPLES

Samples of SKLSI's finished goods will be distributed using the following provider:

Bellwyck Packaging Inc.

1 Rimini Mews, Mississauga, ON L5N 4K1, Canada
FDA Establishment Number – 3007309095

DUNS - 203021662

PRODUCT

At the time of this filing, SKLSI does not have an FDA approved drug product. Accordingly, NDC's have not been assigned to cenobamate or any of SKLSI's pipeline drugs. SKLSI is registered with the FDA under the following labeler code:

Labeler Code: 71699

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. <u>BX0003778</u>		
Application/License No.		
	, doing or intending to do bus	iness as a
Applicant/Principal		
pharmaceutical wholesaler, who	nose address for purposes of service	is
461 From Rd 5th FL Paramus, NJ	07652	. as
	ss of Applicant/Principal	·
PRINCIPAL, and Jet Insurance	Company	, a
	Surety Company	
corporation organized under the	ne laws of the state of North Carolina	
	State of Incorp	
and authorized to transact a g	eneral surety business in the State of	
Nevada, whose address for pu	irnoses of service is	
PO Box 471023 Charlotte, NC 28	•	
FO Box 47 1023 Charlotte, NC 20	Address of Surety	as
CLIDETY are hold and firmly b		to the Nevede
	bound unto the State of Nevada and t	
	he penal sum of TWENTY-FIVE THO	
DOLLARS (\$25,000.00), for w	hich payment we bind ourselves, our	heirs, executors,
administrators, successors and	d assigns jointly and severally, by the	se presents. This
bond term shall become effect		• 75
	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 23rd day of January	bond has caused it to be executed on this
APPLICANT/PRINCIPAL	SURETY
COMPANY	
SK Life Science Inc	Jet Insurance Company
Authorized Representative	Surely Company's Représentative
Sworn to and subscribed	A CAROLINA
before me this day of Feb , 2020	<u>David Gonsalves</u> , Attorney-in-fact
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
t- Source	101/2.
Witness	Witness
SANG HEE KING	
VIII PUBLICY 12	Lil
Witness My Comm. Exp.	Witness
o _x Aug 28, 2022	Countersigned by: David Gonsalves 3349773
THE OF WHERE	(1)
WEN 3	Nevada Resident Agent
	revaua nesideni Ageni

Bond Number: BX0003778

JET INSURANCE COMPANY

POWER OF ATTORNEY

NOW ALL BY THESE PRESENTS: That JET INSURANCE COMPANY, a corporation organized and existing under the laws of the State of North Carolina, having its principal office in Charlotte, North Carolina does hereby constitute and appoint

Name

David Gonsalves

Limit of Liability per Bond

\$25,000.00

its true and lawful Attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, provided that the liability of such shall not exceed the limit stated above.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon JET INSURANCE COMPANY as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of the following resolutions adopted by the Board of Directors of JET INSURANCE COMPANY by unanimous written consent dated August 3, 2018, of which the following is a true excerpt.

RESOLVED that the President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, attach the Seal of the Company thereto and deliver, bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof; to prescribe their respective duties and the respective limits of their authority and to revoke, at any time, any such Attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted by unanimous written consent dated August 3, 2018, of which the following is a true excerpt:

RESOLVED 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 thereof authorizing the execution on behalf of the Company and delivery of any bond, undertaking, contract of indemnity, recognizance and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, JET INSURANCE COMPANY has caused this instrument to be signed and lits corporate seal to be affixed by its authorized officer, this 3rd day of August. 2018

(SEAL)

JET INSURANCE COMPANY

STATE OF NORTH CAROLINA County of Mecklenburg

Spencer Siino, President

Bur Bur

Richard Popp, Secretary

Traband Page

On this 3rd day of August, 2018 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of Jet Insurance Company; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of said Company.

Elspeth J. Murray

Notary Public, State of North Carolina
County of Mecklenburg

My Commission Expires 12/15/2023

IN WITNESS WHEREOF, I have hereunto set my hand at Jet Insurance Company offices the day and year above written.

ELSPETH J. MURRAY
NOTARY PUBLIC
MECKLENBURG COUNTY
NORTH CAROLINA
MY COMMISSION EXPIRES 12/15/2023

I. Richard Popp, Secretary of JET INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by JET INSURANCE COMPANY, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 23rd day of January 2020

Richard Popp, Secretary

Richard Page

5VV

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 Check box below for type of ownership you have selected. If LLC use Non Pu□ Publicly Traded Corporation – Page Non Publicly Traded Corporation –	o and complete all re ublic Corporation or les es 1,2,3,4	equired forms for to Partnership Partnership -	ype of ownership that Pages 1,2,3,7	
GENERAL INFORMATION to be		algeria de la		
Facility Name:TerSera Therapeutics L	LC			
Physical Address: Suite 500, 520 Lake	Cook Road			mel l
City: Deerfield	State:IL		Zip Code: 60015	CD&
Telephone Number: (847) 739-0940	Fax N	Number:		
Toll Free Number:				
E-mail:legal@tersera.com	Website: _t	ersera.com		
Facility Manager: Edward Donovan				A
Professional qualifications and exp	erience of facility n	nanager: See atta	ched resume	
Types of licensed outlets or author	ized persons firm v	vill serve:	Lead at a	
☑ Pharmacies☑ Prac☑ Other: Specialty Distributors	ctitioners	☐ Hospitals	☑ Wholesaler	'S
Type of Products to be handled or	wholesaled by firm	<u>ı:</u>		
 ☑ Legend Pharmaceuticals, Supp ☐ Poisons or Chemicals ☐ Controlled Substances (include ☐ Other: 			odermic Devices rinary Legend Drugs	197

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

(If yes, provide a copy of		Yes LI No IX
Licensed as Manufacture (If yes, provide a copy of		Yes No □
	terest ownership or have manageme e State of Nevada or another politica	
	mpany has been associated with regarded or distributed with the last year.	ards to pharmaceutical
Name: Patheon		
Address: 2100 Syntex Court, Mississau	ıga, ON Canada L5N 7K9	
Name: Astra Zeneca Pharmaceuticals	LP	
Address: 587 Old Baltimore Pike, New	wark, DE 19702	
Name: OSO Biopharmaceuticals Man	ufacturing LLC	
Address: 4401 Alexander Blvd. NE, Al	lburquerque, NM 87107	
Name: Mikart Incorporated		
Address: 1750 Chattahoochee Avenue	e, Atlanta GA 30318	
A licensee is not required to har please provide the number:	ve a Nevada State Business License	e, however, if you do,
any interest, ever been charged	ner(s), shareholder(s) or partner(s) vd, or convicted of a felony or gross	
misdemeanor (including by way	of a guilty plea or no contest plea)?	Yes 🗆 No 🗷
	ner(s), shareholder(s) or partner(s) valicense, permit or certificate of	with
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) vinterest, ever been the subject of an administrative action, board cita site fine or proceeding relating to the pharmaceutical industry?	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) vinterest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) vinterest, ever surrendered a license, permit or certificate of registrativoluntarily or otherwise (other than upon voluntary close of a facility	ion
If the answer to question 1 through 5 is "yes", a signed statement of Copies of any documents that identify the circumstance or contain a disposition may be required.	
I hereby certify that the answers given in this application and attache correct. I understand that any infraction of the laws of the State of Noperation of an authorized pharmacy may be grounds for the revoca	Nevada regulating the
I have read all questions, answers and statements and know the counder penalty of perjury, that the information furnished on this applic correct. I hereby authorize the Nevada State Board of Pharmacy, its employees, to conduct any investigation(s) of the business, professionackground, qualification and reputation, as it may deem necessary	cation are true, accurate and sagents, servants and ional, social and moral y, proper or desirable.
Original Signature of Person Authorized to Submit Application, no co	
	SANZO
Print Name of Authorized Person Date	grownig vasarens same
Board Use Only Date Processed: Amoun	nt:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorpora	ation:DE			
Parent Company	if any: TerSera Inter	mediate LLC		S. Leanning and S.
Mailing Address:	520 Lake Cook Road,	Suite 500		
City: Deerfield		State: IL	Zip: 60015	
Telephone: (847) 73	39-0940	Fax:	1 2 2 2 2 7 2	The man
	Edward A Dansan			
For any corporation	on non-publicly tra	ded, disclose the fol	lowing:	
1) List top 4 p	persons to whom th	ne shares were issue	ed by the corporation?	
	Name	Business	Address	
b)	arigues from the	7. 60. 00.		
	Name	Business	Address	
c)	Name	Business	Address	
d)	Name	Business	Address	
2) Provide the	e number of shares	s issued by the corp	oration.	
3) What was	the price paid per	share?		
	ss license is not re ovide the number:	quired, however if th	ne wholesaler has a Nev	ada business

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.



Ownership Information

TerSera Therapeutics LLC is 100% Privately Owned by TerSera Intermediate LLC 520 Lake Cook Road, Suite 500 Deerfield, IL. 60015

Company Information

Company Name: TerSera Therapeutics LLC

520 Lake Cook Road, Suite 500

Deerfield, IL. 60015 Phone: (847) 739-0940 Website: <u>www.tersera.com</u> E-mail: <u>legal@tersera.com</u>

FEIN: 81-1458652 State of Formation: DE

Date Incorporated: 01/27/2016

Officers

Edward Fiorentino, Chairman and Chief Executive Officer

Mark Tatro, Chief Financial Officer

Edward Donovan, General Counsel and Secretary

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TERSERA THERAPEUTICS 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TERSERA THERAPEUTICS LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2016.

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

SELANTS OF CO.

Authentication: 203997286

Date: 11-13-19



Cul on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4004964



Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
TERSERA THERAPEUTICS LLC	Deerfield, IL 60015	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004806	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	11/19/2019	11/19/2019	12/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004266	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	03/30/2017	12/03/2018	12/31/2020	N

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Description of Operations

TerSera Therapeutics, LLC is a privately owned, Virtual Manufacturer, located in Deerfield, IL. TerSera has multiple products which are manufactured by multiple Contract Manufacturers and are distributed by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

CMO Information:

Please see the attached Product Supply Chain Documents for CMO Information of each product.

Product Description

Please see attached Product Supply Chain Documents for Product Descriptions.

Labeler Code:

70720

NDC#:

70720-120

Third Party Logistic information:

ICS
420 International Blvd. Suite # 500
Brooks, KY 40109
Contact: Kimberly Martinez
(469) 365-7623
Kimberly.martinez@icsconnect.com

McKesson Specialty (RX Crossroads) 1001 Cheri Way Fairdale, KY 40118 Contact: Andrea Seadlet (502) 357-1343 andrea.seadler@mckesson.com

TerSera's hours of operation are 8:30 am – 5:00pm CST Monday through Friday.



Product and CMO Information

TerSera Therapeutics, LLC is a privately owned, Virtual Manufacturer, located in Deerfield, IL. TerSera has multiple products which are manufactured by multiple Contract Manufacturers and are distributed by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Product Name: Ergomar **Form:** Sublingual Tablet

ANDA: 087693

NDC: 70720-120-03, 70720-120-20

CMO Manf & Packaging: Mikart Incorporated Address: 1750 Chattahoochee Avenue

Atlanta. GA USA 30318

FEI#: 1050658

Product Name: Prialt Form: Intrathecal NDA: 021060

NDC: 70720-720-10, 70720-722-10, 70720-723-10, 70720-723-05

CMO Manf & Packaging: AMRI Global (formally OSO BioPharmaceuticals Manufacturing LLC)

Address: 4401 Alexander Blvd NE Albuquerque, NM USA 87107

FEI#: 1643045

Product Name: Varubi

Form: Tablet NDA: 206500

NDC: 70720-101-02

CMO Manufacturing: Patheon Address: 2100 Syntex Court

Mississuago, Ontario, Canada, L5N 7K9

FE!#: 3000264888

CMO Packaging: Sharp Packaging Solutions

Address: 23 Carland Road Conshohocken, PA USA 19428

FEI#: 2518332



Product Name: Zoladex

Form: Implant

NDA: 019726, 020515, 020578 **NDC:** 70720-950-36, 70720-951-30

CMO Manufacturing: AstraZeneca UK

Address: Silk Road Business Park, Charter Way

Macclesfield, Cheshire United Kingdom, Sk10 2NA United Kingdom

FEI#: 3002850317

CMO Packaging: AstraZeneca Pharmaceuticals LP

Address: 587 Old Baltimore Pike

Neward, DE USA 19702

FEI#: 2517100



National Drug Code Directory

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- Y 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:7SUBJECT=NATIONAL DRUG CODE DIRECTORYABODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Pr Na
Ergomar	70720-120- 03	2 mg/1	TABLET	ORAL	ANDA087693	TerSera Therapeutics, LLC	70720-120	Ergotamine Tartrate	ERGOTAMINE TARTRATE	HUN PRE DRI
Ergomar	70720-120- 20	2 mg/1	TABLET	ORAL	ANDA087693	TerSera Therapeutics, LLC	70720-120	Ergotamine Tartrate	ERGOTAMINE TARTRATE	HUI PRE DRI
PRIALT	70720-722- 10	100 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-722	ziconotide acetate	ZICONOTIDE ACETATE	HUI PRE DRI
PRIALT	70720-723- 10	25 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-723	ziconotide acetate	ZICONOTIDE ACETATE	HUI PRE DRI
PRIALT	70720-720- 10	100 ug/mL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70720-720	ziconotide acetate	ZICONOTIDE ACETATE	HUI PRE DRI
QMIIZ ODT	70720-175- 99	7.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics	70720-175	meloxicam	MELOXICAM	HUI PRE

Proprietary Name QMIIZ ODT	NDC Package Code 70720-115- 99	Strength 15 mg/1	Dosage Form TABLET, ORALLY DISINTEGRATING	Route	Appl. No. NDA211210	Labeler Name TerSera Therapeutics LLC	Product NDC 70720-115	Nonproprietary Name meloxicam	Substance Name MELOXICAM	Pr Na HUI PRE DRI
QMIZ	70720-175- 10	7.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-175	meloxicam	MELOXICAM	HUI PRE DRI
QMIIZ	70720-115- 10	15 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-115	meloxicam	MELOXICAM	HUI PRE DRI
QUZYTTIF	70720-100- 25	10 mg/mL	INJECTION	INTRAVENOUS	NDA211415	TerSera Therapeutics LLC	70720-100	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	HUI PRE DRI
Varubi	70720-101- 02	90 mg/1	TABLET	ORAL	NDA206500	TerSera Therapeutics LLC	70720-101	rolapitant	ROLAPITANT HYDROCHLORIDE	HUI PRE DRI
ZOLADEX	70720-951- 30	10.8 mg/1	IMPLANT	SUBCUTANEOUS	NDA020578	TerSera Therapeutics LLC	70720-951	goserelin acetate	GOSERELIN ACETATE	HUI PRE DRI
ZOLADEX	70720-950- 36	3.6 mg/1	IMPLANT	SUBCUTANEOUS	NDA019726	TerSera Therapeutics LLC	70720-950	goserelin acetate	GOSERELIN ACETATE	HUI PRE DRI

Showing 1 to 13 of 13 entries

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: <u>Drug Registration and Listing Instructions</u> (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 Previous 1

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National Drug Code Directory

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Catego
Ergomar	70720-120- 03	2 mg/1	TABLET	ORAL	ANDA087693	TerSera Therapeutics, LLC	70720-120	Ergotamine Tarirate	ERGOTAMINE TARTRATE	HUMAN PRESCRIPTION DRUG	09/20/2016	N/A	ANDA
Ergomar	70720-120- 20	2 mg/1	TABLET	ORAL	ANDA087693	TerSera Therapeutics, LLC	70720-120	Ergotamine Tartrate	ERGOTAMINE TARTRATE	HUMAN PRESCRIPTION DRUG	09/20/2016	N/A	ANDA
PRIALT	70 <i>1</i> 20-722- 10	100 ug/mL	INJECTION SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	70/20-722	ziconotide acetate	ZICONOTIDE ACETATE	HUMAN PRESCRIPTION DRUG	10/15/2018	N/A	NDA
PRIALT	/0/20-/23- 10	25 ug/πL	INJECTION, SOLUTION	INTRATHECAL	NDA021060	TerSera Therapeutics LLC	/0/20-/23	ziccnotide acetate	ZICONOTIDE ACETATE	HUMAN PRESCRIPTION DRUG	10/15/2018	N/A	NDA
PRIALT	70720-720- 10	100 ug/mL	INJECTION, SOI UTION	INTRATHECAL	NDA021060	TerSera Therapeutics	70720-720	ziccnotide acetate	7ICONOTIDE ACETATE	HUMAN PRESCRIPTION DRUG	10/15/2018	N/A	NDA
OMIZ ODT	70720-175- 10	7,5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-175	meloxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG	02/21/2019	N/A	NDA
OMIZ	70720-115- 10	15 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics ELC	70720-115	riełoxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG	02/21/2019	N/A	NDA
QMHZ ODT	70720-175- 99	7.5 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics £LC	70720-175	meloxisam	MELOXICAM	HUMAN PRESCRIPTION DRUG	02/21/2019	N/A	NDA
QMIIZ OD1	70720-115- 99	15 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	NDA211210	TerSera Therapeutics LLC	70720-115	meloxicam	MELOXICAM	HUMAN PRESCRIPTION DRUG	02/21/2019	N/A	NDA

Volumed D3

	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 Catego
(QUZYTTİR	70720-100- 25	10 mg/ml.	INJECTION	INTRAVENOUS	NDA211415	TerSera Tnerapeutics LLC	70720-100	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/13/2019	N/A	NDA
	Varubi	70720-101- 02	90 mg/1	TABLET	ORAL	NDA266500	TerSera Trierapeutics ELC	70720-101	rolapitant	ROLAPITANT HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/07/2015	N/A	NDA
	ZÓLADEX	70720-951- 30	10.8 mg/1	IMPLANT	SUBCUTANEOUS	NDA020578	TerSera Therapeutics LLC	70720-951	goserelin acetate	GOSERELIN ACETATE	HUMAN PRESCRIPTION DRUG	01/26/2018	N/A	NDA
	ZOLADEX	70720-950- 36	3.6 mg/1	IMPLANT	SUBCUTANEOUS	NDA019726	TerSera Therapeutics EEC	70720-950	goserelin acetate	GOSERELIN ACEIAIE	HUMAN PRESCRIPTION DRUG	03/31/2018	N/A	NDA

Showing 1 to 13 of 13 entries

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@EDA.HHS.GOV (mailto:DRUGINFO@EDA.HHS.Gov)

See also <u>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>

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

Previous 1 Next

EDWARD A. DONOVAN

Judson Avenue Evanston II. 60201

Experience

2016-Present

TERSERA THERAPEUTICS LLC Executive Vice President, General Counsel & Secretary

LAKE FOREST, IL

Reports directly to the Chairman and Chief Executive Officer and is responsible for providing legal support to all TerSera's business functions and oversight of TerSera's compliance program.

2013-2016

CREALTA PHARMACEUTICALS LLC General Counsel & Secretary

LAKE FOREST, IL

Reported directly to the Chairman and Chief Executive Officer and was responsible for providing legal support to all Crealta's business functions, leading medical affairs and oversight of Crealta's compliance program.

Worked closely with business development to identify, diligence and close key product acquisitions. Led drafting and negotiation of the transaction agreements for acquisitions and the successful sale of Crealta.

Served as officer of company and provided legal advice to corporate officers, board members, and other organizational constituents on corporate governance, corporate transactions, regulatory compliance, and litigation/dispute resolution. Led the medical affairs department and managed all aspects of compliance program, including employee training, employee monitoring, and aggregate spend tracking and reporting, PhRMA Code analysis, general compliance oversight, and coordinating internal audits.

2012-2013

ACTIENT PHARMACEUTICALS LLC General Counsel & Secretary

LAKE FOREST, IL

Reported directly to the Chief Executive Officer and was responsible for providing legal support to all Actient business functions and oversight of Actient's compliance program.

Worked closely with business development to identify, diligence and close key product acquisitions. Led drafting and negotiation of the transaction agreements for acquisitions and the successful sale of Actient (2013 "Company of the Year" by Illinois Venture Capital Association).

Served as officer of company and provided legal advice to corporate officers, board members, and other organizational constituents on corporate governance, corporate transactions, regulatory compliance, and litigation/dispute resolution. Managed all aspects of compliance program, including employee training, employee monitoring, and aggregate spend tracking and reporting, PhRMA Code analysis, general compliance oversight, and coordinating internal audits.

2004-2011

KIRKLAND & ELLIS LLP Corporate Partner

CHICAGO, IL

Counseled clients on the corporate, securities and tax aspects of various complex business transactions, including mergers, acquisitions, leveraged buyouts, recapitalizations, divestitures, private equity investments and executive compensation and incentive equity arrangements. Drafted and negotiated corporate transaction documents, including merger and other purchase and sale agreements, disclosure schedules, preferred and common stock terms and limited liability company agreements. Coordinated due diligence investigations and preparation of legal due diligence reports.

Representative clients included Angelo Gordon, Audax Group, Bain Capital, Blue Point, GTCR, Keystone Capital, Maxum Petroleum, Parthenon, POET, LLC, Sun Capital Partners and Waud Capital Partners.

Summer 2002

PORTLAND CITY ATTORNEY'S OFFICE

Summer Law Clerk

Researched and produced memoranda on numerous topics including the Fair Credit Reporting Act, quasijudicial immunity, tax liability under a medical savings proposal, and tort liability for owners of recreational land.

1996-2001 CAPTAIN, UNITED STATES ARMY FORT STEWART, GA and FORT BRAGG, NC

Executive Officer, Support and Rocket Platoon Leader

Directed logistical and maintenance support for a 150 member organization with the division's most maintenance intensive equipment. Led unit of 75 soldiers in execution of logistical supply for 70 vehicles and the maintenance of equipment valued at \$50 million. Led elite artillery unit of 36 soldiers to conduct fire support and rocket missions in support of U.S. policies. Deployed armed team to within 4 miles of Iraqi border within 72 hours of receiving orders in Savannah, Georgia.

Education

2001-2004 UNIVERSITY OF VIRGINIA SCHOOL OF LAW CHARLOTTESVILLE, VA

F.O. Blechman Scholar. Joint Committee on Taxation Intern.

1992-1996 UNITED STATES MILITARY ACADEMY WEST POINT, NY

PORTLAND, OR

Bachelor of Science in Political Science. Dean's List Eight Semesters. Silver Star Academic Excellence

Award.

Personal

Hiking, running, golf, outdoor sports and extensive travel.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No20BSBIG4928
Application/License No
•
TerSera Therapeutics LLC , doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is
520 Lake Cook Road, Suite 500, Deerfield, IL 60015 as Address of Applicant/Principal
PRINCIPAL, and Hartford Fire Insurance Company , a
Surety Company corporation organized under the laws of the state of Connecticut State of Incorporation and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford, CT 06155 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
OOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors,
administrators, successors and assigns jointly and severally, by these presents. This
ond term shall become effective on January 1, 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 December , 2019 APPLICANT/PRINCIPAL SURETY COMPANY TerSera Therapeutics LLC Hartford Fire Insurance Company Authorized Representative Surely Company's Representative Bonnie Rice Attorney-in-fact print name SIGNED and SEALED in the presence of: SIGNED and SEALED in the presence of: Witness Witness Countersigned by: Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to: THE HARTFORD **BOND, T-12** One Hartford Plaza Hartford, Connecticut 06155 Bond.Claims@thehartford.com call: 888-266-3488 or fax: 860-757-5835

Agency Name: MARSH USA INC/NATIONAL SURETY CTR

KNOW ALL PERSONS BY THESE PRESENTS THAT:

	Agency Code: 20–246454
Х	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Bonnie Rice

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:

Bond No. 20BSBIG4928

Naming TerSera Therapeutics LLC as Principal,

and Nevada State Board of Pharmacy as Obligee,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

Hartford

COUNTY OF HARTFORD

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

CERTIFICATE

Kathlant Maynard Kathleen T. Maynard

Notary Public My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of December 26, 2019. Signed and sealed at the City of Hartford

















ellen Kevin Heckman, Assistant Vice President

5WW

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 licer Check box below for type of ownership and complete all require you have selected. If LLC use Non Public Corporation or Partn	ed forms for type of ownership that
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ F	Partnership - Pages 1,2,3,7,8 Sole Owner – Pages 1,2,3,9
GENERAL INFORMATION to be completed be all types	s of ownership
Facility Name: Veloxis Pharmaceuticals, Inc.	
Physical Address: 1001 Winstead Drive, 3rd Floor, Suite 310	
City: Cary State: NC	Zip Code: 27513
Telephone Number: 919-591-3090 Fax Numb	per: 919-591-3089
Toll Free Number: N/A	
E-mail: bbu@veloxis.com Website: www.ve	loxis.com
Facility Manager: Benjamin M. Burgin	
Professional qualifications and experience of facility mana regulatory plans to assure viability of global or regional registrations. action, including anticipation of regulators' responses through scenar Types of licensed outlets or authorized persons firm will see	Identify risk areas and develop alternative courses of io planning and development of contingency plans.
☑ Pharmacies ☐ Practitioners ☑ ☐ Other:	Hospitals 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

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate) N/A	es □ No ⊠
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration) See Attachment B	es ⊠ No □
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political jur	
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	s to pharmaceutical
Name: ASD Specialty Healthcare Inc.	
Address: 3101 Gaylord Pkwy, Frisco, TX 75034	
Name: McKesson Plasma and Biologics	
Address: 6555 N. State Hwy 161, Irving, TX 75039	
Name: Cardinal Health	
Address: 305 Tech Park Drive, Suite 113, LaVergne, TN 37086	
Name: Bergen Pharmacy @ NBIMC	
Address: 178-180 Lyons Ave., Newark, NJ 07112	
A licensee is not required to have a Nevada State Business License, ho please provide the number: N/A	wever, if you do,
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	Vac 🗆 Na 🕅
registration?	Yes □ No ☒

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 explana Copies of any documents that identify the circumstance or contain an order, disposition may be required.	tion must be attached. agreement, or other
I hereby certify that the answers given in this application and attached documents. I understand that any infraction of the laws of the State of Nevada reoperation of an authorized pharmacy may be grounds for the revocation of the	egulating the
I have read all questions, answers and statements and know the contents the under penalty of perjury, that the information furnished on this application are correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, employees, to conduct any investigation(s) of the business, professional, soo background, qualification and reputation, as it may deem necessary, proper	e true, accurate and servants and cial and moral
Original Signature of Person Authorized to Submit Application, no copies or	stamps
Benjamin M. Burgin Print Name of Authorized Person 10-Feb-7 Date	2020
Board Use Only Date Processed: Amount:).c0

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	e of Incorpora	tion: <u>Delaware</u>			
Pare	nt Company i	f any: Veloxis Pharm	naceuticals A/S		
Maili	ng Address:	1001 Winstead Drive,	3rd Floor, Suite 310		
City:	Cary		State: NC	Zip: 27513	
Tele	phone: <u>919-59</u>	1-3090	Fax: 919-591-3	089	
Cont	act Person: _	Benjamin M. Burgin		7	
For a	any corporation	on non-publicly trad	ed, disclose the follo	owing:	
1)	List top 4 p	ersons to whom the	e shares were issue	d by the corporation?	
	a)N/A - Velox	kis Pharmaceuticals, In Name	c. is wholly-owned by its Business A	s parent company, Veloxis Ph Address	armaceuticals A/S
	b)	Name	Business A	Address	
	c)	Name	Business A	Address	
	d)	Name	Business A	Address	
2)	Provide the	number of shares	issued by the corpo	ration. 10,000	
3)	What was t	he price paid per s	hare? _\$0.01		
		ss license is not recovide the number:	NI/A	e wholesaler has a Neva	da business

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment C

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

Attachment A

Resident State License and Online Verification

LICENSE/CERTIFICATE NO.

1013

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

NOT TRANSFERABLE STATUTE GS 81.106.119

LICENSE/CERTIFICATE: TYPE

Virtual Manufacturer

Expiration Date

12/31/2020

Veloxis Pharmaceuticals, Inc.

Cary

LICENSEE OR CERTIFICATOR

27513

1001 Winstead Drive 3rd Floor, Ste 310

Steven DV. Pupl

THIS LICENSEICERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Food & Drug Protection Division

Drug License Search

Go Back

New Search (search.asp)

Your search for veloxis returned the following results...

Veloxis Pharmaceuticals, Inc. 1001 Winstead Drive 3rd Floor, Ste

310

Cary, NC 27513

License Type: 092 License Number: 1013 Description: Virtual

Manufacturer

Status: Active - in good

standing

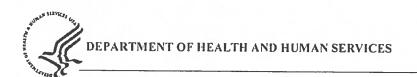
Issue Date: 11/21/2019

Expiration

Date: 12/31/2020

Attachment B

FDA Registration



Food and Drug Administration Silver Spring MD 20993

NDA 206406

NDA APPROVAL

Veloxis Pharmaceuticals, Inc. Attention: Mr. Ronald Guido

Vice President, Global Regulatory Affairs

Chief Compliance Officer

499 Thornall Street 3rd Floor Edison, NJ 08837

Dear Mr. Guido:

Please refer to your New Drug Application (NDA) dated December 28, 2013, received December 30, 2013, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Envarsus XR (tacrolimus extended-release tablets), 0.75 mg, 1 mg and 4 mg.

We acknowledge receipt of your amendments dated

November 17, 2014	January 21, 2015	June 12, 2015	July 2, 2015
December 2, 2014	February 16, 2015	June 18, 2015	July 6, 2015
December 8, 2014	March 10, 2015	June 25, 2015	July 7, 2015
December 12, 2014	April 2, 2015	June 26, 2015	
December 16, 2014	April 13, 2014	July 1, 2015(2)	

Your application was tentatively approved on October 30, 2014. You submitted an amendment on June 12, 2015, after receiving advice provided in the December 5, 2014, teleconference, the December 12, 2014, advice letter and the two January 12, 2015, advice letters.

This new drug application provides for the use of Envarsus XR (tacrolimus extended-release tablets) for prophylaxis of organ rejection in kidney transplant patients converted from tacrolimus immediate-release formulations in combination with other immunosuppressants.

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling text.

National Drug Code Directory

IN LINKEDNI MITTERSHYMMINKEDNI GOMSHAREARTIGLE THING-ITHESAMM-MICESSOATA FOA GONGCNITSIODERNOGDSP. SEARCHESSU LICHARTTTE-MATIONAL DRUG GODE DIRECTORYSSOURCE-PDA ® prii attes. Warmprierest. Compingreate mutton/ubila-https. Mawa accessdata fra oowscrifiscerandodsp. searchresult. Chardescripton-haitonal drug code drecton i EMAN, MAILTO-TSUBJECT-NATIONAL DRUG CODE DIRECTONYBBOOY-HTTPS/MWW.ACCESSDATA FDA.GOVISCRIPTS/CDERINDC/DSP. SEARCHRESULL.CPM. B. PRINT f share https://www.facebook.com/sharersharer.php.https://www.accessdatafda.gov/screts:cdernocdsp-searchresull.cfm

Current through January 07, 2020

You have searched Finished drug products

Search Results; '68992'

Bock to Search Page () | Search Again ()

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Pharm Class	Calcheurin Inhibitor Inmunosuppreseant (EPC), Calcheurin Inhibitors (MoA)	Calcheurin Inhibitor Innnunceuppressant [EPC], Calcheurn Inhibitors [MoA]	Calcineurin inhibitor Immunosupprassant (EPC), Calcineurin Inhibitors [MoA]
Package Description	1 POUCH In 1 CARTON (88992-3040-1) > 1 BOTTLE In 1 POUCH > 100 TABLET, EXTENDED RELEASE In 1 BOTTLE	1 POUCH in 1 CARTON (8892-3075-1) > 1 BOTTLE in 1 POUCH > 100 TABLET, EXTENDED RELEASE in 1 BOTTLE	1 POUCH in 1 CARTON (8092-2040-3) > 1 BOTTLE, PLASTIC in 1 POUCH > 30 TABLET, EXTENDED RELEASE in 1 POTTLE. PLASTIC PLASTIC IN 1 PLASTIC
Market Category	MDA	NDA	NDA
End Marketing Date	NA	NA	N.A.
Start Marketing Date	09/01/2015	09/01/2015	08/01/2015
Product Type Name	HUMAN PRESCRIPTION DRUG	HUMAN PRESCRIPTION DRUG	HUMAN PRESCRIPTION DRUG
Substance	TAGROLIMUS	TACROLIMUS	TACROLIMUS
Nonproprietary Name	Tecrokriva	Тастойтка	Tacoimus
Product	66992-3040	68992-3075	68692-3040
Labeler Name	Veloria Pharmaceutechi, inc	Veloxis Pharmace vácals, Inc	Veloxis Pharmaceutecisi, Inc
Appl. No.	иDA2084D8	NDA206406	NDA208408
Route	ORAL	ORAL	ORAL.
Dosage Form	TABLET, EXTENDED RELEASE	TABLET, EXTENDED RELEASE	TABLET, EXTENDED RELEASE
Btrength	4 mg/1	75 mg/1	4 mg/1
NDC Package Code	68982- 3040-1	90982- 3075-1	3040-3
Proprietary Name	Envareus	Envarans	Enversus

1/7/2020

rectory	
J	
Code	
Drug	
ational	
Z	

Pharm Class	Calcheurin (nhibitor Immunosuppressent [EPC], Calcheurin Imhibitors [MoA]	Cadeneum inhabitor inmunosuperessant (EPC), Cadeneum inhabitors [Md.A]	Calcineurin inhibitor Intranceusporeasant (EPC), Calcineurin Inhibitore (MoA)
Package Description	1 POUCH in 1 CARTON (8892-3010-1) > 1 BOTTLE in 1 POUCH > 100 TABLET, EXTENDED RELEASE in 1 BOTTLE	1 POUCH In 1 CARTON (88962-3075-3) 1 BOTTLE. PLASTIC in 1 POUCH > 30 TABLET. EXTENDED RELEASE IN 1 BOTTLE. PLASTIC	1 POUCH in 1 CARTON (8892-3010-3) > 1 BOTTLE, PLASTIC in 1 POUCH > 30 TABLET, EXTENDED RELEASE in 1 BOTTLE, PLASTIC
Market Category	NDA	NDA	NDA
Marketing Date	NA	N.	NA
Marketing	08/01/2015	09/01/2015	09/01/2015
Product Type Name	HUMAN PRESCRIPTION DRUG	HUMAN PRESCRIPTION DRUG	HUMAN PRESCRIPTION DRUG
Substance	TACROLIMUS	TACROLIMUS	TACROLIMUS
Nonproprietary Name	Tacolimus	Tarretmus	Tarrofmus
Product	68982-3010	68002-3075	68992-3010
Labeler Name	Velores Pharmaceuticala, Inc	Vetoris Prarmacoulidata, Inc	Velozia Prazmaceulicale, inc
Appl. No.	NDA206406	NDA206408	NDA206406
Route	ORAL.	ORAL	ORAL
Dosage Form	TABLET, EXTENDED RELEASE	TABLET EXTENDED RELEASE	TABLET, EXTENDED RELEASE
Strength	1 mg/1	75 mg/1	1 mg/1
NUC Package Code	3010-1	3075-3	3010-3
Proprietary Name	Envareus	Erversus	Envarana

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See aso: <u>Drug Registration and Listing Instructions (Intros:/lwww.fda.gov/Drugs/GuidanceComplianceRegulator/information/DrugRegistrationandListing/acm078801.htm)</u>
National Drug Gode Director, Data Files.(Intros:/lwww.fda.gov/Drugs/InformationGnDrugs/Jvcm142438.htm)



National Drug Code Directory

Attachment C

Corporate Officer and Director Information

Veloxis Pharmaceuticals, Inc. 1001 Winstead Drive, 3rd Floor, Suite 310 Cary, NC 27513

Officers:

Craig A. Collard *Chief Executive Officer*

Ira Duarte Chief Financial Officer

Noel Barnard Secretary

Directors:

Craig A. Collard Ira Duarte

Attachment D

Delaware Certificate of Good Standing

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VELOXIS 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 JANUARY, A.D.

2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VELOXIS

PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SECOND DAY OF

JANUARY, A.D. 2007.

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

4277469 8300 SR# 20200477356

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

Authentication: 202237788

Date: 01-22-20

Attachment E

Surety Bond or Other Means of Security

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. <u>2293592</u>		
Application/License No.		
Veloxis Pharmaceuticals, Inc.	, doing or intending to do busines	s
Applicant/Principal		
as a pharmaceutical wholesaler, whose addr	ress for purposes of service is	
1001 Winstead Drive, 3rd Floor Suite 310, Cary, NC 27513		;
Address of Applicant/Principa	al	
PRINCIPAL, and North American Specialty Insura	rance Company , a	
Surety Cor		
corporation organized under the laws of the si	tate ofNH	_
and authorized to transact a general surety bu	State of Incorporation usiness in the State of	
Nevada, whose address for purposes of service	ice is	
1200 Main Street, Suite 800 , Kansas City, MO 64105	a	S
Address of Surety		
SURETY, are held and firmly bound unto the State Board of Pharmacy for the penal sum of DOLLARS (\$100,000.00), for which payment	f ONE HUNDRED THOUSAND	
administrators, successors and assigns jointly bond term shall become effective onFeb	y and severally, by these presents. bruary 7, 2020	
Effe	ective 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
- (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.

7th day of February,	ond has caused it to be executed on this 2020
APPLICANT/PRINCIPAL Veloxis Pharmaceuticals, Inc. By: Authorized Representative TRA DUARTE, TREASURER	SURETY COMPANY North American Specialty Insurance Company By: SEAL 1973 Surety Company's Representative Julia McElligott , Attorney-in-fact print name
SIGNED and SEALED in the presence of: Victoria Brooking Witness	SIGNED and SEALED in the presence of: Witness

Countersigned by:

NV Non-Recident Leense #571429

Expires 02-01-2023

SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY WASHINGTON INTERNATIONAL INSURANCE COMPANY

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, each does hereby make, constitute and appoint: Julia McElligott

Principal:

Veloxis Pharmaceuticals, Inc.

Bond Number: 2293592

Obligee:

Nevada State Board of Pharmacy

Bond Amount: See Bond Form

Bond Description: NV Pharmaceutical Wholesaler Bond (\$100,000)

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:

FIFTY MILLION (\$50,000,000.00) 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 both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

"RESOLVED, that any two of the Presidents, any Managing Director, 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."



By
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company

> North American Specialty Insurance Company Washington International Insurance Company

State of Illinois County of Cook

SS:

On this <u>1st</u> day of <u>February</u>, <u>2019</u>, before me, a Notary Public personally appeared <u>Steven P. Anderson</u>, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and <u>Michael A. Ito</u>, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, 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, <u>Jeffrey Goldberg</u>, the duly elected <u>Assistant Secretary</u> of North American Specialty Insurance Company and Washington International Insurance Company, 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 and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 7th

February

, 2020

Jeffrey Goldberg, Vice President & Assistant Secretary of Washington International Insurance Company & North American Specialty Insurance Company

BENJAMIN M. BURGIN. RAC

Email: b

Phone: 5

5

ACCOMPLISHMENTS

- Responsible for the NDA submissions and FDA interactions resulting in the original product approvals for Apriso[®] (mesalamine granules) extended-release capsules and Giazo[®] (balsalazide disodium) tablets.
- Directed regulatory activities resulting in FDA and EMA approvals of a key indication for Relistor® (methylnaltrexone bromide) subcutaneous injection. This included working closely with senior management on a successful appeal to FDA ODEIII and a successful advisory committee meeting involving 5 companies representing the mu-opioid receptor antagonist drug class.

WORK EXPERIENCE

Director, Regulatory Affairs (February 2017 – Present)

Veloxis Pharmaceuticals, Inc., Cary, NC

- Oversee development and negotiation of overall regulatory plans to assure viability of global or regional registrations
- Identify risk areas and develop alternative courses of action, including anticipation of regulators' responses through scenario planning and development of contingency plans.

Director, Regulatory Affairs (April 2016 – January 2017)

KemPharm, Inc., Durham, NC

- Worked closely with senior management to create a process for corporate review of advertising and promotional material for the company's first anticipated marketed product
- Performed regulatory review of proposed post-approval changes and provided strategic assessment of changes to ensure appropriate filing requirements
- Instrumental in the preparation and submission of the company's first 2 electronic IND applications

Associate Director, Regulatory (March 2012 – June 2015) Senior Manager, Regulatory (March 2007 – March 2012)

Salix Pharmaceuticals, Inc., Raleigh, NC

- Provided strategic regulatory guidance for development projects and in support of marketed products to maintain regulatory compliance
- Directed writing and preparation of regulatory submissions to health authorities (FDA, EMA, and HC) including pre-IND, IND, NDA, NDS, MAA applications, supplements, amendments, meeting requests, and meeting briefing documents
- Lead preparation and planning for meetings with regulatory authorities and actively participated in meetings to ensure objectives were met
- Served as the primary liaison with applicable regulatory authorities for assigned products
- Performed regulatory review of proposed post-approval changes and provided strategic assessment of changes to ensure appropriate filing requirements were met and submissions were complete
- Directed regulatory review of advertising and promotional material for multiple marketed products
- Conducted regulatory review of clinical study reports and clinical protocols
- Provided regulatory guidance and advice to cross-functional teams

- Monitored FDA and other governmental agency laws and regulations through websites and publications
- Ensured company SOPs and practices were in conformance with FDA and international regulatory requirements
- Assured maintenance of regulatory archival records
- Performed regulatory due diligence reviews for proposed product acquisitions

Regulatory Intelligence Analyst, (February 2006 – March 2007)

Schwarz Biosciences, Inc., Raleigh, NC

- Opportunity to lead the development and implementation of a new regulatory intelligence role within the company
- Identified and communicated emerging legislation that impacted company development programs and activities
- Monitored competitor activities using internal and external resources
- Managed regulatory knowledge internally by disseminating relevant regulatory information in recurring reports
- Developed a systematic process for the retrieval of applicable industry information
- Created a network of information providers inside and outside the company
- Conducted research on specific regulatory topics using publicly available information
- Reviewed Federal Register for new guidances/regulations and communicated changes and updates to members of the Regulatory department
- Collaborated with internal regulatory web staff/ directors to provide background/regulatory opinion on new guidance documents
- Member of corporate task force that defined processes for distribution of intelligence information within the company

Senior Manager, Regulatory Operations, (January 2005 – January 2006)

Schwarz Biosciences, Inc., Research Triangle Park, NC

- Supervised all activities associated with the preparation of IND submissions to the FDA
- Provided regulatory guidance and support to project teams for CTD Module 1 items
- Supervised maintenance of regulatory database for IND submissions, protocols, investigators, Canadian submissions, and safety information
- Supervised regulatory approval of drug release for all therapeutic areas
- Supervised activities of Regulatory Specialists and Regulatory Coordinator
- Served as the U.S. Regulatory representative for company SOP Committee
- Reviewed Federal Register for new guidances/regulations and communicated changes and updates to members of the Regulatory department
- Processed Freedom of Information requests and maintained a library of this documentation
- Authored SOP regarding financial disclosure by clinical investigators

Regulatory Submissions Manager, (January 2003 – December 2004)

Sr. Regulatory Submissions Specialist/Acting Regulatory Submissions Manager, (July 2002 – January 2003)

Regulatory Submissions Specialist, (August 2001 – July 2002)

Inveresk Corporation, Cary, NC / PharmaResearch Corporation, Morrisville, NC

- Reviewed all proposals and budgets that involved regulatory activities
- Managed and tracked all regulatory submissions budgets
- Managed and projected all phases of regulatory submission assembly
- Interfaced with project managers in all functional areas and represented Regulatory Operations in project team meetings
- Ensured maintenance of regulatory submission files for all projects
- Arranged and prepared for sponsor and FDA meetings
- Obtained regulatory information and guidance documentation using the FDA and other regulatory information sources on the internet
- Prepared regulatory SOPs and assisted in SOP planning, preparation, and execution as needed
- Kept abreast of FDA, ICH and international guidelines as well as company SOPs related to regulatory operations
- Interpreted regulations for staff to make informed and proactive decisions about regulatory aspects of clinical trials and projects
- Managed the verification of qualifications and capabilities of investigator physicians and study sites to successfully manage and conduct clinical studies
- Managed and evaluated contracted services such as reprographics vendors and expert technical reviewers
- Reviewed investigative site regulatory documentation and informed consents
- Conducted training of company associates regarding regulatory-related topics

Regulatory Specialist, (October 2000 – August 2001)

Senior Regulatory Documentation Coordinator, (January 2000 – October 2000)

Regulatory Documentation Coordinator, (October 1998 – January 2000)

Quintiles, Inc., Durham, NC

- Prepared and compiled IND and NDA submissions to the FDA
- Electronically published and quality checked IND and NDA submissions to the FDA
- Maintained IND submissions
- Reviewed investigative site regulatory documentation, informed consents, and advertisements
- Served as Regulatory Lead in Project Teams
- Interacted with internal and external clients regarding regulatory matters
- Assisted management in advising clients in regulatory matters
- Maintained knowledge of regulatory trends and developments in the US, Canada, Europe, and emerging markets

Clinical Research Coordinator, GlaxoWellcome, Inc.

Research Triangle Park, NC (June 1997 – October 1998)

- Coordinated drug requests and internal regulatory document submissions
- Organized records and files in accordance with GCP regulations and guidelines
- Created and maintained monthly reports, budgets, and grant requests for multiple research studies

EDUCATION

Regulatory Affairs Certification (RAC), December 2002Regulatory Affairs Professionals Society

Bachelor of Science in Business Management, December 1996North Carolina State University, Raleigh, NC
Concentration: Operations Management

Computer Skills: ISI ToolBox, Liquent CoreDossier Electronic Publishing Software, Accenture eCTD Viewer, Omnicia OmniView, Microsoft Office, Microsoft Outlook

REFERENCES AVAILABLE UPON REQUEST

5XX

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 WHO1836 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: Dixon Shane, LLC DBA R&S Northeast, LLC
Physical Address: 8407 Austin Tracy Road
City: Fountain Run State: KY Zip Code: 42133
Telephone Number: 270 434 2045 Fax Number: 270 434 2048
Toll Free Number: 270 434 2045
E-mail: kmatthews@rsnortheast.com Website: www.rsnortheast.com
Facility Manager: Billy Bishop
Professional qualifications and experience of facility manager: Operations Manager
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled by firm:
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) ☑ Other: OTC's ☐ Hypodermic Devices ☐ Veterinary Legend Drugs

This page must	be submitted	for all types of	ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	s & No L
(ii yes, provide a copy of the certificate)	
•	s □ 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 juris	sdiction? Yes □ No ☑
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name: AMNEN PHARMACENTICALS	
Name: AMNEN PHARMACENTICALS Address: 118 BEAVER TRAIL GLASGOW KY 42	141
Name: TEVA	
Address: 1090 110RSHAM RD. 6 NORTHWALES PA	19454
Name: APOTEL CORP	
Name: APOTEX CORP Address: 5160 WEST 74 TH ST. INO, ANAPOLIS IN	46268
Name: LANNETT COMPANY	
Name: LANNETT COMPANY Address: 9000 STATE ROAD PHILADELPHIA PA 19136	
A licensee is not required to have a Nevada State Business License, how please provide the number:	wever, if you do,
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 ☑

This page must be submitted for all types of ownership.

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 explan Copies of any documents that identify the circumstance or contain an orde disposition may be required.	
I hereby certify that the answers given in this application and attached documents. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regulating the
I have read all questions, answers and statements and know the contents under penalty of perjury, that the information furnished on this application a correct. I hereby authorize the Nevada State Board of Pharmacy, its agent employees, to conduct any investigation(s) of the business, professional, s background, qualification and reputation, as it may deem necessary, property.	are true, accurate and s, servants and ocial and moral
Stan Skuly	
Original Signature of Person Authorized to Submit Application, no copies of	,
Steve Shirley 2/28/	20
Print Name of Authorized Person	
Board Use Only Date Processed: Amount:	20.00

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Kentucky
Parent Company if any: Rondo Intermediate Holdings, LLC
Mailing Address: 400 CROSSING BOULEVARD 3RD FLOOR
City: BRIDGE WATER State: NJ Zip: 08807 Telephone: 270-434 - 2045 Fax: 210-434 - 2048
Telephone: 270-434 - 2045 Fax: 270-434 - 2048
Contact Person: TIMI SMITH
For any corporation non-publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Steve Shirley 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address
b) Jerry Shirley 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address
c) Mary Tim Smith 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address
d) NA
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

<u>Certificate of Corporate Status</u> (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.

Dixon-Shane LLC d/b/a R&S Northeast LLC

8407 Austin Tracy Road Fountain Run, Kentucky 42133 FEIN: 33-1004627

Incorporated in the State of Kentucky on 04/25/2002

Steve Shirley

President and CEO

Business Address:

8407 Austin Tracy Road, Fountain Run, KY 42133

Business Phone:

270-434-2045

Ownership:

0%

Jerry Shirley

Corporate Secretary

Business Address:

8407 Austin Tracy Road, Fountain Run, KY 42133

Business Phone:

270-434-2045

Ownership:

0%

Mary Tim Smith

CFO & Treasurer

Business Address:

8407 Austin Tracy Road, Fountain Run, KY 42133

Business Phone:

270-434-2045

Ownership:

0%

Facility Name		
State		v
	Search	Reset

Current list of 2 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Dixon Shane, LLC dba R&S Northeast, LLC	8407 Austin Tracy Rd	Reaccreditation in process
	Fountain Run, KY 42133	
Dixon Shane, LLC dba R&S Northeast, LLC	10049 Sandmeyer Lane	02/05/19
	Philadelphia, PA 19116	

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John Wishow



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: 01/25/2011

NUMBER: W02713

EXPIRATION DATE: 09/30/2020

Issued to:

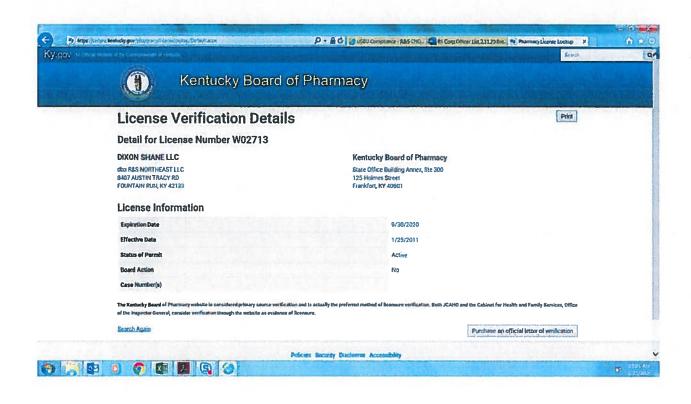
DIXON SHANE LLC dba R&S NORTHEAST LLC 8407 AUSTIN TRACY RD FOUNTAIN RUN, KY 42133

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.



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 Existence

Authentication number: 226606

Visit https://app.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,

DIXON-SHANE LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 25, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have 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 5th day of February, 2020, in the 228th year of the Commonwealth.



mehall J. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky 226606/0535698

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 Existence

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Wehall J. adam.

Michael G. Adams Secretary of State Commonwealth of Kentucky 226606/0535698

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100 Reno, Nevada 89521 (775) 850-1440 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. <u>K06824390</u>		
Application/License No.		
Dixon-Shane, LLC dba	dina ta da husinana	
R and S Northeast, LLC , doing or intended	ding to do business	asa
pharmaceutical wholesaler, whose address for purpo	ses of service is	
8407 Austin Tracy Rd., Fountain Run KY 42133		, as
Address of Applicant/Principal		·
PRINCIPAL, and Westchester Fire Insurance Co	ompany ,	а
Surety Company		
corporation organized under the laws of the state of	New York	
	State of Incorporation	
and authorized to transact a general surety business	in the State of	
Nevada, whose address for purposes of service is		
PO Box 1000, Philadelphia PA 19106		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 I		
DOLLARS (\$100,000.00), for which payment we bind		
executors, administrators, successors and assigns jo		
presents. This bond term shall become effective on		006.
	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.

	and has caused it to be executed on this 20_06
APPLICANT/PRINCIPAL Dixon-Shane, LLC dba R and Sonortheast LLC Authorized Representative	SURETY COMPANY Westchester Fire Insurance Company Cultured Company Surety Company's Representative
F	ichard G. Anderson, Attorney-in-fact
SIGNED and SEALED in the presence of: Witness	SIGNED and SEALED in the presence of: Signed and Seamont of the presence of: Witness Gana Semonelle
Withess (Anna Feverly Witness
	Countersigned by:
By A and H INSURANCE, NC., RENO, NEVAD Nevada Resident Agent Bradley A. Pedice	Nevada Resident Agent

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100 Reno, Nevada 89521 (775) 850-1440 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. <u>K06824390</u>
Application/License No.
Dixon-Shane, LLC dba
R and S Northeast, LLC , doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is
8407 Austin Tracy Rd., Fountain Run KY 42133 as
Address of Applicant/Principal
PRINCIPAL, and Westchester Fire Insurance Company , a
Surety Company
corporation organized under the laws of the state of New York
State of Incorporation and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
PO Box 1000, Philadelphia PA 19106 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 27, 2006.
WILEDEAC the previous of Neverth Davided Chattan (NDC) 020 545 persion

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:

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- may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
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- (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.

	and has caused it to be executed on this 20_06
APPLICANT/PRINCIPAL Dixon-Shane, LLC dba R and Si Northeast LLC. Authorized Representative	SURETY COMPANY Westchester Fire Insurance Company Luliania Luliania Surety Company's Representative
R	ichard G. Anderson, Attorney-in-fact
SIGNED and SEALED in the presence of: Witness	SIGNED and SEALED in the presence of: Witness Gina Semonelle
Withess (Anna Frency Witness
	Countersigned by:
By A and H INSURANCE, NC., RENO, NEVAD Nevada Resident Agent Bradley A. Pedice	TO VACIO IN CONCENT AGENT

Billy J. Bishop MacAfee Lane Glasgow. KY 42141-3335

bbishop@glasgow-ky.com

PROFESSIONAL SUMMARY

A manufacturing management professional with proven expertise in value engineering, quality assurance, customer service and labor relations.

EXPERIENCE

October 2018 to present—R & S Northeast LLC. Operations Manager

- · Manages the distribution of products, parts, and inventory.
- Ensures distribution staff deliver efficient operations and timely deliveries to meet distribution performance goals.
- Schedule employee work hours.
- Prepare, update, and communicate the production expectations.
- Analyze existing processes and propose improvements and new methods to control costs and enhance customer satisfaction.
- Comply with all OSHA safety requirements
- Direct warehouse operations including transportation, maintenance and order management.
- Supervise the Production Team to produce and prioritize jobs and, when necessary, reorganize to meet deadline changes and updates.
- Ensure that all compliance regulations are achieved.

November 2012 to October 2018—Circor Corp. Manufacturing Manager

- · Strive for continuous improvement in safety, quality, and production.
- Coordinate safety, quality and efficiency for the Zenith division...
- Schedule employee work hours.
- · Prepare, update, and communicate the production schedule.
- Lead departments to meet customer demands.
- Comply with all OSHA safety requirements
- Coordinate between production workers and engineers to implement manufacturing improvements.
- Supervise the Production Team to produce and prioritize jobs and, when necessary, reorganize to meet deadline changes and updates.

May 2012 to November 2012—R&S Northeast Pharmaceutical

Warehouse/Shipping Manager

January 2012 to May 2012--Studle/Vincent & Associates

Tax Consultant

2009-2011-- Enrolled at Western Kentucky University as a full time student

2003-2009— Production Manager SKF, GLASGOW, KY

- · Coordinated safety, quality and efficiency for plant departments.
- Managed and improved plant TS16949 standards.
- · Lead departments to meet customer demands.
- Directed and supervised all aspects of line changeovers.
- Acted as liaison between production workers and engineers to coordinate manufacturing improvements.

Billy J. Bishop

Page 2

- Task force member in charge of ongoing efforts to reduce supply costs.
- Managed 110 employees daily.

2001-2003----Sales Representative Wholesale Hardwood Interiors, Campbellsville, KY

- Direct sales of interior trim and entire trim packages to final consumer.
- · Coordination of shipments and follow through to ensure customer satisfaction.
- Complete management of all aspects of the sale to include the following: Initial contact, measurement, calculations, bids and check-in during installation. Final follow up to confirm customer satisfaction.

1987-2001—Supervisor Dana/Eaton Corporation, Glasgow, KY

- Complete knowledge of operational equipment, and excellent record of meeting daily production schedules to meet customer demands.
- Achieved highest levels of rapport with subordinate team members and management executives.
- Achieved highest marks for quality and productivity while operating at costs less than that of other departments within the facility.
- Skilled at using computer applications.

EDUCATION

- · Associates Degree in Business Administration, Western Kentucky University.
- While enrolled at Western Kentucky University College, I maintained an overall 3.85 GPA.

Classes include the following:

- Business Seminar
- Principles of Economics
- Business Communications
- Organizational Management
- Business Entrepreneurship

YY

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 00431 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 □ Sole Owner - Pages 1,2,3,8 		
GENERAL INFORMATION to be completed be all types of ownership		
Facility Name: Dixon Shane, LLC DBA R&S Northeast, LLC		
Physical Address: 10049 Sandmeyer Lane		
City: Philadelphia State: PA Zip Code: 19116		
Telephone Number: 800-262-7770		
Toll Free Number: 800-262-7770		
E-mail: mark@rsnortheast.com Website: www.rsnortheast.com		
Facility Manager: Chad Borisuk		
Professional qualifications and experience of facility manager: Operations Manager - refer to the attached resume		
Types of licensed outlets or authorized persons firm will serve:		
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: Clinics		
Type of Products to be handled or wholesaled by firm:		
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) ☑ Other: OTC's ☐ Hypodermic Devices ☐ Veterinary Legend Drugs 		

This page	must be	submitted	for all types	of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	es 🗵 No 🗆
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	es 🗆 No 🗹
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political juri	
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name: AMNEAL PHARMACEUTICALS Address: 1/8 BEAVER TRAIL GLASGOW KY 4-	2141
Name: TEVA Address: 1090 HORSHAM RO. 6 NORTHWATES	PA 19454
Name: GILEAD SCIENCES Address: 333 LAKESIDE OR. FOSTER CITY MA	94404
Name: PFIZER PHARMACEUTICALS Address: 1855 SHELBY DAKS DRIVE NORTH MEMPHI	S TN 38134
A licensee is not required to have a Nevada State Business License, hoplease provide the number:	wever, if you do,
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 ☑

This page must be submitted for all types of ownership.

B. Has the corporation, any owner(s), shareholder(s) or partner(s) with any nterest, 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 nterest, 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 nterest, ever surrendered a license, permit or certificate of registration
voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑
f 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.
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.
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 packground, qualification and reputation, as it may deem necessary, proper or desirable.
Struct Shirty Driginal Signature of Person Authorized to Submit Application, no copies or stamps
Steve Shirley, President and CEO 2/28/20
Print Name of Authorized Person Date
Board Use Only Date Processed: Amount: 500.00

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Kentucky
Parent Company if any: Rondo Intermediate Holdings, LLC
Mailing Address: 400 Crossing Blvd, 3rd Flow
City: byidgewater State: NJ Zip: 08807
Telephone: 270-434-2045 Fax: 270-434-2048
Contact Person: Ismith @ RS northeast.com
For any corporation non-publicly traded, disclose the following:
List top 4 persons to whom the shares were issued by the corporation?
a) Rondo Intermediate Holdings, LLC
Name Business Address
b) Steve Shirley 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address
c) Jerry Shirley 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address
d) Mary Timi Smith 8407 Austin Tracy Road, Fountain Run, KY 42133
Name Business Address
2) Provide the number of shares issued by the corporation
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

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.



The National Association of Boards of Pharmacy® hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

10

Dixon Shane, LLC dba R&S Northeast, LLC

located at

10049 Sandmeyer Lane, Philadelphia, PA 19116

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

February 5, 2019 - February 4, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Fechanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

will continue to update this page as new information is available. Attention: MABP is closely monitoring the effects of Coronavirus on our exams, scheduled surveys and inspections, and the Annual Meeting. An update for our members and customers can be viewed at www.nabp.pharmacy/coronavirus. We

Home - Programs - Drug Distributor Accreditation - Accredited Drug Distributors **Accredited Drug Distributors**

DRUG DISTRIBUTOR ACCREDITATION

Criteria

Apply

Accredited Drug Distributors

Find an Accredited Drug Distributor

State

Facility Name

Search Reset

Current list of 2 Verified-Accredited Wholesale Distributors®

VAVO accreditation is waitd for 3 years
Facilities left with "Reaccreditation in process" remain accreditation throughout the reaccreditation process.

Dorch Shane, LLC dba RAS Roitheast, LLC 8407 Austin Tracy Rd

Fountain Run, KY 42133

Copyright © 2018 National Association of Boards of Pharmacy® (National)

Sorified 3/12/20



Dixon-Shane LLC d/b/a R&S Northeast LLC 8407 Austin Tracy Road Fountain Run, Kentucky 42133

Corporate Officers

- Steve Shirley President and CEO
- Jerry Shirley Corporate Secretary
- Mary Timi Smith CFO and Treasurer



Certificate of Registration

Certificate No. 3000008083

(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

R & S NORTHEAST LLC 10049 SANDMEYER LANE PHILADELPHIA, PA 19116

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: November 14, 2006

Expiration Date: The Last Day of June, 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. 8000001072

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

R & S NORTHEAST LLC 10049 SANDMEYER LANE PHILADELPHIA, PA 19116

Drug & Device Registration
555 WALNUT ST

FORUM PLACE -7th FLOOR -SUITE 701 HARRISBURG, PA 17101 (717) 787-4779

accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992. The above business is registered in the required category to conduct and maintain a facility in

Issuance Date: May 23, 2002

Expiration Date: The Last Day of June, 2020

Susan Coble

Deputy Secretary for Quality Assurance

DEPARTMENT OF HEALTH

Rachel L. Levine, MD Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Commonwealth of 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 Existence

Authentication number: 226606

Visit https://app.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,

DIXON-SHANE LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 25, 2002 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have 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 5th day of February, 2020, in the 228th year of the Commonwealth.



Michael J. Edam

Michael G. Adams Secretary of State Commonwealth of Kentucky 226606/0535698

Chad Borisuk

Morrell Circle • Philadelphia PA 19114 •

I'm a hardworking, reliable, and detail-oriented individual who works well individually or as a member of a team. I have a proven ability to effectively adapt to any situation under the most stringent conditions without endangering the integrity of my work.

EXPERIENCE

R&S Northeast LLC - Philadelphia PA

Operations Manager

May-2004 - Present

- Training, mentoring, and developing employees
- Performing weekly inventories and yearly audits
- Analyze metrics to track and monitor employee performance
- Oversee the unloading, storage, and distribution of goods moving throughout the warehouse
- Ensure timely and accurate processing of customer orders
- Communicate with sales department to ensure customer issues are resolved
- Evaluate current operations and implement necessary changes
- Ensure adherence to all procedures regarding safety

SKILLS

- Ability to Multitask
- Leadership/Management Skills
- Microsoft Office (Excel, PowerPoint, Word)
- Problem Solving Skills

CERTIFICATIONS

- CPR Certified
- Forklift Certified
- Florida Designated Representative

EDUCATION

Archbishop Ryan High School - Philadelphia PA

September 1999 - June 2003

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 No9326780
Application/License No.
Dixon-Shane, LLC dba R & S Northeast, LLC, doing or intending to do business as a
Applicant/Principal Charmaceutical wholesaler, whose address for purposes of service is
10049 Sandmeyer Lane, Philadelphia, PA 19116 , as Address of Applicant/Principal
PRINCIPAL, and Fidelity and Deposit Company of Maryland, a
corporation organized under the laws of the state of _Illinois
State of Incorporation and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
707 Philadelphia Pike, Wilmington, DE 19809 as Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND
OOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This
pond term shall become effective on <u>April 13, 2020</u> 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.

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 Scal 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 scals of the said Companies, this 13 day of 2026.



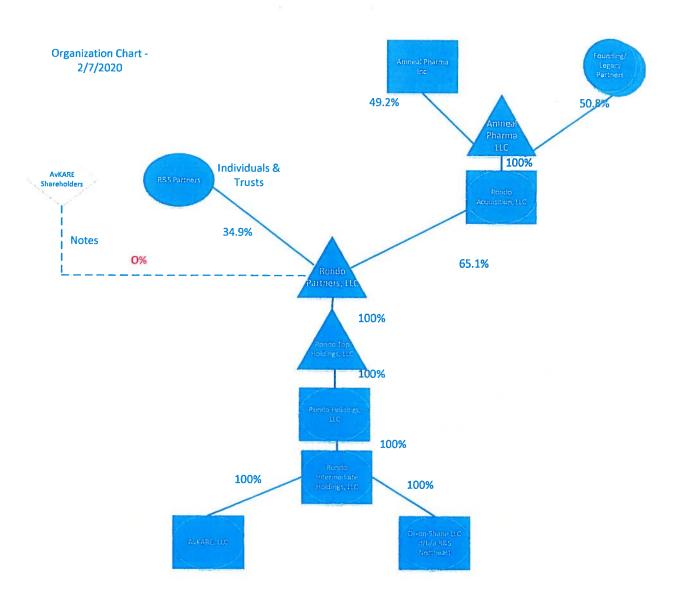




Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT ALL REQUIRED INFORMATION TO:

Zurich American Insurance Co Attn: Surety Claims 1299 Zurich Way Schaumburg, IL 60196-1056



5ZZ

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.
Previous license # WHO 1745 — Aid not revew in 2015 due to lack of business in a 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 Sole Owner — Pages 1,2,3,9
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: TAGI Pharma
Physical Address: 722 Progressive Lane, Room 255
City: South Beloit State: IL Zip Code: (61880
Telephone Number: 815-1624-7685 Fax Number: 815-624-4628
Toll Free Number: 855-225-8244
E-mail: Klochr (2) tagipharma com Website: www. tagipharma.com
Facility Manager: Robert Koopman
Professional qualifications and experience of facility manager: President of TAGI from 2010-Corrent-President of Precision Dase since 2003.
Types of licensed outlets or authorized persons firm will serve:
Pharmacies Practitioners Hospitals Wholesalers Other: 3PL we ship only our own labeled products to a 3PL Fora CA Customer.
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:



This page must be submitted for all types of ownership Yes X No □ Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate) Yes □ No 🖎 Licensed as Manufacturer by the FDA? (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 🗆 * TAGI is a wholely owned subsidiary of Precision Dose, Inc. 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. Please see attached Source List 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

Yes □ No 💢

any interest, ever been denied a license, permit or certificate of

registration?

This page must be submitted for all types of ownership.

 Has the corporation, any owner(s), shareholder(s) or pa interest, ever been the subject of an administrative action, site fine or proceeding relating to the pharmaceutical industrial 	board citation,
4. Has the corporation, any owner(s), shareholder(s) or painterest, ever been found guilty, pled guilty or entered a ple contendere to any offense federal or state, related to controsubstances?	a of nolo
5. Has the corporation, any owner(s), shareholder(s) or painterest, ever surrendered a license, permit or certificate of voluntarily or otherwise (other than upon voluntary close of the literal participation of the answer to question 1 through 5 is "yes", a signed state Copies of any documents that identify the circumstance or disposition may be required.	registration a facility)? Yes No D Nock of sales A 3PLIN Reno so we are reapplying ement of explanation must be attached.
I hereby certify that the answers given in this application are correct. I understand that any infraction of the laws of the soperation of an authorized pharmacy may be grounds for the sounds.	State of Nevada regulating the
I have read all questions, answers and statements and known under penalty of perjury, that the information furnished on to correct. I hereby authorize the Nevada State Board of Pharemployees, to conduct any investigation(s) of the business background, qualification and reputation, as it may deem not correct. Original Signature of Person Authorized to Submit Applications.	his application are true, accurate and macy, its agents, servants and professional, social and moral ecessary, proper or desirable.
Robert A. Koopman Print Name of Authorized Person	2-26 - 2020 Date
Board Use Only Date Processed:	Amount:

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Illinois
Parent Company if any: <u>Precision Dose, Inc.</u>
Mailing Address: 722 Progressive Lane, Room 205
City: South Relait State: IL Zip: 6080
Telephone: 815-624-7685 Fax: 815-624-4628
Contact Person: Kristin Loehr
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 TAGI Pharma, Inc. is a wholely owner Name Business Address b) Subsidiary of Precision Dose, Inc.
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

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

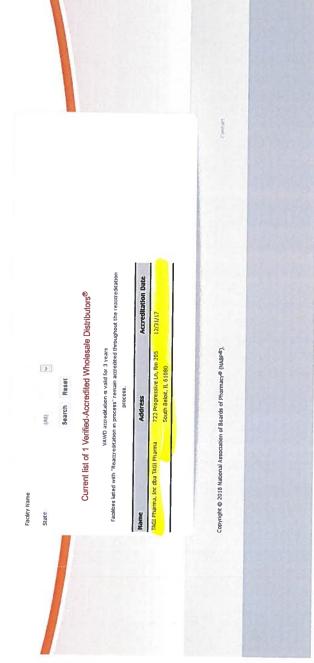


Accredited Drug Distributors

Home > Programs > Drug Distributor Accreditation > Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION Apply Criteria Accredited Drug Distributors

Find an Accredited Drug Distributor



2/3/202/2/2



The National Association of Boards of Pharmacy® hereby awards

Verified-Accredited Wholesale Distributors® Accreditation

2

TAGI Pharma

located at

722 Progressive In, Rm 205, South Beloit, FL 61080

the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

lande late

Carmen A. Catizone, Execut ve Lirector/Secretary

December 31, 2017 - December 30, 2020

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy



Cut on Dotted Line

2

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3579359



Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3579359

File Number

6750-422-4



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

TAGI PHARMA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 2010, 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 25TH day of FEBRUARY A.D. 2020 .

Authentication #: 2005603894 verifiable until 02/25/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE

855



Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA	
TAGI PHARMA INC	South Beloit, IL 61080		

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004685	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	02/11/2019	02/11/2019	12/31/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004003153	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	10/04/2010	12/13/2018	12/31/2020	N
30****26	LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules II III IV V)	ACTIVE	10/04/2010	12/13/2018	12/31/2020	N

Generated on: 2/25/2020 4:34:53 PM

APPLICANT Facilities: VAWD # 50156-85680 **ACCREDITED Facilities:** TAGI Pharma, Inc.

Source Name	Address	Is Source a Manufacturer?	Is Source an Affiliate?	FDA ID#
CSPC Ouyi Pharmaceutical Co. Ltd.	No. 276 West Zhongshan Road, Shijiazhuang, China 050051	Yes	No	2000021110
Elite Pharmaceuticals Inc.	135 Ludlow Avenue, Northvale, NJ 07647	Yes	No	3002644678
Epic Pharma, LLC	227-15 North Conduit Ave, Laurelton, NY 11413	Yes	No	2431929
Ingenus Pharmaceuticals NJ, LLC.	140 New Dutch Lane, Fairfield, NJ 07004	Yes	No	2246963
Hikma Pharmaceuticals	1900 Arlingate Lane, Columbus, OH 43228	Yes	No	1510690

TAGI Pharma, Inc.

Shareholder, director and officer list as of May 4, 2019.

SHAREHOLDER:

Precision Dose, Inc.

DIRECTORS:

Frank Darnell Robert Koopman Clark Kleinheinz W. Michael Keiser Kenneth Harrington

OFFICERS:

President, Chief Executive Officer, and Assistant Treasurer Robert Koopman Ken Harrington Vice President of National Sales & Marketing Mary Zieker Vice President of Quality & Regulatory Vice President of Procurement and IT Melissa Edge Steve Tomsyck Vice President of Operations Vice President of Finance and Assistant Secretary Jeffrey Huber Valerie Koopman Vice President of Product Development Frank Darnell Secretary and Treasurer



Question #5

Has the corporation ever voluntarily surrendered a license?

Yes. TAGI Pharma was initially licensed in NV in 2011. We had a valid, undisciplined NV license #WHO1745 until 10/31/18. Prior to the renewal, we submitted a letter stating TAGI would not be renewing due to lack of sales in the state. Copies of previous NV licenses and our voluntary non-renewal letter is attached.

Due to a current California customer request we ship to a 3PL in Reno, TAGI is reapplying for a NV license.

Robert A. Koopman

President & CEO, TAGI Pharma





September 14, 2018

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

Dear Sir or Madam,

TAGI Pharma will be voluntarily not renewing our NV Wholesale License #WHO1745 expiring 10/31/18. The decision to not renew was solely an internal business decision based on a lack of lack of sales in NV.

If you have any questions, comments or concerns please do not hesitate to contact me. I will be available Monday thru Friday 8am to 4:30pm CST.

Thank you,

Kenneth A. Harrington

Vice President Sales & Marketing

(815)624-7685

kloehr@tagipharma.com

722 Progressive Lane, Room 205

South Beloit, IL 61080

NEVADA STATE BOARD OF PHARMACY

COPY

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/12/2016 Amount: 500.00 License #: WH01745

TAGI PHARMA, INC. ROBERT A. KOOPMAN 722 PROGRESSIVE LN, ROOM 205 SOUTH BELOIT, IL 61080

(ID Card)

Trim ID Card to fit your wallet

WHOLESALER

Expires:10/31/2018

License # WH01745 Active

NEVADA

BOARD OF

TAGI PHARMA, INC. ROBERT A. KOOPMAN 722 PROGRESSIVE LN, ROOM 205 SOUTH BELOIT, IL 61080

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

STATE OF NEVADA
STATE BOARD OF PHARMACY
WHOLESALER

License Type: WHOLESALER

License #: WH01745

DEA #: RT0405995

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Expires: 10/31/2018 STATUS: Active

TAGI PHARMA, INC. ROBERT A. KOOPMAN 722 PROGRESSIVE LN, ROOM 205 SOUTH BELOIT, IL 61080

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 09/18/2014 Amount: 500.00 License #: WH01745

TAGI PHARMA, INC. ROBERT A. KOOPMAN 722 PROGRESSIVE LN, ROOM 205 SOUTH BELOIT, IL 61080

(ID Card)

Trim ID Card to fit your wallet



Expires:10/31/2016

WHOLESALER

License # WH01745 Active TAGI PHARMA, INC. ROBERT A. KOOPMAN 722 PROGRESSIVE LN, ROOM 205 SOUTH BELOIT, IL 61080

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

STATE OF NEVADA
STATE BOARD OF PHARMACY
WHOLESALER

License Type: WHOLESALER

License #: WH01745

DEA #: RT0405995

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

TAGI PHARMA, INC. ROBERT A. KOOPMAN 722 PROGRESSIVE LN, ROOM 205 SOUTH BELOIT, IL 61080

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Expires: 10/31/2016 STATUS: Active



License Type: WHOLESALER License #: WH01745

DEA #: RT0405995

STATE BOARD OF PHARMACY STATE OF MEVADA

THE UNDER-NOTED H THE IS HEREBY LICENCED

STATUS: Active

Expires: 10/31/2014

TAGI PHARMA, INC. ROBERT A. KOOPMAN 722 PROGRESSIVE LN, ROOM 205 SOUTH BELOIT, IL 61080

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nebada State Board of Pharmacy



431 W. Plumb Lane bop.nv.gov Reno, Nevada 89509 (775) 850-1440 - FAX (775) 850-1444

SOUTH BELOIT, IL 61080 722 PROGRESSIVE LN, ROOM 205 ROBERT A. KOOPMAN TAGI PHARMA, INC.

If any information is not correct, notify Nevada State Board of W内みできるALEでもとを行われて、下きなどで2)850-1444.

REGISTRATION

This registration is not transferable

Post in a conspicuous place

TAGI PHARMA, INC.

DEA #/Schedules: RT0405995

Registration Number: WH01745

Registration Status: Active

Registration Expires: October 31, 2012

\$ 950.00

Fee Paid:

NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521

(775) 850-1440 – (775) 850-1444 – FAX pharmacy@pharmacy.nv,gov

PHARMACEUTICAL WHOLESALER IRREVOCABLE STANDBY LETTER OF CREDIT

Name of Financial Institutio	_{n:} Blackhawk Bank	
Address: 400 Broad		
_{City:} Beloit	_{State:} WI	_{Zip:} 53511
Name of Applicant/License	_{e:} TAGI Pharma, Inc	
Address: 722 Progre		
City: South Beloit	State: IL	Zip: 61080
IRREVOCABLE STANDBY	LETTER OF CREDIT NO.:	3334554
Dated: February 27	, 2020	•
•	Nevada State Board of Pharma 985 Damonte Ranch Pkwy, Su Reno, NV 89521 Attn: Executive Secretary	•
we Blackhawk Bank Financial Institution	nd on the instructions of TAG hereby establish in favo armacy (Board), this Irrevocable	Applicant/Licensee or of the Beneficiary, the
(Credit) in the principal sun		dianaby Letter of Orean
	d has been established for the s RS 639.515 pertaining to the ini	

performance by Applicant/Licensee of its obligations under applicable Nevada law

regarding Applicant/Licensee's operation as a pharmaceutical wholesaler.

This Credit is intended by the parties to serve as a security device for the

- 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 substantially the same form as Attachment A, attached hereto, at our office located at the address above.
- 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, return receipt requested.
- 6. Upon presentation of a duly executed Certificate of Drawing as above provided, payment shall be made to the Board, to an account designated by the Board, in immediately available funds, at such time and place as the Board shall specify.
- 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 prompt notice that the demand for payment was not effected in accordance with the terms of this Credit, state the reasons therefore, and await further instructions.
- 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 deemed a contract made under the laws of State of Nevada, and any action related to this Credit shall be filed in the State of Nevada and shall be subject to the laws of the of the State of Nevada.

15. This Credit shall be perpetual until it is cancelled as provided herein.

THEREFORE, Blackhawk Bank
Financial Institution
has executed and delivered this Irrevocable Standby Letter of Credit to the Board as of the <u>27th</u> day of <u>February</u> , 20 <u>20</u> .
FINANCIAL INSTITUTION By: Blackhawk Bank
By: Blackhawk Bank
Name: James G. Pieschel
(Please print)
Title: Senior Vice President

Precision Dose, Inc.•722 Progressive Lane •South Beloit, Illinois 61080 Phone: (815) 624-8523, extension 246 •Fax: (815) 624-4935

E-mail: rkoopman@precisiondose.com

ROBERT A. KOOPMAN

JOB HISTORY

TAGI PHARMA, INC., South Beloit, IL

President & CEO (2010-Present)

PRECISION DOSE, INC., South Beloit, IL

President (2003-Present)

XACTDOSE, INC., South Beloit, IL

President (1999-2003)

Vice-President (1996-1999)

MCKESSON DRUG COMPANY, INC., Landover, MD

Consultant (1995-1996)

BERGEN BRUNSWIG, INC., Glen Allen, VA

Vice-President of Operations-Northeast Region (1992-1995)

SOUTH BEND DRUG COMPANY, South Bend, IN

Vice-President of Operations (1989-1992)

LOUIS ZAHN DRUG COMPANY, Melrose Park, IL

Assistant Vice-President (1987-1989)

HUMISTON-KEELING DRUG COMPANY, Chicago, IL; Morris, IL; Gary, IN; Grand Rapids, MI; Madison, WI

Division Manager, Morris, IL (1984-1987)

Internal Auditor (1982-1984)

5AAA

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.

3PL/					
☑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					
□ Non Publicity 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: UPS Supply Chain Solutions, Inc.					
Physical Address: 2000 Buford Mill Road, Bldg# 100, Suite #200					
City: Buford State: Zip Code: GA, 30519 Telephone					
Number: 170-932-7229 Fax Number: 678-417-9899					
Toll Free Number: N/A					
E-mail: ralicensing@ ups. com Website: WWW. ups. com					
Facility Manager: Hichelle Smith					
Professional qualifications and experience of facility manager:					
Types of licensed outlets or authorized persons firm will serve:					
Pharmacies Practitioners Hospitals Wholesalers					
Other:					
Type of Products to be handled or wholesaled by firm:					
TV I arrand Discourse II' I Q II' D I					
☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices ☐ Poisons or Chemicals ☐ Veterinary Legend Drugs					
Totalilary Logaria Drugs					
☐ Controlled Substances (include copy of DEA) ☐ Other:					
LI VIIIVI.					

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 December 1
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 # 2
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
 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

registration?

Yes □ No 哩

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?
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.
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 packground, qualification and reputation, as it may deem necessary, proper or desirable.
Original Signature of Person Authorized to O. I. il A. ii ii
Toe L. Edwards Print Name of Authorized Person To Name of Authorized Person To Name of Authorized Person To Name of Authorized Person To Name of Authorized Person
Board Use Only Date Processed: Amount: 600.00

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:
Parent Company if any: United Parcel Service of America, Inc.
Mailing Address: 18380 Mornis Road
City: Alpharetta State: GA Zip: 30005
Telephone: 678-746-4100 Fax: 302-631-5238
Contact Person: Thomas Page
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a)
Name Business Address
b)
Name Business Address
C)Name Business Address
d) Name Business Address
Dadings / Nations
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:N/A

Include with the application for a non publicly traded corporation

List of officers and directors see attachment # 3

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.





UPS Supply Chain Solutions

211 Lake Drive Suite F Newark, DE 19702 302.631.5000 Tel 302.631.5238 Fax

April 2, 2020

Via Overnight Delivery

Nevada State Board of Pharmacy 985 Damonta Ranch Pkwy Ste 206 Reno, NV, 89521

Re:

Designated Representative Update ~ UPS Supply Chain Solutions, Inc.

Dear Sir/Madam:

UPS Supply Chain Solutions, Inc. "(UPS SCS)" is a third party logistics provider registered with your agency. UPS SCS hereby submits the following change to the Designated Representative "(DR)" for the below licensed facility. We respectfully request that you update UPS SCS' corporate information for your files with this change, effective April 2, 2020.

Facility Address	New Designated Representative	License No.
2000 Buford Mill Road Building# 100, Suite# 200 Buford, GA 30519	Jay Hurd	Pending

Please be advised that this change is not the result of an ownership change or a change in the name of any facility operating or licensed in your state.

If you have any questions or need additional information, please contact me at (302) 631-5257 or via ralicensing@ups.com.

Sincerely,

Carlene Colasanti

Healthcare Compliance (RA) Specialist

lene Colasanti

/cc

Note: Designated Representative also represents the following terms: Responsible Person, Person/Manager-In-Charge, Emergency Contact, or Facility Contact.

JAY HURD

Cell

Buford, GA 3 • jhurd@ups.com

LOGISTICS PROFILE

Accomplished leader with proven expertise in the areas of Operations, Distribution, and Logistics Management, coupled with an intense focus on maximizing production, reducing costs, and streamlining process efficiencies. Highly-skilled manager experienced in ensuring the optimal performance of P&L, teams, and technology, while championing best practice standards to elevate product quality. A 12 plus year veteran offering keen insights in the field, coupled with high energy and passion for adapting to change and promoting innovation.

Professional Experience

1 Totessional Experience	
UPS-Supply Chain Solutions	1/18-Present
Senior Distribution Manager - Healthcare & High Tech Business Unit	
UPS-Supply Chain Solutions	01/17-12/17
Area Manager – Healthcare Business Unit	
UPS-Supply Chain Solutions	09/11-12/16
Senior Distribution Manager - Healthcare Business Unit	
UPS-Supply Chain Solutions	02/11-08/11
Distribution Associate Manager – Healthcare Business Unit	
UPS-Supply Chain Solutions	11/09-01/11
Distribution Supervisor II – Healthcare Business Unit	
UPS-Supply Chain Solutions	05/07-10/09
Distribution Supervisor I - High Tech & Healthcare Business Units	

Key Distribution Management Duties:

- Distribution Management
 - Quality Assurance
- Develop & Maintain Strategic 3PL Customer Relationships
 - Manage Operational Performance
- Manage Contract Development, Renewal and Compliance
 - · Manage & Develop Others
 - Manage Productivity Indicators
 - Meet Financial Expectations
 - Review Performance and System Reporting
 - Continuous Process Improvement
 - Vendor and Staffing Relations
 - · Transportation / Material Handling

Critical Skills

- Time Management Performance Metrics Project Management Risk Management
- Process Improvement Strategic Planning Total Quality Mgmt. Cost Containment
- Excel, Word, PowerPoint People & Verbal Organizational Decision Making
- Problem Solving Customer Service Multi-Tasking Responsibility Reliability
- Creative Thinking Multiple WMS Systems

Management Decisions Inc. (MDI) - Norcross, Georgia

6/05-12/06

A Professional IT, Medical and Financial Staffing Company

Recruiter, Marketing & Operational Support

Responsible for providing marketing and operational support to the MDI Medical Division, which include recruitment duties in the Imaging/Radiology Division.

Recruiter

- Develop a recruiting strategy that continually replenishes the candidate pipeline based on market condition, existing professional team, and current/projected client engagements.
- Conduct in-depth behavioral interviews to properly assess skill set and competencies of candidates.
- Plan and participate in events for candidates and client development, such as job fairs, industry conferences, etc.
- Assist the client service team by documenting candidate profiles, checking references, and determining "matches" for open client engagements.
- Manage consulting team by initiating regular communication with the consultants to reduce "unassigned time" and ensure that Professionals' expectations are being met.

Marketing Support

- Created MDI Medical Newsletter
- Created and implemented a marketing strategy targeting Hospitals and Skilled Nursing Facilities, responsible for 5% growth in client base
- Implemented marketing support to sales and recruiting team
- Developed a marketing campaign for campus recruitment
- Supervise all mass mailing of marketing material
- Maintain current internet job postings and website job information
- Send and track client and employee surveys
- Integral role in developing and growing new clients and recruiting new external employees

Operational Support

- Provide direct support to MDI Medical President
- Submit all Request For Proposal (RFP'S) documents
- Provide direct support to sales and recruiting team

- Managed payroll for external employees: time cards reporting/hours submittal
- Prepare weekly/monthly internal and external reports
- Compile client contracts
- JCAHO Compliance Committee

Assist2Sell Realty- Coral Springs, Florida

6/04 - 4/05

A Florida based real estate Company specializing in high volume discount realty.

Office Manager/HR Support

In this position I was responsible for HR support and was an integral part of this company's growth from 1 to 6 offices and from 10 to over 50 employees.

- Hired, trained and managed staff to ensure that all tasks are performed
 efficiently and with the goal of satisfying customers. Responsibilities included
 six locations: Coral Springs, Plantation, Coconut Creek, Tamarac, Margate and
 Deerfield Beach.
- Provided support to the Assist2Sell realtor pool, while monitoring realtor base performance.
- Reviewed all office correspondence to ensure that Assist2Sell reflects the utmost in professionalism.
- Worked directly with the customer to resolve issues of complaints.
- Responsible for creating and maintaining employee schedules.
- Ensured the efficient and accurate preparation of listing and contact packets.
- Supervise Closing Coordinator performance.
- Manage the input, change and modification of properties as needed.
- Prepare monthly Assist2Sell reports.

Education

BA – Business Management Florida Atlantic University – 2003

UPS Supply Chain Solutions, Inc. 2000 Buford Mill Road, Bldg #100, Ste #200 Buford, GA 30519

Listing of Client/Trading Partners

Facility	Client Name
	Convatec Inc.
	7900 Triad Center Drive, Suite #400
Buford	Greensboro, NC 27409
	Alcon
	11440 Johns Creek Parkway
Buford	Duluth, GA 30097

Attachmental 3

UPS Supply Chain Solutions, Inc.
12380 Morris Road
Alpharetta, GA 30005
Phone ~ (678) 746 4100
State of Incorporation: Delaware
Date of Incorporation: 8/29/88
FEIN ~ 94-3083515

Name/Title	Work Address	Work Phone	Work Fax	Email
Wesley P. Wheeler President	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	(678) 746-8650	wwheeler@ups.com
Thomas Page Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-3836	(678) 746-8650	tpage@ups.com
Stephen Hydrick Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	(678) 746-8650	shydrick@ups.com
Seth Bruckner Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	<u>sbruckner@ups.com</u>
William M. Jacques Vice President	12380 Morris Road Alpharetta, GA 30005	(770) 841-8136	(678) 746-8650	wiacques@ups.com

Parent Company Information:

United Parcel Service of America, Inc.

55 Glenlake Parkway NE

Atlanta, GA 30328 P ~ (404) 828 6022

FEIN ~ 95-1732075

State/Date of Incorporation ~ DE 5/9/30

State Of Delaware

Entity Details

10/29/2019 11:13:26AM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401



The National Association of Boards of Pharmacy® hereby awards

Verified-Accredited Wholesale Distributors® Accreditation

3

UDS Supply Chain Solutions, Inc

located at

2000 Buford Mill Road, Building #100, Juite #200, Buford, SS 30519

the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

ale of the

Carmen A. Catizone, Executive Director/Secretary

November 9, 2019 - November 8, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, 1L 60056 | www.nabp.pharmacy

Disciplinary Statement UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order 1645 Satellite Blvd, Duluth, GA

Final

As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final

On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is <u>not</u> based on an independent set of facts.

Final

On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders 1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous nonresident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is **not** based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.



STATE OF GEORGIA

Department of Community Health

Georgia State Board of Pharmacy Third Party Distributor

License No. PHTPL000013

Status: Active

UPS Supply Chain Solutions Inc 2000 Buford Mill Road Bldg #100 Ste #200 Buford GA 30519

Expires: 6/30/2021 Issued: 11/19/2018

Real-time license verification is available at gadch mylicense.com/verification



STATE OF GEORGIA
Department of Community Health
Georgia State Board of Pharmacy
Third Party Distributor
License No. PHTPL000013 - Active

UPS Supply Chain Solutions Inc 2000 Buford Mill Road Bldg #100 Ste #200 Buford GA 30519

Issued: 11/19/2018 Expires 6/30/2021

Real-time license verification is available at gadch mylicense com/verification

Name: UPS Supply Chain Solutions Inc Owner: 2000 Buford Mill Road Bidg #100 Ste #200 Buford OS Ste #200 Buford OS Ste #200	かで、とり、日の等等、下り、なんり、より入事	Profession: Pharmacy	License Type: Third Party Distributors	
tions inc	Print	License No:	Obtained By Method	
PARTITION INTO I	Primary Source License information	PHTPL000013		Application
		License Status:		License Subtype:
		Active		

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

of 1

Licensee Information

Name:

UPS Supply Chain Solutions Inc.

Owner:

Address:

2000 Buford Mill Road

Bldg #100 Ste #200 Buford GA 30519

Primary Source License Information

Profession:

Pharmacy

License No:

PHTPL000013

License Status:

Active

License Type:

Third Party **Distributors** **Obtained By** Method:

Application

License Subtype:

Issue Date:

11/19/2018

Last Renewal

Expiration Date: 6/30/2021

Date:

4/5/2019

- Public Board Orders -

If a public board order exists, it may be listed below.

Public Board Order means that there is a public document concerning the licensee.

The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

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

No scanned public board order documents exist.

No data available

You may close this window to return to your search results

Data current as of: February 4, 2020 13:31:59

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 Rene, NV 89521 (775) 850-1440 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. E386977		
Application/License No.		
UPS Supply Chain Solutions, Inc.	, doing or intending to do bu	usiness as a
Applicant/Principal		
	hose address for purposes of service	ce is
2000 Buford Mill Road Bldg 100 Ste 200, But		, as
	ss of Applicant/Principal	
PRINCIPAL, and Great American Ins	surange Company	, а
	Surety Company	
corporation organized under the		
and authorized to transact a g	State of inc eneral surety business in the State	
Nevada, whose address for pu	U 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	
2000 Buford Mill Road Bldg 100 Ste 200, Bu		as
	Address of Surety bound unto the State of Nevada and	
	he penal sum of TWENTY-FIVE TH	
	hich payment we bind ourselves, o	
	d assigns jointly and severally, by t	hese presents. This
bond term shall become effect	tive on 02/27/2020 .	
	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.

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.

• •	oond has caused it to be executed on this , 20 20
APPLICANT/PRINCIPAL	SURETY COMPANY
72/A	Oha Okelsonino
Autiórized Representative	Surety Company's Representative
	LISA GOISOMNO, Attorney-in-fact
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of
Witness	Witness
Witness Witness	Christian Rinozzi Witness Undorwiting Specialist Countersigned by:
OR. C. C.	Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET CINCINNATI, OHIO 45202 513-369-5000 FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than one

Bond No. E386977

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-infact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name

Lisa Gelsomino

Address

Limit of Power

150 Northwest Point Blvd

Elk Grove Village, IL 60007

\$25000 ---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this

Attest

day of

February

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Sugar a Lohows

STATE OF OHIO, COUNTY OF HAMILTON - ss:

28th On this

day of February DAVID C. KITCHIN (877-377-2405)

,2020 before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument, that he knows the seal of the said Company, that the seal affixed to the said instrument is such corporate seal, that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Notary Public, State of Ohio My Commission Expires 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Creat American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, to prescribe their respective duties and the respective limits of their authority, and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of surenyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

1, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect

Signed and sealed this

28th

day of

February



Assistant Secretary

NEVADA STATE BOARD OF PHARMAGY

985 Damonte Ranch Pkwy Suite 206 Rene, NV 89521 (775) 850-1440 Fax: (775) 850-1444

PHARMAGEUTICAL WHOLESALER SURETY BOND

Bond No. E388977	
Application/License No.	
UPS Supply Chain Solutions, Inc. Applicant/Principal	a
pharmaceutical wholesaler, whose address for purposes of service is 2000 Buford Mill Road Bidg 100 Ste 200, Buford, GA 30519	. as
Address of Applicant/Principal PRINCIPAL, and Great American Insurance Company, a	
Surely Company corporation organized under the laws of the state of Ohio State of Incorporation	יייטעריי
and authorized to transact a general surety business in the State of	
Nevada, whose address for purposes of service is 2000 Buford Mill Road Bidg 190 Ste 200, Buford, GA 30519	as
Address of Surety SURETY, are held and firmly bound unto the State of Nevada and to the Ne	vada
State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, exaministrators, successors and assigns in the payment we be a second to the penal sum of t	xecutors,
administrators, successors and assigns jointly and severally, by these present bond term shall become effective on 02/27/2020 Effective Date	ans, This

WHEREAS, the previsions 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 March 2020

APPLICANT/PRINCIPAL SURETY COMPANY

Authorized Representative

Lisa Gelsomino, Attorney-in-fact printingme

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET * CINCINNATI, OHIO 45202 * 513-369-5000 * FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than one

Bond No. E386977

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-infact, for it and in its name, place and stead to execute on behalf of the said Company, as surely, the specific bond, undertaking or contract of surely ship referenced herein, provided that the fiability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name

Lisa Gelsomino

Address

150 Northwest Point Blvd.

Elk Grove Village, IL 60007

Limit of Power

\$25000 ---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 28th day of February
GREAT AMERICAN INSURANCE COMPANY day of

Attest

28th

Assistant Secretary

Divisional Senior Vice President

DAVIDIC. KITCHIN (877-377-2405)

Swan a Kohow

STATE OF OHIO. COUNTY OF HAMILTON - 55

On this 28th day of February ,2020 , before me personally appeared DAVID C KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument, that he knows the seal of the said Company, that the seal affixed to the said instrument is such corporate seal, that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



ausan A. Kohorel Notary Public, State of Ohio My Commission Explose 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED. That the Divisional President, the several Divisional Seniar Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-bact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof to prescribe their respective duties and the respective limits of their authority, and to revoke any such appointment at any time

RESOLVED FURTHER. That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Socretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect

Signed and sealed this

28th

day of

February



811940 (5/16)

Assistant Secretary

5BBB

WH0287- TEMP893

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.

Mew Wholesaler or ☐Ownership Change (Provide current license number if making changes: WHCheck 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: UPS Supply Chain Solutions, Inc.		
Physical Address: 6204 New Cut Road		
City: <u>Louisville</u> State: <u>KY</u> Zip Code: <u>40118</u>		
Telephone Number: <u>502-817-0278</u> Fax Number: <u>302-631-5238</u>		
Toll Free Number: NA		
E-mail: Micensing@ups.com Website: WWW.ups.com		
Facility Manager: Todd Dutton		
Professional qualifications and experience of facility manager: <u>see attachment #3</u>		
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:		

This page must be submitted for all types of ownership Yes ☑ No □ Is your company VAWD certified by NABP? See attachment # 4 (If yes, provide a copy of the certificate) Yes □ No ☑ Licensed as Manufacturer by the FDA? (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

V 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. see attachment #4 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 Yes □ No 🗹 misdemeanor (including by way of a guilty plea or no contest plea)? 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?

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 V 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?	see attachment \$5
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 匝
If the answer to question 1 through 5 is "yes", a signed statement of explan Copies of any documents that identify the circumstance or contain an order disposition may be required.	ation must be attached. , agreement, or other
I hereby certify that the answers given in this application and attached docu correct. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regulating the
I have read all questions, answers and statements and know the contents tunder penalty of perjury, that the information furnished on this application a correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	re true, accurate and s, servants and ocial and moral
MAL	
Original Signature of Person Authorized to Submit Application, no copies of	
Matt Clark Print Name of Authorized Person Date	12020
Print Name of Authorized Person Date	
Board Use Only Date Processed: Amount:	500.00

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: <u>Delaware</u>
Parent Company if any: United Parcel Service of America, Inc.
Mailing Address: 13380 Morris Road
City: Alpharetta State: GA Zip: 30005
Telephone: 678-746-4100 Fax: 302-631-5238
Contact Person: Thomas Page
For any corporation non-publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) see attachment #7
Name Business Address
b) Name Business Address
C)Name Business Address
d)
Name Business Address
2) Provide the number of shares issued by the corporationN/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 see attachment # 6

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.

State Of Delaware

Entity Details

10/29/2019 11:13:26AM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401



COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300 125 Holmes Street Frankfort KY 40601

LICENSE/PERMIT: Third Party Logistic

EFFECTIVE DATE: 11/26/2019

NUMBER: TPL00326

EXPIRATION DATE: 06/30/2020

Issued to:

UPS SUPPLY CHAIN SOLUTIONS INC

6204 NEW CUT ROAD LOUISVILLE, KY 40118

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.

211 LAKE DRIVE STE F NEWARK, DE 19702 ralicensing@ups.com

TODD LEE DUTTON

Regency Lane, Louisville, Kentucky 40207

tdutton@ups.com

Accomplished **Distribution Manager** with logistics and supply chain expertise, serving global leader UPS for over 20 years. Extensive achievement in healthcare operations including turnaround performance and effective leadership of multiple accounts. Continuously improves processes in shipping, receiving, and inventory accuracy and serves as liaison between customers and company leadership to consistently drive productivity and deliver organizational results.

- o Operations / Turnaround
- o Process Improvement
- Customer Relations
- o Supply Chain Management
- o Inventory Control
- o Profit / Loss

- Regulatory Compliance
- Packaging Procurement
- o Transportation Logistics

PROFESSIONAL EXPERIENCE

<u>United Parcel Service, Inc.</u>, Supply Chain Solutions and Logistics Group, Louisville, Kentucky

1987 – Current

HEATHCARE DISTRIBUTION MANAGER / PROGRAM MANAGER / OPERATIONS SUPERVISOR / SAFETY SUPERVISOR

Advanced across numerous positions to serve the world's largest package delivery and global provider of specialized transportation and logistics services.

UPS Supply Chain Solutions

HEALTHCARE DISTRIBUTION MANAGER (2005 - Current)

Spearhead operations and distribution for multiple major healthcare accounts which include Medtronic, Actavis, Convatec, Purdue, Takada, Physio, and Wockhardt. Accountable for as many as 150 employees, 12 supervisors, and revenue budgets up to \$20M annually. Consistently meet or exceed revenue and profitability goals including contractual KPI's for 10 most recent consecutive quarters.

- Oversee Medtronic Diabetes Distribution Center with responsibility for two receiving shifts and worldwide shipping of more than 700 part numbers for direct to patient and wholesale delivery.
- Analyze financials, review performance reports, and coach Supervisors to attain performance goals while
 controlling costs. Create corrective action plans and make staffing adjustments that improve dock to stock
 receiving times, shipped orders, net inventory accuracy, and shipped order accuracy.
- Facilitate face to face quarterly business reviews with customers and UPS leadership that improve processes, address issues, identify causes, and collaboratively create action plans.

KEY CONTRIBUTIONS

- Influential in expansion of Medtronic Distribution Center which increased direct to patient shipping capability by 45% while minimizing need for overtime labor. Ribbon cutting was March, 2015.
- Implemented new package technology that saved Medtronic \$350K. Contributed to creation of order board and ID stickers which were introduced across UPS.
- Turned around operational efficiency of \$11M Actavis account within 6 8 months with almost 50% fewer employees. Initiated new packing and shipping protocols for controlled products which reduced diversion.
- Improved cycle counting of Actavis inventory that resulted in accuracy to 99.97% while reducing labor, increasing shipments, and eliminating need for customer physical inventories.
- Secured approval of narcotics vault by building relationships with Actavis decision makers that resulted in customer moving product from Delaware to Louisville.
- Achieved inventory accuracy that exceeded 99.8% on Convatec account despite reduction of human capital from 135 to 65, comprising 120K square feet facility.

UPS Logistics Group

PROGRAM MANAGER (1999 - 2005)

Liaison between customer and operations team for distribution, repair, and parts replacement for major technology accounts that include Intel, Intermeck, Fuji, Sony, and Toshiba. Built customer relationships while collaborating with internal partners to meet or exceed profit, loss, and productivity metrics.

• Facilitated quarterly performance reviews with customer and operations to identify process improvements through root cause analysis and preventive corrective action.

KEY CONTRIBUTIONS

Developed Intel business from \$25K to \$100K monthly. Led team meetings to meet or exceed deliverables.

(Continued: UPS Logistics Group, PROGRAM MANAGER)

KEY CONTRIBUTIONS

- Developed process improvement strategies for multiple accounts, as well as existing services within UPS and Supply Chain. Improved pick pack ship and the inventory control process. Collaborated with leadership on customer service enhancements within UPS Store, Revers Logistics, and Cold Chain capabilities.
- Participated in negotiation of new business contracts by forecasting staffing needs, shrinkage, and productivity.

OPERATIONS SUPERVISOR (1998 – 1999)

Supervised receiving, shipping, and inventory control for customer accounts with responsibility of daily reporting on production, cost, attendance, accidents, and injury.

- Managed payroll reporting for evaluation of labor expenses and overtime.
- Conducted Employee Safety Training and New Employee Orientation for groups up to 100. Facilitated workshops on Hazardous Material Policies, CFR, Safe Work Methods, and Space and Visibility.
- Oversaw procedures of worker's compensation cases including completion of injury and tracking reports, return to work retraining, and follow up of employees.

UPS Air District Package Operations

SAFETY SUPERVISOR (1995 - 1997)

Led safety initiatives for employees and supervisors by implementing policy and procedure standards, continuous training, safety audits, and administration of Worker's Compensation, OSHA, and hazardous material forms.

- Selected Train the Trainer for Comprehensive Health and Safety Program. Trained Next Day Management Team on new safety program which was rolled out to all Air District employees.
- Certified to train Hazardous Material Responders pertaining to potential spills, appropriate response, and use
 of personal protective equipment.
- Chosen as Air District Air Dangerous Goods Trainer of all Air District new hires which entailed CFR, UPS policy, and shipping protocols for ground and air.

PART TIME SUPERVISOR (1989 – 1995) AIR HANDLER (1987 – 1989)

EDUCATION

UNIVERSITY OF LOUISVILLE, LOUISVILLE, KENTUCKY
College Coursework: Biology (75 + Credit Hours)

SAINT XAVIER HIGH SCHOOL, LOUISVILLE, KENTUCKY

High School Diploma

UPS LEADERSHIP TRAINING

MANAGERS LEADER SHIP SCHOOL

ADVANCED CURRENT GOOD MANUFACTURING PRACTICES (cGMP)

CELL OPERATING SYSTEM TRAINING

Lean Manufacturing Concepts

HEALTHCARE QUALITY ASSURANCE AND REGULATORY ASSURANCE TRAINING

DEVELOPING PEOPLE TO DRIVE BUSINESS RESULTS

PEOPLES WORK SHOP

TRUST AND TEAM WORK

COMMUNITY

UPS Political Action Committee Coordinator, Louisville Healthcare Site, 2013
UPS United Way Coordinator, Louisville Healthcare Site, 2012
Football Coach, St. Albert the Great Elementary, 2011 – 2013
Freshman Assistant Football Coach, St. Xavier High School, 1988 – 1992

Muller Amy (AAO1VTT)

From:

vawd@nabp.pharmacy

Sent:

Monday, April 6, 2020 12:19 PM

To:

Muller Amy (AAO1VTT)

Subject:

[EXTERNAL] UPS Supply Chain Solutions, Inc, 6204 New Cut Road, Louisville, KY 40118 -

VAWD Accreditation Approved

Attachments:

105578_LOA.pdf

CAUTION! This email originated outside of the organization. Please do not open attachments or click links from an unknown or suspicious origin.

Dear Amy,

Congratulations! UPS Supply Chain Solutions, Inc, Louisville, KY has been approved for Verified-Accredited Wholesale Distributors* (VAWD*) accreditation. Please visit the VAWD-accredited facilities <u>list</u> to verify the posted information.

Attached is your facility's VAWD letter of agreement (LOA). An authorized representative of the facility should review, sign, and return it within 30 days. A fully-executed copy of the LOA along with your facility's VAWD seal and certificate will be sent to you following counter-signature by NABP.

It has been a pleasure working with you and your staff. Again, congratulations on earning VAWD accreditation!

Cordially,

Linda Forman

Manager, Distribution Inspections

D: 847/391-4498

P: 847/391-4539

National Association of Boards of Pharmacy

1600 Feehanville Dr, Mount Prospect, IL 60056

www.nabp.pharmacy | vawd@nabp.pharmacy











Page 1 of 2 © 15-Apr-20



NABP

National Association of **Boards of Pharmacy**

(https://nabp.pharmacy)

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Accredited Drug Distributors

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Facility Name

Search Reset

Current list of 20 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process << Previous

Name	Address	Accreditation Date
UPS Supply Chain Solutions, Inc	2260 Outer Loop Rd Louisville, KY 40219	Reaccreditation in process
UPS Supply Chain Solutions, Inc	2515 S Tricenter Blvd Durham, NC 27713	05/12/18
UPS Supply Chain Solutions, Inc	1130 Commerce Blvd, Sbs 100 Swedesboro, NJ 08085	10/09/18
UPS Supply Chain Solutions, Inc.	2210 Outer Loop Rd Louisville, KY 40219	Reaccreditation in process
UPS Supply Chain Solutions, Inc	7 Gabeway Blvd Pedricktown, NJ 08067	07/31/17
UPS Supply Chain Solutions, Inc	2000 Buford Mill Road, Bldg 100, Ste 200 Buford, GA 30519	11/09/19
JPS Supply Chain Solutions, Inc.	77.5 East Dr Carol Stream, IL 60188	03/10/19
JPS Supply Chain Solutions, Inc.	6204 New Cut Rd Louisville, KY 40118	04/03/20
JPS Supply Chain Solutions, Inc.	300 Quality Circle Harrisburg, PA 17112	04/04/20
IPS Supply Chains Solutions Inc.	5849 West Schulte Road, Suite 107 Tracy, CA 95377	03/25/20
<< Previous	12	

Jell Misolso

[https://www.youtube.com/channel/UCIRvxhkTaIvoldooGkE7uRa]

fittps://twitter.com/nabpl in [https://www.linkedin.com/company/national-association-of-boards-of-pharmacyl f [https://www.facebook.com/NARP1904/]





https://nabp.pharmacy/programs/drug-distributor/accredited-facilities/

4/14/2020



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נטק NE CPI

Home > Programs > Drug Distributor Accreditation > Accredited Drug Distributors

Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION

Apply

Criteria

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State

Search Reset

Current list of 6 Verified-Accredited Wholesale Distributors®

VAVVD accreditation is valid for 3 years

Facilities fisted with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
UPS Supply Chain Solutions. Inc	1860 Outer Loop Rd Lowsville, KY 40219	09/13/19
UPS Supply Chain Solutions, Inc	1920 Outer Loop Rd Louisville, KY 40219	09/05/19
UPS Supply Cham Solutions, Inc	1840 Outer Loop Rd Louisville, KY 40219	11/30/18
UPS Supply Chain Solutions, Inc	2260 Outer Loop Rd Louisville, KY 40219	Reacconditation in process
UPS Supply Chain Solutions, Inc.	2210 Outer Loop Rd Louisville, KY 40219	Reacoeditation in process
UPS Supply Chain Solutions, Inc.	6204 New Cut Rd Louisville, KY 40118	04/03/20

Disciplinary Statement UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order 1645 Satellite Blvd, Duluth, GA

Final

As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final

On November 15, 2011, UPS SCS informed your agency of the lowa Board of Pharmacy's (IBoP) action concerning lowa Wholesale Drug License #5820 and which became effective November 11, 2011. This lowa Stipulation and Consent Order (the "lowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the lowa Order and lowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the lowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This lowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is <u>not</u> based on an independent set of facts.

Final

On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders 1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous nonresident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is <u>not</u> based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

Attachment # 10 OFFICER LIST

UPS Supply Chain Solutions, Inc.
12380 Morris Road
Alpharetta, GA 30005
Phone ~ (678) 746 4100
State of Incorporation: Delaware
Date of Incorporation: 8/29/88
FEIN ~ 94-3083515

Name/Title	Work Address	Work Phone	Work Fax	Email
Wesley P. Wheeler President	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	(678) 746-8650	wwheeler@ups.com
Thomas Page Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-3836	(678) 746-8650	tpage@ups.com
Stephen Hydrick Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	(678) 746-8650	shydrick@ups.com
Seth Bruckner Vice President	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	<u>sbruckner@ups.com</u>
William M. Jacques Vice President	12380 Morris Road Alpharetta, GA 30005	(770) 841-8136	(678) 746-8650	wiacques@ups.com

Parent Company Information:

United Parcel Service of America, Inc.

55 Glenlake Parkway NE

Atlanta, GA 30328 P ~ (404) 828 6022

FEIN ~ 95-1732075

State/Date of Incorporation ~ DE 5/9/30

Organizational Chart UPS SUPPLY CHAIN SOLUTIONS, INC.



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. E386928		
Application/License No.		
UPS Supply Chain Solutions, Inc.	, doing or intending to do t	nucinace ac a
Applicant/Principal	don't do un unterioris to do t	กกลูแเล้อร์ ลอ ซ
pharmaceutical wholesaler, whos	se address for purposes of serv	rice is
6204 New Cut Road, Louisville, KY 40118	70 Add. 000 (0) Pd. p0000 01 001 0	as
	f Applicant/Principal	
PRINCIPAL, and Great American Insurai		, а
The state of the s	Surety Company	the state of the s
corporation organized under the	laws of the state of Ohio	
		ncorporation
and authorized to transact a gene	eral surety business in the State	e of
Nevada, whose address for purp	oses of service is	
6204 New Cut Road, Louisville, KY 40118		as
	Address of Surety	
SURETY, are held and firmly bou	und unto the State of Nevada a	nd to the Nevada
State Board of Pharmacy for the	penal sum of TWENTY-FIVE T	HOUSAND
DOLLARS (\$25,000.00), for which	ch payment we bind ourselves.	our heirs, executors,
administrators, successors and a		
bond term shall become effective		p
Syric torribrian booting officially	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 2nd day of March	bond has caused it to be executed on this, 20 ²⁰
APPLICANT/PRINCIPAL	SURETY COMPANY
Authorized Representative	Surety Company's Representative
ndumingo reprosentanto	Lisa Gelsonino, Attorney-in-fact
SIGNED and SEALED in the presence of: Witness	SIGNED and SEALED in the presence of: Witness
Ruf Muy Witness	Christing Rinozzi Witness Undernriting Specialist
	Geuntersigned by: Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET CINCINNATI, OHIO 45202 513-369-5000 FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than one

Bond No. E386928

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-infact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Mame

Address

Limit of Power

Lisa Geleomino

150 Northwest Point Blvd.

\$25000---

Elk Grove Village, IL 60007

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this day of February

GREAT AMERICAN INSURANCE COMPANY



Assistant Secretary

Sugar a to how

STATE OF OHIO, COUNTY OF HAMILTON - ss.

25th On this

day of February DAVID C. KITCHIN (877-377-2405)

,2020 , before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company, that the seal affixed to the said instrument is such corporate seal, that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like anthority



Notary Public, State of Ohio My Commission Expires 05-18-2020

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED. That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appaint one or more Attorneys-in-Fact to execute on behalf of the Company, as surely any and all bonds, undertakings and contracts of surelyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any hond, undertaking, contract of suretyship or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed

CERTIFICATION

1. STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and scaled this

25th

day of

February

2020



Assistant Secretary

\$1194C (8/15)

5CCC

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: WHCheck 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
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8 ☐ Sole Owner – Pages 1,2,3,9
, 1 3 3 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
GENERAL INFORMATION to be completed be all types of ownership
Facility Name: UPS Supply Chain Solutions, Inc.
Physical Address: 5849 W. Schulte Road, Suite 107
City: Tracy State: CA Zip Code: 95377
Telephone Number: <u>ab9-855-899D</u> Fax Number: <u>ab9-855-8D69</u>
Toll Free Number: NA
E-mail: raliconsins @ups. Com Website: www. ups. com
Facility Manager: Casey Flaig
Professional qualifications and experience of facility manager: See Attachmental
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:

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Ye (If yes, provide a copy of the certificate) See Attachment #	s No 🗆
	s 🗆 No 💆
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political juri	
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name: Kaiser Permanentes Address: Harrison Street, Dak	Jand, CA 94612
Name: NA	
Address: NA	-
Name: Name:	
Address: MA	
Name: NA	
Address:	
A licensee is not required to have a Nevada State Business License, how please provide the number:	wever, if you do,
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 🛣

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or parinterest, ever been the subject of an administrative action, but site fine or proceeding relating to the pharmaceutical industrial	ooard citation, ry? Yes ₩ No □
4. Has the corporation, any owner(s), shareholder(s) or parinterest, ever been found guilty, pled guilty or entered a plea contendere to any offense federal or state, related to control substances?	a of nolo
5. Has the corporation, any owner(s), shareholder(s) or par interest, ever surrendered a license, permit or certificate of a voluntarily or otherwise (other than upon voluntary close of a	registration
If the answer to question 1 through 5 is "yes", a signed state Copies of any documents that identify the circumstance or of disposition may be required.	ement of explanation must be attached. contain an order, agreement, or other
I hereby certify that the answers given in this application and correct. I understand that any infraction of the laws of the S operation of an authorized pharmacy may be grounds for the	tate of Nevada regulating the
I have read all questions, answers and statements and know under penalty of perjury, that the information furnished on the correct. I hereby authorize the Nevada State Board of Pharm employees, to conduct any investigation(s) of the business, background, qualification and reputation, as it may deem ne	is application are true, accurate and nacy, its agents, servants and professional social and moral
SE	
Original Signature of Person Authorized to Submit Application	on, no copies or stamps
Print Name of Authorized Person	13 Feb 2020
Print Name of Authorized Person	Date
Board Use Only Date Processed:	Amount:

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: United Paral Service of America, Inc.
Mailing Address: Momis Road
City: Alphano HaState: GA Zip:
TelephoneFax:
Contact Person: Thomas Page
For any corporation non-publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation? See Attachment # +
a)
Name Business Address
b)NA
Name Business Address
c) Name Business Address
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

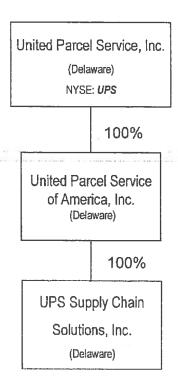
List of officers and directors See Attachment #5

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.

Attachmentaly

Organizational Chart UPS SUPPLY CHAIN SOLUTIONS, INC.

as of 7 June 2017



Attachmeet#2
Verified MS
5/6/20

NABP ACCREDITED DRUG DISTRIBUTOR

JPS Supply Chains Solutions Inc

located at

5849 West Schulte Road, Suite 107, Tracy, CA 95377

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/.





3/25/2020 - 3/24/2023

Period of Accreditation



ABOUT BOARDS OF PHARMACY

MEETINGS

PROGRAMS

MEMBER SERVICES
INITIATIVES

Home > Programs > Drug Distributor Accreditation > Accredited Drug Distributors

Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION

Find an Accredited Drug Distributor

Apply Criteria

Accredited Drug Distributors

Facility Name State Current list of 2 Verified-Accredited Wholesale Distributors[®]

Search Reset

(A:1)

VAWD accreditation is valid for 3 years Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation

Name	Address	Accreditation Date
UPS Supply Chain Solutions, Inc	11811 Landon Dnve, Ste 100 Mira Loma, CA	12/18/17
UPS Supply Chains Solutions Inc.	5649 West Schulte Road, Suite 107 Tracy, CA 95377	03/22/20

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®),

Attachment 15

State of Incorporation: Delaware UPS Supply Chain Solutions, Inc. Date of Incorporation: 8/29/88 Phone ~ (678) 746 4100 Alpharetta, GA 30005 12380 Morris Road FEIN ~ 94-3083515

Name/Title	Work Address	Work Phone	Work Fax	<u>Email</u>
Wesley P. Wheeler President	Morris Road Alpharetta, GA 30005			
Thomas Page Vice President	Morris Road Alpharetta, GA 30005)	الو	
Stephen Hydrick Vice President	Morris Road. Alpharetta, GA 30005	_		
Seth Bruckner Vice President	Morris Road Alpharetta, GA 30005			
William M. Jacques Vice President	Morris Road Alpharetta, GA 30005		-	ĘĬ

Parent Company Information:

State/Date of Incorporation ~ DE 5/9/30

United Parcel Service of America, Inc. 55 Glenlake Parkway NE FEIN ~ 95-1732075 Atlanta, GA 30328 P~ (404) 828 6022

State Of Delaware

Entity Details

5/7/2020 12:25:59PM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

Country:

State: DE

Postal Code: 19808

Phone: 302-636-5401

Board of Pharmacy



ORIGINAL CERTIFICATE



Third-Party Logistics Provider

LICENSE NO. TPL 1212

ISSUE DATE JULY 11, 2019

UPS SUPPLY CHAIN SOLUTIONS INC

5849 W SCHULTE RD STE 107 TRACY CA 95377

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

The official status of this ficense can be verified at www.pharmacv.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL JULY 01, 2020

RECEIPT NUMBER 00657186

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

In accordance with section 4160 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer(s), shareholder (more than 10 percent share change), responsible manager. If you are planning to change location or responsible manager, the approval must be in advance of the change.

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

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

Attachmentilo

State Of Delaware

Entity Details

10/29/2019 11:13:26AM

File Number: 2170882

Incorporation Date / Formation Date: 8/29/1988

Entity Name: UPS SUPPLY CHAIN SOLUTIONS, INC.

Entity Kind: Corporation

Residency: Domestic

Status: Good Standing

Entity Type: General

State: DELAWARE

Status Date: 8/29/1988

Registered Agent Information

Name: CORPORATION SERVICE COMPANY

Address: 251 LITTLE FALLS DRIVE

City: WILMINGTON

State: DE

Phone: 302-636-5401

Country:

Postal Code: 19808

But of Date

Attachment #1

Casey Flaig

W. Grant Line RD Tracy, CA 95304 Email: ---

Tel:

Summary of Qualifications

I possess 20 years' of experience in supply chain management and logistics. Provide high level planning, management, and responsible for the day to day operations of the facility in regards to receipt, storage and distribution of pharmaceutical products. Organization and implementation of new supply chain business. Extensive knowledge of yearly budgets and excellent stewardship of daily P&Ls. Supervised and mentored new and existing management employees in job performance and career development. Proficient in industry leading Inventory management systems. Strong ability to thrive in a high paced complex environment.

Employment History

Operations Management

Louisville, KY Pedricktown, NJ Tracy, CA Jun 06 – Sept 2018 Sept 2018 – Nov 2019 Nov 2019 - Current

UPS-Supply Chain Solutions

Ensure that the work groups anticipate customer needs (internal or external) and worked to exceed the quality expectations of customers. Responsible for business plans and financial documents such as balance sheets and profit and loss statements in the role of managing the business. Coordinated resources and efforts to execute revenue growth programs and achieve established objectives.

Warehouse Associate

UPS-Supply Chain Solutions

Louisville, KY

Aug 2005-Jun 2006

Preparing and ensuring the quality of orders to be shipped. Auditing and checking the accuracy of orders to result in error free shipments. Providing quality control to maintain accountability of inventory. Member of the Safety Committee, assisting in developing monthly safety programs for safety awareness.

Supply Sergeant U.S. Army

May 2001-Apr 2006

Organizing yearly spending forecasts, procuring supplies for the organization, maintaining records of all expenditures, managing hundreds of thousands of dollars' worth of property, conducting monthly inspections of equipment and supplies resulting in 100% accountability.

Logistic Administrator U.S. Army

Sept 1998-May 2001

Processing data needed to stay within operational levels and monitoring spending for five companies containing over six-hundred fifty employees. Coordinating equipment issue, repairs and turn-ins. Providing facilities and supplies for several training events. Accounting for over thirty-five million dollars' worth of property. Determining and maintaining operational loads of general supply stocks. Ordering, receiving, and shipping supplies.

Education

Mt. Hood Community College 59 Semester Hours, 3.90 GPA

Portland, Oregon

A Herkment #7

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. 2264958			
Application/License No.			
UPS Supply Chain Solutions, Inc. Applicant/Principal	, doing or intendir	ng to do busin	iess as a
pharmaceutical wholesaler, whose 5849 W Schulte Road, Suite 107, Tracy		s of service is	s , as
PRINCIPAL and Great Amer			, a
corporation organized under the	Surety Company laws of the state of	Onio State of Incorpor	ation
and authorized to transact a gen	eral surety business in	the State of	
Nevada, whose address for purp 301 East 4th Street, Cincinnati, OH 4520			as
SURETY, are held and firmly bound State Board of Pharmacy for the DOLLARS (\$100,000.00), for what administrators, successors and a bond term shall become effective	penal sum of ONE HU ich payment we bind o ssigns jointly and seve	NDRED THC urselves, our	USAND heirs, executors

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.

Learnify 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 b	ond has caused it to be executed on this
APPLICANT/PRINCIPAL	SURETY
Ronald Authorized Representative Treasures	Sulen Company's Representative
	Lisa Gelsomino , Attorney-in-fact
SIGNED and SEALED in the presence of: Lynca M Swell Witness Lynda M Swell	SIGNED and SEALED in the presence of: Witness
Witness Samuli K	Alund Man Witness
	Countersigned by: Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET CINCINNATI, OHIO 45202 513-369-5000 FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than TWO

No. 0 21296

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof, provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

LISA M. GELSOMINO MARIA G. TORO

Address **BOTH OF**

ELK GROVE VILLAGE, ILLINOIS

Limit of Power BOTH

\$10,000,000

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this APRIL

Attest

Assistant Secretary

GREAT AMERICAN INSURANCE COMPANY

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

9TH day of

APRIL

MARK VICARIO (877-377-2405) 2019 , before me personally appeared MARK VICARIO, to me known,

being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal, that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



Susan A. Kohorst Notary Public, State of Ohio My Commission Expires 05-18-2020

Susan a Lohoust

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTILER. That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect

Signed and sealed this 2nd

day of

August

Assistant Secretary



Disciplinary Statement UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order 1645 Satellite Blvd, Duluth, GA

Final |

As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final

On November 15, 2011, UPS SCS informed your agency of the lowa Board of Pharmacy's (IBoP) action concerning lowa Wholesale Drug License #5820 and which became effective November 11, 2011. This lowa Stipulation and Consent Order (the "lowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is <u>not</u> based on an independent set of facts.

Final

On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders 1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous nonresident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is <u>not</u> based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000273

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG WHOLESALER REGISTRATION OF UPS SUPPLY CHAIN SOLUTIONS, INC., REGISTRATION NO. WHO-7462,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and UPS Supply Chain Solutions, Inc. ("Respondent") to resolve all matters pertaining to Board Case Number 2011-000273, as follows:

FINDINGS AND CONCLUSIONS

- The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
- Respondent was originally registered as an non-resident prescription drug wholesaler in the State of Colorado on December 8, 2008, being issued registration number WHO-7462, and has been so registered at all times relevant to this disciplinary action.
- 3. Respondent does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following findings.
- 4. Respondent failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, forty-six (46) days transpired between the date the previous designated representative ceased the position and the date the application and fee were received.
- 5. Respondent states and affirms that it was never without the proper oversight of a designated representative but failed to timely submit the change application to the Board because of human error. Further, Respondent states and affirms that it has identified the cause of the error and has implemented corrective actions.

Respondent does not contest that the conduct described above constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

12-22-125. Unprofessional conduct - grounds for discipline.

- (1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:
- (c) Has violated:
 - (I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;
 - (II) The lawful rules of the board; or
 - (III) Any state or federal law pertaining to drug.

12-22-802. Wholesafer license requirements

- (2)(b) An applicant for a license shall pay any reasonable fee required by the accreditation body or the board and comply with any rules promulgated by the board;
- (3) (VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section; and
- (5)(i) Update all of the information required in this part 8 whenever changes occur.

Regulation 15.01.11 Minimum required information for registration.

- a. The following minimum information shall be required from each wholesaler as part of the registration:
- (8) The name of the applicant's designated representative, who must meet the following requirements:
 - (a) Be at least twenty-one years of age;

- (b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the recordkeeping related to prescription drugs;
- (c) Be employed by the applicant in a full-time managerial position;
- (d) Be actively involved in and aware of the actual daily operation of the wholesaler;
- (e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;
- (f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue code of 1986."
- (g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or controlled substances;
- (h) Not have an felony convictions pursuant to federal, state, or local law; and
- (i) Undergo a background check as required by CRS 12-22-803. And
- (9) Wholesalers that distribute animal drugs exclusively are exempt from the requirements of 15.01.11(a)(8).
 - (b) Changes in any information in section 15.01.11 shall be submitted to the Colorado Board of Pharmacy within fourteen calendar days thereof.

Regulation 15.01.14 Change of name, location, or ownership, or designated representative

- c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.
- 7. The Board finds and concludes, and Respondent agrees, that based upon the above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

. . .

- 8. Fine with Surcharge. Pursuant to §12-22-125.2(5), C.R.S., Respondent shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Respondent understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of Five Thousand Five Hundred Dollars and No Cents (\$5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.
- 9. <u>Compliance</u>. Respondent shall submit all future applications detailing a change in designated representative and fee to the Board within fourteen (14) days of the previous designated representative ceasing the position.
- 10. <u>Other Requirements</u>. Respondent acknowledges and agrees that, as a condition of this Final Agency Order, Respondent shall:
 - a. promptly pay all Respondent's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
- 11. <u>Advisements and Waivers</u>. Respondent enters into this Final Agency Order freely and voluntarily, whether or not Respondent has consulted with legal counsel. Respondent acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;
 - b. to respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to Sections 12-22-125 and 12-22-125.2(2)(a), C.R.S.; and
 - d. to appeal this Final Agency Order.

Respondent freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

- 12. Acknowledgments. Respondent has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that it is not entering into this Final Agency Order under any duress.
- 13. <u>Violations</u>. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Final Agency Order.
- 14. <u>Integration and Severability</u>. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
- 15. <u>Public Record</u>. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
- 16. <u>Effective Date</u>. This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

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Authorized Representative / Title Dated: 10/1/10	·
Subscribed and sworn to before me in the County of Fator Georgia, this / day of Octor by Dov. e/ S:/vm va/e, authorized representative of UP	2010
by Davie Silva vale , authorized representative of UP Chain Solutions, Inc.	S Supply
My commission expires: Sept 21, 2013	SEPT 2013 ary Public Solvery SURVEY S

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 18^W day of Och 100, 2010.

State Board of Pharmacy

BY: <u>Alleardy Partons on</u>

Wendy Anderson

Program Director

rogram Directo

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within STIPULATION AND FINAL AGENCY ORDER upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of September 2010, addressed as follows:

UPS Supply Chain Solutions, Inc. Attn: Joy Roberts
1645 Satelite Blvd.
Duluth, GA 30097
(via email: joyroberts@ups.com)

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John C Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within STIPULATION AND FINAL AGENCY ORDER upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 18th day of October 2010, addressed as follows:

UPS Supply Chain Solutions, Inc. Attn: Joy Roberts 1645 Satelite Blvd. Duluth, GA 30097

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BEFORE THE IOWA BOARD OF PHARMACY

Re:)	Case No. 2010-162
Wholesale Drug License of	j	7.9
UPS SUPPLY CHAIN	, j	STIPULATION
SOLUTIONS, L.L.C.,	5	AND CONSENT
License No. 5820	j.	ORDER
Respondent	ý	Sex eller AGe Section (

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), The Iowa Board of Pharmacy (hereinafter, the "Board") and UPS Supply Chain Solutions, L.L.C. (hereinafter, "Respondent"), have agreed to settle a contested case currently on file with the Board. The Statement of Charges filed against Respondent on September 13, 2011, and the licensee disciplinary proceeding related to the charges shall be resolved without a hearing, as the Board and Respondent have agreed to the following Stipulation and Consent Order:

- Respondent's license to operate a wholesale drug business was renewed
 November 19, 2010, as evidenced by Wholesale Drug License Number 5820,
 recorded in the permanent records of the Board.
- 2. Wholesale Drug License Number 5820 issued to and held by Respondent is current and in force until December 31, 2011.
- 3. The Board has jurisdiction over the parties and the subject matter herein.
- 4. A Statement of Charges was filed against Respondent on September 13, 2011. The Statement of Charges alleges Respondent violated the pharmacy laws of the State of Colorado and failed to timely report the violation to the Board.
- 5. The records of the investigation indicate that Respondent has successfully

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IOW JOARD OF PHARMACY

completed the terms of the Colorado Stipulation and Final Agency Order.

- 6. Respondent has chosen not to contest the allegations set forth in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline described herein.
- 7. Upon the Board's approval of this Stipulation and Consent Order, Respondent shall be assessed a civil penalty in the amount of \$1000. The civil penalty payment shall be made by check, payable to the Treasurer of Iowa and mailed to the executive director of the Board within 10 days after Respondent's receipt of notice of the Board's approval of this Stipulation and Consent Order. All civil penalty payments shall be deposited into the State of Iowa general fund. Upon the Board's receipt of the civil penalty, this disciplinary proceeding shall be concluded without further order of the Board.
- 8. The Board does not mandate any further corrective action.
- 9. Respondent agrees to obey all federal and state laws, rules, and regulations substantially related to the operation of a wholesale drug business.
- 10. Should Respondent violate or fail to comply with any of the terms or conditions of this Stipulation and Consent Order, the Board may initiate action to revoke or suspend Respondent's Iowa license to operate a wholesale drug business or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011), and 657 Iowa Administrative Code § 36.1.
- This Stipulation and Consent Order is the resolution of a contested case.
 By entering into this stipulation, Respondent waives all rights to a contested case

hearing on the allegations contained in the Statement of Charges, and waives any objections to this Stipulation and Consent Order.

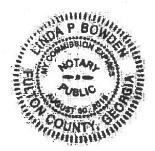
- 12. This Stipulation and Consent Order is a proposed settlement subject to approval by a majority of the full Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either party. If the Board approves this Stipulation and Consent Order, it shall be the full and final resolution of this matter.
- 13. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Stipulation and Consent Order is voluntarily submitted by UPS Supply Chain Solutions, L.L.C., to the Iowa Board of Pharmacy for its consideration on this 21st day of October 2011.

UNS SUPPLY CHAIN SOLUTIONS, L.L.C., Respondent

By DANIEL SILVERNALE, Vice President, Finance and Healthcare Compliance

Subscribed and sworn to before me by Doniel Silvernale, who has stated to me that he is the VP., Findres Healthcorof UPS Supply Chain Solutions, L.L.C., and is authorized to sign this Stipulation and Consent Order on behalf of UPS Supply Chain Solutions, L.L.C., on this 21²¹ day of October 2011.



Yumda P. Bowdin Notary Public in and for the State of Georgia This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy on this list, day of Naventers 2011.

SUSAN FREY Chairperson Jowa Board of Pharmacy 400 SW Eighth Street, Suite E Des Moines, Jowa 50309-4688

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CC: Scott M. Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

UPS Supply-settle 9-11, doc

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF HEALTH CARE SERVICES **BOARD OF PHARMACY** DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.

License Numbers: 53-06-002764

53-15-027264

File Number: 53-10-118763 CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 23, 2011, charging UPS Supply Chain Solutions Inc., hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seg; and

WHEREAS, Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

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IT IS HEREBY FOUND that the facts alleged in the Complaint are true for the purposes of this Consent Order and constitute a violation of section 17768(2)(d) of the Public Health Code, <u>supra</u>.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of \$2,500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number 53-10-118763.

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R338.1632 and section 16221(h) of the Public Health Code, <u>supra</u>.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated:

MICHIGAN BOARD OF PHARMACY

Bv

Chairperson, Disciplinary Subcommittee

STIPULATION

- 1. Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.
- 2. Respondent Wholesaler understands and intends that by signing this Stipulation, Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waiving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

Subsequent to the adverse actions, Respondent Wholesaler submitted information about steps implemented by Respondent Wholesaler, in the state of Colorado, to ensure that this type of action will not recur, including establishing strategy groups and tactical teams which ensure regulations are met and all locations are compliant. Respondent Wholesaler indicated that a single manager coordinates the local teams to ensure all information is consistently distributed. No patient safety issues were involved in Respondent Wholesaler's actions.

Respondent Wholesaler was cooperative in resolution of this matter. Respondent Wholesaler has been licensed in the state of Michigan since 2008 and has no other complaints against its license.

- 4. Patricia A. Smeelink, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.
- 5. The foregoing Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director Bureau of Health Care Services Department of Licensing and Regulatory Affairs

Dated: 8-7-13

AGREED TO BY:

Daniel Silvernale, Vice President Authorized Representative for UPS Supply Chain Solutions Inc. Respondent Wholesaler

Dated: <u>6/28/1</u>

Approved as to form by:

Max R. Hoffman, ∜r. J V Attorney for Respondent Wholesaler

This is the last page of a <u>Consent Order and Stipulation</u> in the matter of UPS Supply Chain Solutions Inc., File Number 53-10-118763, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

BH/PB

COMMONWEALTH OF KENTUCKY KENTUCKY BOARD OF PHARMACY Case No. 11-0062A

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS, INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions, Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

- (1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.
- (2) (a) An investigation of Respondent's pharmacy revealed that numerous technicians worked on various dates in 2010, without being timely registered with the Board. The Respondent assured the technicians that it would take care of ensuring they were properly registered. Respondent subsequently properly registered the technicians. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).
 - (b) The technicians that worked without being appropriately registered with the Board were: Chelsea Hutchins, Alisha Netherton, Brittany Barger, Lauren Fisher, Karen Millay, Meghan Rae Yates, Michelle Green, Amanda Gracie, Faith Joway, Taylor Parker, Manoj Bhandari, Jonathan Pruitt, Whitney Wilson, Dustin R. Harris, Fabrice Mboya, Lauren Howell, Coco Boards, Benjamin Bickett, Jessica Horlander, Jason Cope, William Robert Bennett Jr, Thomas Hicks, Nimo Muhumed Mohamud, Harold Keith Newcom, Rodrick G Parrish, Johnathan Borho, Antoya Blackburn, Jonathan Graves, and Leilani Roach.
 - (c) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).
- (3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).
- (4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.
- (5) The Board and Respondent have agreed to address this matter informally by

entering into this Agreed Order, in lieu of the Board filing a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

- (A) Respondent shall be fined \$2900.00 (\$100 per technician) payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.
- (B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.
- (C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President

Kentucky Board of Pharmacy

UPS Supply Chain Solutions, Inc.

Respondent

Date .

8/14/12 Date

COMMONWEALTH OF KENTUCKY KENTUCKY BOARD OF PHARMACY Case No. 11-0061A

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS INC.

AGREED ORDER

Manager Control of the Control of th Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

- Respondent is a pharmacy in the Commonwealth of Kentucky, having been (1) assigned pharmacy permit no. P07277.
- (2)(a) An investigation of Respondent's pharmacy revealed that Sherry Rich worked as a pharmacy technician from April 1, 2010 through November 19, 2010, without being timely registered with the Board. The Respondent assured Ms. Rich that it would take care of ensuring she was properly registered. Respondent subsequently properly registered Ms. Rich with Nonetheless, the Respondent was in violation of KRS the Board. 315.121(1)(g).
 - (b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).
- Respondent takes compliance with KRS 315 seriously and as part of its corporate (3) compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).
- This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.
- (5) The Board and Respondent have agreed to address this matter informally by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGRÉED AND ORDERED THAT:

(A) Respondent shall be fined \$125.00 payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

- (B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.
- (C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thombury, President

Kentucky Board of Pharmacy

UPS Supply Chain Solutions Inc.

Respondent

AGREED BOARD ORDER #L-13-004

RE: IN THE MATTER OF
UPS SUPPLY CHAIN SOLUTIONS, INC.
(CLASS E NONRESIDENT
PHARMACY LICENSE #26160)

BEFORE THE TEXAS STATE BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of Class E nonresident pharmacy license number 26160 issued to UPS Supply Chain Solutions, Inc. ("Respondent"), 1860 Outer Loop Road, Louisville, Kentucky 40219.

On September 8, 2012, Respondent self-reported to the Board the entry of two Agreed Orders by the Kentucky Board of Pharmacy, as described below in Counts (1) and (2).

By letter dated February 22, 2013, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Section 565.002 (a)(13); and Section 565.002(c) of the Texas Pharmacy Act, Tex. Occ. Code Ann. Title 3, Subtitle J (2011), as alleged in the Counts below.

The conduct described in the Kentucky Board of Pharmacy's Agreed Orders is substantially similar to conduct described in:

Section 565.002(a)(3); and Section 568.002(a) of the Texas Pharmacy Act, Tex. Occ. Code Ann. Title 3, Subtitle J (2011); and

Section 297.3(a)(1) of the Texas Pharmacy Board Rules, 22 Tex. ADMIN. CODE (2012).

COUNTS

- (1) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0061A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that from April through November of 2010, the pharmacy allowed an unregistered individual to perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of \$125.
- (2) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0062A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that, on various dates in 2010, the pharmacy allowed twenty-nine (29) unregistered individuals to

Agreed Board Order #L-13-004 UPS Supply Chain Solutions, Inc. Page 2

perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of \$2900.

An informal conference was held in the office of the Texas State Board of Pharmacy on April 2, 2013. Phillip Vowels, R.Ph., Pharmacist-in-Charge of Respondent; Sue Young, Director, Global Healthcare Compliance, for Respondent; Amy Carney, Regulatory Affairs Manager, for Respondent; Maureen O'Brien, Senior Quality Assurance Manager, for Respondent; Emily Johnson, Legal Counsel for Respondent; Hannah Heck, Legal Counsel for Respondent; and Michelle Williams, Legal Counsel for Respondent, appeared via teleconference. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Stacy E. Martyak, Staff Attorney, was also in attendance.

By signing this Order, Daniel Silvernale, Vice President, for and on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is hereby reprimanded.

Agreed Board Order #L-13-004 UPS Supply Chain Solutions, Inc. Page 3

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS __7th __day of __May ___, __2013 __.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph/, Executive Director/Secretary Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Daniel Silvernale, Vice President of UPS Supply Chain Solutions, Inc.

APPROVED AS TO FORM:

Kerstin B. Amold General Counsel Texas State Board of Pharmacy

S:\Attorneys\PNLs 0113 - 1213\UPS Supply Chain Solutions, Inc\UPS Supply Chain Solutions, Inc._ABO_282385_1st Amended.docx

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC. License Number: 53-01-008968

File Number: 53-13-129412 CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an <u>Administrative Complaint</u>, hereafter Complaint, was issued on September 27, 2013, charging UPS Supply Chain Solutions Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seg; and

WHEREAS, Respondent neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

1

IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, <u>supra</u>:

Accordingly, IT IS HEREBY ORDERED, that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of \$250.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order made payable to the state of Michigan, and the check or money order shall clearly display the file number 53-13-129412.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, <u>supra</u>.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated:

MICHIGAN BOARD OF PHARMACY

Bv:_

Chairperson, Disciplinary Subcommittee

STIPULATION

- 1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.
- 2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

Respondent Pharmacy acknowledges the Kentucky Board of Pharmacy disciplinary action which precipitated the Complaint.

- 4. Harvey Schmidt, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Consent Order.
- The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:
March 1
- Carolett There
Carole H. Engle, Director//
Bureau of Health Care Services
Department Licensing and
Regulatory Affairs

{	In	In			
UPS	Suppl	y Chain	Solutio	ons Inc.	
Res	ponder	it			

AGREED TO BY:

Dated: 1-29-19 Dated: 1/2///4

This is the final page of a <u>Consent Order and Stipulation</u> in the matter of UPS Supply Chain Solutions Inc., File Number 53-13-129412, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

PB

UPS Supply Chain Solutions

211 Lake Drive Suite F Newark, DE 19702 302.631.5000 Tel 302.631.5238 Fax



April 30, 2020

Via Overnight Mail

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

Re: Initial Application for Wholesale Distributor ~ UPS Supply Chain Solutions, Inc.

5849 W. Schulte Road, Suite 107 Tracy, CA 95377

Dear Sir or Madam:

Enclosed is one (1) initial application for a Wholesale Distributor. Also included is any required back up documentation along with checks #1006414 in the amount of \$500.00.

Once the application is processed, please send the new license to my attention at 211 Lake Drive, Suite F, Newark, DE 19702.

If you have any questions or need additional information, please contact me at the phone number or email address listed below.

Sincerely,

Amy F. Muller

Healthcare Compliance Specialist

Regulatory Affairs

(302) 631-5127

ralicensing@ups.com

5DDD

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						
GENERAL INFORMATION to be completed be all types of ownership						
Facility Name: Assertio Therapeutics, Inc.						
Physical Address: 100 South Saunders Road, Suite 300						
City: Lake Forest State: IL Zip Code: 60045						
Telephone Number: (224)419-7106 Fax Number: n/a						
Toll Free Number:						
E-mail: jhipelius@assertiotx.com Website: www.assertiotx.com/						
Facility Manager: Stanley Bukofzer						
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, repackagers						
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:						

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	Yes □ No ☑
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	Yes ☑ No □
Do any shareholders hold an interest ownership or have management facility which are licensed by the State of Nevada or another political ju	
List the top 4 suppliers your company has been associated with regard products that were sold, dispensed or distributed with the last year.	ds to pharmaceutical
Name: n/a - New Start up -Initial application	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	877-u-u-
A licensee is not required to have a Nevada State Business License, holease provide the number:n/a	however, if you do,
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)?	h 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.

Has the corporation, any owner(s), shareholder(s) or partninterest, ever been the subject of an administrative action, bosite fine or proceeding relating to the pharmaceutical industry	ard citation,	es □ No ☑
4. Has the corporation, any owner(s), shareholder(s) or partrinterest, ever been found guilty, pled guilty or entered a plea contendere to any offense federal or state, related to controlle substances?	of nolo ed	es □ No ☑
5. Has the corporation, any owner(s), shareholder(s) or partrinterest, ever surrendered a license, permit or certificate of re voluntarily or otherwise (other than upon voluntary close of a	gistration	es □ No ☑
If the answer to question 1 through 5 is "yes", a signed statem Copies of any documents that identify the circumstance or co disposition may be required.		
I hereby certify that the answers given in this application and correct. I understand that any infraction of the laws of the State operation of an authorized pharmacy may be grounds for the	ate of Nevada reg	gulating the
I have read all questions, answers and statements and know under penalty of perjury, that the information furnished on this correct. I hereby authorize the Nevada State Board of Pharms employees, to conduct any investigation(s) of the business, p background, qualification and reputation, as it may deem nec	s application are tacy, its agents, so rofessional, social	true, accurate and ervants and all and moral
Original Signature of Person Authorized to Submit Application	no conjec or et	amno
Stanley Bukofzer	January 2	•
Print Name of Authorized Person	Date	
Board Use Only Date Processed:	Amount: <u>600</u>	<i>∞</i>

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: Assertio Therapeutic	cs, Inc.		er . •	>
Mailing Address: 100 South Saunders Ro	oad, Su	ite 300		
City: <u>Lake Forest</u>	State:	IL	Zip:	60045
Telephone:(224)419-7106F	Fax:	n/a	_	
Contact Person:Jennifer Hipelius				
If the corporation that holds an ownership in the applicant shall identify the officers of the registration with the SEC, the registration in the being traded. You can provide a copy of the registration in the second traded.	nat corpo number	oration, the issued and	date t	the corporation received its schange at which the stock is
Date of Incorporation: 07/18/2018			_	
Registration number issued: 6980073			_	
Stock Exchange: ASRT - NASDAQ			_	
A Nevada business license is not required, license please provide the number:n/a_		er if the who	olesal	er has a Nevada business

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASSERTIO 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 TWENTIETH DAY OF DECEMBER, A.D.

2019.

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

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

SULLAND SOLUTION OF THE STATE O

Authentication: 204272112

Date: 12-20-19

6980073 8300 SR# 20198788062



Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4219046



Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
ASSERTIO THERAPEUTICS INC	Lake Forest, IL 60045	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004722	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	05/13/2019	05/13/2019	12/31/2020	N

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Stan Bukofzer Page 1

Stan Bukofzer

Hobblebush Lane • Vernon Hills, Illinois 60061 •

PROFILE

Highly successful senior executive with experience leading medical and scientific teams at dynamic and growth-oriented companies. As a "hands-on" and pragmatic C-suite executive, recognized for successfully building / transforming teams to ensure stakeholder value growth across portfolio and companies. Extensive product development experience with products in portfolios that include proprietary small molecules and fermentation products, biologics including biosimilars, generic sterile injectables and devices (pumps and consumables). Accountable for budgets over \$250MM. Extensive experience working with Boards, Investment partners and analysts among others.

Executive Leadership:

Executive team member and contributor to the development of corporate strategies that build company value. Demonstrated ability to identify and attract the correct critical individual expertise and build teams that value diversity of opinion while emphasizing team objectives.

Product Development and Value creation:

Experience working over 10 therapeutic areas defining strategies and ensuring execution of work product from early research through product development, product launch, product lifecycle management and market support. Accountable for significant budgets (up to \$250M), but with a track record of balancing resources with defined objectives, while meeting compliance and quality expectations to mitigate risk. Is an "out the box" thinker who is persistent in looking for ways to meet objectives, but not at the expense of ethics and patient safety.

Deep Medical and Scientific Experience: Drawing from experience ranging from hands-on patient care to expertise in pharmaceutical scientific areas, couples a deep understanding of medicine with well-developed business acumen to drive to success. Areas of responsibility include preclinical scientific data generation, clinical operations, medical affairs (including policy), safety and pharmacovigilance

Industry Recognition:

Recognized for building effective relationships with Regulatory, Governmental, Non-Governmental and Trade groups. Selected to Chair / serve on several international policy groups.

PROFESSIONAL EXPERIENCE

DEPOMED/ ASSERTIO THERAPEUTICS, Lake Forest, Illinois

A NASDAQ listed Biotech Company focused on Neurology, Orphan and Specialty Businesses

Chief Scientific and Technical Officer, Section 16 named officer

Nov 2018-present

Responsible for oversight of Medical, scientific, safety and regulatory functions, Medical affairs, as well as commercial manufacturing, supply chain logistics and quality functions

Chief Medical and Scientific Officer, Section 16 named officer

Apr 2018- Nov 2018

Responsible for scientific and medical leadership for the corporation.

- Medical and scientific oversight of on- market assets to ensure PV and Regulatory requirements are met.
- Strategic and tactical oversight of growth initiatives including new product development.
- Corporate and functional initiatives to drive shareholder value including licensing initiatives.
- BOD, investment community, intercompany and public / governmental interactions on behalf of the company as appropriate

SAREPTA THERAPEUTICS INC., Cambridge, Boston

Jan 2018 to Apr 2018

A biopharmaceutical company focused on the discovery and development of precision genetic medicines to treat rare neuromuscular diseases, with a primary focus on rapidly advancing Duchenne muscular dystrophy (DMD) therapies designed to treat the underlying cause of the disease.

Stan Bukofzer Page 2

Reporting to the CEO responsible for medical leadership for the company.

 Assessed medical function structures and personal to optimize focus and assess gaps. Present to BOD findings and effected changes suggested.

- Oversaw strategic and operational elements of all gene therapy platforms including study design and execution, agency interactions. (Development, PV and Medical affairs)
- Worked with partner organizations (Advocacy groups, Foundations and Partners) as needed.

OCERA THERAPEUTICS INC., Palo Alto, California

Jan 2016 to Dec 2017

A NASDAQ listed Biotech Company developing novel drugs for liver disease. Company acquired by Mallinckrodt for up to \$152M.

Chief Medical Officer and Sect 16 Officer

Reporting to the CEO, responsible for scientific and technical leadership for the company key focus on a novel therapy for treating hepatic encephalopathy, an orphan indication.

- As a Section 16 officer, key contributor to interactions with Wall Street analysts, investors and merger transaction.
- Created product value and company by extracting data and learnings from a "failed" Phase2B study by linking the data understandings to market needs and regulatory pathway expectations.
- Used "out the box" thinking to accelerate the programs. Progressed the Oral formulation into Phase 2B with near final
 formulation, developed a novel Clinical outcome assessment questionnaire, and oversaw EOP (2) FDA meeting preparation
 that included use of extensive PK/PD dose modeling, population PK simulation and a baysean designed study to determine
 optimal dosing during a proposed Phase3 study.
- Optimized/ rebuilt the scientific capability of the company through internal changes supplemented by consultants to execute
 on Phase 2B study that was challenged. Developed quality system plan, drove clinical efficiencies, developed process
 standardizations and data collection to meet compliance and quality standards while generating significant budget
 efficiencies. Streamlined information flow to allow executive management better oversight of work product, costs and quality.

HOSPIRA, INC., Lake Forest, Illinois

2012 - 2015

A \$5 billion pharmaceutical and device company that grew to \$18 billion in 3.5 years

Corporate Vice President & Chief Medical Officer

Responsible for the strategic direction and technical leadership of the Development and Medical functions across Hospira's global businesses: devices (pumps and consumables) and pharma (sterile injectables, proprietary products and biosimilars) encompassing both pre- and on-market products. Oversaw clinical research & development, medical affairs and product safety / vigilance, as well as representing Hospira at government and regulatory bodies, industry forums, and NGO's to educate and communicate on public health policy issues and to help shape policy on areas of importance to Hospira. Drove to form policies and procedures to ensure ethical corporate medical behaviors, meet global regulatory expectations, and create shareholder value by delivering on current portfolio and strategic acquisitions.

- Transformed the CMO organization into a highly functioning and motivated organization (recruited an entirely new leadership team) that consistently delivered projects with high quality on time and on budget (Exceeded CMO organization target incentives: 2013, +130%; 2014, +160%; 2015, on target for +150%).
- Designed biosimilar development strategy for portfolio of products including own and strong influence on partner products
 that resulted in 2 BLAs. (Erythropoetin, Infleximab). Oversaw development plan for Retacrit including designing novel study
 to meet evolving FDA's needs while keeping to BLA filing deadline. Executed this 120-patient study of 1-month treatment in
 5 months from time of request to CSR signoff and simultaneous integration into BLA.
- Oversaw filing of 4 NDAs and SNDAs for proprietary products. (Dexmetomidine, Dyloject) Filed / had under FDA review 2 of the first 351(k) biosimilar applications, filed and approved first MAb in EU and ANZ. Contributed to filings / approvals for 11 devices (2 pumps, MedNet software application, 8 consumables. Filed / launched over 350 generic SIPs globally. Represented Hospira on 4 executive steering committees for key growth alliances.
- To support growth opportunities, strategically leveraged global resources in lower-cost regions when appropriate. (Representative resources included: Manila-data management, statistics back office, transactional pharmacovigilance; India medical operations including medical writing). Headcount grew from approximately 180 to over 360. Direct and indirect budget oversight approx. \$150MM.
- Improved efficiency enabled more rapid decision making, and improved accountability by revamping all CMO / scientific
 governance with completely new SOPs, operating guidelines and oversight committees. Established amongst others the
 Corporate Safety Board.
- Built a highly effective medical affairs group from scratch to provide support for on-market biosimilars and biosimilar launch
 of the first monoclonal antibody in Europe.
- · Worked in partnership with Quality & Regulatory to fully remediate the safety and vigilance processes for both drugs and

Stan Bukofzer Page 3

device into sustainable compliance and business-valued processes.

- Provided leadership in shaping global biosimilar policy by engaging key policy makers at WHO (e.g. Industry expert invited to WHO BTB consultation May 2015, global agencies (e.g. in 2014 served as pre-ICDRA session chairman and key note speaker), public forums (e.g. in 2014 and 2015 served as DIA Organizing Committee and Session Chair), NCCN policy meeting panelist, Member of EBG working group on biosimilar extrapolation.
- Led a task force for the Parenteral Drug Association to publish a scientific paper addressing the medical risk of visible
 particulates in injectable drugs. This paper has become a landmark publication in its ability to use science and risk
 management to achieve a positive impact on global drug supply and quality.
- Sat on a variety of executive leadership committees including being part of the Hospira Growth Committee (included
 evaluation of Plant Acquisition, Portfolio Management, strategic alliances, alternative funding sources), a variety of toptoplevelview committees (commercial, scientific, technical). Represented company on all biologic portfolio joint steering
 committees with partner companies.
- One of 4 to receive annual peer recognition award for leadership contributions.

ASTELLAS PHARMA, INC., Deerfield, Illinois

US headquarters of \$8 billion Japanese company

2007 - 2012

Vice President, Medical & Scientific Affairs, Astellas Scientific and Medical Affairs, Inc.

Reporting to US CEO, built an effective and fully compliant Medical and Scientific Affairs organization to meet business imperatives spanning seven therapeutic areas (cardio-vascular, anti-invectives, dermatology, transplant / immunology, urology, oncology and neurology/migraines). Reshaped leadership, created standards, and developed processes supported by robust IT solutions capable of ensuring metric-driven continual improvement and compliance monitoring.

- Oversaw the initial formation of and led a newly incorporated business entity, ASMA. (Astellas Scientific and Medical Affairs, Inc.) that was incorporated under the Astellas group of businesses.
- Key member of executive committees responsible for company operations: SPEC (executive steering committee for Americas businesses), PSEC (Product Strategy Executive Committee) and GBC (global brand committee); PDPC (US product development strategy and oversight committee).
- Drove scientific programs for CV imaging in addition to overseeing all REMS activities and Phase 4 commitments. Contributor and advisor during due diligence in multiple licensing deals with special emphasis on scientific value and risk assessment.
- Led medical / scientific strategy and tactical execution of all programs for US on-market drugs. This included MSL, MI, MDs,
 Operations and Publication teams across all 7 therapeutic areas. Drove compliance and effectiveness by introducing accountability metrics for teams and individuals.
- With multiple partner companies (both biotech and large Pharma) led or sat on a variety of executive steering and oversight committees.
 - o Led integration of OSI acquisition for Medical and Scientific Affairs function.
 - o Represented Astellas on Bio, PhRMA, and National Governor's Association committees.
 - Worked closely with Government Affairs to address key initiatives with governmental and state agencies including CMS, AHRQ and FDA.
- One of 4 US executives chosen to attend inaugural Executive Leadership Course for company VPs and above. As a strong
 advocate for globalization where appropriate; e.g. drove development of Global Publication and Disclosure and Global
 Sponsorship policies was recognized by winning an "Astellas Way 2010 Award", the highest Astellas global recognition award.

ABBOTT LABORATORIES, Abbott Park, Illinois

1996 - 2007

A \$75 billion pharmaceutical company.

Division Vice President, Head Global Medical Affairs (2004 - 2007)

- Oversaw lifecycle management of Abbott International's brand and product lines producing \$2 billion in sales. Defined brand life cycle strategies, directed development, and oversaw tactical execution worldwide.
- Reporting to head of R&D CVP Pharmaceutical Products Division, had a management team of eight at director-level/ Divisional
 VP level. Oversaw Abbott's clinical operations, regional medical and affiliate organizations, global publications, global health
 economics function, physician education and development.
- Key member of Development and medical executive committee's for both the Pharmaceutical and International divisions.
 (Development Executive Council, Development Optimization Team, Portfolio Leadership Team, and Executive Safety Council)
- Represented Abbott on PhRMA's clinical research group (CRTG), National Pharmaceutical Council (NPC), and Scientific Advisory Board of Advanced Life Sciences, a novel anti-infective development company.

Global Development Head, Infectious Diseases Venture (2001 - 2004)

Reported to Corporate VP Clinical Development, Pharmaceutical Product Division with responsibility accountable for all Abbott's

Stan Bukofzer Page 4

Infectious disease drugs development programs.

- Led scientific, strategic, and all tactical aspects of drug development that included IV, oral, pediatric and adult formulations.
- Multiple successful US(FDA) and Global (EMA, KIKO, Korea, Taiwan, Switzerland, RSA) regulatory filings. Programs included
 macrolides (Biaxin and ketolides), cephalosporins (including Omnicef), and quinolones (Delafloxacin) globally. Developed and
 managed annual budget up to \$250MM. Key commercial product successes, included Biaxin and Omnicef. Omnicef generating
 \$800MM in sales.
- Led Abbott's cross-divisional SARS taskforce. Abbott representative on PhRMA FDA work group on bio-terrorism

Global Clinical Development Medical Director - Abbott International (1999 - 2001)

- Led Ex US Global new drug application of Uprima (Apomorphine), first drug for erectile dysfunction approved for worldwide distribution. Oversaw the entire filing for multiple regions including EMA and personally wrote Clinical expert reports for regulatory agencies for Uprima. Unanimous approval for marketing by EMA on first submission.
- Responsible for reregistering *Hytrin* (Terazosin) (\$400MM), with FDA due to original "grandfathered drug approval". Wrote both applications including expert opinions for both BPH and hypertension indications.
- Life cycle managed Lupron (Leuprolide) (\$300MM) and Buflomedil

Associate Director, Clinical Research (1999)

• Personally, designed and executed first in man to end of Phase 2 development of novel buccal adhesive testosterone patch. (Striant). Developed >10 white papers on key issues involving testosterone development issue.

Medical Director, South Africa & Africa - Johannesburg, SA (1996 - 1998)

PRIOR RELATED EXPERIENCE

PRIVATE CLINICAL GASTROENTEROLOGY AND HEPATOLOGY PRACTICE

1989 - 1998

UNIVERSITY OF WITWATERSRAND and JHB Teaching Hospitals

1986 - 1997

Internal Medicine Residency, 1983 - 1986
Internships, Surgery, Intensive Care & Renal Medicine, 1980 - 1981
Training in Gastroenterology & Research Fellow in liver disease, 1986 - 1988
Department of Internal Medicine Consultant, 1987 - 1996
Researcher Medical Research Council Molecular Hepatitis Laboratory, 1996 - 1997

AFRICAN DEFENCE FORCE

1981 - 1983

Officer in SAMC seconded to SW African Territorial Force with active service supporting 32 Battalion

MEDICAL BACKGROUND & AWARDS

- Executive committee member for University of Witwatersrand Medical Graduates Society, 1989 1990
- Founding member and executive committee member of Children's Liver Disease Foundation, 1996 1998
- Council member of SA Viral Hepatitis National Strategies Group, 1995 1996
- South African Gastroenterology Association executive committee, 1995 1996
- South African Gastroenterology Association 1995, Best Research Award Basic Science & Clinical
- South African Gastroenterology Association 1988, Gastroenterology Travelling Award
- Investigator in 24 Clinical Drug Trials
- International Advisor to multiple multinational international pharmaceutical companies

EDUCATIONAL BACKGROUND & ACCREDITATIONS

BURWIN INSTITUTE OF DIAGNOSTIC MEDICAL ULTRASOUND Diploma, Ultrasound & Abdominal Medical Ultrasound, 1993

UNIVERSITY OF WITWATERSRAND

Master of Medicine, Internal Medicine, 1986

M.B., B. Ch (British Equivalent to USA MD), 1979

MEDICAL COUNCIL OF SOUTH AFRICA

Sub specialty - Gastroenterology

Specialty - Internal Medicine
Diploma - Aviation Medicine
Registered Physician - SA & UK
AFFILIATIONS, PUBLICATIONS & IP AVAILABLE ON REQUEST

-ASSERTION

Description of Operations

Assertio Therapeutics, Inc. is a Virtual Manufacturer. Assertio Therapeutics, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol ASRT and is located in Lake Forest, Illinois. Assertio Therapeutics, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers, Specialty Pharmacies, and Physicians by their Third-Party Logistics Provider, ICS, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturers Information:

We are using the following contract manufacturers to produce our product:

Catalent Ontario Limited (formerly Accucaps Industries Limited) 2125 Ambassador Drive Windsor, Ontario, Canada N9C 3R5 Contact: Brooke Schooley, 519.250.3323

FEIN: 3000118564

Mikart, Inc. 1750 Chattahoochee Avenue Atlanta, GA 30318 Contact: Sara Rogers, 404.351.4510

FEIN: 1050658

Patheon Puerto Rico, Inc. State Road #670 Km. 2.7 Manatí, Puerto Rico 00674

Contact: Eveliz Torres, 787-621-2500 ext. 4761

FEIN: 3003113148

Mipharm S.p.A.

Via Quaranta, 12 (N.B. street is as known as Via B. Quaranta or Via Bernardo Quaranta)

Milan, Italy 20141

Contact: Camillo Bologna, + 39 02 53548022

FEIN: 3002807647

Carton Service, Incorporated 341 J D Yarnell Industrial Parkway Clinton, TN 37716

Contact: Jay Phillips, 865.494.6050

FEIN: 3002763532

-Assertine

Janssen Ortho, LLC Road 933 Km 0.1 Gurabo, P.R. 00778

Contact: Jose Aguayo, 215.325/2618

FEIN: 3002942061

Halo Pharmaceutical, Inc. 30 North Jefferson Rd. Whippany, NJ 07981

Contact: Corey Birmingham/Patricia Lipari, 973.428.4164/ 973.428.4343

FEIN: 2211084

The above listed CMO's manufacture Assertio Therapeutics, Inc.'s products and packages finished product. At no time do any of the CMO's own the product, contract with Assertio Therapeutics, Inc.'s customers, invoice, nor sell an Assertio Therapeutics, Inc. product. Assertio Therapeutics, Inc.'s products are not Controlled Substances.

Labeler Code:

13913-011, 13913-012, 13913-004, 13913-005, 13913-006, 13913-008,

Third Party Logistic information:

For distribution into the commercial supply channels, ICS acts as Assertio Therapeutics, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of Assertio Therapeutics, Inc.'s product to Wholesalers, Specialty Pharmacies, and Physicians throughout the United States. ICS's address is:

ICS 420 International Blvd., Suite 500, Brooks, KY 40109 Trisha Johnson, 469.636.9047

ICS 1195 Trademark Drive, #102-B, Reno, NV 89521 Trisha Johnson, 469.636.9047

Assertio Therapeutics, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.



Ownership Information

AssertioTherapeutics, Inc. is publicly traded on the NASDAQ (ASRT). 100 South Saunders Road, Suite 300, Lake Forest, IL 60045 (224) 419-7106 Tax ID: 94-3229046

Delaware Corporation # 6980073, 7/18/2018

Officers

Arthur Higgins, President and Chief Executive Officer

Daniel Peisert, Senior Vice President and Chief Financial Officer

Stanley Bukofzer, Senior Vice President, Chief Scientific and Technical Officer

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) ±

MAIL (MAILTO: ?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP SEARCHRESULT.CFM)

Current through February 05, 2020

You have searched Finished drug products

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Search Results	s: '13913'										
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Display 50 ▼	records per	page						Search for t	ext 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
Cambia	13913-012- 02	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-012	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	03/10/2016
Cambia	13913-011- 19	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-011	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	04/20/2010
Cambia	13913-012- 03	50 mg/1	POWDER, FOR SOLUTION	ORAL	NDA022165	Assertio Therapeutics, Inc.	13913-012	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	03/10/2016

	Proprietary	NDC Package		Dosage		Appl.	Labeler	Product	Nonproprietary	Substance	Deadust Tons	Start
	Name	Code	Strength	Form	Route	No.	Name	NDC	Name	Name	Product Type Name	Marketing Date
5	Gralise	13913-004- 19	300 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-004	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
	Gralise	13913-004- 91	300 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-004	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
	Gralise	13913-005- 19	600 mg/1	TABLET, FILM COATED	ORAL	NDA022544	Assertio Therapeutics, Inc.	13913-005	gabapentin	GABAPENTIN	HUMAN PRESCRIPTION DRUG	01/28/2011
	Gralise	13913-006- 16		кіт		NDA022544	Assertio Therapeutics, Inc.	13913-006	gabapentin		HUMAN PRESCRIPTION DRUG	01/28/2011
	Lazanda	13913-009- 01	100 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-009	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	10/17/2011
	Lazanda	13913-010- 01	400 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-010	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	10/17/2011
	Lazanda	13913-013- 01	300 ug/1	SPRAY	NASAL	NDA022569	Depomed, Inc.	13913-013	fentanyl citrate	FENTANYL CITRATE	HUMAN PRESCRIPTION DRUG	01/01/2016
	ZIPSOR	13913-008- 94	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009

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
ZIPSOR	13913-008- 11	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009
					a						
ZIPSOR	13913-008- 12	25 mg/1	CAPSULE, LIQUID FILLED	ORAL	NDA022202	Assertio Therapeutics, Inc.	13913-008	diclofenac potassium	DICLOFENAC POTASSIUM	HUMAN PRESCRIPTION DRUG	06/16/2009

Showing 1 to 13 of 13 entries

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA,HHS,Gov)

See also: <u>Drug Registration and Listing Instructions</u>
(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm">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 Previous

Next



Home Food Drugs Medical Devices Radiation-Emitting Products Vaccines, Blood & Biologics Animal & Veterinary Cosmetics Tobacco Products

Home > Drug Databases > NDC

National Drug Code Directory

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• Cambia	Proprietary Name	Display 50 v records per page	CSV Excel	Back to Search Page Search Again	Search Results: '13913'	You have searched Finished drug products	Current through February 19, 2020	
13933-012-02	NDC Package ♦ Code	ecords per page	<u>o</u>	ch Page Se	43913	arched Finis	h February 19,	
50 mg/1	Strength			arch Agair		hed drug p	2020	
POWDER, FOR SOLUTION	Dosage ♦					roducts		
ORAL	Route ¢							
NDA022165	Appl. •							
Assertio Therapeutics Inc	Labejer Name							
13913-012	Product ¢							
diciplenac potassium	Nonproprietary ♦ Name							
DICLOFETAC POTASSIUM	Substance 💠							
HUMAN PRESCRIPTION DRUG	Product ♦ Type Name							
03/10/2016	Start Marketing ♦ Date							
NIA	End Marketing 💠 Date		Lewis S	څ	2			
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9 PACKET In 1 CARTON (13913-012-02) > 1 POWDER, FOR SOLUTION In 1	Package ◆ Description	Search for text in the table:		24				
Cyclooxygenase Inhibitors [MoA]. Decreased Prostaglandin Production [PE].	Pharm Class							

	Cambia	• Cambia	Cambbia
	139;13-012-02	13913-011-19	13913-012-03
	50 mg/t	50 mg/1	50 mg/1
	POWDER, FOR SOLUTION	POWDER. FOR SOLUTION	POWDER, FOR SOLUTION
The second second	ORAL	ORAL	ORAL
	NDA022165	HDA022165	NDA022765
	Assertio Therapeutics Inc	Asserbo Therapeutics, inc	Assertio Therapeulics, Inc
	13913-012	13913-011	13943-012
The second second	diciolenac potassium	diciofenac potassum	dictofenac potassium
The second second	DICLOFENAC POTASSIUM	DICLOFEWAC POTASSIUM	DICLOFENAG POTASSIUM
	HUMAN PRESCRIPTION DRUG	HUMAN PRESCRIPTION DRUG	HUMAN PRESCRIPTION DRUG
To the second second	03/10/2016	01/20/2010	03/10/2016
	ANA	Ani	TEA.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ACIN	ACIN	NOA
	9 PACKET In 1 CARTON (13913-012-02) > 1 POWDER, FOR SOLUTION In 1 PACKET	9 PACKET In 1 CARTON (13913-011-19) > 1 POWDER, FOR SOLUTION In 1 PACKET (13913-011-01)	9 PACKET In 1 CARTON (13913-012-03) > 1 POWDER, FOR SOUTHOR In 1 PACKET (13913-012-01)
The state of the s	Cyclooxygenase inhibitors [NoA]. Decreased Prostaglin Production [PE]. Anti-Inflammatory Agents, Ron-Steroidal [CS]. Nonsteroidal Anti-Inflammatory Drug [EPC]	Cyclooxygenase Inhibitors [MoA]. Decreased Prostaglandin Production [PE]. Anti-Inflammatory Agents, kton- Steroktal (CS]. Nonsteroidal Anti- Inflammatory Drug [EPC]	Cyrkooxygenase inhibitors [MoA], Decreased Prostaglandin Production [PE], Anti-Inflammatory Agents, Non- Steroidal (CS), Nonsteroidal Anti- inflammatory Drug [EPC]

5EEE

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.

Wew Wholesaler or □Ownership Change (Provide current license number if making changes: WH Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that	
you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ 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: Biohaven Pharmaceuticals, Inc.	
Physical Address: 215 Church Street	
City: New Haven State: CT Zip Code: 06510	
Telephone Number: (203) 404 - 0410 Fax Number: Not Applicable	
Toll Free Number: Not Applicable	
E-mail: Nicole.Carfora@biohavenpharma.com Website: www.biohavenpharma.com	
Facility Manager: James Engolhart Bret Calder (MS 4/20/2020)	
Professional qualifications and experience of facility manager: \(\frac{\frac{\text{VP, GFO & Treasurer}}{\text{WS}}}{\text{WS}} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	٥
Types of licensed outlets or authorized persons firm will serve:	
☐ 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:	

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	s □ No 🇹
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	s ☑ No □
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political juris	
List the top 4 suppliers your company has been associated with regards to products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name: Not Applicable	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, how please provide the number: Not Applicable	vever, if you do,
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(interest, ever been the subject of an administrative action, board site fine or proceeding relating to the pharmaceutical industry?					
4. Has the corporation, any owner(s), shareholder(s) or partner(interest, ever been found guilty, pled guilty or entered a plea of r contendere to any offense federal or state, related to controlled substances?					
5. Has the corporation, any owner(s), shareholder(s) or partner(interest, ever surrendered a license, permit or certificate of regis voluntarily or otherwise (other than upon voluntary close of a fac	tration				
If the answer to question 1 through 5 is "yes", a signed statement Copies of any documents that identify the circumstance or contadisposition 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, n	o copies or stamps				
James Engelhart	3/2/2020				
Print Name of Authorized Person Da	te				
Board Use Only Date Processed: Am	ount:				

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorpora	ation: Delaware				
Parent Company	if any: Biohaven Pha	rmaceutic	al Holding (Company,	Ltd.
Corporation Name	e: Biohaven Pharmac	euticals, l	1C.		
Mailing Address:	215 Church Street				
City: New Haven		State	CT	Zip:	06512
Telephone: (203)	404 - 0410	Fax:	N/A	•	
Contact Person:	Nicole Carfora				
the applicant shal registration with the	Il identify the officers on the SEC, the registration users are copy	of that co on numb	rporation, er issued	the date and the e	is a publicly traded corporation, the corporation received its exchange at which the stock is f Form 10-K.
Registration numl	ber issued: 46-4274:	360			
Stock Exchange:	BHVN				

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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.

A Nevada business license is not required, however if the wholesaler has a Nevada business

List of officers and directors.

license please provide the number: N/A

Table of Contents

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, DC 20549

	FORM <u>10</u>)-K
Hark One)		
	ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) O.	F THE SECURITIES EXCHANGE ACT OF 1934
	For the fiscal year ended Dece	mber 31, 2019
	TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
	Commission File Number:	001-38080
	Biohaven Pharmaceutical Ho	olding Company Ltd.
	(Exact Name of Registrant as Speci	fied in its Charler)
	British Virgin Islands	Not applicable
	(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
	c/o Biohaven Pharmaceuticals, Inc. 215 Church Street , New Haven , Connecticut (Address of principal executive offices)	06510 (Zip Code)
	(Registrant's telephone number, inc	luding area code)
	N/A (Former address)	
ecurities regis	stered pursuant to Section 12(b) of the Act	

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Shares, without par value	BHVN	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 Δct Yes \hat{y} No 0

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Exchange Act. Yes o No y

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 \hat{y} No 0

Jerified MSI, hi

EX-21.1 7 a201910-kbhvnexhibit211.htm EX-21.1

Exhibit 21.1

SUBSIDIARIES OF BIOHAVEN PHARMACEUTICAL HOLDING COMPANY LTD.

Name	Jurisdiction of Incorporation		
Biohaven Pharmaceuticals, Inc.	— Delaware		
Biohaven Asia Pacific Ltd.	British Virgin Islands		
BioShin Hong Kong Limited	Hong Kong		
Biohaven Therapeutics Ltd.	British Virgin Islands		
Biohaven Ireland Limited	Ireland		



Biohaven Pharmaceuticals, Inc. 215 Church Street New Haven, CT 06510

**Please note Biohaven Pharmaceutical Holding Company Ltd. is the parent company and has 100% ownership of Biohaven Pharmaceuticals, Inc.

Board of Directors:

Vlad Coric, President & Director

Address: Richborough Road Madison, Ct 06443

Mobile: (

Officers

Vlad Coric, President

Address: Richborough Road Madison, Ct 06443

Mobile (

James Engelhart, Vice President and Treasurer Address: 1 Governors Way Madison, CT 06443

Mobile:

Douglas Gray, Corporate Secretary

Address: Narragansett Blvd, Cranston, RI 02905

Address. Narragansen bivd.

Mobile:



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BIOHAVEN 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 ELEVENTH 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.

5370906 8300 SR# 20200987988

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202362423

Date: 02-11-20



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "BIOHAVEN PHARMACEUTICALS, INC.", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF JULY, A.D. 2013, AT 11:05 O'CLOCK A.M.

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

5370906 8100

130901569

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

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 0603307

DATE: 07-22-13

State of Delaware Secretary of State Division of Corporations Delivered 11:16 AM 07/22/2013 FILED 11:05 AM 07/22/2013 SRV 130901569 - 5370906 FILE

CERTIFICATE OF INCORPORATION

OF

BIOHAVEN PHARMACEUTICALS, INC.

The undersigned, a natural person, for the purpose of organizing a corporation for conducting the business and promoting the purposes hereinafter stated, under the provisions and subject to the requirements of the laws of the State of Delaware (particularly Chapter 1, Title 8 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the General Corporation Law of the State of Delaware (the "DGCL")), hereby certifies that:

<u>FIRST</u>: The name of the corporation (hereinafter called the "Corporation") is Biohaven Pharmaceuticals, Inc.

SECOND: The address, including street, number, city, and county, of the registered office of the Corporation in the State of Delaware is 1209 Orange Street, Wilmington, DE 19801, County of New Castle; and the name of the registered agent of the Corporation in the State of Delaware at such address is The Corporation Trust Company.

THIRD: The nature of the business or purposes to be conducted by and promoted by the Corporation is to engage in any lawful act or activity for which corporations may be organized under the DGCL.

<u>FOURTH</u>: The total number of shares of stock which the Corporation shall have authority to issue is ten thousand (10,000) shares of Common Stock with a par value of \$.01 per share.

<u>FIFTH</u>: The name and mailing address of the incorporator is as follows:

NAME:

MAILING ADDRESS:

Douglas G. Gray, Esq.

c/o Edwards Wildman Palmer LLP 2800 Financial Plaza Providence, RI 02903

SIXTH: The Corporation is to have perpetual existence.

<u>SEVENTH</u>: Elections of directors need not be by written ballot unless the by-laws of the Corporation so provide.

<u>EIGHTH</u>: In furtherance and not in limitation of the powers conferred by the laws of Delaware, the Board of Directors of the Corporation is authorized and empowered to adopt, alter, amend and repeal the by-laws of the Corporation in any manner not inconsistent with the laws of Delaware.

NINTH: No director of the Corporation shall 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 DGCL, or (iv) for any transaction from which the director derived an improper personal benefit. If the DGCL is amended to authorize further elimination or limitation of the liability of directors, then the liability of a director of the Corporation, in addition to the limitation on personal liability provided herein, shall be limited to the fullest extent permitted by the amended DGCL. Any repeal or modification of this article shall be prospective only, and shall not adversely affect any limitation on the personal liability of a director of the Corporation existing at the time of such repeal or modification.

TENTH: To the fullest extent permitted by applicable law, the Corporation is authorized to provide indemnification of (and advancement of expenses to) directors, officers, employees and agents of the Corporation (and any other persons to which the DGCL permits the Corporation to provide indemnification) through bylaw provisions, agreements with such agents or other persons, vote of stockholders or disinterested directors or otherwise, in excess of the indemnification and advancement otherwise permitted by Section 145 of the DGCL, subject only to limits created by applicable provisions of the DGCL (statutory or non-statutory), with respect to actions for breach of duty to the Corporation, its stockholders, and others.

Any amendment, repeal or modification of the foregoing provision of this Article TENTH shall not adversely affect any right or protection of any director, officer, employee or other agent of the Corporation based on facts, events or circumstances existing at the time of such amendment, repeal or modification.

ELEVENTH: Meetings of the 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 provision 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.

TWELFTH: The Corporation reserves the right to amend, after, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute.

I, THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the DGCL, do make this certificate, hereby declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly have hereunto set my hand this 22nd day of July, 2013.

oughs G. Gray, Esq.

Incorporator

[Signature page to Certificate of Incorporation of Biohaven Pharmaceuticals, Inc.]

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions regarding this registration can be emailed to the Drug Control Division at dep.drugmanufacturers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information current. The email on your account will be used for all correspondence from this office.

You can update your address and email address or print a duplicate certificate by logging into your account with your User Id and Password at www.elicense.ct.gov. If you need your User Id and/or Password, please email dcp.online@ct.gov.

Mailing address:

BIOHAVEN PHARMACEUTICALS 215 CHURCH ST NEW HAVEN, CT 06510-1803 Email on file to be used for receiving all notices from this office:

nicole.carfora@biohavenpharma.com

STATE OF CONNECTICUT + DEPARTMENT OF CONSUMER PROTECTION

Be it known that

BIOHAVEN PHARMACEUTICALS 215 CHURCH ST NEW HAVEN, CT 06510-1803

has satisfied the qualifications required by law and is hereby issued a

MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances No Rx Legend Drugs Yes Non Rx Legend Drugs No Medical Devices No Cosmetics No

Medical Gases/Oxygen: No

Durable Medical Equipment (DME): No

Number of Chemists: 0

Registration #: CSM.0001462

Effective Date: 07/01/2019

Expiration Date: 06/30/2020

verify online at www.elicense.ct.gov

Mihille Loyell

Michelle Seaguil, Commissioner



NDA 212728 NDC Number 72618-3000-2

NDA APPROVAL

Biohaven Pharmaceuticals Attention: Marianne Frost 234 Church Street, Suite 304 New Haven, CT 06510

Dear Ms. Frost:

Please refer to your new drug application (NDA) dated and received June 27, 2019, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA), for rimegepant orally disintegrating tablets.

This NDA provides for the use of Nurtec ODT (rimegepant) tablets for the acute treatment of migraine with or without aura in adults.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(I)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov. 1 Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient Package Insert) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry SPL Standard for Content of Labeling Technical Qs and As.²

The SPL will be accessible via publicly available labeling repositories.

1 http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm

We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the carton and container labeling submitted on February 7, 2020, as soon as they are available, but no more than 30 days after they are printed. Please submit this labeling electronically according to the guidance for industry "Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications." For administrative purposes, designate this submission "Final Printed Carton and Container Labeling for approved NDA 212728." Approval of this submission by FDA is not required before the labeling is used.

ADVISORY COMMITTEE

Your application for rimegepant was not referred to an FDA advisory committee because the clinical trial design was acceptable, the efficacy findings were clear, and the safety profile was acceptable for use in the intended population.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric studies requirement for children 0 to 5 years of age because necessary studies are impossible or highly impracticable. This waiver is being granted because very few children of this age can be definitively diagnosed with migraine.

We are deferring submission of your pediatric studies for children 6 to 17 years of age for this application because this product is ready for approval for use in adults and the pediatric studies have not been completed.

Your deferred pediatric studies required by section 505B(a) of the Federal Food, Drug, and Cosmetic Act are required postmarketing studies. The status of these postmarketing studies must be reported annually, according to 21 CFR 314.81 and section 505B(a)(3)(B) of the Federal Food, Drug, and Cosmetic Act. These required studies are listed below:

U.S. Food and Drug Administration Silver Spring, MD 20993 www.fda.gov

3799-1

A juvenile animal toxicology study of rimegepant in rat.

Study Completion:

02/2020

Final Report Submission:

06/2020

3799-2

An open-label, single-dose study to evaluate the safety, tolerability, and single-dose pharmacokinetics (PK) of rimegepant in patients with migrains and 6 to least than 12 years of any

with migraine age 6 to less than 12 years of age.

Final Protocol Submission:

10/2020

Study Completion:

12/2022

Final Report Submission:

04/2028

3799-3

A randomized, double-blind, placebo-controlled efficacy and safety study under PREA for the treatment of acute migraine with or without aura in patients ages 6 through 17 years. This study includes an initial single-blind placebo lead-in to identify patients who respond to placebo. This efficacy study must be designed to show superiority of rimegepant over placebo and is to be submitted as a special protocol assessment (SPA).

Final Protocol Submission: 12/2020 Study Completion: 10/2026 Final Report Submission: 04/2028

3799-4

A pediatric open-label safety study under PREA to evaluate the long-term safety of intermittent treatment with rimegepant in patients ages 6 through 17 years, for up to one year.

Final Protocol Submission: 12/2020 Study Completion: 10/2027 Final Report Submission: 04/2028

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.³

Submit the protocols to your IND 109886, with a cross-reference letter to this NDA.

³ See the guidance for Industry Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019). https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Reports of these required pediatric postmarketing studies must be submitted as an NDA or as a supplement to your approved NDA with the proposed labeling changes you believe are warranted based on the data derived from these studies. When submitting the reports, please clearly mark your submission "SUBMISSION OF REQUIRED PEDIATRIC ASSESSMENTS" in large font, bolded type at the beginning of the cover letter of the submission.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (FDCA) authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to identify an unexpected serious risk of adverse maternal, fetal, and infant outcomes resulting from the use of rimegepant during pregnancy.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess these serious risks.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following studies:

3799-5 A pre- and postnatal development study of rimegepant in rat.

The timetable you submitted on February 25, 2020, states that you will conduct this study according to the following schedule

Final Protocol Submission:	06/2020
Study Completion:	03/2021
Final Report Submission:	09/2021

3799-6

Prospective pregnancy exposure registry cohort analyses in the United States that compare the maternal, fetal, and infant outcomes of women with migraine exposed to rimegepant during pregnancy with two unexposed control populations: one consisting of women with migraine who have not been exposed to rimegepant before or during pregnancy, and the other consisting of women without migraine. The registry will identify and record pregnancy complications, major and minor congenital malformations, spontaneous abortions, stillbirths, elective terminations, preterm births, small-for-gestational-age births, and any other adverse outcomes, including postnatal growth and development. Outcomes

U.S. Food and Drug Administration Silver Spring, MD 20993 www.fda.gov

will be assessed throughout pregnancy. Infant outcomes, including effects on postnatal growth and development, will be assessed through at least the first year of life.

00/2020

The timetable you submitted on February 21, 2020, states that you will conduct this study according to the following schedule:

Draft Protocol Submission

Drait Protocol Submission.	09/2020
Final Protocol Submission:	04/2021
Annual Interim Report Submissions:	04/2022
	04/2023
	04/2024
	04/2025
	04/2026
	04/2027
	04/2028
	04/2029
	04/2030
	04/2031
	04/2032
	04/2033
Study Completion:	04/2034
Final Report Submission:	04/2035

3799-7

A pregnancy outcomes study using a different study design than provided for in PMR 3799-6 (for example, a retrospective cohort study using claims or electronic medical record data with outcome validation or a case-control study) to assess major congenital malformations, spontaneous abortions, stillbirths, and small-forgestational-age births in women exposed to rimegepant during pregnancy compared to an unexposed control population.

The timetable you submitted on February 21, 2020, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	09/2020				
Final Protocol Submission:	04/2021				
Annual Interim Report Submissions:	04/2022				
*	04/2023				
	04/2024				
	04/2025				
	04/2026				
	04/2027				
Study Completion:	04/2028				
Final Report Submission:	04/2029				

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Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to assess a signal of an unexpected serious risk of drug interactions mediated by P-glycoprotein (P-gp) or breast cancer resistance protein (BCRP).

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following trials:

3799-8

Clinical pharmacokinetic trial to evaluate the effect of a known P-gp inhibitor and BCRP inhibitor on the pharmacokinetics of rimegepant to address the potential for excessive drug toxicity. Design and conduct the trial in accordance with the FDA Guidance for Industry entitled "Clinical Drug Interaction Studies — Cytochrome P450 Enzyme- and Transporter-Mediated Drug Interactions."

The timetable you submitted on February 21, 2020, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission:	07/2020
Final Protocol Submission:	09/2020
Trial Completion:	02/2021
Final Report Submission:	09/2021

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.⁴

Submit clinical protocol(s) to your IND 109886 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate:

Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).

Submission of the protocol(s) for required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312 or FDA's regulations under 21 CFR parts 50 (Protection of Human Subjects) and 56 (Institutional Review Boards).

⁴ See the guidance for Industry Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (October 2019). https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

REQUESTED PHARMACOVIGILANCE

We request that you perform postmarketing surveillance for cardiovascular events, cerebrovascular events, and serious gastrointestinal events after exposure to Nurtec ODT. Include comprehensive summaries and analyses of these events quarterly as part of your required postmarketing safety reports [e.g., periodic safety update reports (PSURs)]. Include analyses of the events by age and gender. In the analysis of each case, provide an assessment of causality, with documentation of risk factors and results of all assessments that support the diagnosis or the causality, along with extent of exposure to Nurtec ODT and most recent exposure to Nurtec ODT, concomitant therapies, treatment given for the event, and outcome. Include a comparison to background rates expected in a migraine population of the same age and gender.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. To do so, submit, in triplicate, a cover letter requesting advisory comments, the proposed materials in draft or mock-up form with annotated references, and the Prescribing Information, Medication Guide, and Patient Package Insert (as applicable) to:

OPDP Regulatory Project Manager Food and Drug Administration Center for Drug Evaluation and Research Office of Prescription Drug Promotion 5901-B Ammendale Road Beltsville, MD 20705-1266

U.S. Food and Drug Administration Silver Spring, MD 20993 www.fda.gov

Alternatively, you may submit a request for advisory comments electronically in eCTD format. For more information about submitting promotional materials in eCTD format, see the draft guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.*⁵

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov. Information and Instructions for completing the form can be found at FDA.gov. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see FDA.gov.

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

MEDWATCH-TO-MANUFACTURER PROGRAM

The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at FDA.gov.⁹

POST APPROVAL FEEDBACK MEETING

New molecular entities and new biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

U.S. Food and Drug Administration Silver Spring, MD 20993 www.fda.gov

⁵ When final, this guidance will represent the FDA's current thinking on this topic. For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

⁶ http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf

http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf

http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm

⁹ http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm

If you have any questions, call Lana Chen, Regulatory Project Manager, at (301) 796-1056.

Sincerely,

{See appended electronic signature page}

Billy Dunn, MD Director (Acting) Office of Neuroscience Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.
/s/

WILLIAM H Dunn 02/27/2020 03:40:11 PM

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U-HTTPS; //WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP SEARCHRESULT.CFM)

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/DSP_SEARCHRESULT.CFM)

PRINT

Current through March 31, 2020

You have searched Finished drug products

Search Results: '72618'

Back to Search Page () | Search Again ()

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Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dossge Form	Route	Appl. No	Labelor Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
+ NUATEC ODT	72618 3000-2	75 mg/75mg	TABLET ORALLY DISINTEGRATING	ORAL	NDA212728	Biohaven Pharmaceuticals Inc	72618-3000	imegepani sulfate	RIMEGEPANT SULFATE	HUMAN PRESCRIPTION DRUG	03/05/2020	N/A	NDA	1 BLISTER PACK in 1 CARTON (72618-3090-2) > 75 mg in 1 BLISTER PACK	N/A

Showing 1 to 1 of 1 entries

Previous 1 N

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email <u>DRUGINFO@FDA.HHS.GOV</u> (mailto:DRUGINFO@FDA.HHS.Gov)

See also <u>Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)</u>

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

Jan Red Rose

BRET CALDER



EXECUTIVE SUMMARY

Accomplished sales leader in the pharmaceutical industry with extensive trade distribution knowledge and expertise including launching new products into retail pharmacy, specialty channel and 3PL distribution. A focused and results-oriented achiever, repeatedly recognized for positively impacting the company through a strong ability to get results, key account maximization and introduction of unique solutions to complex problems. An innovative and driven leader with 20+ years of pharmaceutical industry knowledge. Collaboration with key stakeholders to deliver solutions that support profitability objectives while ensuring effective strategic messaging and strong product positioning. A motivated team player. Key areas of strength include:

- DSA/FFS negotiations
- New Product Launches across multiple channels
- Extensive Networking
- Packaging Changes
- * Relaunches
- ☆ Divested Product pipeline mgmt.
- NDC Label Changes pipeline mgmt.
- Recall management
- ☆ Product Return Strategy
- Discontinued Products
- Forecast Management

PROFESSIONAL EXPERIENCE

BIOHAVEN PHARMACEUTICALS

AUG 2019-PRESENT

SENIOR DIRECTOR - TRADE AFFAIRS

Responsible to develop and implement strategies related to the distribution of company products using the appropriate distribution channels which include wholesalers, retail chain and independent pharmacies and, when appropriate, specialty pharmacies. Instrumental in implementing activities that impact our business position in relation to our visions for the present and the future. The scope of my Trade role includes: Develop and maintain relationships with key executives from all customers of the business; Develop and implement the launch strategy of all new product entities in alignment with Brand strategy; Ensure customer compliance with the DSA's requirements; Execute other relevant job tasks as requested by management to align company objectives and profitability with distribution outcomes.

BAYER HEALTHCARE - WHIPPANY, NJ

Aug 2005-Aug 2019

NATIONAL ACCOUNT EXECUTIVE - TRADE

Responsible to develop and implement strategies related to the distribution of company products using the appropriate distribution channels which include wholesalers, retail chain and independent pharmacies, specialty distributors and, when appropriate, specialty pharmacies. Instrumental in implementing activities that impact our business position in relation to our visions for the present and the future. The scope of my Trade role includes: Develop and maintain relationships with key executives from all customers of the business; Develop and implement the launch strategy of all new product entities in alignment with Brand strategy; Ensure customer compliance with the DSA's requirements for service level, inventory levels and return management; Execute other relevant job tasks as requested by management to align company objectives and profitability with distribution outcomes.

My Success is attributed to interacting with appropriate company personnel to educate and communicate downstream customer activities and emerging trends that may have an effect on the company's plans and future success. This interaction helps facilitate, drive and achieve the desired outcomes attributed to distribution. Department interaction includes: Executive Management, Finance, Legal, Contracting, Brands, Business Insights, Customer Service, Field Management and Chargebacks.

Launches:

- 9 Retail Product launches
- 5 Specialty Products Launches
- 4 Single Source Distribution Product Launches 3 Physician Buy and Bill products

Contract Negotiations:

- Current Negotiations Henry Schein New Launch, ASD/Oncology Supply/Besse New Launch, (Darolutamide)
- HPC Specialty Pharmacy Consignment program
- 2019 IUD Distribution Contract ASD (Mirena, Kyleena, Skyla IUDs)
- 2018 Distribution Service Agreement (FFS) AmerisourceBergen (Product Portfolio)
- 2018 R&S Northeast 3PL Agreement (Government Cipro)
- 2018 ASD Sole distributor New Launch (Vitrakvi)

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Professional Experience (Continued)

- 2017 CuraScript Sole Distribution (Adempas with REMS contract expired, completed in 4 weeks)
- 2015 Distribution Service Agreement (FFS) Regional wholesalers
- 2013 Theracom Sole Distribution (Essure completed in 3 weeks new drug acquisition)
- 2012 Theracom IUD Distribution Agreement (Mirena, Skyla)

Awards:

- HDA Diana Award 2018 Recognized by peers as Best Trade team with over \$300 Million (Bayer Trade Team)
- Bayer Leadership Award 2018 Selected as 1 of 3 recipients for business accomplishments in 2018 and exceptional examples of LIFE values
- HDMA Diana Award 2017 Runner Up Award (Bayer Trade Team)
- Bayer Pinnacle Award 2017, 2012, 2007 Highest recognition within Bayer for Top Performers
- Smith Drug Trade Representative of the year 2017
- Rochester Drug Coop Trade Representative of the Year 2016
- HDMA Diana Award 2015- Recognized by peers as Best Trade team with over \$300 Million in sales (Bayer Trade Team)
- AmerisourceBergen Trade Representative of the Year 2015 (runner up)
- AmerisourceBergen Trade Representative of the Year 2012
- Rochester Drug Coop 2010 Recognition Award
- AmerisourceBergen Vendor of the Year 2007

Advisory Board Participation

- HealthCare Distribution Alliance (HDA) Advisory Board member, 2019
- AmerisourceBergen Manufacturer Advisory Council member, 2011- Present
- Value Drug Advisory Board member, 2011-Present
- Rochester Advisory Board Member, 2012-2015

DEY LABORATORIES - NAPA, CA

MARCH 1998 - JULY 2005

SENIOR NATIONAL ACCOUNT MANAGER - TRADE (2000-2005)

KEY ACCOUNT MANAGER - HOSPITAL (1998-2000)

Led sales and marketing responsibilities for national and regional wholesale multi-source generic and branded drugs. Account responsibilities included AmerisourceBergen, Bellco, Dohmen, Kinray, Rochester Drug Coop, Burlington Drug, NC Mutual Wholesale, Smith Drug, and Value Drug. Role included getting preferred sole positioning for Form Filled Sterile unit dose nebulizer drugs into National and regional pharmacy chains. Secured single source positioning at CVS and Rite Aid.

- Managed Retail Accounts: CVS, Rite Aid, Walgreens, Eckerd, Brooks Pharmacy, Duane Reade, Ahold, Happy Harry's Hannaford Bros, Price Chopper, Star Markets & Shaw's, Tops and Weis Markets.
- Managed LTC Purchasing Groups Innovatix and MHA
- Launched Epipen 2-Pak, AccuNeb and DuoNeb
- Collaborated with legal, accounting, marketing, sales departments to develop pricing proposals and contracts. Trade team worked in sync to determine account strategy to maximize inventory management with financials gains.

Awards:

- 4 time President's Award winner in years 2004, 2003, 2002, 1999
- Second Place Sales Award in 1998

MEDWASTE MANAGEMENT - SPRINGFIELD, MA

APRIL 1989- MARCH 1998

REGIONAL SALES MANAGER (1991-1998)

SALESMAN (1989-1991)

Medical waste and hazardous waste disposal company. Provided direction to sales force and also sold disposal service to hospital, medical community clinics, physicians, dentists, veterinarians, funeral homes and any other producers of medical waste. Startup industry that began in 1989 due to new federal regulations.

7.

AETNA - HARTFORD, CT

1987-1989

EXPERIENCED ACCOUNT TECHNICIAN

BRET CALDER

Page 3 of 3

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Professional Experience (Continued)

University of Connecticut Bachelor of Arts – Actuarial Science

1982-1986

INTERESTS

Spending time in the Berkshires of MA with my family and friends. I have a passion for antique cars from the 1930's to the 1950's and restoring them to their former beauty.

References Gladly Furnished Upon Request

5FFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

 ☑New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8 			
GENERAL INFORMATION to be completed be all types of ownership			
Facility Name: Deciphera Pharmaceuticals, LLC			
Physical Address: 200 Smith Street, Waltham			
City: Waltham State: MA	Zip Code: 02451		
Telephone Number: (781) 209-6400 Fax	Number:		
Toll Free Number:			
E-mail: sruddy@deciphera.com Website: v	www.deciphera.com		
Facility Manager: Stephen Ruddy			
Professional qualifications and experience of facility	manager: Please see attached resume.		
Types of licensed outlets or authorized persons firm will serve:			
☐ Pharmacies ☐ Practitioners ☐ Other: Specialty Distributors, Specialty Pharmacies	★ Hospitals ★ 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		

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	s □ No ☑
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	s □ No ☑
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political juri	n any type of business or sdiction? Yes □ No ☑
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name; none at this time.	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, how 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?	v =
Cyrolialion:	Yes □ No ☑

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?			
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 Copies of any documents that identify the circumstance or contain an order disposition may be required.	ation must be attached. , agreement, or other		
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 to under penalty of perjury, that the information furnished on this application a correct. I hereby authorize the Nevaga State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	re true, accurate and r, servants and ocial and moral		
Original Signature of Person Authorized to Submit Application, no copies or	stamps		
/			
Stephen Ruddy Print Name of Authorized Person 25 oct Date	2019		
Board Use Only Date Processed: Amount: 50	0.00		

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware			
Parent Company if any: Deciphera Phar	maceuticals, Inc.		
Corporation Name: Deciphera Pharma	ceuticals LLC		
Mailing Address: 200 Smith Street	8 22		
City: Waltham	State: MA	Zip: 02451	
Telephone: 781-209-6400	Fax: N/A		
Contact Person: Stephen Ruddy			
If the corporation that holds an owners the applicant shall identify the officers or registration with the SEC, the registration being traded. You can provide a copy	of that corporation ion number issued	, the date the cor and the exchanc	poration received its at which the stock is
Date of Incorporation: 09/09/2015			
Registration number issued: 5821768			
Stock Exchange: DCPH		<u> </u>	
A Nevada business license is not requi	ired, however if the	wholesaler has	a Nevada business

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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.



At the time of this application, Deciphera Pharmacuticals LLC is only licensed in their home state of Massachusets. A copy of the license is included with this application.

Massachusetts Department of Public Health	Drug Control Program	239 Causeway Street, Sulte 500, Boston, MA 02114 Teli 617-973 0949 Fax: 617-753-8233	
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Сотрапу нате	Doing Business As	Address	Clty	State Zip		MCSR No.	issue Date	Freire Date				+
ACER THERAPEUTKS INC.	ACER THERAPEUTICS INC.	ONE GATEWAY CENTER, STE. 351	NEWTON	MA	58	14	2/12/2019					
AGIOS PHARMACEUTICALS, INC.	AGIOS PHARMACEUTICALS, INC.	88 SIDNEY STREET	CAMBRIDGE			MAD000290	3/27/2019					
AKCEA THERAPEUTICS, INC.	AKCEA THERAPEUTICS, INC.	22 BOSTON WHARF ROAD	BOSTON	_		MA0000125	11/26/2019	L				
ALNYLAM PHARMACEUTICALS, INC.	ALNYLAM PHARMACEUTICALS, INC.	675 WEST KENDALL STREET	CAMBRIDGE	MA	02142 MA	MA0000478	9/18/2019	_				
AMAG PHARMACEUTICALS, INC.	AMAG PHARMACEUTICALS, INC.	1100 WINTER STREET	WALTHAM		02451 MA	MA0000303	3/27/2019	3/27/2020				
ARGENX, US INC.	ARGENX, US INC.	33 ARCH STREET	BOSTON			MA0000579	12/30/2019					
BERGENE USA, INC.	BEIGENE USA, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE			MADD00339	4/16/2019	_				
BIOFRONTERA INC.	BIOFRONTERA INC.	120 PRESIDENTIAL WAY	WOBURN		01801 MA	MA0000430	5/13/2019	5/13/2020				
BIOVERATIV U.S. LLC	BIOVERATIV U.S. LLC	225 SECOND AVENUE	WALTHAM			MA0000226	2/12/2019	_				
BLUEBIND BIO, INC.	BLUEBIRD BIO, INC.	60 BINNEY STREET	CAMBRIDGE			MA0000252	2/12/2019					
BLUEPRINT MACHINES CORPORATION	BLUEPRINT MEDICINES CORPORATION	45 SIDNEY STREET	CAMBRIDGE			MA0000187	1/30/2020	1/30/2021				-
CEOUR CORPORATION	CEQUR CORPORATION	734 FORFST STREET	MARLBOROUGH	MA	01752 MAG	MAD000480	9/18/2019	9/18/2020				
COLLEGIUM PHARMACEUTAL, INC.	COLLEGIUM PHARMACEUTICAL, INC.	100 TECHNOLOGY CENTER	STOUGHTON	MA	02072 MAG	MA0000163	11/13/2019	11/13/2020				-
DECIPHERA PHARMACEUTICALS LLC	DECIPHERA PHARMACEUTICALS LLC	200 SMITH STREET	WALTHAM	MA 0	02451 MAC	MA0000505	10/21/2019	10/21/2020				
DYAX CORP.	DYAX CORP.	300 SHIRE WAY	LEXINGTON	MA 0:	02421 MAG	MA0000428	12/27/2019	12/27/2020				
ENZYVANT THERAPEUTICS, INC.	ENZYVANT THERAPEUTICS, INC.	55 CAMBRIDGE PARKWAY	CAMBRIDGE	1 1		MA0000492	9/25/2019	9/25/2020				
EPIZYME, INC.	EPIZYME, INC.	400 TECHNOLOGY SQUARE	CAMBRIDGE	MA 0;		MAD000238	2/12/2020	2/12/2021			_	
EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON			MA0000442	4/23/2019	4/23/2020				
GAMIDA CELL INC.	GAMIDA CELL INC.	673 BOYLSTON STREET	BOSTON	MA 03	02116 MAG	MA0000543	11/27/2019	11/27/2020				
GELESIS, INC.	GELESIS, INC.	S01 BOYLSTON ST.	BOSTON		02116 MAG	MA0000264	2/12/2019	2/12/2020				
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	MA 02	02142 MAG	MA0000327	3/11/2019	3/11/2020				
HMMUNOGEN, INC.	IMMUNOGEN, INC.	830 WINTER STREET	WALTHAM	MA 02	02451 MAG	MA0000288	3/4/2019	3/4/2020				
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	MA 02	02142 MA0	MA0000199	2/4/2019	2/4/2020				
IRONWOOD PHARMACEUTICALS, INC.	IRONWOOD PHARMACEUTICALS, INC.	100 SUMMER STREET	BOSTON	MA 02	02110 MAO	MA0000555	12/9/2019	12/9/2020				
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY, SUITE 120	WATERTOWN	MA 02	02472 MAD	MA0000149	12/4/2019	12/4/2020				
KARYOPHARM THERAPEUTICS INC.	KARYOPHARM THERAPEUTICS INC.	85 WELLS AVENUE	NEWTON	MA 02	02459 MA0	MA0000202	2/12/2019	2/12/2020				
KERYX BIOPHARMACEUTICALS, INC.	KERYX BIOPHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA 02	02142 MAD	MA0000365	4/19/2019	4/19/2020				
MORPHOSYS US INC.	MORPHOSYS US INC.	470 ATLANTIC AVENUE	BOSTON			MA0000466	9/3/2019	9/3/2020	https://www.mass.gov/service-details/registration-verification-for-moss	vice-details/registrat	tion-verification-f	M-mcsr
PARTNER THERAPEUTICS, INC.	PARTNER THERAPEUTICS, INC.	19 MUZZEY STREET	LEXINGTON		02421 MAD	MAD000137	11/26/2019	11/26/2020				
RHYTHM PHARMACEUTICALS, INC.	RHYTHM PHARMACEUTICALS, INC.	222 BERKELEY STREET				MA0000567	12/19/2019	12/19/2020				
SAGE THERAPEUTICS, INC.	SAGE THERAPEUTICS, INC.	215 FIRST STREET	ĞE			MA0000151	12/27/2019	12/27/2020			_	
SCPHARMACEUTICALS INC.	SCPHARMACEUTICALS INC.	2400 DISTRICT AVE, SUITE 310	_			MA0000353	4/3/2019	4/3/2020				
SHIRE HUMAN GENETIC THERAPIES INC.	SHIRE HUMAN GENETIC THERAPIES INC.	300 SHIRE WAY	LEXINGTON	MA 02	02421 MAD	-	12/27/2019	12/27/2020				
SHIRE US INC.	SHIRE US INC.	300 SHIRE WAY	LEXINGTON	MA 02	02421 MAD	MA0000389	12/27/2019	12/27/2020				
SHIRE-NPS PHARMACEUTICALS, INC.	SHIRE-NPS PHARMACEUTICALS, INC.	300 SHIRE WAY	LEXINGTON	MA 02	02421 MAO	MA0000404	12/27/2019	12/27/2020				
STEALTH BIOTHERAPEUTICS INC.	STEALTH BIOTHERAPEUTICS INC.	275 GROVE STREET	NEWTON		02456 MAD	MA0000454	8/19/2019	8/19/2020				
SUNDVION PHARMACEUTICALS INC.	SUNDVION PHARMACEUTICALS INC.	84 WATERFORD DRIVE	MARLBOROUGH	MA 01	01752 MAD	MA0000341	4/8/2019	4/8/2020				
TESARD, INC.	TESARO, INC.	1000 WINTER STREET	WALTHAM	MA 02451		MA0177003	11/26/2019	11/26/2020				
TETRAPHASE PHARMACEUTICALS, INC.	TETRAPHASE PHARMACEUTICALS, INC.	480 ARSENAL WAY	WATERTOWN	MA 02	02472 MAOC	MA0000276	2/12/2020	2/12/2021				
VERASTEM, INC.	VERASTEM ONCOLOGY	117 KENDRICK STREET	NEEDHAM	MA 02494		MA0000240	2/12/2019	2/12/2020				
VIROPHARMA BIOLOGICS, INC.	VIROPHARMA BIOLOGICS, INC.	300 SHIRE WAY	LEXINGTON	MA 02421		MA0000377	12/27/2019	12/27/2020				
AEGERION PHARMACEUTICALS, INC.	AEGERION PHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA 02142		MA0000062	5/20/2019	5/20/2020				
DOMPE U.S., INC.	DOMPE U.S., INC.	ONE MARINA PARK DRIVE	BOSTON	MA 02210		MA0000175	12/11/2019	12/17/2020				
ROMEG THERAPEUTICS, LLC	ROMEG THERAPEUTICS, LLC	400 TRADE CENTER	WOBURN	MA 01801		MAD000024	12/28/2018	12/28/2019				
SERVIER PHARMACEUTICALS, LLC	SERVIER PHARMACEUTICALS, LLC	200 PIER FOUR BOULEVARD	BOSTON	MA 02210	1 1	MA0000086	7/30/2019	7/30/2020				

The Commonwealth of Alagachusetts SUBSTANCES REGISTRATIONS
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROLLED SUBSTANCES REGISTRATIONS

239 Causeway St., Suite 500, Boston, Maroacoproduce with Massachusetts General Laws Chapter 94C, Section 7

NUMBER MA0000505

ISSUED 10/21/2019

EXPIRES 10/21/2020

TYPE

Virtual Drug Manufacturers

ISSUED TO DECIPHERA PHARMACEUTICALS LLC

200 SMITH STREET WALTHAM, MA 02451

ATTN: STEPHEN RUDDY CHIEF TECHNICAL OFFICER

FILE COPY

NEW

836721



UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)		
ANNUAL REPORT PURSUANT TO SECTION	TON 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934	
	For the fiscal year ended December 31, 2018	
	OR	
☐ TRANSITION REPORT PURSUANT TO S	ECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934	
	the transition period fromto	
	Commission file number: 001-38219	
Deciphe	ra Pharmaceuticals, Inc.	
	sact name of registrant as specified in its charter)	
Delaware	30-1003521	
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer	
500 Totten Pond Road	Identification Number)	
Waltham, MA	02451	
(Address of principal executive offices)	(Zip Code)	
	(781) 209-6400	
	Registrant's telephone number, including area code)	
	ties registered pursuant to Section 12(b) of the Act:	
Title of each class Common Stock, \$0.01 Par Value	Name of exchange on which registered The Nasdaq Global Select Market	
	ties registered pursuant to Section 12(g) of the Act:	
	None	
Indicate by check mark if the registrant is a well-known sea	soned issuer, as defined in Rule 405 of the Securities Act. Yes No	
	e reports pursuant to Section 13 or Section 15(d) of the Act Yes U No (E)	
Indicate by check mark whether the registrant (1) has filed	ill reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the it was required to file such reports), and (2) has been subject to such filing requirements for the past	
Indicate by check mark whether the registrant has submitted (§232.405 of this chapter) during the preceding 12 months (or for	electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T or such shorter period that the registrant was required to submit such files). Yes ② No □	
Indicate by check mark if disclosure of delinquent filers no	suant to Item 405 of Regulation S-K (§ 229.405 of this chapter) is not contained herein, and will not be proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment	t to
Indicate by check mark whether the registrant is a large accompany. See the definitions of "large accelerated filer," "accelerated filer," accelerated filer,	lerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging grow ated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange	th
Large accelerated filer	Accelerated filer	-
Non-accelerated filer	Smaller reporting company	æ
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	Æ
parsaan to Section 13(a	of the Act. in	
Indicate by check mark whether the registrant is a shell com	pany (as defined in Rule 12b-2 of the Act). Yes 🗆 No 🗷	
	most recently completed second fiscal quarter, the aggregate market value of Common Stock held by of the registrant's Common Stock (based on the last reported sale price on the Nasdaq Global Select Market were 38,189,052 shares of Common Stock, \$0.01 par value per share, outstanding.	t as

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2019 Annual Meeting of Stockholders, which the registrant intends to file pursuant to Regulation 14A with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2018, are incorporated by reference into Part III of this Annual Report on Form 10-K.

Exhibit 21.1

Legal Name	State of Organization
Deciphera Pharmaceuticals, LLC DRAGSA 20 LLC NLV-3 Deciphera, Inc. NLV-G Deciphera, Inc. SVLS-Deciphera, Inc. Redmile Deciphera Holdings, Inc. Deciphera Pharmaceuticals Securities Corporation	Delaware Delaware Delaware Delaware Delaware Delaware Delaware Delaware Massachusetts



Deciphera Pharmaceuticals LLC ("Deciphera") is a privately-held, Massachusetts-based, clinical-stage pharmaceutical company that plans to develop and commercialize oncology therapies across the United States. Deciphera provides Ripretinib, an investigational, orally administered kinase switch control inhibitor being developed for the treatment of gastrointestinal stromal tumors (GIST), advanced systemic mastocytosis (ASM), gliomas, and other solid tumors driven by tyrosine-protein kinase KIT (KIT) or platelet derived growth factor alpha (PDGFRα) kinase.

THIRD-PARTY LOGISTICS

Deciphera's products are manufactured by a contract manufacturer and distributed to customers by their thirdparty logistics provider, Integrated Commercialization Solutions, Inc. Deciphera utilizes the following facility for distribution of product:

> Integrated Commercialization Solutions, Inc. 420 International Blvd., Suite 500 Brooks, KY 40109

CONTRACT MANUFACTURERS

Deciphera uses the following contract manufacturers to produce product:

Bend Research, Inc. – Manufacturing Facility and Laboratory 20503 Builders Street Bend, OR 97701 FEIN: 3003722743

Exp. Date: 12/31/2019

AndersonBrecon Inc. an Illinois Corporation doing business as "PCI of Illinois" (Packaging Coordinators, Inc.) 4545 Assembly Drive Rockford, IL 61109

FEIN: 1421377 Exp. Date: 12/31/2019

PRODUCTS

As a virtual manufacturer, Deciphera does not manufacture, distribute or store product at their Massachusetts facility. At no time do contact manufacturers own Deciphera's products, contract with Deciphera's customers, invoice or sell Deciphera products. Deciphera's products are not controlled substances. Accordingly, Deciphera is not required to maintain DEA registration.

Labeler Code: 73207

ed Product Labeling Resources / NDC/NHRIC Labeler Codes

NDC/NHRIC Labeler Codes

f Share V Tweet in Linkedin S Email & Print

Structured Product Labeling	THE COST ACTION OF CONTRACTORS WITHOUT AND PROPERTY OF A CHARLES AND A SPECIAL PROPERTY AND ACTIONS AS A CHARLES AND ACTI		
Resources	Snip & Sketch	- Constant Line and Section 1	×
Business Entity identifiers	€ New < □ 5	Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	:
Business Operation	F10695	y	
Business Operation Occelifier	V V	O O	
Code System Object	1 Code 10635 73185 10635 73186 10637 73186	5	
Combination Product Types	10658773188 10699773189 10690773190		
Contributing Factor - General	1069273392 1069373193 1069473194		
Document Type including Content of Labeling Type	10696 73197 10696 73198 10697 73199 10698 73200	Lunburs, LLC Olympia Compounding Pharmacy OUIBON GLOBAL Frontier Sales, LLC	
Dosage Forms	1025, 1220 10700 13202 10701 13303 10702 73204	Violimento Gimbri Cartibras Beneficiadora De Produtos Animais Lida Unilever (China) Co., Ltd. MOTHER SUUN PROTECTION FACTOR PTY / TD.	
Electronic Animal Drug Product Listing Directory	10703 73206 10704 73206 10705 73207	GREEN FLORA LABS INC. ARJOLO INC. Dephase Planmaceuticals, LLC. Dephase Planmaceuticals, LLC.	
Equivalence Codes	10707 10707 10707 10708 10708 10709 10709 10709	In Present response, S.A. de L.V. Aurinia Pharmaceuticale Inc. Leo Pharma Manufacturing Italy SRL.	
Havor	1071073213 1071173214 1071273215	Healthpro Direct, Inc COMFORT LAB 1.P Excelsia Technologies Sdn Bhd	
Geopolitical Entities, Names, and Codes (GENC)	10713 73218 10714 72219 10715 73221 10716 71222	Flex24, Inc Laborations Yealdi Pharma, S.A. de C.V Cox Pharmacutrical Ltd SUNAEGIS.LLC	
Indication Category	10717 73223 10719 73225 10719 73226 10739 73227	AKTINOS PHARMA PRIVATE LIMITED Raniq Co., Ltd Vivesse Printin LLC Amity Holdinon II C dita Madical Sunda	
Intent of Use	10721 73230 10722 73231 10723 73232	Lorney Transport Lorney Transport Lorney Transport Lorney Transport Lorney Transport Lorney Transport Lorney Transport Lorney Transport Lorney	
Lab Test	1072473233 1072572294	Express Companies, Inc. Adult: EAL EATEDDISE, ICAMARONALO, LTD. NDCLabelerCode The state of the state of	
Inches Stanishmen Author			



Ownership

Deciphera Pharmaceuticals, LLC is a wholly owned subsidiary of Deciphera Pharmaceuticals, Inc, which is a publicly traded company. Deciphera Pharmaceuticals, LLC is Massachusetts-based, virtual manufacturer of pharmaceuticals. Deciphera Pharmaceuticals, LLC is incorporated in the state of Delaware.

Company Information

Deciphera Pharmaceuticals, LLC
200 Smith Street
Waltham, MA 02451
781-209-6400
Tax ID: 20-0299725

Deciphera Pharmaceuticals, Inc. Corporate Officers

Steven Hoerter - Chief Executive Officer

Daniel L. Flynn, Ph.D. - Executive Vice President, Chief Scientific Officer and Founder

Jeff Held J.D. - General Counsel

Tucker Kelly, J.D. - Executive Vice President, Chief Financial Officer and Treasurer

Peter Lasky - Vice President of Human Resources

Daniel C. Martin - Chief Commercial Officer

Christopher J. Morl - Chief Business Officer

Jama Pitman - Vice President of Regulatory & Quality Assurance

Stephen B. Ruddy - Ph.D. Chief Technical Officer

Matthew L. Sherman, M.D. - Executive Vice President and Chief Medical Officer

Deciphera Pharmaceuticals, Inc. Board of Directors

James A. Bristol

Patricia L. Allen

Edward J. Benz, Jr.

Frank S. Friedman

Steven L. Hoerter

Susan L. Kelley



Product information:

Product Type:

Prescription Drug

Molecular Name:

ripretinib

Dosage Form:

50 mg tablets

FDA Labeler Code:

73207

NDC:

73207-101-30

Deciphera provides Ripretinib, an investigational, orally administered kinase switch control inhibitor being developed for the treatment of gastrointestinal stromal tumors (GIST), advanced systemic mastocytosis (ASM), gliomas, and other solid tumors driven by tyrosine-protein kinase KIT (KIT) or platelet derived growth factor alpha (PDGFR α) kinase.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DECIPHERA 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 FIRST DAY OF OCTOBER, A.D. 2019.

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

5821768 8300 SR# 20197308256



Authentication: 203698444

Date: 10-01-19

From: edrls@fda.hhs.gov
To: Shreva Mehta

Subject: Labeler Code Request Approved

Date: Monday, July 1, 2019 10:48:10 AM

Warning, This e-mail was sent from outside of Deciphera

eDRLS - Electronic Drug Registration & Listing System

Current Date: 01-JUL-2019 Labeler DUNS: 078027928

Labeler Name: Deciphera Pharmaceuticals, LLC

Labeler Code: 73207

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 <u>drugs</u> 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 <u>Drug Registration and Listing System</u> or reply back to this email (edrls@fda.hhs.gov).

Stephen B. Ruddy

Lincoln Road, Sudbury, Massachusetts 01776 USA • (4

SUMMARY

Innovative, results-driven biopharma executive with 25+ years of global pharmaceutical/biopharmaceutical management and leadership experience in small molecule and biologics development and manufacturing. Proven ability to build, develop, lead and manage technical organizations to successful outcomes and attainment of business objectives. A strategic decision maker with strong interpersonal skills and ability to gain cooperation and build partnerships across functional organizations and levels. Adept at communication, situational negotiation, conflict resolution, change management and organizational integration and effectiveness.

Key experience and core competencies:

- Chemistry, manufacturing & controls (CMC)
- Technical operations
- Pharmaceutical and biopharmaceutical development
- Chemical development
- Manufacturing science & technology (MS&T)
- Quality assurance/cGMP compliance
- · CMC regulatory affairs
- Alliance management
- Technology development and licensing
- · Intellectual property development

EDUCATION

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, CHAPEL HILL, NC

Ph.D., Pharmaceutics (1994) B.S., Pharmacy (1986)

PROFESSIONAL EXPERIENCE

DECIPHERA PHARMACEUTICALS, INC. Waltham, MA Chief Technical Officer	2018 – present
TESARO, INC. Waltham, MA Vice President, Pharmaceutical Development	2015 - 2018
SHIRE PLC (through acquisition of ViroPharma Inc.) Exton, PA and Chesterbrook, PA Senior Director, Technology Development & Operations	2012 - 2014
ELAN DRUG TECHNOLOGIES (a division of Elan Corporation, plc) King of Prussia, PA Senior Director, Early Stage Product Development (2009 - 2011) Senior Director, Pharmaceutical Development (2007 - 2009) Director, Pharmaceutical Development (2004 - 2007)	1999 – 2011

Director, Solid Dosage Development (2002 - 2004)

Manager, Solid Dosage Development (1999 - 2000)

Associate Director, Solid Dosage Development (2000 - 2002)

MERCK RESEARCH LABORATORIES

West Point, PA

Research Fellow, Pharmaceutical Research (1998 - 1999)

Senior Research Scientist, Pharmaceutical Research (1996 - 1998)

NANOSYSTEMS, LLC (a business unit of Eastman Kodak Company)

Collegeville, PA

Senior Research investigator, Oral Products Group (1995 - 1996)

Research Investigator, Oral Products Group (1994 - 1995)

STERLING WINTHROP PHARMACEUTICALS (a subsidiary of Eastman Kodak Company)

1992 - 1994

1994 - 1996

1996 - 1999

Malvern, PA

Research Investigator, Oral Products Group

PROFESSIONAL/ACADEMIC HONORS AND AWARDS

Merck Award for Excellence, Pharmaceutical Research and Development Merck Research Laboratories, Merck & Co., Inc. (1998)

Vision Award, Oral Products Group NanoSystems, LLC (1995)

Vision Award, Department of Pharmaceutical Sciences
Sterling Winthrop Pharmaceuticals Research Division (1993)

Graduate Scholar Award, Division of Pharmaceutics University of North Carolina at Chapel Hill (1992)

Outstanding Poster Award, Southeast Regional Meeting American Association of Pharmaceutical Scientists (1992)

Sigma Xi, The Scientific Research Society (1992)

Phi Lambda Sigma Pharmacy Leadership Society (1986)

Warner-Lambert Consumer Health Product Group's Scholarship Award (1985)

Rho Chi Pharmaceutical Honor Society (1985)

FELLOWSHIPS

Fellowship for Advanced Predoctoral Training in Pharmaceutics (1990 – 1992) Pharmaceutical Manufacturers Association Foundation, Inc.

INVITED LECTURES

- **S.B. Ruddy**. The development and approval process for biologics. *Premed and Pharmaceutical Product Development Curriculum, West Chester University*, West Chester, PA, October, 2012.
- **S.B. Ruddy**. A pharmaceutical perspective on nanotechnology: why the "one size fits all" approach doesn't work. *American Bar Association 18th Annual Spring CLE Meeting*, Phoenix, AZ, April, 2009.
- **S.B. Ruddy**. Nanoparticle technology: leveraging rapid dissolution to improve performance of poorly water-soluble drugs. *FDA Advisory Committee for Pharmaceutical Science and Clinical Pharmacology*, Rockville, MD, July, 2008.
- **S.B. Ruddy**. NanoCrystal® particle technology: advanced concepts and applications. *43rd Annual Pharmaceutical Technologies Arden Conference*, West Point, NY, February, 2008.

Stephen B. Ruddy, curriculum vitae, page 2

- **S.B. Ruddy.** Considerations in the development and scale-up of processes for particle-engineered drug products. *Process Scale-up for Pharmaceutical and Biologics Development*, Philadelphia, PA, January, 2007.
- **S.B. Ruddy.** Transfer of new technologies into manufacturing operations. 3rd Annual Technology Transfer Summit, Philadelphia, PA, February, 2006.
- E. Merisko-Liversidge and **S.B. Ruddy**. NanoCrystal® technology: concepts and applications. *AAPS Short Course on Advances in Particle Engineering*, Baltimore, MD, November, 2004.
- **S.B. Ruddy.** Formulation and process approaches for oral NanoCrystal® drug delivery systems. *AAPS Conference on Advances in Pharmaceutical Processing*, Parsippany, NJ, June, 2003.
- **S.B. Ruddy.** The drug development process: from discovery to clinical evaluation. *Keynote Address, Inaugural Western Regional Undergraduate Research Conference*, Estes Park, CO, July, 1998.
- **S.B. Ruddy.** An overview of the drug development process. *Keynote Address, Nineteenth Annual Undergraduate Research Conference*, Morgantown, WV, June, 1997.
- **S.B. Ruddy.** Bioadhesive nanoparticles for visualization of the gastrointestinal tract. *Pharmaceutics Seminar Series*, University of North Carolina at Chapel Hill, Chapel Hill, NC, October, 1995.

5GGG

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: Evofem Biosciences, Inc.			
Physical Address: 12400 High Bluff Drive, Suite 600			
City: San Diego State: CA Zip Code: 92130			
Telephone Number: 858-550-1900 Fax Number: 844-828-2010			
Toll Free Number: N/A			
E-mail: csedensky@evofem.com Website: www.evofem.com			
Facility Manager: John Altenberg			
Professional qualifications and experience of facility manager:			
Types of licensed outlets or authorized persons firm will serve:			
☑ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers ☐ Other:			
Type of Products to be handled or wholesaled by firm:			
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:			

This page must be submitted for all types of ownership	
	es □ No ☑
(If yes, provide a copy of the certificate)	
Licensed as Manufacturer by the FDA?	es 🗹 No 🗆
(If yes, provide a copy of your FDA registration)	
Do any shareholders hold an interest ownership or have management in facility which are licensed by the State of Nevada or another political jur	
List the top 4 suppliers your company has been associated with regards products that were sold, dispensed or distributed with the last year.	to pharmaceutical
Name: NA	
Address:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, hoplease provide the number:	owever, if you do,
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 図
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 🗵

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 Copies of any documents that identify the circumstance or contain an order disposition may be required.	
I hereby certify that the answers given in this application and attached docucorrect. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regulating the
I have read all questions, answers and statements and know the contents tunder penalty of perjury, that the information furnished on this application a correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, proper	re true, accurate and s, servants and ocial and moral
Original Signature of Person Authorized to Submit Application, no copies of	r stamps
Russell Barrans Print Name of Authorized Person Date	020
Board Use Only Date Processed: Amount: 50	0.00

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: N/A
Corporation Name: Evofem Biosciences, Inc.
Mailing Address: 12400 High Bluff Drive, Suite 600
City: San Diego State: CA Zip: 92130
Telephone: 858-550-1900 Fax: 844-828-2010
Contact Person: Carol Sedensky
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:
Registration number issued: 4055778
Stock Exchange: _EVFM
A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number:

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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.

10-K 1 evfm-1231201910xk.htm 10-K

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

X 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 001-36754

EVOFEM BIOSCIENCES, INC.

(Exact name of Registrant as specified in its Charter)

Delaware

(State or other jurisdiction of incorporation or organization)

12400 High Bluff Drive, Suite 600 San Diego, CA

(Address of principal executive offices)

20-8527075

(I.R.S. Employer Identification No.)

92130

(Zip Code)

Registrant's telephone number, including area code: (858) 550-1900

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, par value \$0,0001 per share	EVFM	The Nasdaq Stock Market LLC (Nasdaq Capital Market)
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 x

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. YES 🗆 NO x

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES x NO \Box

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). YES x NO \Box

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definition of "large accelerated filer", "accelerated filer", and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer		Accelerated filer	
Non-accelerated filer	X	Smaller reporting company	
Emerging growth company	x	amaner reporting company	А

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. x

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES D NO x

The aggregate market value of the common stock held by non-affiliates of the registrant was approximately \$42.898.789 as of June 30, 2019, based upon the closing sale price on the Nasdaq Capital Market reported for such date. Shares of common stock held by each executive officer and director and certain holders of more than 10% of the outstanding shares of the registrant's common stock have been excluded in that such persons may be deemed to be affiliates. Shares of common stock held by other persons, including certain other holders of more than 10% of the outstanding shares of common stock, have not been excluded in that such persons are not deemed to be affiliates. This determination of affiliate status is not necessarily a conclusive determination for other purposes.

The number of shares of Registrant's Common Stock outstanding as of February 28, 2020, was 49,594,477.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the information required by Part III of Form 10-K will appear in the registrant's definitive proxy statement on Schedule 14A for the 2020 annual meeting of stockholders and are hereby incorporated by reference into this report.

Volution 20/20/2020, 9:23 AM



Evofem Biosciences, Inc. 12400 High Bluff Drive, Suite 600 San Diego, CA 92130

Evofem Biosciences, Inc. is a virtual manufacturer and as such, does not manufacturer, ship or store product at the applicant location. As a virtual manufacturer, EVOFEM does not have an FDA Establishment Number and is not inspected by the FDA.

Virtual Manufacturer [means] an entity that engages in the manufacture of drug or device products for which it:(i) Owns the NDA or ANDA number, if a prescription drug; (ii) Owns the UDI number, as available, for a prescription device; (iii) Contracts with a contract manufacturing organization for the physical manufacture of the drug or device product; (iv) Is not involved in the physical manufacture of the drug or device product; and (v) At no time takes physical possession of, or stores, the drug or device product. The drug is stored at and shipped from a Third-Party Logistics Provider (3PL).

DOMICILE LICENSE/VERIFICATION/EXEMPTION

EVOFEM is located in California. California has two agencies which govern pharmaceutical manufacturing and distribution. The California Department of Health have oversight of manufacturers while the California Board of Pharmacy has oversight of wholesale distributors. Pursuant to the correspondence & statutes from each of those Boards, it is confirmed a license is not required of Virtual Manufacturers located in California.

OFFICER(S)

Saundra Pelletier	Chief Executive Officer
Russ Barrans	Chief Commercial Officer
Jay File	Chief Financial Officer
Kelly Regina Culwell	Chief Medical Officer
Alex Fitzpatrick	EVP, General Counsel & Secretary



Cont'd

CONTRACT MANUFACTURERS (Include all)

NAME

DPT Laboratories Inc.

ADDRESS

307 East Josephine Street

San Antonio, TX 8215

FDA Establishment No.: 1628114

NAME

A+ Secure Packaging LLC

339 Mason Road LaVergne, TN 37086

FDA Establishment No.: 963589036

TN License No.:

00003588

The contract manufacturer(s) does not distribute the product.

THIRD PARTY LOGISTICS PROVIDERS

NAME

Cardinal Health

501 Mason Road, Suite 200

LaVergne, TN 37086

TN License No.:

0000005372

PRODUCT

Intravaginal Gel [Final Product Name Is Still In FDA Review]

- GEL (C42934)
- VAGINAL (C38313)

AMPHORA is indicated for use by women to prevent pregnancy. To achieve maximum prevention of pregnancy, AMPHORA must be used exactly as directed. AMPHORA is intended to be administered vaginally by women prior to each act of vaginal intercourse. AMPHORA is not designed to prevent pregnancy if used only after vaginal intercourse. [see AMPHORA Instructions for Use].

NDA NUMBER AND LABELER CODE

Evofem Inc. has filed the NDA and the FDA has assigned Evofem the NDA #208352. The FDA has also assigned Evofem the labeler code No. 69751.



Cont'd

OTHER STATE LICENSES

EVOFEM does not have other state licenses at this time. All necessary licenses are being sought simultaneously with this application. EVOFEM can supplement with information if requested.

SECURITY SYSTEM

Evofem is an office only and does not have a facility for manufacturing product or a warehouse for storage and shipping of drug. The building currently uses Allied Universal with 24/7 on-site security. Access to the office is via an exclusive elevator which brings visitors into a reception area. Access beyond the reception area is limited by employee key fobs and key fob access is required to enter the offices as well as to move within the offices.

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7833 69728	PROSANA DISTRIBUCIONES, S.A. DE C.V.		
69730	SAGE OIL LLC		
7836 69731	G&N Enterprise, LLC		
7837 69733	JIANGSU TERRA MEDICAL TECHNOLOGY CO LTD		
7030 09/33	Liteureen riealth & Beauty Shop LLC		
69740	Smith & Norhow Modical 14d		
7841 69741	Nature and Health Beauty Co. Ltd		
7842 69742	JW BIO Co., Ltd.		
7843 69743	GALXEE, INC.		
7844 69744	Relevo Inc.		
7845 69745	M&S Dental Supply Co., LLC		
7847 E9745	Usquared Pharmaceuticals, Inc.		
7848 69748	Neutracire		
7849 69749	Vasseur international Inc		
7850 1 50	Vertra (Aust) Pty Ltd		
7851 69751	Evolem, Inc		
7852 69752	The Village Company		
7853 69753	Worldceuticals LLC		
7855 69757	California OZ SENICES INC.		
7856 69758	Global Treat sri		
7857 69760			
69761	Qualgen LLC		
7859 69762	NGC Group LLC		
69764	Shanghai Liang Liang International Inc		
7861 69765	DHP Korea Co., Ltd.		
7862 69766	MSN Life Sciences Private Limited		
7863 69767	CLERIAN, INC.		
7855 69750	SENSUOUS PIY LID		
7000 03/03	Chief Tichell & BEAUTY		
7867 6977	Gen-Gentle Corporation		
7868 69773	GENERAL		
2000			
7869 69774	SKIN SCIENCES LABORATORY INC.		

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EVOFEM BIOSCIENCES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D.

2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVOFEM BIOSCIENCES, INC." WAS INCORPORATED ON THE FIRST DAY OF FEBRUARY, A.D. 2007.

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

4055778 8300

SR# 20201289157

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

Jeffrey W. Bulliesk, Secretary of State

Authentication: 202423349

Date: 02-20-20



License Exemption Documentation

2

Dear Licensing Agency,

The attached email stream along with a copy of the relevant statutes are included herein as evidence that a license is not required of Virtual Manufacturers in California. This documentation is in lieu of a license, inspection and/or Exemption Letter, which CA no longer provides.

If you have any questions with regard to this information, please contact the consultant for Evofem, Lisa Erhardt at 636-448-2022 or lisa.erhardt@d2rx.com.

From:

Lauck. Susie E@CDPH

To:

Lisa Erhardt

Subject:

RE: Status of manufacturing license/exemption letter

Date:

Wednesday, January 16, 2019 1:01:02 PM

Hi Lisa,

Yes, you are correct.

I verified it with Dan Seid our Section Chief.

Confirms statement highlighted in yellow below.

Thank you,
Susie Lauck
Medical Device Safety Unit Analyst
California Department of Public Health
Food and Drug Branch
1500 Capitol Ave MS 7602
Sacramento, CA 95814
Office 916.650.6604| susie.lauck@cdph.ca.gov

From: Lisa Erhardt < lisa.erhardt@d2rx.com> Sent: Monday, January 14, 2019 3:36 PM

To: Lauck, Susie E@CDPH <Susie.Lauck@cdph.ca.gov>

Subject: RE: Status of manufacturing license/exemption letter

Importance: High

Susie,

I have sent an email to Daniel Seid for additional information but have not yet heard back from him. Pursuant to our conversation below perhaps you could obtain some additional clarity. Pursuant to his response in your email below and copied here for convenience, could you review my notes in red therein and provide a response?

True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which [are] administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655).

If Virtual Manufacturers are not governed by the Sherman Act does that in turn mean they are (still not) required to hold a license? As you know, VMs have not been required to hold a license and although they would apply for a Manufacturer's license, that application would be "rejected" and an Exemption Letter would be sent indicating a license was not required because they did not physically manufacturer or store product on site.

Essentially, the fact the Board no longer issues Exemption Letters does not translate to mean Virtual Manufacturers are now required to have the actual Manufacturers license!

From everything we can gather, both in the regulatoins and in the applications, everything continues to indicate a license is only required of facilities that actually physically manufacturer the drug on site.

If you could provide clarity or ask Mr. Seid to advise on this issue, it would be greatly appreciated

Lisa Erhardt

California Code, Business and Professions Code - BPC § 4043

- (a) "Wholesaler" means and includes a person who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession of, any drug or device included in Section 4022. Unless otherwise authorized by law, a wholesaler may not store, warehouse, or authorize the storage or warehousing of drugs with any person or at any location not licensed by the board.
 - (b) This section shall become operative January 1, 2006.

California Code, Business and Professions Code - BPC § 4160

(h) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

California Code, Health and Safety Code - HSC § 111655

The licensing provisions of this chapter shall not apply to any of the following:

- (a) Any pharmacy that maintains establishments in conformance with provisions of the Pharmacy Law, Chapter 9 (commencing with Section 4000) of Division 2 of the Business and Professions Code, regulating the practice of pharmacy, and that is regularly engaged in dispensing prescription drugs or devices, upon prescriptions of any person licensed to administer the drugs or devices to patients under the care of the person in the course of his or her professional practice, and that does not manufacture, prepare, propagate, compound, or process drugs or devices for sale other than in the regular course of his or her business of dispensing or selling drugs or devices at retail.
- (b) Any pharmacy that solely engages in providing drugs or devices to a person licensed by law to administer the drug or device for his or her use in the course of his or her professional practice.
- (c) Any pharmacy that solely provides drugs or devices to another pharmacy in order to meet a temporary inventory shortage.
- (d) Any person who is licensed by law to prescribe or administer drugs or devices and who manufactures, prepares, propagates, compounds, or processes drugs or devices solely for use in the course of his or her professional practice.
- (e) Any person who manufactures, prepares, propagates, compounds, or processes any drug or device solely for use in nonclinical research, teaching, or chemical analysis and not for sale.
- (f) Any wholesaler, as defined in Section 4038 of the Business and Professions Code.
- (g) Any such other class of persons as the department may by regulation exempt from the application of this article upon a finding that licensing by a class of persons in accordance with this article is not necessary for the protection of the public health.
- (h) Any registered dispensing optician licensed pursuant to the provisions of Chapter 5.5 (commencing with Section 2550) of Division 2 of the Business and Professions Code, who is regularly engaged in dispensing or selling prescription lenses and frames, and not engaged in the manufacture, preparation, processing or assembling of lenses or frames for sale other than in the regular course of his or her business of dispensing or selling lenses or frames at retail.

California Code, Health and Safety Code - HSC § 111615

- (a) Prior to issuing a license required by Section 111615 to any place of business where a drug or device is manufactured, the department shall receive from each place of business documentation that evidences ownership and any of the following:
- (1) The place of business is operating pursuant to a valid biologics license issued by the United States Food and Drug Administration in compliance with Section 351 of the federal Public Health Service Act (42 U.S.C. Sec. 262).
- (2) The place of business is operating with a valid establishment registration pursuant to Section 510 of the federal act (21 U.S.C. Sec. 360). This documentation shall include an attestation from an officer of the place of business that a federal inspection was completed within the two years prior to the date of the attestation.
- (3) The place of business is operating in compliance with audits conducted pursuant to the International Standards Organization (ISO) 9000 series, ISO 13485:2003 quality management systems standards, ISO 15378:2006 quality management systems standards, pursuant to Parts 210 and 211 of Title 21 of the Code of Federal Regulations, or pursuant to Part 820 of Title 21 of the Code of Federal Regulations.
- (4) The place of business is operating pursuant to an approved investigational new drug issued by the federal Food and Drug Administration pursuant to Section 312.20 of Title 21 of the Code of Federal Regulations or pursuant to an approved investigational device exemption issued by the federal Food and Drug Administration pursuant to Section 812.20 of Title 21 of the Code of Federal Regulations.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "EVOFEM BIOSCIENCES, 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 FIRST DAY OF FEBRUARY,
A.D. 2007, AT 4:58 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SIXTH DAY OF MARCH, A.D. 2007, AT 7 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE NINETEENTH DAY OF FERWARY,
A.D. 2008, AT 3:39 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "LIPOTHERA, INC." TO "LITHERA, INC.", FILED THE FOURTH DAY OF SEPTEMBER, A.D. 2008, AT 2:05 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2010, AT 2:06 O'CLOCK P.M.

4055778 8310 SR# 20192653413

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

Jenrey W Busines Secretary of State

Authentication: 202603810

Date: 04-09-19

Delaware The First State

Page 2

RESTATED CERTIFICATE, FILED THE THIRTIETH DAY OF SEPTEMBER,

A.D. 2011, AT 1:42 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-NINTH DAY OF MARCH,

A.D. 2012, AT 7:23 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FIFTH DAY OF JULY,

A.D. 2012, AT 1:11 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SEVENTEENTH DAY OF DECEMBER,

A.D. 2012, AT 1:09 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "LITHERA,

INC." TO "NEOTHETICS, INC.", FILED THE ELEVENTH DAY OF AUGUST, A.D.

2014, AT 1:48 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE NINETEENTH DAY OF SEPTEMBER,

A.D. 2014, AT 12:10 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SEVENTH DAY OF NOVEMBER,

A.D. 2014, AT 6:37 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FOURTH DAY OF NOVEMBER,

A.D. 2014, AT 1:30 O'CLOCK P.M.

Authentication: 202603810

Date: 04-09-19

4055778 8310

SR# 20192653413

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



Page 3

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "NEOTHETICS, INC." TO "EVOFEM BIOSCIENCES, INC.", FILED THE SEVENTEENTH DAY OF JANUARY, A.D. 2018, AT 11:17 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE ELEVENTH DAY OF MARCH, A.D. 2019, AT 3:42 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "EVOFEM BIOSCIENCES, 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.

4055778 8310 SR# 20192653413

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

Johnsy W. Burlock Decretary of State

Authentication: 202603810

Date: 04-09-19



The National Association of Boards of Pharmacy® hereby awards

Verified-Accredited Wholesale Distributors® Accreditation

6

Cardinal Health 105, Ame

dba Specialty Pharmaceutical Services

located at

501 Mason Rd, Ste 200, La Vengne, FN 37086

the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone. Executive Dijector/Secretary

February 18, 2019 - February 17, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF HEALTH RELATED BOARDS!

> ID NUMBER: 0000005372 EXPIRATION DATE: 12/31/2020

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

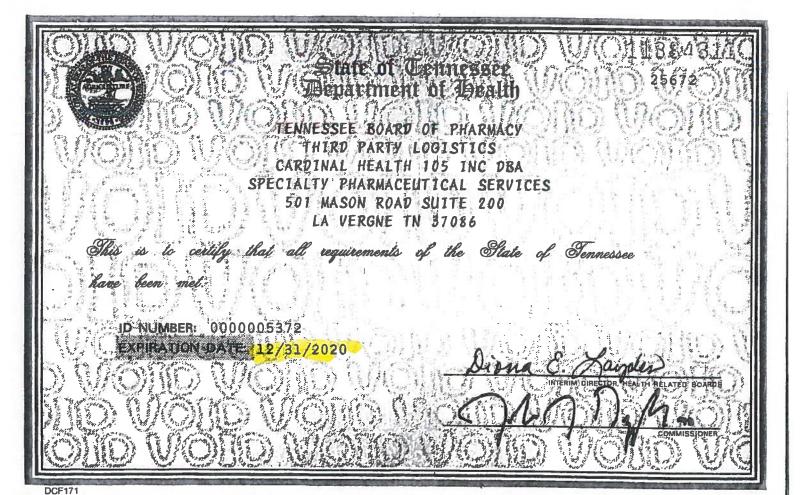
PHARMACY BOARD THIRD PARTY LOGISTICS CARDINAL HEALTH 105 INC DBA

COMMISSIONER OF REALTH

3PL Domicile License 3PL VAWO CERT.

施

CYNTHIA RHODES
CARDINAL HEALTH 105 INC DBA
SPECIALTY PHARMACEUTICAL SERVICES 7000
CARDINAL PLACE QRA-FACILITY LI
DUBLIN OH 43017



VERIFICATION

Drug Establishments Current Registration Site

New Search

Search Results for DPT

CSVExcel

Expiration Date	, 12/31/2020
Address	307 E. Josephine Street, San Antonio, Texas (TX) 78215, United States (USA)
Business Operations	ANALYSIS; LABEL; MANUFACTURE; PACK;
SNAG	832224526
FDA Establishment Identifier	1628114
Firm Name	DPT Laboratories, Ltd.

Showing 1 to 3 of 3 entries

Data Current through: Tuesday, Jan 14, 2020

Previous1Next

Return to Drug Firm Annual Registration Status Home Page

Current Date: 02/04/2020 12:59 PM



Texas Department of State Health Services

Contact your licensing board or program | Internet Policy
Return to the Main Menu | Contact Us

License Details

"License" means a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that: a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility. A "License Rank" is the level of license, a "License Modifier" provides additional information on the scope of the license.

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business.

For more information regarding this license, including any disciplinary information displayed below, please contact the appropriate board or program office. A list of DSHS licensing board and programs may be found at http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx or click the link at the bottom of this page.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list,

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License	Number:	1001041
Mamai		

DPT LABORATORIES LTD

License Type

Prescription Drug Manufacturer

License Status

Current

Expiry Date

Modifier(s)

09/16/2020 09/25/2012

Effective Rank Date

Contract Manufacturer

Prescription

Non Prescript

Controlled Substance

Addresses

Mailing Address

Address

RODOLFO SANCHEZ

SAN ANTONIO , TX

BEXAR 78215 US

Physical Loc

Address

DPT LABORATORIES LTD

307 E JOSEPHINE ST

SAN ANTONIO , TX

BEXAR 78215 US

Food & Drug Owner

Licensee's Role

Food & Drug License

Related Party Role

Food & Drug Owner

Address

Related Party Name

Owner #

SAN ANTONIO . TX

DPT LABORATORIES LTD

Current

BEXAR

Expiration Date

78215

US

DSHS Certifications, Licenses and Permits | Disclaimer

Last Updated Mar 27, 2013

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.	COM/SHARER/SHARER.PHP?L	J=HTTPS://WWW.ACCESSDATA	A.FDA.GOV/SCRIPTS/CDE
R/DRLS/GETDRLS.CFM)			

▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/7TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=H TTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

<u>±</u>

MEMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDAT A.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for A+ Secure

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
A+ Secure Packaging, LLC		963589036	RELABEL; REPACK;	339 Mason Rd, La Vergne, Tennessee (TN) 37086, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, Feb 4, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)



NDA 208352

ACKNOWLEDGE - CLASS 2 RESUBMISSION

Evofem, Inc.

Attention: Catherine Maher, PhD Vice President, Regulatory Affairs 12400 High Bluff Drive, Suite 600 San Diego, CA 92130

Dear Dr. Maher:1

We acknowledge receipt on November 25, 2019, of your November 25, 2019, resubmission to your new drug application submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act for L-lactic acid, citric acid, and potassium bitartrate.

We consider this a complete, class 2 response to our April 28, 2016 action letter. Therefore, the user fee goal date is May 25, 2020.

If you have any questions, call Jennifer Dao, Regulatory Project Manager, at 301-796-8189.

Sincerely,

{See appended electronic signature page}

Jennifer Mercier
Chief, Project Management Staff
Division of Bone, Reproductive and Urologic Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

¹ We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.								
/s/								
		¥						

JENNIFER L MERCIER 12/12/2019 10:04:02 AM From:

CDER Electronic Drug Registration and Listing

To:

Catherine Maher

Cc:

Regulatory

Subject:

RE: [External] Labeler Code Request Rejected

Date:

Friday, October 25, 2019 2:53:06 PM

Attachments:

image001.png

Hello,

Thank you for the information. Based on the information provided, we have reactivated Labeler Code 69751. Please allow 1 day for the reactivation to propagate through our system, then you will be able to use the Labeler Code for listing drug products.

Regards, eDRLS Staff (rs)

From: Catherine Maher <cmaher@evofem.com>

Sent: Friday, October 25, 2019 9:37 AM

To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>

Cc: Regulatory < regulatory@evofem.com>

Subject: RE: [External] Labeler Code Request Rejected

Dear eDRLS,

We have a product that is going into US commercial distribution soon and in order to serialize the product, we are requesting immediate reactivation of labeler code 69751 for Evofem, Inc which was inactivated on 02 January 2017. The active ingredients are L-lactic acid, citric acid, and potassium bitartrate. Each pre-filled single-dose vaginal applicator of Amphora delivers 5 g of gel containing L-lactic acid, citric acid, and potassium bitartrate.

Thank you very much! Catherine

Catherine Maher, PhD | VP, Regulatory

Evofem Biosciences, Inc. | NASDAQ: EVFM Mobile: (919) 749-0328 www.evofem.com



From: CDER Electronic Drug Registration and Listing < EDRLS@fda.hhs.gov>

Sent: Thursday, October 24, 2019 12:36 PM **To:** Meghan O'Neill <<u>moneill@evofem.com</u>> **Cc:** Regulatory <<u>regulatory@evofem.com</u>>

Subject: RE: [External] Labeler Code Request Rejected

Hello,

As stated in the Labeler Code Request rejection email, the Labeler Code was inactivated by the FDA for failure to list a drug product within 2 years after the Labeler Code was assigned. Once you have a product that is closer to the launch date, let us know and we will reactivate the Labeler Code so that you will be able to list the drug product. Do you have a product that is going into US commercial distribution?

Regards, eDRLS Staff (rs)

From: Meghan O'Neill < moneill@evofem.com > Sent: Tuesday, October 22, 2019 10:30 AM

To: CDER Electronic Drug Registration and Listing < EDRLS@fda.hhs.gov>

Cc: Regulatory < regulatory@evofem.com > Subject: RE: Labeler Code Request Rejected

Importance: High

Hello EDRLS,

Evofem Biosciences, Inc. is preparing to resubmit NDA 208352, however, when we resubmitted the labeler code request (69751) we received a rejection from ESG that the 'NDC labeler code was associated with a previous set ID'.

We cannot locate the previous set ID XML with the original submission in our files at this time.

Could you assist and provide the set ID number and original XML for labeler code 69751 for NDA208352?

Thank you for your help.

Best regards,

Meghan

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>

Sent: Monday, April 15, 2019 6:48 AM

To: Regulatory < regulatory@evofem.com >
Subject: Labeler Code Request Rejected

eDRLS - Electronic Drug Registration & Listing System

Current Date: 15-APR-2019

Labeler DUNS: 832466119 Labeler Name: Evofem, Inc.

This letter is to inform you that we are rejecting your Labeler Code request.

Rejection Comments

Labeler code 69751 for Evofem, Inc was assigned on April 8, 2015 for NDC assignment to drugs. Labeler code verification was sent to <u>Sartaj@evofem.com</u> on April 9, 2016. After receiving a response, the Inactivation date for the Labeler Code was extended to December 31, 2016. Since the firm failed to list a drug by that date, the Labeler Code was automatically inactivated on January 2, 2017.

If you have a drug or drugs that you are about to enter in US commercial distribution, please provide us with details for each drug. We request information on product name, active ingredient(s), strength, labeling, start marketing date and intended NDC for each drug in order for us to determine if the labeler code should be reactivated.

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

This E-mail message may contain privileged or confidential information, and is for the use of intended recipients only. If you have received this message in error, please immediately advise the sender by reply E-mail and then delete this message.

John Altenberg

Santa Ana, CA 92705 =

linkedin.com/in/john-altenberg

Sales Operations Executive

Success leading engineering innovation for high-growth organizations

Consistent and replicated success leading cross-functional sales/marketing management and business developments in the design and launch of leading-edge business solutions. Talent driven results that generate consistent growth in sales revenues. Leads with an aptitude for innovative approaches to motivate, mentor, and evaluate cohesive workforce and operations while fostering compliance. Tenacity to execute tactics and model expectations for others. Hands on knowledge of front and back end of business cycle. Skilled presenter, negotiator, and businessperson; able to forge solid relationships with partners and build consensus across multiple organizational levels while increasing safety, reducing redundancy, improving accuracy, and exceeding manufacturing and budgetary goals.

Highlights of Expertise

- Strategic Business Planning
- Cost Reduction and Avoidance
- Cash Flow Optimization
- Lead Time Reduction
- Budget Admin. /Management
- P & L Accountability
- Process Optimization
- Corporate Global Supply Chain
- Strategic Sourcing/Negotiations
- Brand Management
- Continuous Improvement
- Oversight of facilities for GMP compliance

Career Experience

Evofem Biosciences Inc. San Diego, CA

Provided immediate impact to stabilize and drive drug product development for NDA submission within the functional areas of operations, supply chain requirements and logistics

Senior Director Supply Chain, Logistics and Facilities Manager (06/2018 – present)

Bio tech company with a non-hormonal female contraceptive vaginal gel under FDA review for approval in May 2020. Manage CMO relationships and direct intervention with key suppliers.

- Responsible for successful execution of drug product batches needed for NDA submission.
- Establishment of supply chain for materials and production forecast tools.

Vit-Best Nutrition, Tustin, CA

Provided executive-level leadership with full P&L accountability for all contract-manufacturing operations of recently acquired sports nutrition/weight management/dietary supplement manufacturing business.

VP Sales/Client Services, Contract Manufacturing (10/2015 to 08/2017)

Held concurrent responsibility for management and implementation of turnaround initiatives to drive profit gains. Tasked with developing growth strategy and supply chain/procurement efficacy while simultaneously retaining and streamlining existing clientele. Managed diversified customer portfolio including international, direct-to-consumer, and successful MLM companies. Tasked to restructure client service teams built on improved account management process/procedure. Conceptualized diversification platform for new customer business models.

- .= Secured new business with two national sports nutrition companies.
- Designed and managed supply chain process and procedure increasing productivity and vastly improving customer delivery dates.

continued...

John Altenberg Page 2

 Rebuilt Client Services team to expand and define responsibilities creating accountability to customer base.

 Produced collaborative, user-friendly corporate communications that redefined and expanded website and video marketing scope.

The Nature's Bounty Company (NBTY), Ronkonkoma, NY

Multisite leadership that leveraged nationwide company production facilities to maximize revenue and capacity utilization

Vice President/General Manager, Contract Manufacturing (2008 to 2015)

Held merger, production, cost control and compliance responsibility for \$100 million in annual revenue. Designed and implemented well-planned cost reduction program, coordination/capitalization strategies and time/resource optimization. Drove shift to corporate resources/priorities to NBTY brands.

- Successful addition of Leiner Contracts to NBTY portfolio.
- Achieved \$18M in new business sales by Introducing strategic initiatives and tactical action plans to increase revenues two-fold, decreasing overhead and leverage existing utilization to surpass all current industry standards.
- 5 year CAGR = 9%

Leiner Health Products, Carson, CA

Leading designer, developer and manufacturer of nutritional supplements.

Vice President/General Manager, Contract Manufacturing (2004 to 2008)

Progressive career utilizing strengths through promotion. Simultaneously led Operations, Sales, P&L accountability, and companywide focus initiative to impact Pharmaceutical company's healthcare division. Responsible for leading R&D/Manufacturing teams with an aptitude for innovative approaches to diversify, motivate, mentor, and drive brand awareness/exposure. Successful at forging solid relationships to build a consensus across multiple organizational levels while increasing safety, reducing redundancy, improving accuracy, and exceeding time and budgetary goals.

- Cultivated \$15M growth within consumer health care company industry.
- 10-Q Press release names Leiner as "Primary Growth Engine."
- Increased profits by \$750K via product development fee collection.
- \$27M incremental sales via design and launch of marketing programs on local and national level.

Additional Experience

Vice President, Strategic Marketing (2002 to 2004) • Leiner Health Products, Carson, CA Vice President, Account Marketing (2000 to 2002) • Leiner Health Products, Carson, CA

Education & Credentials

Masters of Business Administration

Pepperdine University, Malibu, CA

Bachelors of Science in Business Administration

San Diego State University, San Diego, CA

5HHH

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.

MNew Wholesaler or ☐Ownership Change (Provide current license number if making changes: WHCheck 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: Napo Pharmaceuticals, Inc.										
Physical Address: 201 Mission Street,	Suite 2375									
City: San Francisco	State:	CA	Zip Co	ode: _	94105					
Telephone Number: 415-371-8301	Fa	x Number:								
Toll Free Number: <u>844-722-8256</u>			during COVI	19-19	restrictions.)					
E-mail: licensing@napopharma.com Website: www.napopharma.com										
Facility Manager: Kevin Bohnert	Facility Manager: Kevin Bohnert									
Professional qualifications and experien	nce of facilit	y manager	See Res	ume						
Types of licensed outlets or authorized	persons firm	n will serve	<u>:</u>							
☑ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Other:										
Type of Products to be handled or wholesaled by firm:										
 ☐ Legend Pharmaceuticals, Supplies ☐ Poisons or Chemicals ☐ Controlled Substances (include cop ☐ Other: 	y of DEA)		□ Hypoderm □ Veterinary							

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

(If yes, provide a copy of the certificate)	Yes ∐ No ⋈
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	Yes □ No 冥
Do any shareholders hold an interest ownership or have managed by the State of Nevada or another	
List the top 4 suppliers your company has been associated products that were sold, dispensed or distributed with the la	
Name: Patheon, part of Thermo Fisher Scientific Address: 2110 East Galbreth Road, Cincinnati, OH 45237-	1625
Name: Cardinal SPS Address: 501 Mason Road Suite 200, La Vergne, TN 3708	6
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business please provide the number:N/A	s License, however, if you do,
1. Has the corporation, any owner(s), shareholder(s) or pa any interest, ever been charged, or convicted of a felony or misdemeanor (including by way of a guilty plea or no conte	gross
2. Has the corporation, any owner(s), shareholder(s) or pa any interest, ever been denied a license, permit or certificate	te 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 反								
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 explan Copies of any documents that identify the circumstance or contain an order disposition may be required.									
I hereby certify that the answers given in this application and attached doctorrect. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regulating the								
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 o									
	PR2020								
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: Jaguar Health, Inc. (Note: Jaguar Health has same address as Napo.)
Corporation Name: Napo Pharmaceuticals, Inc.
Mailing Address: 201 Mission Street, Suite 2375
City: San Francisco State: CA Zip: 94105
Telephone: 415-371-8301 Fax:
Contact Person: Kevin Bohnert
If the corporation that holds an ownership interest in the applicant is a publicly traded corporation the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.
Date of Incorporation: 06-Jun-2013
Registration number issued: 001-36714
Stock Exchange:JAGX
A Nevada business license is not required, however if the wholesaler has a Nevada business

Include with the application for a publicly traded corporation

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

-- Attached

List of officers and directors.

-- Included in attached Description of Operations

ADDENDUM 3 NAPO PHARMACEUTICALS NDC SCREENSHOT FOR PRODUCT

National Drug Code Directory

f share (https://www.facebook.com/sharer/sharer.php?
U=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp searchresult.cfm)

**TWEET (https://twitter.com/intent/tweet/?text=national drug code directory&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp searchresult.cfm)

**EMAIL (MAILTO:?subject=national drug code directory&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp searchresult.cfm)

**Current through April 01, 2020

You have searched Finished drug products

Search Results: 'mytesi'

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.
MYTESI	70564-802-60	125 mg/1	TABLET, COATED	ORAL	NDA202292

Showing 1 to 1 of 1 entries

Previous

Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV)

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS: //WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

▼ TWEET (HTTPS://TWITTER.COM/INTENT/TWEET//TEXT-NATIONAL DRUG CODE DIRECTORYAURL-HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

In LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?/MINI-TRUEAURI_HTTPS: #WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFMATITLE-NATIONAL DRUG CODE DIRECTORYSSOURCE-FDA)

D PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/TURL:HTTPS:
//WWW.ACCESSOATA.FDA.GOV/BCRIPTS/CDER/NDC/OSP_SEARCHRESULTCFNADESCRIPTION=NATIONAL
DRUG CODE DIRECTORY)

+

EMAIL IMAILTO:75UBJECT-NATIONAL DRUG CODE
DIRECTORYABODY-HTTPS:///WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC
IOSP SEARCHRESULT.CFM)

PRINT

Current through April 07, 2020

You have searched Finished drug products

Search Results: '70564'

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
+ MYTESI	70564-802-60	125 mg/1	TABLET, COATED	ORAL	NDA202292	Napo Pharmaceuticals Inc	70564-802	Crofelemer	CROFELEMER	HUMAN PRESCRIPTION DRUG	0B/01/2016	N/A	NDA	60 TABLET, COATED in 1 BOTTLE	Antidiamheal [EPC]

Showing 1 to 1 of 1 entries

Previous 1 N

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: <u>DRUGINFO@FDA.HHS.GOV</u> (mailto:DRUGINFO@FDA.HHS.Gov)

See also: <u>Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)</u>

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

Jerring 1202

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAPO 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 SEVENTEENTH DAY OF MARCH, A.D. 2020.

3457397 8300 SR# 20202197388 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202607019

Date: 03-17-20

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NAPO 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 SEVENTEENTH DAY OF MARCH, A.D. 2020.

ANYS OF THE PARTY

3457397 8300

SR# 20202197388

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

Jeffrey W. Butlock, Secretary of State

Authentication: 202607019

Date: 03-17-20

ADDENDUM 12 NAPO PHARMACEUTICALS ARTICLES OF INCORPORATION



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 "NAPO PHARMACEUTICALS, INC.", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2009, AT 4:55 O'CLOCK P.M.

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

3457397 8100

090849579

AUTHENTICATION: 7523005

DATE: 09-11-09

Jeffrey W. Bullock, Secretary of State

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

State of Delaware Secretary of State Division of Corporations Delivered 05:05 PM 09/11/2009 FILED 04:55 PM 09/11/2009 SRV 090849579 - 3457397 FILE

CERTIFICATE OF AMENDMENT TO FOURTH AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF NAPO PHARMACEUTICALS, INC.

(Pursuant to Section 242 of the General Corporation Law of the State of Delaware)

Napo Pharmaceuticals, Inc. (the "Corporation"), a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "Law"), does hereby certify:

FIRST: That the present name of the Corporation is Napo Pharmaceuticals, Inc. The date of filing of the original Certificate of Incorporation of the Corporation with the Secretary of State of the State of Delaware was November 15, 2001 (the "Original Certificate").

SECOND: The Fourth Amended and Restated Certificate of Incorporation of the Corporation was filed with the Secretary of State of the State of Delaware on July 31, 2006, and amended by a Certificate of Amendment filed with the Secretary of State of the State of Delaware on October 21, 2008 (the "Fourth Amended Certificate").

THIRD: The Fourth Amended Certificate is hereby amended as follows:

The first sentence of Article IV of the Fourth Amended Certificate is amended in its entirety to read as follows:

"The total number of shares of all classes of stock which the Corporation has authority to issue is One Hundred Twenty Five Million (125,000,000) shares, consisting of One Hundred Twenty Five Million (125,000,000) shares of Common Stock, par value \$0.0001 per share (the "Common Stock")."

FOURTH: The foregoing amendment to the Fourth Amended Certificate has been duly adopted and approved by the Board of Directors of the Corporation in accordance with Sections 141 and 242 of the General Corporation Law of the State of Delaware. The amendment has been duly adopted in accordance with the provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware by stockholders of the Corporation. A majority of the outstanding shares of Common Stock approved the amendment to the Fourth Amended Certificate by written consent in lieu of a meeting thereof in accordance with the provisions of Sections 228 and 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to the Fourth Amended and Restated Certificate of Incorporation to be executed by a duly authorized officer effective as of the 11 day of September 2009 and hereby affirms that the facts stated herein are true.

Napo Pharmaceutiçais, Inc.

Name: / Charles Thompson Chief Financial Officer Title:

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

Form 10-K

(Mark One)

MANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2019

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from

COMMISSION FILE NO. 001-36714

JAGUAR HEALTH, INC.

(Exact name of registrant as specified in its charter)

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

201 Mission Street, Suite 2375 San Francisco, California 94105 (Address of principal executive offices) Registrant's telephone number, including area code: (415) 371-8300

SECURITIES REGISTERED PURSUANT TO SECTION 12(b) OF THE ACT:

Title of each class
Common Stock, Par Value \$0.0001 Per Share

'Trading Symbol(s) JAGX

Name of each exchange on which registered The NASDAQ Capital Market

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 15(d) of the Act. Yes \square No \boxtimes

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes 🗵 No 🗆

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes 🗵 No 🗆

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K 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 this Form 10-K or any amendment to this Form 10-K. 🗵

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 of the Exchange Act.

Non-accelerated filer 🗵

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. Z

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes 🗇 No 🗵

As of June 30, 2019, the aggregate market value of the registrant's common stock held by non-affiliates was approximately \$8,457,091 based upon the closing sales price of the registrant's common stock on The NASDAQ Global Market on such date.

The number of shares of the registrant's Common Stock outstanding as of March 23, 2020 was 15,321,913 shares of voting common stock and 40,301,237 shares of non-voting common stock. The company also had 6,504,792 shares of convertible preferred stock outstanding (convertible into 33,149,556 shares of voting common stock, subject to certain voting restrictions as provided in the Certificate of Designation for the convertible preferred stock).

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the proxy statement for the registrant's 2020 Annual Meeting of Stockholders, or Proxy Statement, to be filed within 120 days of the end of the fiscal year ended December 31, 2019 are incorporated by reference in Part III hereof. Except with respect to information specifically incorporated by reference in this Form 10-K, the Proxy Statement is not deemed to be filed as a part hereof.

December 31, 2013, Jaguar was a wholly-owned subsidiary of Napo, and, until May 13, 2015, Jaguar was a majority-owned subsidiary of Napo. On July 31, 2017, the merger of Jaguar Animal Health, Inc. and Napo became effective, at which point Jaguar Animal Health's name changed to Jaguar Health, Inc. and Napo began operating as a wholly-owned subsidiary of Jaguar focused on human health and the ongoing commercialization of, and development of follow-on indications for Mytesi.

1

Jersfie E.

Table of Contents

PART I

Forward-looking statements

This Form 10-K contains forward-looking statements within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended, or the Exchange Act. All statements other than statements of historical facts contained in this Form 10-K, including statements regarding our future results of operations and financial position, business strategy, prospective products, product approvals, research and development costs, timing of receipt of clinical trial, field study and other study data, and likelihood of success, commercialization plans and timing, other plans and objectives of management for future operations, and future results of current and anticipated products are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements.

In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "aim," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this Form 10-K are only predictions. We have based these forward-looking statements largely on our current expectations and projections about future events and financial trends that we believe may affect our business, financial condition and results of operations. These forward-looking statements speak only as of the date of this Form 10-K and are subject to a number of risks, uncertainties and assumptions described under the sections in this Form 10-K titled "Risk Factors" and "Management's Discussion and Analysis of Financial Condition and Results of Operations" and elsewhere in this Form 10-K. Forward-looking statements are subject to inherent risks and uncertainties, some of which cannot be predicted or quantified and some of which are beyond our control. The events and circumstances reflected in our forward-looking statements may not be achieved or occur and actual results could differ materially from those projected in the forward-looking statements. Moreover, we operate in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that we may face. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

Jaguar Health, our logo, Canalevia and Neonorm are our trademarks that are used in this Form 10-K. This Form 10-K also includes trademarks, tradenames and service marks that are the property of other organizations. Solely for convenience, trademarks and tradenames referred to in this Form 10-K appear without the ©, or TM symbols, but those references are not intended to indicate that we will not assert, to the fullest extent under applicable law, our rights or that the applicable owner will not assert its rights, to these trademarks and tradenames.

ITEM 1. BUSINESS

BUSINESS

We are a commercial stage plant medicine prescription pharmaceutical company focused on developing and commercializing novel, sustainably derived gastrointestinal products on a global basis. Our wholly-owned subsidiary, Napo Pharmaceuticals, Inc. ("Napo"), focuses on developing and commercializing proprietary human gastrointestinal pharmaceuticals for the global marketplace from plants used traditionally in rainforest areas. Our Mytesi (crofelemer) product is approved by the U.S. Food and Drug Administration ("FDA") for the symptomatic relief of noninfectious diarrhea in adults with HIV/AIDS on antiretroviral therapy.

Jaguar was founded in San Francisco, California as a Delaware corporation on June 6, 2013. Napo formed Jaguar to develop and commercialize animal health products. Effective as of

Kevin Bohnert

44th Avenue, San Francisco, CA 94122 M:

Professional Experience

Napo Pharmaceuticals/Jaguar Health, Inc., San Francisco, CA

September 2019 – Present Senior Director, Global Supply Chain

In additional to duties listed under previous titles below, plan for commercial and other material needs, such as API or drug product for stability protocols and R&D programs. Oversee contract 3PL operations. Collaborate with multiple departments in negotiating master service agreements and work orders as needed which set clear expectations for the deliverables.

Identify vendors critical to supply chain operations, such as component suppliers and packaging facilities. Select vendors who are able to deliver the highest-quality goods and services in the most cost-effective manner.

Manage all state drug distribution licenses.

July 2016 – September 2019 Director, Global Supply Chain

Determine appropriate order sizes to place for components and finished goods, informed by planning referenced above. Partner with CMOs and packagers to ensure finished goods are delivered on time and within budget. Provide supporting materials, information and troubleshooting assistance.

Provide input as needed to marketing, regulatory and clinical teams on label text for commercial, clinical, stability and other material.

Write standard operating procedures for areas such as:

- Shipping of API. Drug Product and Finished Goods to and from manufacturers and distributors.
- Distribution of clinical material to sites, as well as return and reconciliation thereof.

Work with third-party software providers to optimize electronic document control/inventory management systems in the context of particular clinical trial protocols.

April 2008 - July 2016 Senior Manager, Global Supply Chain

Oversee global transportation of raw materials, intermediate products and finished goods. Identify and manage freight forwarders and other carriers best suited for each particular need.

Facilitate timely import and export of materials. Ensure that shipments are accompanied by proper documentation as required by customs authorities.

Addendum 15 - facility manager resume

Collaborate with marketing team, graphic artists, package designers and printers to develop and produce optimal packaging for finished commercial goods. Write specification documents for finished goods and components. Obtain input and final approval from QA, regulatory, clinical, marketing and manufacturing as appropriate.

March 2005 - April 2008 Manager, Global Supply Chain

September 2001 – March 2005 Manager, Logistics & Information

Track and monitor inventory of commercial, clinical, and R&D material in all stages of production. Produce and reconcile monthly reports and other reports as needed.

Shaman Pharmaceuticals, South San Francisco, CA

August 1999 – September 2001 Customer Service Representative

Created FileMaker Pro database to streamline order process for consumers and distributors. Oversaw all delivery operations and worked with customers to resolve any problems with orders.

Education

Certified Supply Chain Professional course

BMUS, Ohio University, Summa Cum Laude

International Baccalaureate Diploma, United World College of the Atlantic, Wales

Other Skills

Proficient in Spanish, written and spoken

Software – FDA eSubmitter and Electronic Submissions Gateway, Microsoft Office, HTML, XML, FileMaker Pro



ADDENDUM 1
NAPO PHARMACEUTICALS
DESCRIPTION OF
OPERATIONS

DESCRIPTION OF OPERATIONS

Napo Pharmaceuticals, Inc. 201 Mission Street, Suite 2375 San Francisco, CA 94015

Napo Pharmaceuticals, Inc. (NAPO) is a virtual manufacturer and as such, does not manufacturer, ship or store product at the applicant location. As a virtual manufacturer, NAPO does not have an FDA Establishment Number and is not inspected by the FDA. Napo uses a Contract Manufacturing Organization CMO) duly registered with the FDA (information below) for the physical manufacturer of its product. Napo uses a Third-Party Logistics provider (3PL) (information below) for the storage and shipping of its product.

DOMICILE LICENSE/VERIFICATION (STATE)

Napo Pharmaceuticals, Inc. is located in California. Napo owns the NDA and the assigned Labeler Codes. Pursuant to California law, a virtual manufacturer is exempt from licensure requirements in California.

Pursuant to Business and Professions Code Section 4180(h):

A drug manufacturer premises licensed by the Food & Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161". {See attached email confirmation from CABOP and CADPH}.

Additionally, the California Department of Health has stated:

True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655). {See attached email confirmation from CABOP and CADPH}.

NDA NUMBER AND/OR LABELER CODES

NDA Number:

202292

NDC Code: 70564-802

CONTRACT MANUFACTURERS (Include all)

NAME

Patheon Pharmaceuticals, Inc. 2110 East Galbraith Road

ADDRESS

Cincinnati, OH 45237-1625 FDA

Establishment Identifier:

1510437

THIRD PARTY LOGISTICS PROVIDERS

Name:

Cardinal SPS

Address:

501 Mason Road Suite 200

La Vergne, TN 37086

PRODUCT(s)

Mytesi (crofelemer 125 mg) Oral, Tablet, Delayed Release

SECURITY SYSTEM

NAPO is located in a commercial office building in San Francisco. There is a security guard on site and access is gained only through card keys.

OWNERSHIP INFORMATION

Napo Pharmaceuticals is a wholly owned subsidiary of Jaguar Health, a publicly traded company (JAGX).

Jaguar Health

201 Mission Street, Suite 2375 San Francisco, CA 94105



		NAPO PHARMAC Officer Info				
OFFICER NAME	TITLE	RESIDENCE ADDRESS	PHONE NUMBER	DOB	SSN* Last 4 digits	% Ownership Common Shares Interest
		∕lain Street, Unit				
Lisa		30G,			1_	
Conte	CEO	San Francisco, CA, 94105	E 0		1	0%
Carol		Cour du Vin				
Lizak	CAO	San Jose, CA 95418				0%
Steven King	SVP	Arbor Lane, Moss Beach, CA 94038			T	0%
	Chief of		_		T -	
	Staff, Chief					
	Compliance					
	Officer and					
Jonathan	General	Hurlingham Ave, San				
Wolin	Counsel	Mateo, CA 94402			201	0%



Napo Pharmaceuticals, Inc. LICENSES CURRENTLY ISSUED AND IN PLACE				
STATE	License No.	Date Issued	Expiration Date	Status
Alabama	195768	08/30/2019	12/31/2020	ACTIVE – Private Label
Arizona	M001342	5/8/2019	10/31/2020	ACTIVE
Arkansas	WD05205	3/15/2019	12/31/2020	ACTIVE
Connecticut	CSM.0001570-OOS	6/5/2019	not applicable	ACTIVE
District of Columbia	DM1900242	7/30/2019	7/31/2020	ACTIVE
Florida	46208	2/7/2020	2/28/2022	ACTIVE
Georgia	PHWH004626	6/25/2019	6/30/2021	ACTIVE
lowa	40922	09/15/2019	12/31/2020	ACTIVE – Limited Distributor
Louisiana	9551	1/28/2019	12/31/2020	ACTIVE
Maryland	D06954	5/31/2019	5/31/2020	ACTIVE
Michigan	5306006070	10/7/2019	10/7/2021	ACTIVE
Minnesota	461505	5/31/2019	5/31/2020	ACTIVE
New Hampshire	06728	8/12/2019	6/30/2020	ACTIVE
New Jersey	5005653	Not Available	1/31/2020	ACTIVE

	Napo Pharmaceuticals, Inc. LICENSES CURRENTLY ISSUED AND IN PLACE				
New Mexico	WD00012667	10/24/19	12/31/2021	ACTIVE	
North Carolina	1549	12/31/2019	12/31/2020	ACTIVE	
North Dakota	Whol2087	7/30/2019	6/30/2020	ACTIVE	
Oklahoma	88-M-5798	3/1/2019	3/31/2020	ACTIVE	
Oregon	M-0003155	2/1/2019	9/30/2020	ACTIVE	
Pennsylvania	1000004019	5/2/2019	5/31/2020	ACTIVE	
Puerto Rico	536664	8/21/2019	not applicable	ACTIVE	
South Dakota	600-3011	3/27/2019	12/31/2020	ACTIVE	
Tennessee	00005355	12/11/2018	12/31/2020	ACTIVE	
Texas	1001922	Not Available	3/28/2020	ACTIVE	
Washington	PHWH.FX.60976074		09/30/2020	ACTIVE	
West Virginia	MR0551895	12/13/2018	6/30/2020	ACTIVE	

From:

Wlsstatus@DCA <Wlsstatus@dca.ca.gov>

Sent:

Monday, October 8, 2018 9:21 AM

To:

Kevin Bohnert

Subject:

RE: Official exemption letter for wholesale license

Good Morning,

The board does not provide letters of exemption.

Thank you,

Elizabeth Schlosser, Site Licensing Analyst California State Board of Pharmacy (916) 574-7734 | FAX (916) 574-8617 | www.pharmacy.ca.gov Be Aware and Take Care: Talk to your Pharmacist!

----Original Message-----

From: Kevin Bohnert [mailto:kbohnert@jaguar.health]

Sent: Monday, September 10, 2018 3:15 PM To: Wlsstatus@DCA < Wlsstatus@dca.ca.gov>

Subject: Official exemption letter for wholesale license

Ladies and Gentlemen:

I understand that our company is exempt from the requirement for a wholesaler license under sections 4160(h) and 4161.

Would it be possible to obtain a pdf of standard letter on state letterhead naming Jaguar Health as exempt? We are a virtual manufacturer and do not ourselves distribute any products.

If this type of letter is something that the board issues, could I obtain a letter stating this?

Business and Professions Code section 4160(h) states "A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161."

Thank you for your help with this; it is much appreciated.

Regards,

Kevin Bohnert
Director, Global Supply Chain
Jaguar Health
Napo Pharmaceuticals, Inc.
(Wholly owned subsidiary)
201 Mission Street
Suite 2375
San Francisco, CA 94105

From:

Lauck, Susie E@CDPH <Susie.Lauck@cdph.ca.gov>

Sent:

Tuesday, November 13, 2018 2:56 PM

To:

Kevin Bohnert

Cc:

Anne-Marie Burger; Lisa Erhardt

Subject:

RE: Status of manufacturing license/exemption letter

Dear Kevin,

I received a call from Lisa Earhardt in reference to an exemption letter as well, I have referred her to the Chief of Drug Safety Program of CDPH, and his response is listed below.

True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655).

Thank you,
Susie Lauck
Medical Device Safety Unit Analyst
California Department of Public Health
Food and Drug Branch
1500 Capitol Ave MS 7602
Sacramento, CA 95814
Office 916.650.6604| susie.lauck@cdph.ca.gov

From: Kevin Bohnert < kbohnert@jaguar.health>
Sent: Tuesday, November 13, 2018 1:23 PM

To: Lauck, Susie E@CDPH < Susie. Lauck@cdph.ca.gov>

Cc: Anne-Marie Burger <amburger@jaguar.health>; Lisa Erhardt lisa.erhardt@d2rx.com>

Subject: RE: Status of manufacturing license/exemption letter

Dear Susie,

Thank you for your time on the phone today. It was quite a surprise to hear that the department is no longer issuing letters of exemption for virtual manufacturers.

I'm not sure if you already attempted to forward to me the email you mentioned to this effect. If you wouldn't mind sending it to my Jaguar Health email it would be helpful. I sometimes have issues with the Napo address I gave you, and I don't see the message in that inbox.

Thanks again,

Kevin Bohnert
Director, Global Supply Chain
Jaguar Health
Napo Pharmaceuticals, Inc.

(Wholly owned subsidiary)

ROVM BISH SERet

Suite 25/5

San Francisco, CA 94105

T: 415-371-8301 C: 650-888-3558 F: 415-371-8311

From: Kevin Bohnert

Sent: Friday, November 2, 2018 1:50 PM

To: susie.lauck@cdph.ca.gov

Cc: Anne-Marie Burger <amburger@jaguar.health>; Lisa Erhardt < lisa.erhardt@d2rx.com>

Subject: Status of manufacturing license/exemption letter

Dear Susie,

In early October, we submitted an application for a New Drug Manufacturing License, along with a cover letter that explains that our goal is to obtain an exemption letter, since we are only a virtual manufacturer.

I understand that an inspection of our facility will be required in order to obtain this exemption letter.

I would like to enquire on scheduling an inspection as soon as it is feasible. We are applying for licensure in other states, and we will need to provide the exemption letter in each case.

Thank you for any assistance you may be able to provide. Your help is much appreciated.

Regards,

F: 415-3/1-8311

From: To: Lauck, Susie E@CDPH

Lisa Erhardt

Subject:

RE: Status of manufacturing license/exemption letter

Date: Wednesday, January 16, 2019 1:01:02 PM

ADDENDUM 2 NAPO PHARMACEUTICALS LICENSE EXEMPTION - CALIFORNIA

Hi Lisa,

Yes, you are correct.

I verified it with Dan Seid our Section Chief.

Confirms statement highlighted in yellow below.

Thank you,
Susie Lauck
Medical Device Safety Unit Analyst
California Department of Public Health
Food and Drug Branch
1500 Capitol Ave MS 7602
Sacramento, CA 95814
Office 916.650.6604| susie.lauck@cdph.ca.gov

From: Lisa Erhardt < lisa.erhardt@d2rx.com> Sent: Monday, January 14, 2019 3:36 PM

To: Lauck, Susie E@CDPH <Susie.Lauck@cdph.ca.gov>

Subject: RE: Status of manufacturing license/exemption letter

Importance: High

Susie,

I have sent an email to Daniel Seid for additional information but have not yet heard back from him. Pursuant to our conversation below perhaps you could obtain some additional clarity. Pursuant to his response in your email below and copied here for convenience, could you review my notes in red therein and provide a response?

True "virtual drug manufacturers" are not subject to CA Sherman Act licensing provisions which [are] administered by FDB. Furthermore, only those entities specified in law are "exempt" from licensure, and so no "exemption" letter will be issued to virtual drug firms, as they are not listed therein (HSC 111655).

If Virtual Manufacturers are not governed by the Sherman Act does that in turn mean they are (still not) required to hold a license? As you know, VMs have not been required to hold a license and would although they would apply for a Manufacturer's license, that application would be "rejected" and an Exemption Letter would be sent indicating that a license was not required because they did not physically manufacturer or store product on site.

Essentially, I am trying to confirm that the fact the Board will no longer issue Exemption Letters does not translate to mean Virtual Manufacturers are now required to have the actual Manufacturers license!

From everything I can gather both in the regulations and in the applications — everything still points to a license being required only of facilities that actually physically manufacturer the drug on site.

If you could provide clarity or ask Mr. Seid to advise on this issue, it would be greated appreciated.

Lisa Erhardt

California Code, Business and Professions Code - BPC § 4043

- (a) "Wholesaler" means and includes a person who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession of, any drug or device included in Section 4022. Unless otherwise authorized by law, a wholesaler may not store, warehouse, or authorize the storage or warehousing of drugs with any person or at any location not licensed by the board.
 - (b) This section shall become operative January 1, 2006.

California Code, Business and Professions Code - BPC § 4160

(h) A drug manufacturer premises licensed by the Food and Drug Administration or licensed pursuant to Section 111615 of the Health and Safety Code that only distributes dangerous drugs and dangerous devices of its own manufacture is exempt from this section and Section 4161.

California Code, Health and Safety Code - HSC § 111655

The licensing provisions of this chapter shall not apply to any of the following:

- (a) Any pharmacy that maintains establishments in conformance with provisions of the Pharmacy Law, Chapter 9 (commencing with Section 4000) of Division 2 of the Business and Professions Code, regulating the practice of pharmacy, and that is regularly engaged in dispensing prescription drugs or devices, upon prescriptions of any person licensed to administer the drugs or devices to patients under the care of the person in the course of his or her professional practice, and that does not manufacture, prepare, propagate, compound, or process drugs or devices for sale other than in the regular course of his or her business of dispensing or selling drugs or devices at retail.
- (b) Any pharmacy that solely engages in providing drugs or devices to a person licensed by law to administer the drug or device for his or her use in the course of his or her professional practice.
- (c) Any pharmacy that solely provides drugs or devices to another pharmacy in order to meet a temporary inventory shortage.
- (d) Any person who is licensed by law to prescribe or administer drugs or devices and who manufactures, prepares, propagates, compounds, or processes drugs or devices solely for use in the course of his or her professional practice.
- (e) Any person who manufactures, prepares, propagates, compounds, or processes any drug or device solely for use in nonclinical research, teaching, or chemical analysis and not for sale.
- (f) Any wholesaler, as defined in Section 4038 of the Business and Professions Code.
- (g) Any such other class of persons as the department may by regulation exempt from the application of this article upon a finding that licensing by a class of persons in accordance with this article is not necessary for the protection of the public health.
- (h) Any registered dispensing optician licensed pursuant to the provisions of Chapter 5.5 (commencing with Section 2550) of Division 2 of the Business and Professions Code, who is regularly engaged in dispensing or selling prescription lenses and frames, and not engaged in the manufacture, preparation, processing or assembling of lenses or frames for sale other than in the regular course of his or her business of dispensing or selling lenses or frames at retail.

California Code, Health and Safety Code - HSC § 111615

- (a) Prior to issuing a license required by Section 111615 to any place of business where a drug or device is manufactured, the department shall receive from each place of business documentation that evidences ownership and any of the following:
- (1) The place of business is operating pursuant to a valid biologics license issued by the United States Food and Drug Administration in compliance with Section 351 of the federal Public Health Service Act (42 U.S.C. Sec. 262).
- (2) The place of business is operating with a valid establishment registration pursuant to Section 510 of the federal act (21 U.S.C. Sec. 360). This documentation shall include an attestation from an officer of the place of business that a federal inspection was completed within the two years prior to the date of the attestation.
- (3) The place of business is operating in compliance with audits conducted pursuant to the International Standards Organization (ISO) 9000 series, ISO 13485:2003 quality management systems standards, ISO 15378:2006 quality management systems standards, pursuant to Parts 210 and 211 of Title 21 of the Code of Federal Regulations, or pursuant to Part 820 of Title 21 of the Code of Federal Regulations.
- (4) The place of business is operating pursuant to an approved investigational new drug issued by the federal Food and Drug Administration pursuant to Section 312.20 of Title 21 of the Code of Federal Regulations or pursuant to an approved investigational device exemption issued by the federal Food and Drug Administration pursuant to Section 812.20 of Title 21 of the Code of Federal Regulations.

ADDENDUM 4 NAPO PHARMACEUTICALS NAPO - LABEL

Raltegravir	16 (12)	11 (8)	
Valaciclovir hydrochloride	12 (9)	16 (12)	
Fosamprenavir	12 (9)	13 (9)	
Zidovudine w/lamivudine	12 (9)	15 (11)	
Lamivudine	7 (5)	6 (4)	
Nevirapine	8 (6)	9 (7)	
Atazanavir	5 (4)	2 (1)	

The primary efficacy endpoint was the proportion of patients with a clinical response, defined as less than or equal to 2 watery bowel movements per week during at least 2 of the 4 weeks of the placebo-controlled phase. Patients who received concomitant anti-diarrheal medications or opiates were counted as clinical non-responders.

A significantly larger proportion of patients in the MYTESI 125 mg twice daily group experienced clinical response compared with patients in the placebo group (18% vs. 8%, 1—sided p < 0.01). In the randomized clinical study, examination of duration of diarrhea, baseline number of daily watery bowel movements, use of protease inhibitors, CD4 cell count and age subgroups did not identify differences in the consistency of the crofelemer treatment effect among these subgroups. There were too few female patients and patients with an HIV viral load > 400 copies/mL to adequately assess differences in effects in these populations. Among race subgroups, there were no differences in the consistency of the crofelemer treatment effect except for the subgroup of African-Americans; crofelemer was less effective in African-Americans than non-African-Americans.

Although the CD4 cell count and HIV viral load did not appear to change over the one month placebo-controlled period, the clinical significance of this finding is unknown because of the short duration of the placebo-controlled period.

Of the 24 clinical responders to MYTESI 125 mg twice daily, 22 entered the placebo-free period; 16 were responding at the end of month 3, and 14 were responding at the end of month 5.

16 HOW SUPPLIED/STORAGE AND HANDLING

MYTESI (crofelemer) 125 mg delayed-release tablets are white, oval tablets printed on one side with 125SLXP. They are available in the following package size:

Bottles of 60: NDC 70564-802-60

Store at 20°C-25°C (68°F-77°F); excursions permitted between 15°C-30°C (59°F-86°F). See USP Controlled Room Temperature.

17 PATIENT COUNSELING INFORMATION

- Instruct patients that MYTESI tablets may be taken with or without food.
- Instruct patients to swallow MYTES! tablets whole and not to crush or chew the tablets.

Manufactured by Patheon, Inc. for



Napo Pharmaceuticals, Inc., San Francisco, CA 94105

Copyright © Napo Pharmaceuticals, Inc.

US Patent Nos. 7,341,744 and 7,323,195.

NP-367-1 03/2018

70033046

The botanical drug substance of MYTESI is extracted from *Croton lechleri* (the botanical raw material) that is harvested from the wild in South America.

ADDENDUM 5 NAPO PHARMACEUTICAL FDA LABEL

HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use FULYZAQ safely and effectively. See full prescribing information for FULYZAQ.

FULYZAQ[™] (crofelemer) delayed-release tablets, for oral use Initial U.S. Approval: 2012

FULYZAQ is an anti-diarrheal indicated for the symptomatic relief of non-infectious diarrhea in adult patients with HIV/AIDS on anti-retroviral therapy (1)

One 125 mg delayed-release tablet taken orally twice a day, with or without food (2)

-----CONTRAINDICATIONS----

None. (4)

--- WARNINGS AND PRECAUTIONS--

Rule out infectious etiologies of diarrhea before starting crofelemer. If infectious etiologies are not considered, there is a risk that patients with infectious etiologies will not receive the appropriate therapy and their disease may worsen. (5.1)

-----ADVERSE REACTIONS--

Most common adverse reactions (incidence \geq 3%) are upper respiratory tract infection, bronchitis, cough, flatulence and increased bilirubin. (6)

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at 1-866-669-7597 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

-----USE IN SPECIFIC POPULATIONS-----

- Pregnancy: Based on animal data, may cause fetal harm (8.1)
- Pediatric Use: Safety and effectiveness of FULYZAQ has not been established in patients less than 18 years of age (8.4)

See 17 for PATIENT COUNSELING INFORMATION

Revised: 12/2012

CONTENTS*

- 1 INDICATIONS AND USAGE
- 2 DOSAGE AND ADMINISTRATION
- 3 DOSAGE FORMS AND STRENGTHS
- 4 CONTRAINDICATIONS
- 5 WARNINGS AND PRECAUTIONS
 - 5.1 Risks of Treatment in Patients with Infectious Diarrhea
- 6 ADVERSE REACTIONS
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- 7 DRUG INTERACTIONS
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- 8 USE IN SPECIFIC POPULATIONS
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- 10 OVERDOSAGE
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- 12 CLINICAL PHARMACOLOGY
 - 12.1 Mechanism of Action
 - 12.2 Pharmacodynamics
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- 13 NONCLINICAL TOXICOLOGY
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 - 13.2 Animal Toxicology and/or Pharmacology
- 14 CLINICAL STUDIES
- 15 REFERENCES
- 16 HOW SUPPLIED/STORAGE AND HANDLING
- 17 PATIENT COUNSELING INFORMATION

^{*}Sections or subsections omitted from the Full Prescribing Information are not listed.

FULL PRESCRIBING INFORMATION

2 1 INDICATIONS AND USAGE

- 3 FULYZAQ is indicated for symptomatic relief of non-infectious diarrhea in patients with
- 4 HIV/AIDS on anti-retroviral therapy.

5 2 DOSAGE AND ADMINISTRATION

- 6 The recommended dose of FULYZAQ is one 125 mg delayed-release tablet taken orally two
- 7 times a day, with or without food. FULYZAQ tablets should **not be crushed or chewed.** Tablets
- 8 should be swallowed whole.

9 3 DOSAGE FORMS AND STRENGTHS

- 10 FULYZAQ is a white, oval, enteric-coated 125 mg delayed-release tablet printed on one side
- 11 with 125SLXP.

12 4 CONTRAINDICATIONS

None.

1

14 5 WARNINGS AND PRECAUTIONS

15 5. 1 Risks of Treatment in Patients with Infectious Diarrhea

- 16 If infectious etiologies are not considered, and FULYZAQ is initiated based on a presumptive
- diagnosis of non-infectious diarrhea, then there is a risk that patients with infectious etiologies
- will not receive the appropriate treatments, and their disease may worsen. Before starting
- 19 FULYZAQ, rule out infectious etiologies of diarrhea. FULYZAQ is not indicated for the
- 20 treatment of infectious diarrhea.

21 6 ADVERSE REACTIONS

22 6.1 Clinical Trials Experience

- 23 Because clinical trials are conducted under widely varying conditions, adverse reaction rates
- observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials
- of another drug and may not reflect the rates observed in practice.
- A total of 696 HIV-positive patients in three placebo-controlled trials received FULYZAQ for a
- 27 mean duration of 78 days. Of the total population across the three trials, 229 patients received a
- dose of 125 mg twice a day for a mean duration of 141 days, 69 patients received a dose of 250
- 29 mg twice a day for a mean duration of 139 days, 102 patients received a dose of 250 mg four
- 30 times a day for a mean duration of 14 days, 54 patients received a dose of 500 mg twice a day for

a mean duration of 146 days, and 242 patients received a dose of 500 mg four times a day for a

mean duration of 14 days.

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33 Adverse reactions for FULYZAQ that occurred in at least 2% of patients and at a higher

incidence than placebo are provided in Table 1.

Table 1: Adverse Reactions Occurring in at Least 2% of Patients in the 125 mg
Twice Daily Group

Adverse Reaction	Crofelemer 125 mg BID* N = 229 n (%)	Placebo N = 274 n (%)
Upper respiratory tract infection	13 (5.7)	4 (1.5)
Bronchitis	9 (3.9)	0
Cough	8 (3.5)	3 (1.1)
Flatulence	7 (3.1)	3 (1.1)
Increased bilirubin	7 (3.1)	3 (1.1)
Nausea	6 (2.6)	4 (1.5)
Back pain	6 (2.6)	4 (1.5)
Arthralgia	6 (2.6)	0
Urinary tract infection	5 (2.2)	2 (0.7)
Nasopharyngitis	5 (2.2)	2 (0.7)
Musculoskeletal pain	5 (2.2)	1 (0.4)
Hemorrhoids	5 (2.2)	0
Giardiasis	5 (2.2)	0
Anxiety	5 (2.2)	1 (0.4)
Increased alanine aminotransferase	5 (2.2)	3 (1.1)
Abdominal distension	5 (2.2)	1 (0.4)

^{*} Twice daily

37 Adverse reactions that occurred in between 1% and 2% of patients taking a 250 mg daily dose of

38 FULYZAQ were abdominal pain, acne, increased aspartate aminotransferase, increased

39 conjugated bilirubin, increased unconjugated blood bilirubin, constipation, depression,

dermatitis, dizziness, dry mouth, dyspepsia, gastroenteritis, herpes zoster, nephrolithiasis, pain in

extremity, pollakiuria, procedural pain, seasonal allergy, sinusitis and decreased white blood cell

42 count.

Adverse reactions were similar in patients who received doses greater than 250 mg daily.

45 7 DRUG INTERACTIONS

46 7.1 Drug Interaction Potential

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- 48 In vitro studies have shown that crofelemer has the potential to inhibit cytochrome P450
- 49 isoenzyme 3A and transporters MRP2 and OATP1A2 at concentrations expected in the gut. Due
- 50 to the minimal absorption of crofelemer, it is unlikely to inhibit cytochrome P450 isoenzymes
- 51 1A2, 2A6, 2B6, 2C9, 2C19, 2D6, 2E1 and CYP3A4 systemically [see Clinical Pharmacology
- 52 (12.3)].

53

- 54 7.2 Nelfinavir, Zidovudine, and Lamivudine
- 55 FULYZAQ administration did not have a clinically relevant interaction with nelfinavir,
- zidovudine, or lamivudine in a drug-drug interaction trial.

57 8 USE IN SPECIFIC POPULATIONS

58 8.1 Pregnancy

59 Pregnancy Category C

- Reproduction studies performed with crofelemer in rats at oral doses up to 177 times the
- 61 recommended daily human dose of 4.2 mg/kg revealed no evidence of impaired fertility or harm
- 62 to the fetus. In pregnant rabbits, crofelemer at an oral dose of about 96 times the recommended
- daily human dose of 4.2 mg/kg, caused abortions and resorptions of fetuses. However, it is not
- clear whether these effects are related to the maternal toxicity observed. A pre- and postnatal
- development study performed with crofelemer in rats at oral doses of up to 177 times the
- recommended daily human dose of 4.2 mg/kg revealed no evidence of adverse pre- and postnatal
- 67 effects in offspring. There are, however, no adequate, well-controlled studies in pregnant
- 68 women. Because animal reproduction studies are not always predictive of human response, this
- 69 drug should be used during pregnancy only if clearly needed.

70 8.3 Nursing Mothers

- 71 It is not known whether crofelemer is excreted in human milk. Because many drugs are excreted
- 72 in human milk and because of the potential for adverse reactions in nursing infants from
- 73 FULYZAQ, a decision should be made whether to discontinue nursing or to discontinue the
- drug, taking into account the importance of the drug to the mother.

75 8.4 Pediatric Use

- 76 The safety and effectiveness of FULYZAQ have not been established in pediatric patients less
- 77 than 18 years of age.

78 8.5 Geriatric Use

- 79 · Clinical studies with crofelemer did not include sufficient numbers of patients aged 65 and over
- 80 to determine whether they respond differently than younger patients.

8.6 Use in Patients with Low CD4 Counts and High Viral Loads

- No dose modifications are recommended with respect to CD4 cell count and HIV viral load,
- based on the findings in subgroups of patients defined by CD4 cell count and HIV viral load.
- The safety profile of crofelemer was similar in patients with baseline CD4 cell count less
- 85 than 404 cells/μL (lower limit of normal range) (N=388) and patients with baseline CD4 cell
- 86 counts greater than or equal to 404 cells/μL (N=289).
- 87 The safety profile of crofelemer was similar in patients with baseline HIV viral loads less
- than 400 copies/mL (N = 412) and patients with baseline HIV viral loads greater than or equal to
- 89 400 copies/mL (N = 278).

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10 OVERDOSAGE

There has been no reported experience with overdosage of crofelemer.

11 DESCRIPTION

- 93 FULYZAQ (crofelemer) delayed-release tablets is an anti-diarrheal, enteric-coated drug product
- 94 for oral administration. It contains 125 mg of crofelemer, a botanical drug substance that is
- 95 derived from the red latex of Croton lechleri Müll. Arg. Crofelemer is an oligomeric
- 96 proanthocyanidin mixture primarily composed of (+)-catechin, (-)-epicatechin, (+)-gallocatechin,
- 97 and (-)-epigallocatechin monomer units linked in random sequence, as represented below. The
- average degree of polymerization for the oligomers ranges between 5 and 7.5, as determined by
- 99 phloroglucinol degradation.

Inactive ingredients: microcrystalline cellulose, croscarmellose sodium, colloidal silicon dioxide, and magnesium stearate.

100

103 Coating ingredients: ethylacrylate and methylacrylate copolymer dispersion, talc, triethyl citrate, and white dispersion which contains xanthan gum, titanium idoxide, propyl paraben, and methyl 104 105 paraben. 106 107 12 CLINICAL PHARMACOLOGY 108 12.1 Mechanism of Action 109 Crofelemer is an inhibitor of both the cyclic adenosine monophosphate (cAMP)-stimulated cystic fibrosis transmembrane conductance regulator (CFTR) chloride ion (Cl⁻) channel, and the 110 calcium-activated Cl⁻ channels (CaCC) at the luminal membrane of enterocytes. The CFTR Cl⁻ 111 112 channel and CaCC regulate Cl and fluid secretion by intestinal epithelial cells. Crofelemer acts by blocking Cl secretion and accompanying high volume water loss in diarrhea, normalizing the 113 flow of Cl and water in the GI tract. 114 115 12.2 **Pharmacodynamics** 116 Consistent with the mechanism of action of crofelemer (i.e., inhibition of CFTR and CaCC in the GI lumen), data suggest stool chloride concentrations decreased in patients treated with 117 118 FULYZAQ (500 mg four times daily) (n=25) for four days relative to placebo (n=24); stool chloride concentrations decreased in both African American patients treated with FULYZAQ 119 (n=3) relative to placebo (n=5) and non-African American patients treated with FULYZAQ 120 121 (n=22) relative to placebo (n=19). 122 At a dose 10 times the maximum recommended dose, crofelemer does not prolong the QTc 123 interval to any clinically relevant extent. 124 12.3 **Pharmacokinetics** 125 Absorption 126 The absorption of crofelemer is minimal following oral dosing in healthy adults and 127 HIV-positive patients and concentrations of crofelemer in plasma are below the level of 128 quantitation (50 ng/mL). Therefore, standard pharmacokinetic parameters such as area under the 129 curve, maximum concentration, and half-life cannot be estimated. 130 Distribution 131 The distribution of crofelemer has not been determined. 132 Metabolism 133 No metabolites of crofelemer have been identified in healthy subjects or patients in clinical trials.

1	34	Elimination
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- The elimination route has not been identified in humans.
- 136 Food Effect
- Administration of crofelemer with a high-fat meal was not associated with an increase in
- systemic exposure of crofelemer in healthy volunteers. In the clinical trial, a single 500 mg dose
- of crofelemer was administered one-half hour before the morning and evening meals. Therefore,
- 140 crofelemer may be administered with or without a meal.
- 141 Drug-Drug Interactions
- Results of a crossover study in healthy volunteers showed crofelemer 500 mg administered four
- times daily for five days had no effect on the exposure of zidovudine and nelfinavir when
- administered as a single dose. A 20% decrease in lamivudine exposure was also observed in the
- same study but was not considered to be clinically important.

146 13 NONCLINICAL TOXICOLOGY

147 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

- 148 Carcinogenesis
- Long-term studies in animals have not been performed to evaluate the carcinogenic potential of
- 150 crofelemer.
- 151 Mutagenesis
- 152 Crofelemer was negative in the bacterial reverse mutation assay, chromosomal aberration assay.
- and rat bone marrow micronucleus assay.
- 154 Impairment of Fertility
- 155 Crofelemer, at oral doses of up to 738 mg/kg/day (177 times the recommended human daily dose
- of 4.2 mg/kg), had no effects on fertility or reproductive performance of male and female rats.

157 14 CLINICAL STUDIES

- The efficacy of FULYZAQ 125 mg delayed-release tablets twice daily was evaluated in a
- randomized, double-blind, placebo-controlled (one month) and placebo-free (five month), multi-
- 160 center study. The study enrolled 374 HIV-positive patients on stable anti-retroviral therapy
- 161 (ART) with a history of diarrhea for one month or more. Diarrhea was defined as either
- persistently loose stools despite regular use of anti-diarrheal medication (ADM) (e.g.,
- loperamide, diphenoxylate, and bismuth subsalicylate) or one or more watery bowel movements
- per day without regular ADM use.

- Patients were excluded if they had a positive gastrointestinal (GI) biopsy, GI culture, or stool test
- 166 for multiple bacteria (Salmonella, Shigella, Campylobacter, Yersinia, Mycobacterium), bacterial
- 167 toxin (Clostridium difficile), ova and parasites (Giardia, Entamoeba, Isospora, Cyclospora,
- 168 Cryptosporidium, Microsporidium), or viruses (Cytomegalovirus). Patients were also excluded
- if they had a history of ulcerative colitis, Crohn's disease, celiac sprue (gluten-enteropathy),
- 170 chronic pancreatitis, malabsorption, or any other GI disease associated with diarrhea.
- 171 The study had a two-stage adaptive design. In both stages, patients received placebo for 10 days
- 172 (screening period) followed by randomization to crofelemer or placebo for 31 days of treatment
- 173 (double-blind period). Only patients with 1 or more watery bowel movements per day on at least
- 5 of the last 7 days in the screening period were randomized to the double-blind period. Each
- stage enrolled patients separately; the dose for the second stage was selected based on an interim
- analysis of data from the first stage. In the first stage, patients were randomized 1:1:1:1 to one of
- three crofelemer dose regimens (125, 250, or 500 mg twice daily) or placebo. In the second
- stage, patients were randomized 1:1 to crofelemer 125 mg twice daily or placebo. The efficacy
- analysis was based on results from the double-blind portion of both stages.
- 180 Each study stage also had a five month period (placebo-free period) that followed the double-
- blind period. Patients treated with crofelemer continued the same dose in the placebo-free
- period. In the first stage, patients that received placebo were re-randomized 1:1:1 to one of the
- three crofelemer dose regimens (125, 250, or 500 mg twice daily) in the placebo-free period. In
- 184 the second stage, patients that received placebo were treated with crofelemer 125 mg twice daily
- in the placebo-free period.
- 186 The median time since diagnosis of HIV was 12 years. The percentage of patients with a CD4
- cell count of less than 404 was 39%. The percentage of patients with a HIV viral load greater
- than or equal to 1000, 400 to 999, and less than 400 HIV copies/mL was 7%, 3%, and 9%,
- 189 respectively; the remainder had a viral load that was not detectable. The median time since
- diarrhea started was 4 years. The median number of daily watery bowel movements was 2.5 per
- 191 day.
- 192 Most patients were male (85%). The percentage of patients that were Caucasian was 46%; the
- 193 percentage of patients that were African-American was 32%. The median age was 45 years with
- a range of 21 to 68 years.
- 195 In the double-blind period of the study, 136 patients received crofelemer 125 mg twice daily, 54
- patients received 250 mg twice daily, 47 patients received 500 mg twice daily, and 138 patients
- received placebo. The percentages of patients that completed the double-blind period were 92%,
- 198 100%, 85%, and 94% in the 125 mg, 250 mg, 500 mg, and placebo arms, respectively.
- Most patients received concomitant protease inhibitors (PI) during the double-blind period
- 200 (Table 2). The most frequently used ARTs in each group were tenofovir/emtricitabine, ritonavir,
- and lopinavir/ritonavir.

202 Table 2: Concomitant ART Use in the Double-Blind Period

	125 mg BID (N = 136) n (%)	250 mg BID (N = 54) n (%)	500 mg BID (N = 46) n (%)	Placebo BID (N = 138) n (%)
Any ART	135 (99)	53 (98)	45 (98)	134 (97)
Any PI	87 (64)	41 (76)	33 (72)	97 (70)
Tenofovir/Emtricitabine	45 (33)	22 (41)	16 (35)	52 (38)
Ritonavir	46 (34)	18 (33)	15 (33)	49 (36)
Lopinavir/Ritonavir	30 (22)	21 (39)	15 (33)	40 (29)
Efavirenz/Tenofovir/ Emtricitabine	30 (22)	7 (13)	7 (15)	21 (15)
Tenofovir disoproxil fumarate	18 (13)	8 (15)	5 (11)	14 (10)
Antazanavir sulfate	19 (14)	3 (6)	6 (13)	22 (16)
Abacavir w/ lamivudine	17 (13)	5 (9)	5 (11)	18 (13)
Darunavir	19 (14)	4 (7)	4 (9)	14 (10)
Raltegravir	16 (12)	4 (7)	5 (11)	11 (8)
Valaciclovir hydrochloride	12 (9)	8 (15)	5 (11)	16 (12)
Fosamprenavir	12 (9)	6 (11)	4 (9)	13 (9)
Zidovudine w/ lamivudine	12 (9)	3 (6)	3 (7)	15 (11)
Lamivudine	7 (5)	6(11)	4 (9)	6 (4)
Nevirapine	8 (6)	6(11)	3 (7)	9 (7)
Atazanavir	5 (4)	6 (11)	2 (4)	2(1)

Abbreviations: ART = antiretroviral therapy; PI = Protease Inhibitor; BID = twice daily.

* greater than 10% of Any Treatment Group

The primary efficacy endpoint was the proportion of patients with a clinical response, defined as less than or equal to 2 watery bowel movements per week during at least 2 of the 4 weeks of the placebo-controlled phase. Patients who received concomitant ADMs or opiates were counted as clinical non-responders.

A significantly larger proportion of patients in the crofelemer 125 mg twice daily group experienced clinical response compared with patients in the placebo group (17.6% vs. 8.0%, 1-sided p < 0.01).

In the randomized clinical study, examination of duration of diarrhea, baseline number of daily watery bowel movements, use of protease inhibitors, CD4 cell count and age subgroups did not identify differences in the consistency of the crofelemer treatment effect among these subgroups. There were too few female subjects and subjects with an HIV viral load > 400 copies/mL to adequately assess differences in effects in these populations. Among race subgroups, there were no differences in the consistency of the crofelemer treatment effect except for the subgroup of African-Americans; crofelemer was less effective in African-Americans than non-African-

Americans.

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Although the CD4 cell count and HIV viral load did not appear to change over the one month placebo-controlled period, the clinical significance of this finding is unknown because of the short duration of the placebo-controlled period.

Of the 24 clinical responders to crofelemer (125 mg twice daily), 22 entered the placebo-free period; 16 were responding at the end of month 3, and 14 were responding at the end of month 5.

225		
226	15	REFERENCES
227	16	HOW SUPPLIED/STORAGE AND HANDLING
228 229		emer delayed-release tablets, 125 mg, are white, oval enteric-coated tablets printed on on ith 125SLXP. They are available in the following package size:
230		Bottles of 60: NDC 65649-802-02
231 232		at 20°C-25°C (68°F-77°F); excursions permitted between 15°C-30°C (59°F-86°F). See Controlled Room Temperature.
233	17	PATIENT COUNSELING INFORMATION
234		• Instruct patients that FULYZAQ tablets may be taken with or without food.
235 236		• Instruct patients that FULYZAQ tablets should not be crushed or chewed. Tablets should be swallowed whole.
237 238		actured for Salix Pharmaceuticals, Inc., Raleigh, NC 27615 by Patheon, Inc. FULYZAQ butted by Salix Pharmaceuticals, Inc. under license from Napo Pharmaceuticals, Inc.
239 240		otanical drug substance of FULYZAQ is extracted from <i>Croton lechleri</i> (the botanical raval) that is harvested from the wild in South America.
241	Copyr	ight © Salix Pharmaceuticals, Inc.

US Patent Nos. 7,341,744 and 7,323,195.

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/s/	-

JULIE G BEITZ 12/31/2012



ADDENDUM 6 NAPO PHARMACEUTICAL FDA SUPPLEMENTAL APPROVAL

Food and Drug Administration Silver Spring MD 20993

NDA 202292/S-006

SUPPLEMENT APPROVAL

Napo Pharmaceuticals, Inc. c/o Advyzom, LLC Attention: Lisa Maffei Luther Regulatory Strategy Consultant, Advyzom 335 Snyder Avenue Berkeley Heights, NJ 07922

Dear Ms. Luther:

Please refer to your Supplemental New Drug Application (sNDA) dated and received November 3, 2017, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Mytesi (crofelemer) delayed-release tablets.

This Prior Approval supplemental new drug application provides for updated labeling to reflect the proposed proprietary name Mytesi. Labeling was also updated to reflect current labeling regulations (21 CFR 201.57) and PLR labeling guidances.

APPROVAL & LABELING

We have completed our review of this supplemental application. It is approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm. Content of labeling must be identical to the enclosed labeling with the addition of any labeling changes in pending "Changes Being Effected" (CBE) supplements, as well as annual reportable changes not included in the enclosed labeling.

Information on submitting SPL files using eList may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

NDA 202292/S-006 Page 2

The SPL will be accessible from publicly available labeling repositories. Also within 14 days, amend all pending supplemental applications that include labeling changes for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

CARTON AND IMMEDIATE CONTAINER LABELS

We acknowledge your February 23, 2018, submission containing final printed carton and container labels.

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Heather Buck, Regulatory Project Manager, at (301) 796-1413.

Sincerely,

{See appended electronic signature page}

Joyce Korvick, M.D., M.P.H.
Deputy Director for Safety
Division of Gastroenterology and Inborn Errors Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

ENCLOSURES:

Content of Labeling Carton and Container Labeling

This is a representa electronically and the signature.	on of an electronic record that was signed s page is the manifestation of the electronic
/s/	
JOYCE A KORVICK 03/06/2018	



ADDENDUM 6 NAPO PHARMACEUTICALS FDA SUPPLEMENTAL APPROVAL

Food and Drug Administration Silver Spring MD 20993

NDA 202292/S-006

SUPPLEMENT APPROVAL

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Information on submitting SPL files using eList may be found in the guidance for industry titled "SPL Standard for Content of Labeling Technical Qs and As" at http://www.fda.gov/downloads/DrugsGuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf.

NDA 202292/S-006 Page 2

The SPL will be accessible from publicly available labeling repositories. Also within 14 days, amend all pending supplemental applications that include labeling changes for this NDA, including CBE supplements for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 314.50(l)(1)(i)] in MS Word format, that includes the changes approved in this supplemental application, as well as annual reportable changes and annotate each change. To facilitate review of your submission, provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

CARTON AND IMMEDIATE CONTAINER LABELS

We acknowledge your February 23, 2018, submission containing final printed carton and container labels.

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

If you have any questions, call Heather Buck, Regulatory Project Manager, at (301) 796-1413.

Sincerely,

{See appended electronic signature page}

Joyce Korvick, M.D., M.P.H.
Deputy Director for Safety
Division of Gastroenterology and Inborn Errors Products
Office of Drug Evaluation III
Center for Drug Evaluation and Research

ENCLOSURES:

Content of Labeling
Carton and Container Labeling

This is a representate electronically and to signature.	ation of an electronic record that was signe his page is the manifestation of the electro	ed nic	1 00 00 10 pg ga as 00
/s/			
JOYCE A KORVICK 03/06/2018			

Addendum 7 - 3PL home state license



25672

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF HEALTH RELATED BOARDS

> ID NUMBER: 0000005372 EXPIRATION DATE: 12/31/2020

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

PHARMACY BOARD THIRD PARTY LOGISTICS CARDINAL HEALTH 105 INC DBA

COMMISSIONER OF MEANTH

CYNTHIA RHODES
CARDINAL HEALTH 105 INC DBA
SPECIALTY PHARMACEUTICAL SERVICES 7000
CARDINAL PLACE QRA-FACILITY LI
DUBLIN OH 43017



2

State of Tennessee Department of Health

25672

TENNESSEE BOARD OF PHARMACY
THIRD PARTY LOGISTICS
CARDINAL HEALTH 105 INC DBA
SPECIALTY PHARMACEUTICAL SERVICES
501 MASON ROAD SUITE 200
LA VERGNE TN 37086

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

ID NUMBER: 0000005372

EXPIRATION DATE: 12/31/2020

Diona E. Layder

COMMISSIONER

Addendum 8 - 3PL VAWD certification



The National Association of Boards of Pharmacy*

nereby awards

Verified-Accredited Wholesale Distributors® Accreditation

Cardinal Health 105, Anc

dba Frecialty Pharmaceutical Fervices lecented at

501 Mason Rd, She 200, La Vergne, JoN 37086

the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by be verified by visiting the FAWD section of the NABP website, located at www.nahp.pharmacy.

Carmen A. Chilzone, Executive Difector/Secretary

February 18, 2019 - February 17, 2022

Period of Accreditation

National Association of Boards of Plantings — 1600 Feelbary He Drive, Mount Prospect, H. 60056 | view abp. pharmacy

Cardinal Health Developing Suppliers Program Distribution Services Agreement

ADDENDUM 9 NAPO PHARMACEUTICALS 3PL AGREEMENT

This Developing Suppliers Program Distribution Services Agreement ("Agreement") is effective as of December 1, 2018 (the "Effective Date") by and between Napo Pharmaceuticals, Inc., a Delaware corporation with its principal place of business located at 201 Mission Street, Suite 2375, San Francisco, California 94105 ("Customer"), and Cardinal Health (as hereinafter defined), with offices at 7000 Cardinal Place, Dublin, Ohio 43017 ("Service Provider").

PRELIMINARY STATEMENTS

- A. Customer is an Authorized Manufacturer (as hereinafter defined).
- B. Customer and Service Provider are parties to an arrangement pursuant to which Customer sells to Service Provider and Service Provider purchases from Customer Products (as hereinafter defined).
- C. Customer and Service Provider desire to assure adequate availability of supply and inventory management of Products.
- D. Service Provider provides services, including logistics and inventory management services, administrative services, and financial services to Authorized Manufacturers.
- E. Customer wishes to purchase such services from Service Provider.

The parties, intending to be legally bound, agree as follows.

ARTICLE 1 Definitions

- 1.1. "Affiliate" means any entity directly or indirectly controlling, controlled by, or under common control with Service Provider or Customer, as the case may be.
- 1.2. "Authorized Manufacturer" means a person or entity that (a) is authorized to engage in the manufacture, preparation, propagation, compounding, or processing of a drug or drugs, as reflected in a registration with the United States Food and Drug Administration ("FDA"), or (b) submits listing information directly to the FDA and has been assigned a Labeler Code.
- 1.3. "Brokerage" means certain Product volume designated by Service Provider for distribution to certain of its Purchasers who are retail chain pharmacy customers for self-distribution by such Purchasers from their warehousing facilities to their retail outlets.
- 1.4. "Cardinal Health" means the following affiliated operating companies: Cardinal Health 3, LLC; Cardinal Health 104 LP; Cardinal Health 107, LLC; Cardinal Health 108, LLC; Cardinal Health 110, LLC; Cardinal Health 112, LLC; Cardinal Health P.R. 120, Inc.; The Harvard Drug Group, L.L.C.; and any other subsidiary of Cardinal Health, Inc., an Ohio corporation ("Cardinal Health Parent"), as may be designated from time to time by Cardinal Health Parent.

the form, nature and extent of the press release or public announcement prior to issuance. Without limiting the generality of the foregoing and notwithstanding anything to the contrary, Customer will provide Service Provider's General Counsel, with a written copy of any such press release or other public announcement no less than 72 hours prior to the intended issuance such release or announcement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the day first above written.

Customer	Cardinal Health
By: 54465 Name: KAREN S. WR/6HT Title: CFO Phone: 415-503-7463	By: Name: Tc(frey A CE) Title: Oirector, Strategre Sourcing Phone: 614-757-3674
EDI Contact Person: Name: E-mail: Phone:	EDI Contact Person: E-Mail: GMB-DUB-VendorEdi@cardinalhealth.com Phone: 614.757.5334

Addendum 10 CMO establishment registration

Drug Establishments Current Registration Site

f 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)

<u>+</u>

■ 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 patheon

CSVExcel

Filter: ohio

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address
Patheon Pharmaceuticals Inc.	1510437	005286822	ANALYSIS; LABEL; MANUFACTURE; PACK;	2110 E Galbraith Rd., Cincinnati, Ohio (OH) 45237, United States (USA)

Showing 1 to 1 of 1 entries (filtered from 21 total entries)

Previous1Next

Data Current through: Wednesday, Apr 1, 2020

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

ADDENDUM 11 NAPO PHARMACEUTICALS CMO AGREEMENT

March 4, 2016

Via Federal Express and E-Mail

Patheon Pharmaceuticals Inc. 2110 East Galbraith Road Cincinnati, OH 45237-1625 Email address: Frank.McCune@patheon.com

Attn: Director of Legal Services

Re: Master Manufacturing Services Agreement, dated May 21, 2013 (the

"Agreement"), by and between Salix Pharmaceuticals, Inc. ("Salix") and

Patheon Pharmaceuticals Inc. ("Patheon")

Dear Sir or Madam:

Salix and Napo Pharmaceuticals, Inc. ("Napo") plan to enter into a Settlement, Termination, Asset Transfer and Transition Agreement, pursuant to which Salix will transfer certain assets related to Fulyzaq® to Napo (the "Asset Transfer"). The Asset Transfer is expected to sign and close shortly.

By this letter and in accordance with Section 13.6(b) of the Agreement, Salix is providing notice of its assignment of the Crofelemer Product Agreement dated May 21, 2013 between Salix and Patheon (the "Product Agreement") and the Agreement, solely as it relates to the Product Agreement, to Napo, effective as of the closing of the Asset Transfer.

By this letter and in accordance with Section 13.6(b) of the Agreement, Napo hereby agrees with Patheon to be bound by the terms of this the Product Agreement and the Agreement, solely as it relates to the Product Agreement. As the assignee of the Product Agreement, and the Agreement, solely as it relates to the Product Agreement, Napo will be responsible for the performance of the future obligations of Salix under the Product Agreement and the Agreement, solely as it relates to the Product Agreement. Otherwise, the rights and obligations of the parties under the Agreement and the Product Agreement will not change by reason of the assignment and the Agreement and the Product Agreement will remain in full force and effect.

If you have any questions relating to the foregoing matters, please contact Andrew Davis, Senior Vice President Corporate Development, by telephone at (908) 927-1895.

Sincerely.

SALIX PHARMACEUTICALS, INC.



By: All	
Name: Ari Kellen	
Title: Executive Vice President	
Napo Pharmaceuticals, Inc.	
By:	
Name:	
Title:	

If you have any questions relating to the foregoing matters, please contact Andrew Davis, Senior Vice President Corporate Development, by telephone at (908) 927-1895.

Sincerely,

SALIX PHARMACEUTICALS, INC.

By: __ Name: Ari Kellen

Title: Executive Vice President

Napo Pharmaceuticals, Inc.

Name: Lisa

Title: C IL+ = xecu-, Officer

Patheon hereby acknowledges	the assignment	set forth above	e, pursuant to	the
terms and conditions herein indicated.				

P	A	T	Ή	E	O	N	P	Ή	\mathbf{A}	R	M.	4(CE	I	JŢ	ľ	C	A	L	S	I	VC	٦.
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Ву:			
Name:			
Title:			

111

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: WHD2282 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: Amazon.com Services LLC							
Physical Address: 715 Airtech Parkway							
City: Plainfield State: IN Zip Code: 46168							
Telephone Number: 317-837-9232 Fax Number: 317-837-9322							
Toll Free Number: N/A							
E-mail: healthcare-licensing@amazon.com Website: www.amazon.com							
Facility Manager: Lane Harlan Mason							
Professional qualifications and experience of facility manager: In the distribution industry, and ensuring both good manufacturing and distribution practices. Mr. Mason has over 15 years of experience							
Types of licensed outlets or authorized persons firm will serve:							
■ Pharmacies ■ Practitioners ■ Hospitals ■ Wholesalers □ Other:							
Type of Products to be handled or wholesaled by firm:							
 ☑ Legend Pharmaceuticals, Supplies or Devices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other: 							

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	Yes □ No ■
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	Yes □ No ☒
Do any shareholders hold an interest ownership or have manag facility which are licensed by the State of Nevada or another po	
List the top 4 suppliers your company has been associated with products that were sold, dispensed or distributed with the last ye	
Name: 3M Health Care	
Address: 3M Corporate Headquarters, 3M Center, St. Paul, MN	l 55144
Name: Medline Industries	
Address: Corporate Headquarters, One Medline Place, Mundele	ein, IL 60060
Name: Performance Health	
Address: 9305 Gerwig Lane, Columbia, MD 21045	
Name: Everready	
Address: 10101 Foster Ave., Brooklyn, NY 11236	
A licensee is not required to have a Nevada State Business Lice please provide the number: WH02282	ense, however, if you do,
 Has the corporation, any owner(s), shareholder(s) or partner any interest, ever been charged, or convicted of a felony or gros misdemeanor (including by way of a guilty plea or no contest ple 	s
2. Has the corporation, any owner(s), shareholder(s) or partner any interest, ever been denied a license, permit or certificate of registration?	(s) with Yes □ No ■

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 explana Copies of any documents that identify the circumstance or contain an order, disposition may be required.	ation must be attached. , agreement, or other						
I hereby certify that the answers given in this application and attached documents. I understand that any infraction of the laws of the State of Nevada reperation of an authorized pharmacy may be grounds for the revocation of the state of the revocation of the state of the revocation of the state of the revocation of the state o	regulating the						
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 Deal, President							
Print Name of Authorized Person Date							
Board Use Only Date Processed: Amount:							

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware	
Parent Company if any: Amazon.com	Sales, Inc Sole Member
Mailing Address: P.O. Box 80068	
City: Seattle	_State: WAZip: 98108
Telephone: 206-435-1940	_ Fax:
Contact Person: Andrew Block	
For any corporation non-publicly traded,	disclose the following:
 List top 4 persons to whom the shall 	ares were issued by the corporation?
a) N/A	
Name	Business Address
b) N/A	
Name	Business Address
c) <u>N/A</u>	
Name	Business Address
d) N/A	
Name	Business Address
Provide the number of shares issu	ed by the corporation. N/A
3) What was the price paid per share	? N/A
A Nevada business license is not required	d, however if the wholesaler has a Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.

Nevada - Amazon.com Services LLC - Additional Information

Officer -

Michael Deal, President



From:

Covington, Darren Strait, Ashley L.

Subject:

RE; Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]

Date:

Tuesday, November 13, 2018 6:05:32 AM

That is correct, so long as the devices contain no legend drugs and are only shipped wholesale.

Darren

From: Group 04

Sent: Thursday, November 08, 2018 10:07 AM
To: Covington, Darren < DCovington@pla.IN.gov>

Subject: FW: Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]

From: Strait, Ashley L. [mailto:Ashley.Strait@quarles.com]

Sent: Wednesday, November 07, 2018 10:38 PM

To: mshannon@pla.IN.gov
Cc: Group 04 <ple>pla4@pla.IN.gov

Subject: Wholesale Distribution of Prescription Devices [QBLLP-ACTIVE.FID39511858]

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hello,

I have a quick question that I am hoping you can confirm. It is my understanding that this Board does not regulate the wholesale distribution of prescription devices. Can you please confirm this is still correct?

Thank you in advance!

Ashley



Ashley Strait / Attorney
Ashley.Strait@quarles.com / LinkedIn [linkedin.com] BIO vCard
Quarles & Brady LLP

Renaissance One, Two North Central Avenue / Phoenix, AZ 85004-2391
Office 602-229-5209 / quarles.com
Fax 602-420-5175

Assistant Cindy Ferchaud 602-229-5612

CONFIDENTIALITY NOTICE: This electronic mail transmission and any attachments are confidential and may be privileged. They should be read or retained only by the intended recipient. If you have received this transmission in error, please notify the sender immediately and delete the transmission from your system.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AMAZON.COM SERVICES LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/03/2020, and is in good standing in this state.



Certificate Number: B20200205561079

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/05/2020.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

CHANGE RIDER

To be attached to	and form a part of	Bond No	o						
in the amount of	\$100,000.00		issued by	Libe	erty Mutual Insu	rance Company			
on behalf of			Amazon.co	om Services, LL	С				
in favor of	38		Novada Stata	Doord of Dhorm		_			
	·		Nevaua State	Board of Pharm	acy				
It is understood a	and agreed that the	bond des	cribed above is	s hereby modi	fied so as to		41		
Include Principal's physic	cal address:								
715 Airtech Parkway Plainfield, IN 46188									
It is further expre	essly understood an	d agreed	that the aggre	gate liability o	f the				
	Liberty Mutua	al Insurano	ce Company		u	nder said bon	d to the obli		
herein mentioned shal	I not exceed the am	ount stat	ed above.						
Nothing herein c	contained shall be h	neld to va	ary, alter, waiv	e, or extend a	ny of the tern	ns, agreement	s, conditions		
limitations of the abov	ve-mentioned bond,	, other th	an as above sta	ited.					
Signed, sealed ar	nd dated this	1st	day of		April	,	2020		
			-	Liberty	Mutual Insuran	ce Company			
			BY:	Heidi S	Bockus				
				He	idi Bockus	A	ttornev-in-F		

o confirm the validity of this Power of Attorney call -610-832-8240 between 9:00am and 4:30pm EST on any business day

2



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, all of the city of Seattle Heidi Bockus . state of Washington 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.

INSUR

Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA 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

ember, Pennsylvania Association of Notaries

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 attorneysinfact 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.

1, 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





Renee C. Llewellyn, Assistant Secretary

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 023035047			
Application/License No.			ž.
			2
Amazon.com.indc LLC	, doing or inter	nding to do busi	ness as a
Applicant/Principal pharmaceutical wholesaler, whose	address for purpo	oses of service	
P.O. Box 80301, Seattle, WA 98108	U U		, as
PRINCIPAL, and Liberty Mutual Insur		5 1	, a
corporation organized under the lav	Surety Company ws of the state of		
and authorized to transact a genera	al surety business	State of Incorp s in the State of	
Nevada, whose address for purpos			
1001 Fourth Avenue, Suite 1300, Seattle			as
SURETY, are held and firmly bound State Board of Pharmacy for the per DOLLARS (\$100,000.00), for which administrators, successors and ass bond term shall become effective o	enal sum of ONE n payment we bin signs jointly and s	HUNDRED TH ad ourselves, ou severally, by the	OUSAND in heirs, executors ese presents. This
•		Effective Dat	Δ

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 b 24th day of October	ond has caused it to be executed on this , 20 <u>16</u>
APPLICANT/PRINCIPAL: Amazon.com.indc.LLC	SURETY COMPANY: Liberty-Mutual Insurance Company
Newto Delite you Authorized Representative	Thur Buhus Surety Company's Representative
	Heidi Bockus , Attorney-in-fact
SIGNED and SEALED in the presence of: Witness	SIGNED and SEALED in the presence of: Witness
Witness	Witness
	Countersigned by:

Nevada Resident Agent Nonresident License #503307

SURETY RIDER

To be attach	ed to and form a part of			
Bond No.	023035047			
dated	0.1.01.010			
effective _	October 24, 2016 (MONTH-DAY-YEAR)			
		Amazon.com.indc LLC		
executed by _		Amazon.com.indc LEC		, as Principal,
	(PRINCIPAL)	novembra Company		
and by _	Liberty Mutual I	nsurance Company	, as Surety,	
in favor of		Nevada State Board of Pharmacy		
1111000101	(OBLIGEE)			
in considera	ition of the mutual agreements herein	contained the Principal and the Surety I	hereby consent to changing	
The Principal	name to:			
•		A		
		Amazon.com Services, LLC		
Nothing here	ein contained shall vary, alter or extend	d any provision or condition of this bond	d except as herein expressly st	ated.
This rider	January 1, 2020			
is effective	January 1, 2020 (MONTH-DAY-YEAR)			
Signed and		020		
Signed and	(MONTH-DAY-YEAR)		<i>***</i>	
		.com Services, LLC		
-	(PRINCIPAL)			
Ву:				
	(PRINCIPAL) proched Dut Preside	nt control of the con		
_		al Insurance Company		
	(SURETY)	411		
Ву:		JUL		
	Krista M. L	ee, Attorney-in-Fact		

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.

confirm the validity of this Power of Attorney



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, Krista M. Lee all of the city of Seattle , state of <u>Washington</u> 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.

> INSUR Y INSI INSUR 1991

Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA 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 Pastella, Notary Public Upper Merion Twp., Montgomery County My Commission Expires March 28, 2021

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 attorneysinfact 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

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 31st day of January







Renee C. Llewellyn, Assistant Secretary

Mark I. Sedar

List of Employees

From: Dooley, Sarah <dooleysd@amazon.com>
Sent: Tuesday, February 25, 2020 12:36 PM

To: Mark I. Sedar

Subject: RE: Nevada Out-of-State Wholesaler Application - Amazon.com Services, LLC

Hi Mark,

To clarify, the individuals listed below are not handling drugs or combination products. We are applying for the distribution of devices only and will not be distributing any drugs.

Thank you and please let me know if you have any further questions!

Sarah

From: Dooley, Sarah

Sent: Tuesday, February 25, 2020 12:03 PM

To: 'msedar@pharmacy.nv.gov' <msedar@pharmacy.nv.gov>

Subject: RE: Nevada Out-of-State Wholesaler Application - Amazon.com Services, LLC

Dear Mark,

Thank you for reviewing our application and for following-up with us. Please find Mr. Mason's resume attached. The employees who handle drugs on a daily bases are:

- Autume Byrd
- Keri Bear
- Josephine Lowry
- Cheryle Hall

Is submitting this list via email what you need? Or do you need us to provide this list in a PDF document? Please let me know what you would prefer.

With very kind regards,

amazon.com

Sarah Dooley

Healthcare Program Manager P.O. Box 80068, Seattle, WA 98108

dooleysd@amazon.com

From: Mark I. Sedar < msedar@pharmacy.nv.gov>
Sent: Tuesday, February 25, 2020 9:43 AM

To: healthcare-licensing@amazon.com

Subject: Nevada Out-of-State Wholesaler Application - Amazon.com Services, LLC

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Amazon.com Services, LLC. The application is incomplete due to the following missing items.

- List of Employees who handle drugs on a daily basis.
- Resume for Lane Mason

All items must be received in order to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

Lane Harlan Mason

Leader directing sortation, supply chain, operations, logistics, transportation, restructuring, and M&A integration-with a reputation for navigating positive change management that drives customer value, revenue, and net income growth with extensive experience in healthcare distribution.

Healthcare experience -

Laboratory product distribution – lot and date control, expiration date management

Vaccine distribution – including flu, import and FDA clearance, lead cold chain initiatives for parcel and private fleet delivery at PSS and McKesson

Rx distribution and compliance – VAWD - licensing, DSCSA - pedigree compliance, GEDSA – component compatibility, UDI – device coding, counterfeit detection

M and A – business development, ROI analysis, due diligence, integration – Rx and med surg Home health, senior care product distribution – discreet packaging, product bundling Optimization – lead initiative to transform network from sixty two to twenty six distribution points to reduce cost while improving customer experience, launched two near port redistribution centers to leverage global supply chain

Network – developed many relationships over the years with manufacturers, industry associations, and distributors that can be leveraged to support Amazon's healthcare strategy

Employment -

Amazon.com Senior Program Manager, Healthcare Restricted Products Indianapolis, Indiana – July 2019 to Present. Amazon.com 715 Airtech Parkway, Plainfield, Indiana 46168 (765) 414-0249

Designated onsite compliance manager, supporting the Amazon Professional Healthcare (PHC). Influences behavior and inspires commitment on the part of all personnel in complying with Amazon quality standards and maintaining a compliant operation for the fulfillment of restricted healthcare products in accordance with the PHC quality system. This includes implementing and training associates on all applicable elements of the PHC quality system, investigating and reporting non-conformities using the PHC corrective and preventative action (CAPA) process, and leading site audit activities.

Maintains accurate daily, weekly and monthly metrics to report to onsite management teams and corporate based reporting systems. Supports management's efforts to ensure compliance with all corporate compliance program expectations and applicable federal and state law. Conducts risk assessments related to existing processes and new product assortment. Recommends appropriate risk mitigation measures to corporate compliance, including process change and training considerations.

Amazon.com Operations Manager JAX5 Sortation Center Jacksonville, Florida - June 2017 to July 2019

Responsible for budgetary, people development, and operations objectives for a Sortation Center. Manage and lead a team of Area Managers, coach and mentor the team to ensure performance objectives are met, and build positive employee relations and leadership bench strength within the Sortation Center.

Responsible for the overall safety, quality, performance and customer experience of either Inbound or

Outbound operations. Participate in the full staffing lifecycle, including interviewing, hiring, performance management, promotions and terminations.

Safety - Champion for JAX5 2019. Created and executed A3 with specific action items to improve safety culture and performance on key metrics. Result 35% reduction in injuries 2019 vs. 2018.

Day 1 Launch of JAX5 Sortation Center - created plan for launch, onboarding of new hires, training of new hires, launch project plan and execution.

Productivity - JAX5 has consistently exceeded TPH productivity metric. Result performing at >100% of TPH Benchmark Q2 2019.

Customer Obsession/ Peak and Prime Week – Owner of 2018 Peak and 2019 Prime Week Playbooks, planning, and execution for JAX5. Results - WSSW for 2018 Peak was 98.7% compared to 98.0% for the Southeast Region. Missed stacking scans had an expected DPMO of 6500 and JAX5 was green every week during Peak with an average DPMO of 5,092. JAX5 never rolled volume during Peak, keeping Customer delivery commitments. Also, I made twelve Smile deliveries on Christmas Eve in my personal vehicle.

Associate engagement – Engage with and recognize our associates on the floor daily. Results – JAX5 Connection scores average > 4.0 with associates, >4.5 with direct reports.

Hire and Develop The Best - Developing AM's new to Amazon for career path growth - bi-weekly one on one meetings with specific project goals and key metric accountability. Results - Two direct report AM's promoted from L4 to L5.

Invent and Simplify - Lead project and coordinated with JAX5 Managers and Engineer to consolidate AMZL pallet locations to two lanes. Initial trend since change indicates improvement in overall scan rate from 143 to 155.

ACO Med Supply - Vice President-Operations July 2016 to June 2017. 6510 Northpark Blvd, Charlotte, NC 28216 (704) 921-0116

Managed the recordkeeping, storage, and shipment for all drugs and medical devices. Facilitated executive team refresh of Mission, Vision, Purpose, Goal and Value Statements • Developed sourcing strategies to rationalize SKU's, leverage GPO's, created scorecards with supplier specific KPI's, and negotiate agreements to improve cost competitiveness and gross margin • Strengthening operations team including rapid talent improvements in Project Management, Customer Service, Purchasing, and Warehouse leadership • Improved IT capabilities – ERP assessment, B2B and B2C upgrades, analyze ROI for warehouse management system and EDI, analyze and update network infrastructure • Developed pay for performance compensation plan to align employees to business results and profitability • Designed Sales Rep commission program to align compensation with revenue growth goals • Leading customer focused process improvement initiatives – department specific KPI's, SOP development, Lean, 6S, sustainability, visual standards, safety, and compliance • Driving business development by leveraging industry network to add Sales Reps and M&A opportunities, initial contact, due diligence, valuation assessment, continued contact and follow up • Leading cultural transformation to fully commit employees at all levels to company values, Lean, and customer focus by leading workshops and integrating into compensation, expectations, and employee review process

McKesson Medical Surgical - Vice President of Shared Operations May 2014-June 2016, 9954 Mayland Drive, Richmond, VA 23233 (855) 571-2100

Managed recordkeeping, storage, and shipment for drugs and medical devices. Orchestrate the strategy, vision, and leadership of an innovative distribution model that strengthens operational capabilities and drives ROI and profit improvement in core growth segments. • Spearheaded a \$1-billion M&A integration of lab business; managed a multi-year investment project and roadmap of scalable enterprise solutions, network optimization, and cutting-edge processes and systems. • Drove a 60% DPMO (defect) reduction for lab business, significantly improving customer-impacting programs, processes, and bottom-line performance via Lean Six Sigma methodologies. • Strategically analyzed risks, benefits, and opportunities associated with retiring the non-strategic business unit biomedical repair; oversaw divesting of division to streamline operating model. • Governed RFI/ RFP operational responses to corporate accounts, representing the company's interest in securing supply chain relationships during discovery sessions with C-suite decision makers. • Operated as the senior leadership link between Operations and IT for system development and enhancements, guiding the roll out of lot tracking, dated product profiles, RF quality controls, and productivity improvements. • Reinforced the company's compliance framework and emergency preparedness via operational execution of VAWD, DSCSA, GEDSA, and UDI regulatory programs, business continuity and disaster recovery plans. • Lead development and execution of operations analytics for customer and enterpriselevel quality, productivity, and profitability metrics.

Vice President-Operations, Eastern Region April 2011- May 2014 *McKesson acquired PSS 2012

 Directed \$50 million in assets; oversaw financial and budgetary performance; broad scope of accountability for driving P&L performance, leading 200 employees spanning 7 diverse functions. • Head of \$25 million in annual net income; carved out and sustained a strong market foothold in the face of major competitors, resulting in a 15% growth rate and revenue of \$250 million at average growth of 10%. • Lifted gross margin by 5%; optimized sales capabilities through implementation of a peer-pricing tool as a solution to achieving greater pricing realization with regard to competitors' pricing strategies and structures. • Set the business strategy and desired culture for transportation and delivery; collections, customer service, administrative and warehouse operations. • Gained a 20% increase in productivity; improved output-per-employee and accuracy, leading the end-to-end launch of Red Prairie warehouse and labor management systems in three locations. • Turned region around to "Best Performing Division"; ranked at top of Key Performance Indicator Metrics for expense and asset management, net income, safety, accuracy, and customer employee satisfaction. • Directly led Customer Service programs—cross-selling from branded items to private label brands— growing revenues and profitability in private label product line by 15%. • Built a senior management team that fulfilled the mission and successfully met strategic, operational, and programmatic goals. • Helmed the successful "game-changing" transformation of enterprise-wide packaging for all customers; consolidated views and absorbed perspectives from key internal stakeholders; negotiated materials, developed SOPs, training aids including videos, and reporting processes. • Drove measurable reductions in waste, material, and process costs with notable gains in the customer experience based on feedback loops designed to take the pulse of the consumer. • In just 12 months: improved inventory control increasing turns 10% and reducing inventory shrink 300%. • Managed and cultivated external business relationships including community, governmental, and private organizations and built excitement for the corporate mission.

Vice President-Shared Operations PSS World Medical (2004-2011)

Held multifunctional responsibility for project management, distribution network analysis and optimization, real estate portfolio, facility location and design, logistics and transportation inbound and outbound, systems selection and implementation—warehouse/labor management and transportation technology. • Reduced the life-cycle environmental impacts of products; led a green/sustainability program that spanned material recycling, energy & water savings with efficient lighting systems. • Cut fuel usage via route optimization and fleet carbon footprint reduction, improving corporate citizenship and employee satisfaction, and driving financial savings. • Built the vision and strategy for recruiting, assessing, hiring, and training of field operations managers, safety, indirect procurement, carrier contract negotiation and compliance—parcel, TL, LTL, company fleet, data and financial analytics, M&A/merger and acquisition operations integration. • Initiated, designed, and led companywide union-avoidance training. • Led Lean Way of Life, one of the four key company strategies; continuous improvement program credited as a key driver for improving customer satisfaction and profitability. • Continually evaluated business portfolio and worked with senior leadership team to make changes where necessary—whether it be investment, M&A/mergers, or acquisitions

Vice President-Network Optimization PSS World Medical 2000-2004

• Headed a transformative and key strategic milestone; improved operating margins by overhauling the culture and operational infrastructure across the distribution network and supply chain rationalization—analysis, redesign, optimization, and execution of supply chain rationalization. • Key strategist for the real estate portfolio, location, and design—reducing operating cost and working capital investments while improving customer service levels, customer satisfaction, and operating margins, resulting in a leaner business with 62 versus 26 branches. • Realized a 58% increase in net income from \$26 million to \$62 million FY 2003 – 2005. G and A Expense as a % of Revenue down 7% from 19.2% to 17.8%. Operating Margin increased 90% from 2.2% to 4.2%.

PSS World Medical Regional Operations Manager (1998-2000) Operations Manager (1990-1998)

Education -

Master of Business Administration, University of Phoenix, 2003

Bachelor of Science Business Management, Jacksonville State University, 1990 - elected and served as President, Student Government Association

Other credentials -

Member, Council of Supply Chain Management Professionals Executive Management Certificate, University of Notre Dame Logistics Management Certificate, University of North Florida Six Sigma Leadership Certificate, KW Tunnell OSHA Hazard Communication Certificate, JJ Keller Federal Hazardous Materials Certificate, JJ Keller Dale Carnegie Course and Advanced Leader Certificate, Dale Carnegie Training - Assisted in Course Instruction Member and Advanced Certificate, Healthcare Distribution Management Association Extraordinary Leader Program Graduate, Zenger Folkman Roundtable Member Billion Dollar Company Operations, National Association Wholesalers – Lead sessions and presented on – Lean, Green Sustainability, and Network Optimization/ Rationalization Mentor and Board Member Big Brothers Big Sisters of Northeast Florida Board Member Northeast Florida Regional Council - Appointed by Florida Governor Rick Scott & Confirmed by Florida State Senate – Vice Chairman Affordable Housing

Committee, Member Legislative Affairs Committee Guest Lecturer BUS 309 Operations Management Class - Flagler University

Board Memberships -

Lean Jax/Jacksonville Lean Consortium, Industrial Development Authority St. Johns County, Florida; Big Brothers Big Sisters of Jacksonville, Florida, National Association of Wholesalers Operations Roundtable, Northeast Florida Regional Planning Council

JJJ

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.

This page must be submitted for all types of ownership Is your company VAWD certified by NABP? Yes □ No ☑ (If yes, provide a copy of the certificate) Licensed as Manufacturer by the FDA? Yes □ No ☑ (If yes, provide a copy of your FDA registration) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes 🗆 No 🔽 List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year. Name: Takeda Pharmaceuticals Address: 1 Takeda Parkway, Deerfield, IL 60015 Name: Grifols Address: 2410 Lillyvale Ave., Los Angeles, CA 90032 Name: CSL Behring Address: 1020 1st Ave., King of Prussia, PA 19406 Name: Octapharma Address: 121 River Street, Suite 1201, Hoboken, NJ 07030 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

Yes □ No ☑

any interest, ever been denied a license, permit or certificate of

registration?

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been the subject of an administrative action, boasite fine or proceeding relating to the pharmaceutical industry?	ard citation,	es □ No	☑
4. Has the corporation, any owner(s), shareholder(s) or partner interest, ever been found guilty, pled guilty or entered a plea or contendere to any offense federal or state, related to controlle substances?	f nolo d	′es □ No	☑
5. Has the corporation, any owner(s), shareholder(s) or partner interest, ever surrendered a license, permit or certificate of regularity or otherwise (other than upon voluntary close of a feet of the corporation).	gistration	′es □ No	☑
If the answer to question 1 through 5 is "yes", a signed statem Copies of any documents that identify the circumstance or cordisposition may be required.			
I hereby certify that the answers given in this application and a correct. I understand that any infraction of the laws of the Staroperation of an authorized pharmacy may be grounds for the	te of Nevada reg	gulating the	
I have read all questions, answers and statements and know to under penalty of perjury, that the information furnished on this correct. I hereby authorize the Nevada State Board of Pharma employees, to conduct any investigation(s) of the business, probackground, qualification and reputation, as it may deem necessary.	application are acy, its agents, s ofessional, soci essary, proper o	true, accur servants an ial and more or desirable.	ate and d al
Original Signature of Person Authorized to Submit Application	, no copies or st	tamps	
Patrick M. Schmidt	24 FES 2	2020	
Print Name of Authorized Person	Date		
Board Use Only Date Processed:	Amount:		-

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: California			
Paren	t Company if any: FFF Enterprises, Inc	c.		
Mailin	g Address: 44000 Winchester Road			
City: <u>T</u>	emecula	State: CA	Zip:	92590
Telep	hone: (951) 296-2500	Fax: <u>(</u> 951) 24	40-4400	
	act Person: Patrick M. Schmidt			
For a	ny corporation non publicly traded, List top 4 persons to whom the sl			corporation?
	a) Schmidt Family Trust			oro Rd, Kernersville, NC 27284
	Name	Business /	Address	
	b) Premier Supply Chain Improvement, Inc.			orate Place, Charlotte, NC 28277
	Name	Business	Address	
	c)			
	Name	Business	Address	
	d)			
	Name	Business	Address	
2)	Provide the number of shares iss	sued by the corp	oration. <u>1</u>	00
3)	What was the price paid per sha	re? <u>\$670,001.0</u>	0	
	vada business license is not require please provide the number: N/A		ne wholes:	aler has a Nevada business

Include with the application for a non publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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.

FFF Enterprises, Inc. Attachment to Application for Out-of-State Wholesaler License

Owners/Officers/Directors

Name & Title	Business Address	Date of Birth
Patrick Maurice Schmidt,	44000 Winchester Rd.	
President/CEO/Secretary/Director	Temecula, CA 92590 (951) 296-2500	
0% ownership	Landard in great decision of the	
Wayne Francis Talleur, CFO	44000 Winchester Rd. Temecula, CA 92590	
0% ownership	(951) 296-2500	
Michael Ryan Moloney,	44000 Winchester Rd.	N/A
Director	Temecula, CA 92590 (951) 296-2500	
0% ownership		
Premier Supply Chain Improvement, Inc., Shareholder	13034 Ballantyne Corporate Place Charlotte, NC 28277 (704) 357-0022	N/A
49% ownership		
Schmidt Family Trust, Shareholder	1601 Old Greensboro Rd Kernersville, NC 27284 (951) 296-2528 ext. 1121	N/A
51% ownership		

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FFF ENTERPRISES, INC.

FILE NUMBER: FORMATION DATE:

C1440844

TYPE:

07/13/1988
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 April 09, 2020.

ALEX PADILLASecretary of State

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FFF ENTERPRISES, INC.

FILE NUMBER:

C1440844

FORMATION DATE:

07/13/1988 DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

TYPE:

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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 June 03, 2019.

ALEX PADILLA Secretary of State List of Employees who handle drugs on a daily basis:

Miguel Thomas

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: FFF Enterprises, Inc.					
Address: 1650 Lakeside Parkway, Suite 404					
City: Flower Mound State: TX Zip: 75028					
I hereby authorize the Texas Board of Pharmacy 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				
1002848 Current	10.18.2019 7.1.2021				
Has this license been cumbered in any way? ☐ 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)					

- ★ Please contact this office immediately if any information on this license is incorrect.
- * This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.state.tx.us/fdlicense.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Food and Drug Licensing Group at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: https://reglicensing.questionpro.com. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

FFF ENTERPRISES INC 44000 WINCHESTER RD TEMECULA CA 92590



TEXAS DEPARTMENT OF STATE HEALTH SERVICES REGULATORY LICENSING UNIT



FFF ENTERPRISES INC

FLOWER MOUND, TX 75028

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 # 1002848 Expires: July 1, 2021

NON-TRANSFERABLE

Sela Vos

517337

Miguel Thomas

Fort Worth, TX | ≀

com | www.linkedin.com/in/miguel-thomas-184680b3

General Manager/Six Sigma Green Belt

Specializing in Supply Chain Operations and Distribution process and procedures that yield and sustain results with Key Performance Indicators (KPI's) and successful in leading Continuous Improvement projects that have improved efficiency, productivity, process improvements and inventory that produced cost savings over 1.2 million for internal/external customers.

SKILLS

- Cross functional leader of cross functional teams with diverse goals and responsibilities.
- Expert level verbal and written communication skills.
- Ability to drive initiatives and accept accountability for leading teams, project and quality.
- Proven expert level organizational skills with analytical ability to problem-solve, multi-task, and prioritize effectively.
- Ability to quickly learn and understand business processes outside area of expertise.
- Energy, enthusiasm, and drive to continuously and proactively manage heavy workloads.
- Strong computer skills, including Word, Excel, PowerPoint, Project, and various WMS Applications

CORE COMPETENCIES

Process Analysis
Inventory Management
Shipping and Receiving
Policies and Procedures
Standard Operating Procedures

Root Cause Analysis Supply Chain Management Warehousing Value Stream Mapping P&L Management Data Collection Storage and Transportation Operational Systems Management Six Sigma - Green Belt

PROFESSIONAL EXPERIENCE

DB SCHENKER, Fort Worth, TX
International 3PL provider
General Manager / Six Sigma – Green Belt

2016 - Present

Influences accountability to plan, execute and achieve objectives in order to implement process improvements that align with company strategy and growth and profit. Collaborates cross-functionally to launch new initiatives, track and analyze performance. Facilities proactive change management to all levels of the organization impacted by project rollouts. Lead and execute best practices to promote associate engagement and to enable a high-performing workforce to contribute to the company's strategic growth and business objectives. Plans and drive operational efficiencies for all full-time and temporary staffing needs

ACHIEVEMENT HIGHLIGHTS:

- Reduced operational turnover from 40% to 25% in six months after establishing Standard Operating Procedures
 (SOP) for the entire operation workforce, including work aids for specific duties and roles and employee training
 curriculum specific to employees' needs.
- Improved productivity performance from 70% to 95%, and increased after implementing a robust six-department cross-training program to educate employees on business performance metrics, systems, and operations.
- Held employees accountable to meet productivity goals, while providing better department coverage during peak times for PTO and manpower shortages.
- Increased efficiency by rezoning warehouse to improve efficiency by 22% in first 6 months after moving faster A & B items closer in the pick aisles, creating minimum and maximum levels for locations, set replenish levels and established hard primary and secondary locations.

Miguel Thomas

Fort Worth, TX |

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m | www.linkedin.com/in/miguel-thomas-184680b3

Create standard operating procedures and standard work for each process in the distribution center to serve a
training tool for new hires and other personnel from across the network that come in to assist the operation

HENRY SCHEIN/COVETRUS, Fort Worth, TX

Pharmaceutical Distribution

Distribution Manager – Green Belt

2014 - 2016

Determines the most efficient sequence of operations, workflow, and recommends methods for maximum asset and people utilization. Role model behaviors aligned to a value based, guest-centric, high performing culture with and emphasis on embracing our competencies while delivering subject matter expertise. Recommend methods for improving associate efficiency and reducing waste, wait times and low productivity by reallocating resources to different job functions, cross-training, reorganizing workflows and job setup. Delivers quality solutions that meets constraints of time cost and scope. Measures the effect of process changes and accurately quantifies the impact to the business objectives

ACHIEVEMENT HIGHLIGHTS:

- Implemented a new process for receiving that help improve productivity by 30% created mobile work stations
 to reduce wait time, created designated staging areas for full pallets, small parcels, cooler items and the put-away
 process. Developed WIP caps, one-piece flow and visual aid to help drive staff to the work and help drive higher
 productivity and efficiencies.
- Created and managed Key Performance Indicators to measure customer satisfaction on orders, cost effectiveness initiatives and implement strategies for continuous improvement for optimal performance.
- Lead the department's hourly workforce and its contributors to ensure precise execution of deliveries, loading/unloading of trailers, cross docking, load control center and customer service operations, and other daily tasks.

CARDINAL HEALTH, Grand Prairie, TX
Wholesale Pharmaceutical Distribution Center
Sr. Operations Manager – Green Belt

2010 - 2014

Performed data mining, data pulls, KPIs and performance summaries to ensure department goals aligned with ELT standards. Defined gaps in processing to determine areas for improvement. Created workflow documents, aids and training materials for logistics areas and directly responsible managing \$10.5 million operating budget, over 15,000 SKU's while operating are 98.7% accuracy rate with a 99.0% target. Influences key stakeholders to achieve results in an autonomous manner. Analyzes data to determine appropriate actions needed to optimize results. Participated in training and testing for new processes as part of the implementation team

ACHIEVEMENT HIGHLIGHTS:

- Improved process cycle times by 40% on turn times for all outbound loads by created virtual staging on the dock, pick to load or all full pallet orders, rezoning dock area to create one piece flow and invested in RF scanners/mobile work stations to allow employees mobility while reducing down time and bottle necks in the process.
- Lead receiving Kaizen to improve productivity 50% by reducing travel times for put-away, changing layout of the
 receiving department, created visual management, developed productivity board that had hourly updates, created WIP
 caps to help identify over processing, reallocate labor to heavy areas in the operation that lead to increased our
 throughput on LPH's processed with lead to \$30,000 savings annually.
- Spearheaded Green Belt Project (dock-to-stock) that utilized LEAN methodologies to help reduce or process time on all inbound loads to efficiently receive and stock product for a \$70,000 annually.

EDUCATION & CERTIFICATIONS

Miguel Thomas

Fort Worth, TX | {

59 |

1 | www.linkedin.com/in/miguel-thomas-184680b3

Bachelor's Degree - Supply Chain & Project Management

Southern New Hampshire University

Associates Degree - Finance

University of Phoenix

Lean Six Sigma – Green Belt

Cardinal Health, Incorporated

SYSTEMS & PROGRAMS

SAP/ECC/ERP Systems, WMS & TMS, Red Prairie, Visio, Net-Suite, Microsoft Office Suite, Oracle, Value Stream Mapping, SIPOC (DMAIC), Project Management, JIT Production & AS400

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. <u>0737685</u>	
Application/License No.	
FFF Enterprises, Inc. , doing or intending to do business as	а
pharmaceutical wholesaler, whose address for purposes of service is 1650 Lakeside Parkway, Suite 404, Flower Mound, TX 75028	_, as
PRINCIPAL, and Harco National Insurance Company, a Surety Company	-
corporation organized under the laws of the state of Illinois State of Incorporation	
and authorized to transact a general surety business in the State of	
Nevada, whose address for purposes of service is 702 Oberlin Road, Raleigh, NC 27605-0800	as
Address of Surety	40
SURETY, are held and firmly bound unto the State of Nevada and to the Ne	evada
State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAN	
DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs,	
administrators, successors and assigns jointly and severally, by these prese	
bond term shall become effective on <u>December 12, 2019</u> .	-
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 the 12th day of December	is bond has caused it to be executed on this, 20 <u>19</u> .
APPLICANT/PRINCIPAL	SURETY
COMPANY FFF Enterprises, Inc	Harco National Insurance Company
CFU Authorized Representative	Surety Company's Representative
	Marta Collett , Attorney-in-fact
SIGNED and SEALED in the presence of: Witness	SIGNED and SEALED in the presence of: Witness Jennifer Van Buskirk
Witness	Witness Vanessa Martin
	Countersigned by: Aidan Kathleen Smock

Bond #

0737685

POWER OF ATTORNEY HARCO NATIONAL INSURANCE COMPANY INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That HARCO NATIONAL INSURANCE COMPANY, a corporation organized and existing under the laws of the State of Illinois, and INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, MARTA COLLETT, SANDRA CORONA, RICHARD HALLETT, AIDAN SMOCK. KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 13th day of December, 2018 Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

> IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and attested these presents on this 31st day of December, 2018

STATE OF NEW JERSEY County of Essex

STATE OF ILLINOIS County of Cook



On this 31st day of December, 2018 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly swom, said he is the therein described and authorized officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

> Shirelle A. Outley a Notary Public of New Jersey My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 12/12/2019

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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

STATE OF CALIFORNIA	,
Country of Son Diago	}
County of San Diego	
On DEC 12 2019 before me, Richard	P. Hallett , Notary Public,
	t Name of Notary exactly as it appears on the official seal
personally appeared Marta Collett	Name(s) of Signer(s)
	,
RICHARD P. HALLETT Notary Public - California San Diego County Commission # 2291526 My Comm. Expires Jul 2, 2023	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/ere subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(e), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
	Witness my hand and official seal.
	Signature
Place Notary Seal Above	Signature of Notary Public Richard P. Hallett
_	PTIONAL —
Though the information below is not required by la and could prevent fraudulent removal as Description of Attached Document	w, it may prove valuable to persons relying on the document and reattachment of the form to another document.
Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	_
☐ Partner ☐ Limited ☐ General	☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact RIGHT THUMBPRIN	
☐ Trustee OF SIGNER	☐ Trustee OF SIGNER
☐ Guardian or Conservator Top of thumb here	Guardian or Conservator Top of thumb here
Other:	Other:
Signer is Representing:	Signer is Representing:

5KKK

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: WHCheck 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: Life-ASSIST, INC.
Physical Address: 108/U Strang Line Koad
City: LENEXQ State: Zip Code: WU215 Telephone
Number: 913-717-0180 Fax Number: 910-038-3008
Toll Free Number: 800 - 824 - 4010
E-mail: Compliance life-assist. Commedite: www. Life-Assist. com
Facility Manager: Daniel Greyoil
Professional qualifications and experience of facility manager: Tylars of expendice in prowrement of all wavehousing a distribution activities.
Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Other: ☐ AMOVIANCES → Five Departments
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:

This page m	ust be submitted	for all types	of ownership

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	Yes □ No 💢
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	Yes □ No 🕅
Do any shareholders hold an interest ownership or have manager facility which are licensed by the State of Nevada or another pol	
List the top 4 suppliers your company has been associated with products that were sold, dispensed or distributed with the last ye	•
Name: Cardinal Health Address: 3838 Dwignt Rd, EIK Grove, CA 95758	
Name: International Medication Sys. Address: 11570 um Street, Ravicho Cucamonga, C.	A 91730
Name: PFIZLY MILLTABLES Address: PO BOX 100539, Atlanta, GA 30,374	
Name: Mist Pharmaceuticals Address: 11 Commerce Drive Ste 100, Cranford, 1	UT 090110
A licensee is not required to have a Nevada State Business Lice please provide the number:	ense, however, if you do,
 Has the corporation, any owner(s), shareholder(s) or partner any interest, ever been charged, or convicted of a felony or gros misdemeanor (including by way of a guilty plea or no contest ple 	s
2. Has the corporation, any owner(s), shareholder(s) or partner any interest, ever been denied a license, permit or certificate of registration?	(s) with Yes □ No

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partninterest, ever been the subject of an administrative action, bosite fine or proceeding relating to the pharmaceutical industry	ard citation,
4. Has the corporation, any owner(s), shareholder(s) or partninterest, ever been found guilty, pled guilty or entered a plea contendere to any offense federal or state, related to controlle substances?	of nolo
5. Has the corporation, any owner(s), shareholder(s) or partninterest, ever surrendered a license, permit or certificate of revoluntarily or otherwise (other than upon voluntary close of a	gistration
If the answer to question 1 through 5 is "yes", a signed statem Copies of any documents that identify the circumstance or codisposition may be required.	nent of explanation must be attached. Intain an order, agreement, or other
I hereby certify that the answers given in this application and a correct. I understand that any infraction of the laws of the Sta operation of an authorized pharmacy may be grounds for the	te of Nevada regulating the
I have read all questions, answers and statements and know under penalty of perjury, that the information furnished on this correct. I hereby authorize the Nevada State Board of Pharma employees, to conduct any investigation(s) of the business, penalty background, qualification and reputation, as it may deem necessary.	application are true, accurate and accy, its agents, servants and rofessional, social and moral essary, proper or desirable.
Anda Bergaus Original Signature of Person Authorized to Submit Application	
Original Signature of Person Authorized to Submit Application	ı, no copies or stamps
Linda Bergaus	7-29-19
Print Name of Authorized Person	7-29-19 Date
Board Use Only Date Processed:	Amount: 500 -

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: California
Parent Company if any:V\A
Mailing Address: 11277 SUNVISE PAYK Drive
City: Rancho (ordova state: CA zip: 95742
Telephone: 914-435-3822 Fax: 914-438-3002
Contact Person: Livda Bergaus, CFO Treasurer
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Ramona Davis 11277 Sunvise Park Dr., Ramho (ordova, CA 95742) Name Business Address
b) Liva Bergaus 11277 Sunnsl Park Dr., Rancho (orduva, CA 95742) Name Business Address
c) Cheril Prior 11277 Survise Park Dr., Rarcho Cordova, CA 05742 Name Business Address
d) Judith Sphoul Days 11277 Synnse Park Dr., Raruho (ordova, Ct 9574) 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

<u>Certificate of Corporate Status</u> (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 Employees

Life-Assist, Inc. does not store, handle, or ship-controlled narcotics.

Daniel Greybill, Logistics Manager

Sean Mollentine, Regional Distribution Manager

Michael Lage, Pharmaceutical Distribution Assistant Manager

Glenn Reuter, Warehouse - Shipping





CONFIDENTIAL

Corporation Name: Life-Assist, Incorporated

State of Incorporation: California

Date of Incorporation: September 30, 1977

Federal Tax ID: 94-2440500

Corporate Officers:

Ramona M Davis Linda M Bergaus President – Chief Executive Officer Treasurer – Chief Financial Officer

Cherie D Prior

Vice President - National Sales Director

Judith S Davis Secretary

Corporate Board of Directors:

Ramona M Davis, Chairman Linda M Bergaus Cherie D Prior Judith S Davis

Corporate Stockholders (10% or more):

Ramona M Davis

Stock ownership

68.28%

Linda M Bergaus

Stock ownership

14.48%

Cherie D Prior

Stock ownership

14.48%

Mailing Address for Officers, Directors, Shareholders:

Life-Assist, Inc. 11277 Sunrise Park Drive Rancho Cordova, CA 95742

Phone Numbers:

916-635-3822

800-824-6016



Kansas State Board of Pharmacy

800 SW Jackson St Suite 1414 Topcka, Kansas 66612-1244 Phone (785) 296-4056 Fax (785) 296-8420

email pharmacy@pharmacy ks gov www pharmacy ks gov

5-109186 DANIEL GREYBILL Life-Assist, Inc. 10816 Strang Line Road Lenexa, KS 66215

Schedules NPD, NonCS

STATE OF KANSAS STATE BOARD OF PHARMACY

N^O 5-109186

WHOLESALE DISTRIBUTOR

This registration Must Be Renewed Annually by June 30th.

That		Life-Assist, Inc.		
has con within	nplied with the Pharmacy Act of the State the State of Kansas, and is hereby granted the name of	of Kansas providing for the registra	tion of Wholesale Distributors S.A 65-1643 of the State of Kansas	
		Life-Assist, Inc.		
at	10816 STRANG LINE ROAD	LENEXA	KANSAS	
	nis date until 6/30/2020 , unless this reg of Pharmacy.	gistration is surrendered, or revoked	or suspended by the Kansas State	

This registration issued May 8, 2019.



KANSAS STATE BOARD OF PHARMACY

By alexan

Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSIPICUOUS PLACE - NOT TRANSFERABLE DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge



Kansas Board of Pharmacy 800 SW Jackson St. Suite 1414 Topeka, Kansas 66612-1244 P:785-296-4056 F:-785-296-8420

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of its internal systems, as well as performing hourly updates to the information represented. Therefore, the verification information is deemed a primary source of credential verification information, as authentic as a direct inquiry to the Board.

LICENSE VERIFICATION FOR: 5-109186

Life-Assist, Inc. 10816 Strang Line Road Lenexa, KS 66215 Original Date: 5/8/2019

On Probation: No

Discipline on File: No

LICENSES	Effective Date	Expire Date	Status
Distributor Permit	5/8/2019	6/30/2020	Active



KANSAS STATE BOARD OF PHARMACY

By alepsein Executive Secretary

This report created on: 7/26/2019

	NOTES			
ĺ	N/A			

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LIFE-ASSIST, INCORPORATED

FILE NUMBER:

C0827483

FORMATION DATE:

09/30/1977

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 December 31, 2019.

ALEX PADILLA Secretary of State

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LIFE-ASSIST, INCORPORATED

FILE NUMBER: FORMATION DATE:

C0827483

TYPE:

09/30/1977

JURISDICTION:

DOMESTIC CORPORATION 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 June 18, 2019.

ALEX PADILLA Secretary of State





River City Bank, a California corporation ("Issuing Bank") 2485 Natomas Park Drive, Suite 100 Sacramento, CA 95833

Nevada State Board of Pharmacy ("Beneficiary")
431 W. Plumb Lane
Reno, NV 89509
(775) 850-1440

Expiration Date: June 30, 2017 ("Expiration Date")

June_13,-20.16

IRREVOCABLE STANDBY LETTER OF CREDIT #16-0348

- 1. At the request and on the instructions of Life-Assist, Inc. ("Applicant/Licensee") at 11277 Sunrise Park Drive, Rancho Cordova, CA 95742, we hereby establish in favor of Beneficiary, the Nevada State Board of Pharmacy, this Irrevocable Standby Letter of Credit ("Credit") in the principal sum of One Hundred Thousand and 00/100 Dollars (\$100,000.00).
- 2. This Letter of Credit is and has been established for the benefit of Beneficiary pursuant to the terms of NRS 639.515 pertaining to the initial or renewal application filed by the Applicant/Licensec.
- 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 Beneficiary against the Applicant/Licensee, the Beneficiary shall be entitled to draw upon this Credit by presentation of a duly executed Certificate of Drawing ("Draft") in substantially the same form as Attachment A attached hereto.
- 5. The Draft shall be accompanied by this Letter of Credit including all amendments, for surrender; provided, however, that if less than the balance of the Letter of Credit is drawn, this Letter of Credit need not be surrendered and shall continue in full force and effect with respect to the unused balance of this Letter of Credit unless and until we issue to you a replacement Letter of Credit for such unused balance, the terms of which replacement Letter of Credit shall be identical to those set forth in this Letter of Credit. Issuing Bank is not required to inquire as to the accuracy of the matters recited in the Draft or as to the authority of the person signing the Draft and may take the act of signing as conclusive evidence of such accuracy and his or her authority to do so.
- 6. Each Draft must bear upon its face the clause "Drawn under Letter of Credit No. 16-0348, dated May 6, 2016, of River City Bank.
- 7. Upon presentation of the Draft as above provided, payment shall be made to the Beneficiary, to an account designated by the Beneficiary, in immediately available funds, at such place as the Beneficiary shall specify.
- 8. Funds may be drawn in one or more drawings not to exceed the principal sum.
- 9. All drawings under this Credit shall be paid with Issuing Bank funds. Each drawing honored by us hereunder shall reduce, pro tanto, the available principal balance. By paying to the Beneficiary an amount demanded in accordance herewith, Issuing Bank makes no representations as to the correctness of the amount demanded.

- 10. This Letter of Credit shall expire on the Expiration Date and will be automatically extended for an additional period of one year from the present or each future expiration date unless Issuing Bank has notified you in writing delivered via U.S. registered or certified mail, return receipt requested, to your address stated above, or to such other address as you shall have furnished to us for such purpose, not less than sixty (60) days before such Expiration Date, that we electron to renew this Letter of Credit. Upon your receipt of such notification, you may present your Draft on us prior to the then applicable Expiration Date for the unused balance of the Letter of Credit, which shall be accompanied by your signed written statement that you received notification of our election not to extend.
- 11. On or prior to the Expiration Date, this Credit will be cancelled in whole or in part upon receipt by us of a Certificate of Cancellation which shall be in the form of Attachment B, attached hereto, completed and signed by the designated officer of Beneficiary.
- 12. Communications with respect to this Credit shall be in writing and addressed to us at the address above and shall specifically refer to the Credit by the number above.
- 13. This Credit may not be transferred or assigned, either in whole or in part.

except so far as otherwise expressly stated herein, this Letter of Credit is subject to the International Standby Practices (ISP98 published by the International Chamber of Commerce).

15. We hereby agree with you that drafts drawn under and in compliance with the terms of this Letter of Credit will be duly honored if presented 2485 Natomas Park Drive, Riverside, CA 95833 on or before 3:00 PM Pacific Standard Time on June 30, 2017, or such later Expiration Date to which this Letter of Credit is extended pursuant to the terms hereof.

Sincerely,

RIVER CITY BANK

Name: Alice Harris

Title: SVP/Loan Center Manager

BOARDING DATA

Letter of Credit Re	newal
---------------------	-------

Borrower	Life-Assist Incorporated			Comm	itment	# 804	
Loan #	5084546333-6336				Renewal No	Featu	re
Date Docs	Received: 5/10/2019						
FEES AND	CHARGES:						
	Charges	Fina	nced - Debit Loan	⊠ Debit !	DDA 🗌 C	heck Att	ached
Letter of C (deferred)	redit Renewal Fee		\$			\$1	,000.00
Amendme		S		\$			
Courier Fe	e	\$		\$			
Doc Fee		\$		\$			
Loan Fee		\$		\$			
		\$		\$			
	Total		\$0				\$
Debit Acc	ount for Fees		\$1,000.00	Acct #81	1089932		
Maintenance New Maturi	tv Date		6/30/2020		Correct Yes	on Core	N/A
	nt Expiration Date		6/30/2020		Yes	No	N/A
Cost	it Expiration Date		1,391.50		Yes	No	N/A
Increase Ar	nount		N/A		Yes	No	N/A
Decrease A			N/A		Yes	No	N/A
Tickler Upd					Yes	No	N/A
The same of the sa	nt User Defined Field	is Undated			Yes	No	N/A
Other	it osci beillica i leit	is opuated			Yes	No	N/A
Other			I	[] h	163	_ 140 L	
Comment	S:	N.					
DOCS CHECK Anne Schoep		F		DAT	5	10 6	7
BOARDED BY Anne Schoep	(: ☆			DAT	5	10/16	i
CALLED BAC	KBY:			DAT	E 5	114/10	1

INVOICE - ELECTRONIC FORM

Principal \$100,000.00	Loan Date 05-21-2013	Maturity 06-30-2020	Loan No 5084506333-1	Call / Coll	Account	Officer 517	Initials
References in t	he boxes above are Алу ite	for Lender's use on above containing	only and do not limit the	applicability of this led due to text length	document to any pa th fimitations.		item.
113	e-Assist, Incorporate 277 Sunrise Park Dri acho Cordova, CA 9	ve		der: River Cit Business 2485 Na	ty Bank, a California s Banking Group atomas Park Drive, S ento, CA 95833	•	
Date of Invoice: A	pril 17, 2019						
	ncorporated se park Drive ova, CA 95742						
The following Let	ters of Credit have b	een renewed for a	one year period and ar	e subject to a renev	val fee:		
			084506333-6333; face			1.000.00	
			334; face amount of \$1			1,000.00,	
3) LC No. 15-0343; bank reference no. 5084506333-6335; face amount of \$100,000.00; renewal fee \$1,000.00; 4) LC No. 15-0348; bank reference no. 5084506333-6336, face amount of \$100,000.00; renewal fee \$1,000.00;							
Total Due to Lend				oo,ooo oo, icilewa	ar ree \$1,000 00,		
	a check payable to	-	r checking account #	081100 9	7732	for a	mounts due
Authorized, Signer	for payment method	d:					
x_ Yout	, 5 19 Miles						
NAME:							

Last Pro Ver 18 113 015 Copt Fination USA Corporation 1897 2015 ARRights Reserved CA C/CF/W/I/CFALPL/G80 FC FR-13550 FR-45

Please remit payment directly to your River City Bank loan officer or otherwise to Lender at the address provided above.



CONFIRMATION OF RENEWAL

February 3, 2020

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

Re

LIFE-ASSIST INCORPORATED

Letter of Credit:

#16-0348

Date:

June 13, 2016

Beneficiary:

Nevada State Board of Pharmacy

River City Bank Ref: 5084506333-6336

Applicant/Licensee: Life-Assist, Inc.

Dear Sir or Madame,

Please accept this as confirmation that the current expiry date of Irrevocable Standby Letter of Credit #16-0348 is June 30, 2020. Without 60 days prior notice, this Letter of Credit automatically renews, annually on the 30th of June.

Please contact me if you have any questions or comments regarding this notice.

Best regards,

Jefinifer Ballard Digitally signed by Jennifer Ballard Ballard Date: 2020.02.06 13:11.29 08:00*

Jennifer Ballard SVP - Loan Operations Manager 916-567-2736

5LLL

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 02429 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: _Mockingbird Pharma LLC				
Physical Address: 2351 Merritt Drive				
City: Garland State: Texas Zip Code: 75041				
Telephone Number: 214-272-0918 Fax Number:				
Toll Free Number:				
E-mail: licensing@redmondandgreer.com Website: www.redmondandgreer.com				
Facility Manager: Luis Melendez				
Professional qualifications and experience of facility manager: Handling day to day overall management of the company by supporting sales reps, warehouse management team, developing and maintaining relationships with vendors and troubleshooting issues.				
Types of licensed outlets or authorized persons firm will serve:				
☐ Other: ☐ Practitioners ☐ Hospitals ☐ 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: 				

This page	e must be	submitted	for all	types	of ownershi	р

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate)	Yes □ No
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	Yes □ No ☑
Do any shareholders hold an interest ownership or have manager facility which are licensed by the State of Nevada or another politi	
List the top 4 suppliers your company has been associated with reproducts that were sold, dispensed or distributed with the last yea	
Name: Sterling Knight	
Address: 106 East Mullberry St., Ripley, MS 38663	
Name: Wellgistics Wholesale Address: 480 Eagles Landing Drive, Lakeland, FL 33810	
Name: Foxland Pharmaceuticals, Inc.	
Address: 800 Watterson Curve, Ste. 208, Trussville, AL 35173	
Name: DSquared Pharmaceuticals Address: 4050 E. Cotton Center Blvd., #63, Phoenix, AZ 85040	
A licensee is not required to have a Nevada State Business Licen please provide the number:N/A	
 Has the corporation, any owner(s), shareholder(s) or partner(s any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea 	
2. Has the corporation, any owner(s), shareholder(s) or partner(s any interest, ever been denied a license, permit or certificate of registration?) with Yes □ No ☑

This page must be submitted for all types of ownership.

Has the corporation, any owner(s), shareholder(s) or partinterest, ever been the subject of an administrative action, be site fine or proceeding relating to the pharmaceutical industry	oard citation,	
4. Has the corporation, any owner(s), shareholder(s) or part interest, ever been found guilty, pled guilty or entered a plea contendere to any offense federal or state, related to controll substances?	of nolo	
5. Has the corporation, any owner(s), shareholder(s) or partinterest, ever surrendered a license, permit or certificate of revoluntarily or otherwise (other than upon voluntary close of a	egistration	
If the answer to question 1 through 5 is "yes", a signed stater Copies of any documents that identify the circumstance or codisposition may be required.		,
I hereby certify that the answers given in this application and correct. I understand that any infraction of the laws of the St operation of an authorized pharmacy may be grounds for the	tate of Nevada regulating the	
I have read all questions, answers and statements and know under penalty of perjury, that the information furnished on thi correct. I hereby authorize the Nevada State Board of Pharmemployees, to conduct any investigation(s) of the business, plackground, out the authorized to Submit Application or original signature of Person Authorized to Submit Application	is application are true, accurate and nacy, its agents, servants and professional, social and moral cessary, proper or desirable.	
Vinu V. Pillai Print Name of Authorized Person	12/12/2010	
THE NAME OF AUTHORIZED F 6130H	Dare	
Board Use Only Date Processed:	Amount:	

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation	n: <u>lexas</u>						
Parer	nt Company if a	ny: Mockingbird H	ealth LL	С				
Mailir	ng Address:6	6060 N. Central	Expres	sway, Su	ite 770			
City:_	Dallas		State:	Texas	Zip:	75206		
Telep	hone: 214-272	2-0918nere	Fax:					
Conta	act Person: V	inu V. Pillai						
For a	ny corporation i	non-publicly traded,	disclos	e the follow	ing:			
1)	List top 4 pers	ons to whom the sh	nares we	ere issued l	by the co	orporation?		
	a)N/A	\						
	u u	Name	I	Business Add	ress			
	b)							
	1	Name	1	Business Add	dress			
	c)	Name		D				
	ſ	vame	l	Business Add	dress			
	d)	Name		Business Add	rocc			
2)	Provide the nu	umber of shares iss	ued by t	he corpora	tion	N/A		
3)	What was the	price paid per shar	e? l	N/A				
		icense is not require te the number: <u>N</u>		ever if the v			vada business	3

Include with the application for a non-publicly traded corporation

List of officers and directors EXHIBIT A

<u>Certificate of Corporate Status</u> (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. <u>EXHIBIT B</u>

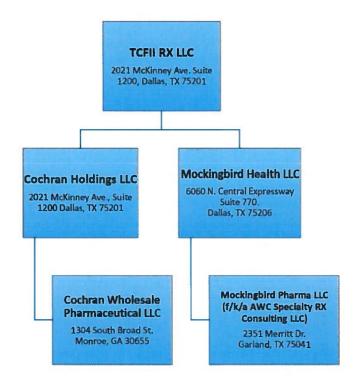
AWC Specialty RX Consulting LLC d/b/a Redmond & Greer Pharmacy Supply 2, a Texas limited liability company, located at 2351 Merritt Dr., Garland, TX 75041, is 100% owned by Coney Consulting Group, LLC, a Texas limited liability company.

On Jan. 1, 2020, Coney Consulting Group, LLC will merge with Mockingbird Health, LLC, a Delaware limited liability company. As part of this merger, AWC Specialty RX Consulting LLC will be renamed Mockingbird Pharma LLC, effective as of the same Jan. 1, 2020 date.

Mockingbird Health LLC is 100% owned by its parent, TCFII RX LLC.

The current officers of AWC Specialty RX Consulting LLC set forth below will remain as officers of Mockingbird Pharma LLC after effectuation of the merger and name change on Jan. 1, 2020.

Name	Title	Percentage Owned
Clayton Salch	Chief Executive Officer	0%
Paul David Young	Chief Financial Officer & Treasurer	0%
Vinu Pillai	General Counsel, Chief Compliance Officer & Secretary	0%



Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



EXHIBIT B - Change of Ownership Application

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Mockingbird Pharma LLC (file number 802360097), a Domestic Limited Liability Company (LLC), was filed in this office on January 02, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 21, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State



EXHIBIT C - CHANGE OF OWNERSHIP APPLICATION

Employees Who Handle Drugs on a Daily Basis

Luis Melendez, Director of Logistics and Operations

Capitol Indemnity Corporation

1600 Aspen Commons, Middleton, WI 53562

CHANGE RIDER

Bond No. 60124066

Date of Bond 01/16/2018

Principal AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2

Obligee Nevada State Board of Pharmacy

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above captioned bond, other than as stated below.

This Rider is effective <u>01/07/2020</u> and is to be attached to and form a part of the above captioned bond. This Rider is issued on behalf of <u>AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2</u> as Principal, in favor of the Obligee stated above.

In consideration of the premium charged, it is understood and agreed, on or after the effective date as set forth herein, the Surety consents to:

Change Principal's Name:

From: AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2 at 2351 Merritt Drive, Garland, TX 75041

To: Mockingbird Pharma LLC at 2351 Merritt Drive, Garland, TX 75041

Said change is applicable only to acts or omissions on or after the effective date as set forth herein.

Provided, however, that the liability of the Surety under the attached bond as changed by this Rider shall in no event be cumulative.

Signed, sealed and dated on January 7, 2020.

Capitol Indemnity Corporation

ristin Darling, Attorney-in

CAPITOL INDEMNITY CORPORATION POWER OF ATTORNEY

60129028

KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

-ROBERT F. BOBO; TIMOTHY F. KELLY; FLORENCE MCCLELLAN --KRISTIN DARLING; STEPHANIE GUNDERSON; AUTUMN STOCKTON-

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

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

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

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

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

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

IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

John E. Rzepinski Vice President, Treasurer & CFO

junaning in Broadband

Suzanne M. Broadbent Assistant Secretary

STATE OF WISCONSIN COUNTY OF DANE

CAPITOL INDEMNITY CORPORATION

Stephen J. Sills CEO & President

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

STATE OF WISCONSIN COUNTY OF DANE



2 9. 12-

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

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

Signed and sealed at the City of Middleton, State of Wisconsin this

+TH

JANUARY 20 20

General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GRAY SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

SEAL

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. 60124066	
Application/License No.	
AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2, doing or intending to do busi	ness
Applicant/Principal as a pharmaceutical wholesaler, whose address for purposes of service is	
2351 Merritt Drive, Garland, TX 75041 Address of Applicant/Principal	<u>,</u> as
PRINCIPAL, and Capitol Indemnity Corporation	, a
Surety Company	
corporation organized under the laws of the state of WI	
and authorized to transact a general surety business in the State of	
Nevada, whose address for purposes of service is	
P.O. Box 5900 , Madison, WI 53705-0900	as
Address of Surety SURETY, are held and firmly bound unto the State of Nevada and to the Nev	ada
State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND	coutore
DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, ex	to This
administrators, successors and assigns jointly and severally, by these present	io. IIIIs
bond term shall become effective on January 16, 2018	
Cilectate 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.

16th day of January	ond has caused it to be executed on this 2018.
APPLICANT/PRINCIPAL Redmond and Greer Pharmacy Supply 2 By: Authorized Representative	Surety Company's Representative
	Stephanie Gunderson , Attorney-in-fact print name
SIGNED and SEALED in the presence of: Witness	SIGNED and SEALED in the presence of: Witness Autumn Stockton
Hannah (huluman) Withess	Witness Countersigned by:

Nevada Resident Agent Robert Bobo

CAPITOL INDEMNITY CORPORATION POWER OF ATTORNEY

60124066

KNOW ALL MEN BY THESE PRESENTS. That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

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

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

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of CAPITOL INDEMNITY CORPORATION at a meeting duly called and held on the 15th day of May, 2002.

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

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

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

IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 27th day of July, 2015.

Attest

Gary W. Stumper
President
Surety & Fidelity Operations

STATE OF WISCONSIN COUNTY OF DANE S.S.

CAPITOL INDEMNITY CORPORATION

Stephen J. Sills CEO & President

On the 27th day of July, 2015 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of CAPITOL INDEMNITY CORPORATION, the corporation described herein and which executed the above instrument, that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN COUNTY OF DANE } S.2



David I Pagela

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

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

Signed and sealed at the City of Middleton, State of Wisconsin this

» E. SEAL

January 2018

Antonio Celii Secretury

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GRAY SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER, IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL, 800-475-4450.

Capitol Indemnity Corporation

1600 Aspen Commons, Middleton, WI 53562

CHANGE RIDER

Bond No. <u>60124066</u>

Date of Bond 01/16/2018

Principal AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2

Obligee Nevada State Board of Pharmacy

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above captioned bond, other than as stated below.

This Rider is effective <u>01/07/2020</u> and is to be attached to and form a part of the above captioned bond. This Rider is issued on behalf of <u>AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2</u> as Principal, in favor of the Obligee stated above.

In consideration of the premium charged, it is understood and agreed, on or after the effective date as set forth herein, the Surety consents to:

Change Principal's Name:

From: AWC Specialty RX Consulting LLC dba Redmond and Greer Pharmacy Supply 2 at 2351 Merritt Drive, Garland, TX 75041

To: Mockingbird Pharma LLC at 2351 Merritt Drive, Garland, TX 75041

Said change is applicable only to acts or omissions on or after the effective date as set forth herein.

Provided, however, that the liability of the Surety under the attached bond as changed by this Rider shall in no event be cumulative.

Signed, sealed and dated on January 7, 2020.

Capitol Indemnity Corporation

ristin Darling, Attorney-in-Fac

CAPITOL INDEMNITY CORPORATION POWER OF ATTORNEY

60129028

KNOW ALL MEN BY THESE PRESENTS. That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

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

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

This Power of Altorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of CAPITOL INDEMNITY CORPORATION at a meeting duly called and held on the 8th day of January, 2002,

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

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

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

IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017."

Artinta

00

John E. Rzepiński ; Vice President, Trensurer & CFO

Surprise on Broadbant

Suzanne M. Broadbent Assistant Secretary

STATE OF WISCONSIN SES.

CAPITOL INDEMNITY CORPORATION

Stephen J. Sills CEO & President

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

STATE OF WISCONSIN COUNTY OF DANE S.S.



David I Rossla

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

I, the undersigned, duly elected to the office stated below, now the incumbent in CAPITOL INDEMNITY CORPORATION, a Wisconsin Corporation, authorized to make this certificate. DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore diagrams of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and scaled at the City of Middleton, State of Wisconsin this

The state of the s

SEAL

JANUARY

20 20

On And

Antonio Celii
General Counsel, Vice President & Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GRAY SHADED BACKGROUND WITH A RED SERIAL NUMBER IN THE UPPER RIGHT HAND CORNER, IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.



License Number: 1002883 Current Date: 12/04/2019 01:33 PM

Name:

MOCKINGBIRD PHARMA LLC

License Type:

Prescription Drug Distributor

License Status:

Current

Expiry Date:

10/21/2021

Effective Rank Date:

12/04/2019

Modifier(s):

Wholesales Distributor

Prescription Non Prescript

Addresses

Mailing Address

Address

MOCKINGBIRD PHARMA LLC

DALLAS, TX **DALLAS** 75206 US

Physical Loc

Address

MOCKINGBIRD PHARMA LLC

2351 MERRITT DR **GARLAND**, TX **DALLAS**

75041 US

Food & Drug Owner

Licensee's Role:

Food & Drug License

Related Party Role:

Food & Drug Owner

Related Party Name

License

Address

Owner #

DALLAS, TX

MOCKINGBIRD PHARMA LLC

Status: Current **DALLAS** 75206

Expiration

Date:

US



CERTIFICATE OF FILING OF

Mockingbird Pharma LLC 802360097

[formerly: AWC Specialty RX Consulting LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 10/08/2019

Effective: 12/31/2019 11:01 pm



Ruth R. Hughs Secretary of State Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fce: See instructions



Certificate of Amendment

This space reserved for office use.

FILED
In the Office of the Secretary of State of Texas
OCT U8 2019

Corporations Section

Entity Information

The name of the filing entity is:	
AWC Specialty RX Consulting, LLC	
State the name of the entity as currently shown in the rof the entity, state the old name and not the new name.	ecords of the secretary of state. If the amendment changes the name
The filing entity is a: (Select the appropriate entity type	pe below.)
For-profit Corporation	Professional Corporation
☐ Nonprofit Corporation	Professional Limited Liability Company
Cooperative Association	Professional Association
Limited Liability Company	Limited Partnership
The file number issued to the filing entity by	the secretary of state is: 802360097
The date of formation of the entity is: Janua	ry 2, 2016
	•
A	mendments
	Amended Name s to change the name of the entity, use the following statement)
The amendment changes the certificate of for filing entity. The article or provision is amend	rmation to change the article or provision that names the led to read as follows:
The name of the filing entity is: (state the new	name of the entity below)
Mockingbird Pharma LLC	
PM O. I	

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

(Complete either A	A or B, but not both. Also com	nlete C.)
A. The registered agent is an organization		•
OR B. The registered agent is an individua	ıl resident of the state wh	ose name is:
First Name M.I.	Last Name	Suffix
The person executing this instrument affir has consented to serve as registered agent.	ms that the person desig	nated as the new registered agent
C. The business address of the registered a	gent and the registered of	ffice address is:
		TX
Street Address (No P.O. Box)	City	State Zip Code
3. Other Added	, Altered, or Deleted Pr	ovisions
Other changes or additions to the certificate of form is insufficient, incorporate the additional text by proform for further information on format.		
Text Area (The attached addendum, if any, is incorporated	herein by reference.)	
Add each of the following provisions to reference of the added provision and the fu		ion. The identification or
Alter each of the following provisions of reference of the altered provision and the fu		
Dalata each of the manufacture identified	halow from the contificati	to of formation
Delete each of the provisions identified	below from the certificat	e of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424

Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the document is filed by the secretary of state.
B. It is document becomes effective at a later date, which is not more than ninety (90) days from
the date of signing. The delayed effective date is: January 1, 2020 at 12:01 AM Eastern Standard Time
C. This document takes effect upon the occurrence of a future event or fact, other than the
passage of time. The 90 th day after the date of signing is:
The following event or fact will cause the document to take effect in the manner described below:
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.
Date: 10/7/2010
Ву:
any are of authorized person
Unu V Pura - Go ADA COLLER & SERVICES
Printed or typed name of authorized person (see instructions)

Secretary of State P.O. Box 13697 Austin, TX 78711-3697 FAX: 512/463-5709

Filing Fee: \$300



Certificate of Formation Limited Liability Company

Filed in the Office of the Secretary of State of Texas Filing #: 802360097 01/02/2016 Document #: 647880350003 Image Generated Electronically for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

AWC Specialty RX Consulting LLC

Article 2 - Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

▶ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Andrew Wright Coney

C. The business address of the registered agent and the registered office address is:

Street Address:

6505 Malcolm Drive Dallas TX 75214

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

☑B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

A. The limited liability company is to be managed by managers.

OR

TB. The limited liability company will not have managers. Management of the company is reserved to the members. The names and addresses of the governing persons are set forth below:

Manager 1: Andrew Wright Coney

Title: Manager

Address: 6505 Malcolm Drive Dallas TX, USA 75214

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

Malcolm Coney

7207 Nine Oaks Cove Austin, TX 78759

Effectiveness of Filing

☑A. This document becomes effective when the document is filed by the secretary of state.

OF

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Malcolm Coney

Signature of Organizer

FILING OFFICE COPY

5MMM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

New Wholesaler or ☐Ownership Change (Provide current license number if making changes: WH_Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership ☐ Publicly Traded Corporation — Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7 ☐ Non Publicly Traded Corporation — Pages 1,2,3,5,6 ☐ Sole Owner — Pages 1,2,3,8
GENERAL INFORMATION to be completed be all types of ownership
Facility Name:
Physical Address: 2281 GRIFFIN ROAD
City: FT. LAUDGRDALIS State: FL Zip Code: 33312
Telephone Number: 954 - 316 - 1212 Fax Number: 954 - 316 - 4545
Toll Free Number:
E-mail: /NFOGGMed corp. com Website: 9, med corp. com
Facility Manager:GREG MAY
Professional qualifications and experience of facility manager: 25+ 15ARS IN WHOLESALE THE SUTTON
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 Qevices ☐ Poisons or Chemicals ☐ Controlled Substances (include copy of DEA) ☐ Other:

This page must be submitted for all types of ownership

5 di		
Is your company VAV (If yes, provide a copy	VD certified by NABP?	Yes □ No □
(ii yes, provide a copy	y or the certificate)	
Licensed as Manufac	•	Yes □ No া
(If yes, provide a copy	y of your FDA registration)	
		nagement in any type of business or political jurisdiction? Yes □ No
List the top 4 suppliers your	company has been associated w	vith regards to pharmaceutical
	pensed or distributed with the last	
	OMED CORPORATION	DOES NOT DISTRIBUTE
Name:	PHARMACEUTICAL P	RODUCTS OF ANY KIND.
Address:		
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
please provide the number:	have a Nevada State Business L	
any interest, ever been charge	owner(s), shareholder(s) or partr ged, or convicted of a felony or g way of a guilty plea or no contest	ross
any interest, ever been denie	owner(s), shareholder(s) or partr ed a license, permit or certificate	of
registration?		Yes □ No 🗹

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 Ø
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)?	
If the answer to question 1 through 5 is "yes", a signed statement of explanation Copies of any documents that identify the circumstance or contain an order disposition may be required.	ation must be attached. , agreement, or other
I hereby certify that the answers given in this application and attached docu correct. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	regulating the
I have read all questions, answers and statements and know the contents tunder penalty of perjury, that the information furnished on this application a correct. I hereby authorize the Nevada State Board of Pharmacy, its agents employees, to conduct any investigation(s) of the business, professional, so background, qualification and reputation, as it may deem necessary, prope	re true, accurate and s, servants and ocial and moral
Takli on Stalia	
Original Signature of Person Authorized to Submit Application, no copies or	
Print Name of Authorized Person Novem	BOR 18,2019
Print Name of Authorized Person Date	
Board Use Only Date Processed: Amount:	

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation:		(*)	
Parent Company if any:			
Corporation Name:			
Mailing Address:			
City:	State:	Zip:	
Telephone:			
Contact Person:			
If the corporation that holds an the applicant shall identify the registration with the SEC, the registration with the sec, the representations of Incorporations.	officers of that corporation of the corporation number issue a copy of the SEC repo	on, the date the corp ed and the exchange rt or copy of Form 1	poration received its e at which the stock is
Date of Incorporation:			
Registration number issued: _			
Stock Exchange:			
A Nevada business license is i license please provide the num	not required, however if the state of the st	he wholesaler has a	a Nevada business

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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.

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: TORIDA
Parent Company if any:
Mailing Address: 2281 GRIFFIW ROAD
City: FT. LAUDGEPALL State: FL Zip: 33312
Telephone: 954-316-1212 Fax: 954-316-4545
Contact Person: F. JAY STAHAN
For any corporation non-publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
50% a) J. CARLOS REDRIGUEZ 2281 GRIFFW RD, FT. LAUDORFAMUS, FL. Name Business Address 33312
50% b) MANUEL E. AGUERO ZZZI GRIFFIN RD, FT. LANDORDAN, FZ 3531
Name Business Address
c)
Name Business Address
d)
Name Business Address
2) Provide the number of shares issued by the corporation. 1 million
3) What was the price paid per share? 46.50
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

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

If your company is not VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

Submit fingerprints - Please refer to Fingerprint Submission Instructions

http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.

Submit a list containing each employee(s) who handle the drugs on a daily basis.

On the Containing each employee(s) who handle the drugs on a daily basis.

On the Containing each employee(s) who handle the drugs on a daily basis.

Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

1200

Title XXXIII

REGULATION OF TRADE, COMMERCE, INVESTMENTS, AND SOLICITATIONS

FLORIDA DRUG AND COSMETIC ACT

View Entire

Chapter 499

Chapter

499.01 Permits.-

 $\frac{1}{2}$ (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 repackager;
- (c) A nonresident prescription drug manufacturer;
- (d) A nonresident prescription drug repackager;
- (e) A prescription drug wholesale distributor;

that oustribute medical device

issued Ineme

FL dues not

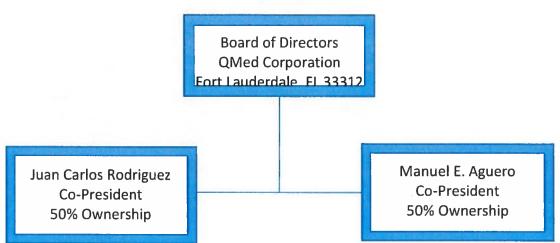
for wholesaler

- 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;
- A freight forwarder;
- A veterinary prescription drug retail establishment;
- A veterinary prescription drug wholesale distributor;
- A limited prescription drug veterinary wholesale distributor; E
- (n) An over-the-counter drug manufacturer;
- (o) A device manufacturer;
- (p) A cosmetic manufacturer;
- (q) A third party logistics provider; or



2281 Griffin Road Fort Lauderdale, FL 33312 954-316-1212 Fax:954-316-4545

ISO 9001 2015 Certified





SURETY RIDER Old Republic Surety Company PO BOX 1635

Milwaukee, WI 53201-1635

TO BE ATTACHED TO AND FORM PART OF

(Type of bo	Wholesaler ond)	Bond Number	W1503667	
IN FAVOR OF	NV State Bo	ard of Pharmad	CV	
		Pbligee)	-	
ON BEHALF OF	Q-Med	Corporation		-1
EFFECTIVE	(Pz January 2, 2020	incipal)		
T IS AGREED THAT, in considered any additional premium	deration of the orig	Effective Date) inal premium char chargeable as a	ged for this result of thi	bond, s rider,
1. The Surety hereby give	es its consent to:			
CHANGE THE NAME OF T	HE PRINCIPAL			
CHANGE THE ADDRESS OF	F THE PRINCIPAL			
of) the above referenced be	ond FROM:	985 DAMONTE RA RENO, NV		
	TO:	2281 GRIFF	IN ROAD	
		FT. LAUDERDA		
			2	
**	EFFECTIVE:	Janua	ary 2, 2020	
2. PROVIDED, however, the limitations, and consider liability of the Surety rider shall not be cumulated.	rations except as he under this bond and	rein expressly mo	dified, and t	hat the
3. Signed and sealed thi	s 9th day of	January	_,2020	
CCEPTED BY:		Old Republic Surety	Company	
	Fal	SURETY	y di pi mana	SEA
	(TITLE) By:	VIIIIV		NEY-IN-FA



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Felice Vinarub Of PLANTATION FL

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, 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 ball bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows: Effective Date: 1/2/2020 12:00:00 AM

Bond Number: W150366783

Bond Amount:

One Hundred Thousand Dollars

\$ 100,000.00

Principal Name: Q-Med Corporation

Obligee Name: NV State Board of Pharmacy of Reno, NV

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 and sealed (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 of the 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 thereof 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.

	January	2020		
		WILL SURE	OLD REPUBLIC S	URETY COMPANY
Kaus Ox Haffur)	SEAL THE	Sen M	die
Assistant Secretary STATE OF WISCONSIN, COUNTY OF WAU	KESHA - SS	To San Wall the Wall the William	Pre	sident
On this 2nd day of and Karen J. Haffner	January 20	020 personally came before	me,	Alan Pavlic
who executed the above instrument, and the they are the said officers of the corporation at and their signatures as such officers were duli	oresaid, and that the seal aff	ixed to the above instrument is	the seal of the cornoration	and that said cornerate sea
		OF PUBLIC IN	Kothern K.	teason
		OF WIND	Kolhryn K.	Public
CERTIFICATE			Notary Commission Expires:	Public 09/28/2022
CERTIFICATE I, the undersigned, assistant secretary Power of Attorney remains in full force and Attorney, are now in force. 0922518	has not been revoked; and	(Expiration	of notary's commission de corporation, CERTIFY the ions of the board of direct	pes not invalidate this instrumen

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane Reno, NV 89509 (775) 850-1440 Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

MATORCZOS

Bond No.	VV 100300763			
Application/License	No			
Applicant/Pr	incipal	_, doing or intending to		as a
pharmaceutical who	lesaler, whose a	ddress for purposes of	f service is	
		arkway Reno, NV 89521		, as
	Address of Appl			 -
PRINCIPAL, and _	Old R	epublic Surety Company	1	а
composition organiza	ad under the leve	Surety Company	Missonsin	
corporation organize	ed under the law	s of the state of	ate of Incorporation	
and authorized to tra	ansact a general	surety business in the		
	30			
Nevada, whose add	ress for nurnose	s of service is		
		e 200 Brookfield, WI 53005		as
		ress of Surety		as
SURETY, are held a		unto the State of Neva	ada and to the	Nevada
		al sum of ONE HUND		
		payment we bind ours		
administrators succ	essors and assign	ns jointly and several	ly by these n	ecente This
bond term shall bec			ly, by these pi	esents, inis
bond term shall bec	ome enective on		• Effective Date	
			E1100010 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 2nd day of January	bond has caused it to be executed on this _, 20_20
APPLICANT/PRINCIPAL	SURETY COMPANY
Authorized Representative	Surety Company's Representative
	Felice Vinacub, Attorney-in-fact
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
Witness	Witness
Witness	Alicia Yagus Witness
	Countersigned by:
	Nevada Resident Agent

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: Felice Vinarub Of PLANTATION, FL

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, 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 ball bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows: Effective Date: 1/2/2020 12:00:00 AM

Bond Number: W150366783

Bond Amount:

One Hundred Thousand Dollars

\$ 100,000.00

Principal Name: Q-Med Corporation

Obligee Name: NV State Board of Pharmacy of Reno. NV

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
- when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- when duty executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the 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 thereof 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 COMPAN affixed this 2nd day of January	NY has caused these presents to be si	gned by its proper officer, and its corporate seal to be
	THE SURE SURE	OLD REPUBLIC SURETY COMPANY
	CORPORATE	1 //
Karen Ck doldness	(SEAL)	Mr. Midie
Assistant Secretary	1	President
STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS	A STATE OF THE PARTY OF THE PAR	
On this <u>2nd</u> day of <u>January</u> ,	2020 , personally came before me	e, Alan Pavlic
and Karen J. Haffner	to me known to be the individuals and	officers of the OLD REPUBLIC SURETY COMPANY
who executed the above instrument, and they each acknowledged they are the said officers of the corporation aforesaid, and that the sea and their signatures as such officers were duty affixed and subscribed	al affixed to the above instrument is the	e seal of the corporation, and that said corporate seal
and their signatures as such officers were duty affixed and subscribed	to the said instrument by the authority	of the board of directors of said corporation.
	S OTAR	
	The House	Hura R. Feanson
	10.	Notary Public
	My Con	nmission Expires: 09/28/2022
CERTIFICATE	5000 to 1	of notary's commission does not invalidate this instrum
	(EKUITUIKIE	OF BOILDLA 2 COMMISSION DOWN NOT MADIFULLY ARE INSIDIRE

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.

0922518

2nd January 2020 Signed and sealed at the City of Brookfield, WI this day of

ORSC 22282 (3-06)

MCGRIFF INSURANCE SERVICES INC

State of Florida Department of State

I certify from the records of this office that Q-MED CORPORATION is a corporation organized under the laws of the State of Florida, filed on June 14, 1990, effective June 12, 1990.

The document number of this corporation is L81282.

I further certify that said corporation has paid all fees due this office through December 31, 2019, that its most recent annual report/uniform business report was filed on April 29, 2019, 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 Ninth day of January, 2020





Tracking Number: 1686318531CU

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

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

Greg May

S Ocean Drive, Fort Lauderdale, FL 33316

PROFILE SUMMARY

- Operational practitioner with 15 years of experience in managing high volume warehousing and shipping operations with the capability to identify, plan, and execute cost reduction opportunities while maintaining effective associate relationships and ensuring customer retention
- Experienced in Lean Operating Principles, process analysis, value stream mapping, financial management, warehouse management systems, quality and safety initiatives, and training
- Associate engagement skills to include: recruiting, motivating, developing, and sustaining high performing work teams that forge strong business relationships within all business channels: operations, transportation, sales, and corporate partners
- Proficient in mainstream software programs (Microsoft Word, Excel, PowerPoint, and Outlook)

PROFESSIONAL STRENGTHS

Supply Chain Management	Lean Principles / 5S	Project Management
Workplace Safety	Continuous Improvement	Leadership Development
Cost Reduction / Waste	Productivity Improvement	Competency Based Development
Accountability / Integrity	Customer Focus Activities	Inclusion / Innovation

EXPERIENCE

QMed Corporation - Supply Chain

SVP Distribution Operations, Fort Lauderdale, FL

7/2015 - current

Developing and leading the distribution operations and transportation scope of business

- 160M annual delivered sales throughout the US medical supply chain
- 2.5M managed transportation spend across multiple 3PL providers
- Accountable to ISO9001 protocols, quality control inspections based on ANSI sampling plans to detour counterfeit materials from entering into the medical supply chain
- Develop annual KPI programs for service measurements, compensation analysis, and business plan development and execution

Office Depot - Supply Chain

www.officedepot.com

General Manager, Distribution Center Weston, FL

10/2013 - 7/2015

Managing and Leading the profitability and service levels of a 240K SQFT distribution center

- 300M annual e-commerce delivery sales and retail store replenishment fulfillment
- 2014 operating results: sales +26M over sales plan without exceeding original expense plan. 1.4M expense to rate savings
- 2014 workplace safety results: 14% reduction in OHSA incidents, 6 vs 7 recordable incidents. OHSA index 3.1 vs. 4.0 industry goal
- 2014 service metrics results: fill rate, on-time delivery, quality at or better than expectations.

Office Depot – Supply Chain (continued)

Director, Outbound Operations Buford, GA

01/2012 - 10/2013

Managing the profitability and service levels of a 500K SQFT regional distribution center

- 1B annual e-commerce delivery sales and retail store replenishment fulfillment
- Highest volume distribution center within the supply chain network

Greg May

otmail.com | 1 | 1 | S Ocean Drive 1706, Fort Lauderdale, FL 33316

(continued)

- Leading continuous improvement efforts to sustain operational performances at peak levels measured through industry standard KPI metrics such as line fill rate, on time delivery, customer service index, and DPMO reporting
- 10 exempt reports to include: senior manager, department managers, and supervisors / 215 hourly associates, 3PL transportation relationships
- Quality improvements to realize \$500K in savings in first year. Customer focused events to improve retention and support regional sales organization.

Office Depot - Supply Chain (continued)

www.officedepot.com

Sr. Manager, Inbound and Outbound Operations Weston, FL

05/2007 - 12/2011

Managing the profitability and service levels of a 240K SQFT distribution center

- 300M annual e-commerce delivery sales and retail store replenishment fulfillment
- Current national leader in Productivity Index and Voice of Customer metrics through continuous improvement efforts focused around work place efficiencies and defect reduction
- Planned and executed the Florida network consolidation resulting in 100% increase in daily outbound shipments through the merging of two distribution centers
- 10 exempt supervisors and managers / 215 hourly associates, 3PL transportation relationships

Office Depot - Supply Chain (continued)

Manager - Production Outbound Operations

06/2004 - 05/2007

Facility department manager of an automated production module for pick/pack operations servicing 8000 customers daily, 2 shift operations, balancing up and downstream activities daily

- Implemented Kanban systems to facilitate on-time departure schedules, track and improve cycle time, and improve communication throughout an automated skip pick work environment
- Delivered highest results as measured through company KPIs 2006-2009 Customer Service Index: Fill rate, Quality, and On Time Delivery

Office Depot – Supply Chain (continued)

Project Lead - Supply Chain Training supporting Optimization and Efficiencies 06/2004

04/2001 -

Delivering innovative solutions to supply chain processes and the deployments of such continuous improvements

- National responsibility / network of 22 distribution centers
- SOP creation, scanning technology deployment, network consolidations and relocations

OfficeMax - Retail

www.officemax.com

Store Manager - TRIMAX Expanded Furniture/Print/Supply Categories

08/1996 - 04/2001

Office Depot – Supply Chain and Retail

Support roles: Supply Chain and Store Operations

www.officedepot.com

Acquisition implementation and International development

d Store Operations 06/1989 – 08/1996

EDUCATION AND ON-GOING INDUSTRY INVOLVEMENT

l.com

) S Ocean Drive 1706, Fort Lauderdale, FL 33316

Office Depot Training

Growing Leadership Excellence

Insights / Relationships

Project Management

Value Steam Mapping

Work Place Safety

PIT / MHE Handling

Facility Management

Effective Communication and Presentation Skills

Penn State - Senior Manager Supply Chain Leadership

• Lean Manufacturing Operating Principles

"Modern Techniques for Retail and Distribution"

Kaizen and Kanban

5S Methodologies

Identification and Elimination of Waste

DMAIC

PEX

Seminars, Tours, and Memberships

SP Richards Wholesale Distribution Center

Strategic Thinking

Walgreens Automated Distribution Center

UPS Hialeah FL Hub processing

United Stationers Supply

Member of Council of Supply Chain Managers (CSCMP)

City Furniture Supply Chain Overview

Harvard Business Review / Supply Management Quarterly Review

1989-2014

2008-2014

2010-2014

5NNN

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 ☐ Sole Owner – Pages 1,2,3,8
Mon 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: Somerset Pharma, LLC
Physical Address: 300 Franklin Square Drive
City: Somerset State: NJ Zip Code: 08873
Telephone Number: 732-554-1100 Fax Number: 732-554-1010
Toll Free Number:
E-mail: vs@somersetpharma.com Website: somersetpharma.com
Facility Manager: Veerappan Subramanian
Professional qualifications and experience of facility manager:
Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Other:
Type of Products to be handled or wholesaled by firm:
Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals □ Controlled Substances (include copy of DEA) □ Other: opthalmics, injectables □ Hypodermic Devices □ Veterinary Legend Drugs □ Veterinary Legend Drugs

This page must be submitted for all types of ownership

(If yes, provide a copy of the certificate)	es □ No 🕅
Our contracted 3PL is VAWD certified.	
Licensed as Manufacturer by the FDA?	es 🖄 No 🗆
(If yes, provide a copy of your FDA registration) Somerset Pharma is exclusive distributor for affiliate company, Somerset Therapeut	ics labeler 70069
Do any shareholders hold an interest ownership or have management facility which are licensed by the State of Nevada or another political ju	• • •
List the top 4 suppliers your company has been associated with regard products that were sold, dispensed or distributed with the last year.	s to pharmaceutical
Name: Wintac Limited	
Address: 54/1 Budhihal, Nelamangala, Bangalore, India 560070	
Name: N/A	
Address:	
Name: N/A	
Address:	
Name: N/A	
Address:	
A licensee is not required to have a Nevada State Business License, h please provide the number:	owever, if you do,
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 🔀

This page must be submitted for all types of ownership.

Board Use Only Date Processed: Amou	unt: <u>500,00</u>			
Print Name of Authorized Person Date				
Veera pour Subramanian Print Name of Authorized Person Date	2/24/19			
Original Signature of Person Authorized to Submit Application, no	copies or stamps			
A A A A A A A A A A A A A A A A A A A	1, proper or desirable.			
correct. I hereby authorize the Nevada State Board of Pharmacy, i employees, to conduct any investigation(s) of the business, profes background, qualification and reputation, as it may deem necessar	sional, social and moral			
I have read all questions, answers and statements and know the cunder penalty of perjury, that the information furnished on this app	lication are true, accurate and			
operation of an authorized pharmacy may be grounds for the revo	cation of this permit.			
I hereby certify that the answers given in this application and attac correct. I understand that any infraction of the laws of the State of	hed documentation are true and Nevada regulating the			
disposition may be required.	an order, agreement, or other			
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				
voluntarily or otherwise (other than upon voluntary close of a facility	y)? Yes □ No 🗓			
5. Has the corporation, any owner(s), shareholder(s) or partner(s) interest, ever surrendered a license, permit or certificate of registra				
contendere to any offense federal or state, related to controlled substances?	Yes □ No 🔯			
4. Has the corporation, any owner(s), shareholder(s) or partner(s) interest, ever been found guilty, pled guilty or entered a plea of no				
interest, ever been the subject of an administrative action, board of site fine or proceeding relating to the pharmaceutical industry?	itation, Yes □ No ☑			
3. Has the corporation, any owner(s), shareholder(s) or partner(s)	with any			

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Mendham Holdings, LLC 100% ownership
Mailing Address: 300 Franklin Square Drive
City: Somerset State: NJ Zip: 08873
Telephone: 732-554-1100 Fax: 732-554-1010
Contact Person: Veerappan Subramanian
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
Provide the number of shares issued by the corporation
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

<u>Certificate of Corporate Status</u> (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.



Somerset Pharma, LLC - License details

Applicant:

Somerset Pharma, LLC

300 Franklin Square Drive

Somerset, NJ 08873

Phone:

732-554-1100

Fax:

732-554-1010

www.somersetpharma.com

EIN:

83-4221802

Somerset Pharma LLC was incorporated in the state of Delaware on March 28, 2019

Parent Company:

Mendham Holdings, LLC

300 Franklin Square Drive

Somerset, NJ 08873

100% ownership

Corporate Officers:

Veerappan Subramanian, CEO

Bernardsville Road Mendham, NJ 07945

ç

SS# 1

DOB:

vs@somersetpharma.com

Designated

Representative:

Rebecca Wilczek, Director, National Accounts

High Street

South Bound Brook, NJ 08800

(

SS#:

DOB: (

rwilczek@somersetpharma.com

Method of Distribution:

Third Party Logistics Provider

Masters Drug Company, Inc. 4200 Binion Way, Suite 200

Mason, OH 45036

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOMERSET PHARMA, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOMERSET PHARMA, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2019.

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

7348810 8300 SR# 20200374545

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

Authentication: 202213959

Date: 01-17-20



NEW JERSEY DEPARTMENT OF HEALTH CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738009

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:68-5 -- "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:

300 FRANKLIN SQUARE DR SOMERSET, NJ 08873-

Reg. No. 5005665

SOMERSET PHARMA, LLC 300 FRANKLIN SQUARE DR SOMERSET, NJ 08873-

ISSUED PURSUANT TO N.J.S.A. 24:6B

EXPIRES: January 31, 2021

Establishment Copy

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

SOMERSET PHARMA LLC 0450400310

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on July 18, 2019.

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:

VEERAPPAN SUBRAMANIAN 300 FRANKLIN SQUARE DRIVE SOMERSET, NJ 08873



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of July, 2019

Elizabeth Maher Muoio State Treasurer

Sluk A Men

Certificate Number: 6099256186

Verify this certificate online at

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

BANK OF AMERICA - CONFIDENTIAL PAGE: 1
DATE: DECEMBER 23, 2019
IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68169898

APPLICANT SOMERSET PHARMA, LLC 300 FRANKLIN SQUARE DR SOMERSET NJ 08873 BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
SUITE 206
RENO, NV 89521

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

AMOUNT
NOT EXCEEDING USD 100,000.00
NOT EXCEEDING ONE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
DECEMBER 15, 2020 AT OUR COUNTERS

- 1. AT THE REQUEST AND ON THE INSTRUCTIONS OF SOMERSET PHARMA, LLC., WE, BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF \$100,000.00.
- 2. WE ARE ADVISED BY THE APPLICANT 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. WE ARE FURTHER ADVISED BY THE APPLICANT THAT 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. UPON THE OCURRENCE OF ANY DEFAULT BY APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THIS AGREEMENT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.
- 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, RETURN RECEIPT REQUESTED OR OVERNIGHT COURIER

PAGE: 2

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

SERVICE.

- 6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.
- 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 THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.
- 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 WITHIN THE EXPIRATION DATE.
- 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 UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH (I) 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 AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.
- 13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.
- 14. THIS CREDIT SHALL, IF NOT CANCELED AS PROVIDED HEREIN, EXPIRE ON DECEMBER 15, 2020.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 23RD DAY OF DECEMBER, 2019.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

PAGE: 3

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

ATTACHMENT A CERTIFICATE FOR DRAWING

DATE:

ISSUING BANK: BANK OF AMERICA, N.A. 1 FLEET WAY, SCRANTON, PA 18507

APPLICANT: SOMERSET PHARMA, LLC 300 FRANKLIN SQUARE DR SOMERSET, NJ 08873

IRREVOCABLE LETTER OF CREDIT NUMBER 68169898

BENEFICIARY: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY RENO, NV 89521 ATTN:EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

- 1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68169898 (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 \$
- 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 THAN 5:00 PM EASTERN TIME ON THE _______ DAY OF ______ 20_____

THEREFORE,	THE	UNI	DERS	IGNED	HAS	EXECUTED	AND	DELIVERED	THIS
CERTIFICATE	E AS	OF	THE	DAY	OF		_, 2	0	

PAGE: 4

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

NEVADA STATE BOARD OF PHARMACY BY

(INSERT NAME) EXECUTIVE SECRETARY

PAGE: 5

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

ATTACHMENT B
CERTIFICATE FOR CANCELLATION

DATE: _____

ISSUING BANK:
BANK OF AMERICA, N.A.
CA9-705-07-05
1000 WEST TEMPLE STREET, 7TH FLOOR
LOS ANGELES, CA 90012

APPLICANT: SOMERSET PHARMA, LLC 300 FRANKLIN SQUARE DR SOMERSET, NJ 08873

IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68169898

BENEFICIARY: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521

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 APPROPIATE.
- 2. THE BOARD THEREFORE REQUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY.

THEREFORE,	THE	UND	ERSI	1GED	HAS	EX	ECUTED	AND	DELIV	/ERED	THIS
CANCELLATIO	ON AS	OF	THE]	DAY	OF			20_	_•	

NEVADA STATE BOARD OF PHARMACY

BY

(INSERT NAME)
EXECUTIVE SECRETARY

BANK OF AMERICA - CONFIDENTIAL DATE: DECEMBER 23, 2019

IRREVOCABLE STANDBY LETTER OF CREDIT NUMBER: 68169898

APPLICANT SOMERSET PHARMA, LLC 300 FRANKLIN SQUARE DR SOMERSET NJ 08873 BENEFICIARY
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY
SUITE 206
RENO, NV 89521

PAGE: 1

ISSUING BANK
BANK OF AMERICA, N.A.
ONE FLEET WAY
PA6-580-02-30
SCRANTON, PA 18507-1999

AMOUNT
NOT EXCEEDING USD 100,000.00
NOT EXCEEDING ONE HUNDRED THOUSAND AND 00/100'S US DOLLARS

EXPIRATION
DECEMBER 15, 2020 AT OUR COUNTERS

- 1. AT THE REQUEST AND ON THE INSTRUCTIONS OF SOMERSET PHARMA, LLC., WE, BANK OF AMERICA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT (CREDIT) IN THE PRINCIPAL SUM OF \$100,000.00.
- 2. WE ARE ADVISED BY THE APPLICANT 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. WE ARE FURTHER ADVISED BY THE APPLICANT THAT 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. UPON THE OCURRENCE OF ANY DEFAULT BY APPLICANT/LICENSEE AS DETERMINED BY THE BOARD IN ITS SOLE DISCRETION UNDER THIS AGREEMENT, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE FOR DRAWING IN THE SAME FORM AS ATTACHMENT A, ATTACHED HERETO, AT OUR OFFICE LOCATED AT THE ADDRESS ABOVE.
- 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, RETURN RECEIPT REQUESTED OR OVERNIGHT COURIER

PAGE: 2

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

SERVICE.

- 6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED PAYMENT SHALL BE MADE TO THE BOARD, OR TO AN ACCOUNT DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.
- 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 THIS CREDIT, WE SHALL GIVE THE BOARD NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.
- 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 WITHIN THE EXPIRATION DATE.
- 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 UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION, WHICH (I) 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 AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.
- 13. THIS CREDIT MAY NOT BE TRANSFERRED, EITHER IN WHOLE OR IN PART.
- 14. THIS CREDIT SHALL, IF NOT CANCELED AS PROVIDED HEREIN, EXPIRE ON DECEMBER 15, 2020.

THEREFORE, BANK OF AMERICA, N.A. HAS EXECUTED AND DELIVERED THIS IRREVOCABLE STANDBY LETTER OF CREDIT TO THE BOARD AS OF THE 23RD DAY OF DECEMBER, 2019.

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

PAGE: 3

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

ATTACHMENT A CERTIFICATE FOR DRAWING

DATE:

ISSUING BANK:
BANK OF AMERICA, N.A.

1 FLEET WAY, SCRANTON, PA 18507

APPLICANT: SOMERSET PHARMA, LLC 300 FRANKLIN SQUARE DR SOMERSET, NJ 08873

IRREVOCABLE LETTER OF CREDIT NUMBER 68169898

BENEFICIARY: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY RENO, NV 89521 ATTN:EXECUTIVE SECRETARY

THE UNDERSIGNED, THE EXECUTIVE SECRETARY OF THE NEVADA STATE BOARD OF PHARMACY (BOARD) (AS DEFINED IN THE ABOVE REFERENCED CREDIT), HEREBY CERTIFIES TO THE ISSUER THAT:

- 1. A LAWFUL ORDER IMPOSING FINES AND/OR COST AGAINST THE APPLICANT/LICENSEE HAS BEEN ENTERED THAT ENTITLES THE BOARD TO DRAW AGAINST IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68169898 (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 \$
- 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	AMO	TNUC	OF	DRA	WING	REQU	ESTE	D S	HAL	L B	E PAY	ABLE	TO '	THE	BOARI) IN
LAW	FUL,	II	MED1	ATE	LY .	AVAII	ABLE	FUN	DS	TO	BE	RECEI	VED	BY T	HE E	BOARD	AT
THE	ABC	VE	ADDE	RESS	NO	LATE	R TH	AN 5	:00	PM	EA	STERN	TIM	E ON	THE	2	
DAY	OF				20_												

THEREFORE,	THE	UNI	DERSI	IGNED	HAS	EXECUTED	AND	DE.	LIVERED	THIS
CERTIFICATE	: AS	OF	THE	DAY	OF		_, 2	0		

PAGE: 4

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

NEVADA STATE BOARD OF PHARMACY BY

(INSERT NAME)
EXECUTIVE SECRETARY

PAGE: 5

THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER: 68169898

ATTACHMENT B CERTIFICATE FOR CANCELLATION DATE: ISSUING BANK: BANK OF AMERICA, N.A. CA9-705-07-05 1000 WEST TEMPLE STREET, 7TH FLOOR LOS ANGELES, CA 90012 APPLICANT: SOMERSET PHARMA, LLC 300 FRANKLIN SQUARE DR SOMERSET, NJ 08873 IRREVOCABLE STANDBY LETTER OF CREDIT NO. 68169898 BENEFICIARY: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521 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 APPROPIATE. 2. THE BOARD THEREFORE REOUESTS THE CANCELLATION OF THE ABOVE-REFERENCED CREDIT AND RETURNS THE ATTACHED ORIGINAL LETTER OF CREDIT AND AMENDMENT(S), IF ANY. THEREFORE, THE UNDERSINGED HAS EXECUTED AND DELIVERED THIS CANCELLATION AS OF THE ___DAY OF _____, 20__. NEVADA STATE BOARD OF PHARMACY BY (INSERT NAME)

ORIGINAL

EXECUTIVE SECRETARY

Mark I. Sedar

From:

njohnson@somersetpharma.com Tuesday, March 24, 2020 11:44 AM

Sent: To:

Mark I. Sedar

Subject:

RE: Nevada Out-of-State Wholesaler Application - Somerset Pharma

Hi Mark,

We use a 3PL who handles all of our distribution.

Somerset Pharma only provides customer sales support which is myself Nikiyah Johnson, Customer Service and Rebecca Wilczek Director, National Accounts.

Thank you

Nikiyah Johnson Customer Service



300 Franklin Square Drive Somerset, NJ 08873

Office: (732) 554-1100 ext. 119 Direct: (732) 554-1019

Email: nJohnson@Somersetpharma.com

CONFIDENTIALITY NOTE: This e-mail and any files transmitted are intended only for the use of the individual or entity to whom they are addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient or have received this email in error, please notify the sender immediately and promptly destroy any record of this email. You are hereby notified that any unauthorized disclosure, copying, distribution or use of any of the information is strictly forbidden.

From: Mark I. Sedar <msedar@pharmacy.nv.gov>

Sent: Monday, March 23, 2020 5:35 PM **To:** njohnson@somersetpharma.com

Subject: RE: Nevada Out-of-State Wholesaler Application - Somerset Pharma

Good afternoon Nikiyah,

One last bit of house cleaning before I can move forward with the application. Could you please send me over a list of employees who handle your products on a daily basis?

Thank you,

Mark Sedar

From: njohnson@somersetpharma.com <njohnson@somersetpharma.com>

Sent: Tuesday, March 10, 2020 1:01 PM

To: Mark I. Sedar < msedar@pharmacy.nv.gov >

Subject: RE: Nevada Out-of-State Wholesaler Application - Somerset Pharma

Hi Mark,

Thank you for taking the time to speak with me in regards to the missing documents.

Please processed with the background check for Veerappan Subramanian.

Attached please find a copy of our renewed home state license and a Certificate of Good Standing from our Secretary of State.

Thank you

Nikiyah Johnson Customer Service



Somerset, NJ 08873

Office: (732) 554-1100 ext. 119 Direct: (732) 554-1019

Email: nJohnson@Somersetpharma.com

CONFIDENTIALITY NOTE: This e-mail and any files transmitted are intended only for the use of the individual or entity to whom they are addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient or have received this email in error, please notify the sender immediately and promptly destroy any record of this email. You are hereby notified that any

From: Mark I. Sedar < msedar@pharmacy.nv.gov > Sent: Wednesday, March 4, 2020 12:32 PM

To: njohnson@somersetpharma.com

Subject: Nevada Out-of-State Wholesaler Application - Somerset Pharma

unauthorized disclosure, copying, distribution or use of any of the information is strictly forbidden.

Hello Nikiyh,

I was able to speak with Darla who originally sent the email out in January. She indicated that we need proof that Somerset Pharma is the "exclusive distributor" for Somerset Therapeutics. Any documentation that can be provided indicating such, would allow the application to possibly move forward without having to run fingerprints for Mr. Subramanian. If you are unable to supply the document, we can proceed with the fingerprint background check for Mr. Subramanian.

In addition, I will need updated information to move the application process along:

- An updated copy of the Home State License.
- An updated Certificate of Good Standing from your Secretary of State

Thank you,



Contracted CMO:

Wintac Limited

54/1 Budhihal, Nelamangala

Bangalore, India 560070

FDA:

3003821988

Nature of Business:

Somerset Pharma is an exclusive distributor of pharmaceutical opthalmic and injectable products approved and manufactured under the Somerset Therapeutics label. The company is engaged in sales, marketing, warehousing, shipping, accounting and handling of all pharmacovigilance activities for the product. The company has contracted to be the exclusive distributor and have a team to manage all the activities mentioned above and also works with a third party logistics company to manage all the logistic activities.

Affiliated Company:

Somerset Therapeutics

Labeler Code: 70069

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: SPYKA Wholesale Inc
Physical Address: 118 Adams St, Suite 305
City: Fairmont State: WV Zip Code: 26554
Telephone Number: 304-384-0666 Fax Number:
Toll Free Number:
E-mail: info@spykawholesale.com Website: www.spykawholesale.com
Facility Manager: Arutyun Avetisyan
Professional qualifications and experience of facility manager: Designated Representative license
☑ Pharmacies ☑ Practitioners ☑ Hospitals ☑ 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:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page	must be	submitted	for all types	of ownership

(If yes, provide a copy of the certificate)	S 🗆 110 🗹
Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration)	s □ No 🏻
(If yes, provide a copy of your PDA registration)	
Do any shareholders hold an interest ownership or have management in	
facility which are licensed by the State of Nevada or another political juris	sdiction? Yes □ No 凶
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.	
New Company and we have not sold anything in the last year. Name: Real Value Products Corporation	
Address: 5100 Commerce Pkwy, San Antonio, TX 78218	
Name: Axis Pharmaceutics Inc	
Address: 1712 Pioneer Ave, Ste 1623, Cheyenne, WY 82001	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, how please provide the number: N/A	wever, if you do,
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 mu	st be submitted	for all types o	f ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with an interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	y Yes □ No ⊠
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with an interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	y Yes □ No ⊠
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with an interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ny Yes □ No ⊠
If the answer to question 1 through 5 is "yes", a signed statement of expla Copies of any documents that identify the circumstance or contain an order disposition may be required.	nation must be attached. er, agreement, or other
I hereby certify that the answers given in this application and attached doc correct. I understand that any infraction of the laws of the State of Nevada operation of an authorized pharmacy may be grounds for the revocation of	a regulating the
I have read all questions, answers and statements and know the contents under penalty of perjury, that the information furnished on this application correct. I hereby authorize the Nevada State Board of Pharmacy, its agen employees, to conduct any investigation(s) of the business, professional, background, qualification and reputation, as it may deem necessary, proposition of the professional of the pro	are true, accurate and ts, servants and social and moral
Original Signature of Person Authorized to Submit Application, no copies	or stamps
11	7th 0000
Arutyun Avetisyan Print Name of Authorized Person Date	1 2020
Board Use Only Date Processed: Amount:	

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: vvyoming	
Parer	nt Company if any:	
Mailir	ng Address: 118 Adams St, Su	ite 305
City: F	Fairmont	State: WV Zip: 26554
Telep	hone: 30A-384-0666	Fax: (877) 662 - 2964
	act Person: Arutyun Avetisyan	
	ny corporation non-publicly trad	
1)		e shares were issued by the corporation?
	a) Arutyun Avetisyan Name	118 Adams St, Suite 305, Fairmont, WV 26554 Business Address
	b)	Business Address
	c)Name	Business Address
	d)	
2)	Name Provide the number of shares	Business Address issued by the corporation. 10,000
3)	What was the price paid per s	
	vada business license is not recee please provide the number:	quired, however if the wholesaler has a Nevada business

Include with the application for a non-publicly traded corporation

List of officers and directors

<u>Certificate of Corporate Status</u> (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

Name

Address Business

Address Home

Designation

Date of birth

Arutyun Avetisyan

118 Adams St, Suite 305 Farimont, WV 26554

¿ Sky View Ln, Glendale, CA 91214

CEO and 100% Owner

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Spyka Wholesale Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **May 1, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000854046**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of April, 2020 at 5:46 PM. This certificate is assigned ID Number 035891534.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

Spyka Wholesale Inc.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 1st day of May, 2019 at 8:54 AM.





Filed Date: 05/01/2019

Secretary of State

Filed Online By:
DeAnna Montemayor
on 05/01/2019



WHOLESALE DRUG DISTRIBUTOR PERMIT

July 1, 2019 - June 30, 2020 Date Issued: 6/11/2019

SPYKA Wholesale Inc.

118 Adams St. Suite 305 Fairmont, WV 26554

LICENSE # WD0560185

BOARD OF PHARMACY

LICENSING DETAILS FOR: EXC 25151

NAME: AVETISYAN, ARUTYUN

LICENSE TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

AGENSES NOT US CLOSED

ISSUANCE DATE

DECEMBER 24, 2018

EXPIRATION DATE

DECEMBER 1, 2020

CURRENT DATE / TIME

APRIL 7, 2020 7:11:10 PM

Mark I. Sedar

List Of Employees

From:

Harry Avetisyan <info@spykawholesale.com>

Sent:

Thursday, April 9, 2020 4:53 PM

To:

Mark I. Sedar Harry Avetisyan

Cc: Subject:

Re: Nevada Out-of-State Wholesaler application - SPYKA Wholesale, Inc.

Attachments:

Arutyun Avetisyan - CV.docx; CertOfGoodStanding.pdf

Thank you for the email.

Please find attached the following

- 1) Updated letter of good standing from Secretary of State Wyoming
- 2) No employees will handle drugs daily. It will be only the Designated Representative which is myself Arutyun Avetisyan
- 3) Arutyun Avetisyan Resume

Let me know if you need any more information from my side.

Thanks

On Thu, Apr 9, 2020 at 2:45 PM Mark I. Sedar < msedar@pharmacy.nv.gov > wrote:

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from SPYKA Wholesale, Inc. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- List of Employees who handle drugs daily
- Resume for Arutyun Avetisyan

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Mark Sedar

Chief Operating Officer

Nevada State Board of Pharmacy

(775) 850-1440

msedar@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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Harry Avetisyan Founder / CEO

118 Adams Street Suite 305 fairmont, WV 26554

(304) 384-0666 Direct
Cell

44 44	W WW W.Spy Kawnolesale.com									
×	And sets or some final. But the resonant terms from the order or before a gain and resonant final sets or some final sets or so									
_										

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. W15	50374224			
Application/License No.	WD056018	5		
Spyka Wholesale, I		doing or intending t	o do business	as a
Applicant/Principal pharmaceutical wholesal		ress for numnees o	f service is	
•		5 Fairmont, WV 26554	1 Sel VICE 13	. as
TTO Add	Address of Applican			, ao
PRINCIPAL, and		ublic Surety Company	, a	a
		Surety Company		
corporation organized ur	ider the laws o	f the state of	Wisconsin	
and authorized to transa	ct a general su		tate of Incorporation State of	
Nevada, whose address	for purposes of	of service is		
•		00 Brookfield, WI 53005	5	as
		of Surety		
SURETY, are held and fi				
State Board of Pharmacy				
DOLLARS (\$100,000.00				
administrators, successo	ers and assigns	s jointly and several	ly, by these pre	esents. This
bond term shall become	effective on	4/1/2020	•	
			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 day of April	bond has caused it to be executed on this _, 20_20
APPLICANT/PRINCIPAL	SURETY COMPANY
Authorized Representative	Surety Company's Representative
	Jodie Doner , Attorney-in-fact
SIGNED and SEALED in the presence of:	SIGNED and SEALED in the presence of:
Witness	Witness
Witness	Witness
	Countersigned by:

Nevada Resident Agent

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

80810000000000000				BIGGGGGGGGGGGGGGGGGGGGGG
			verifies only the identity of the Ind ness, accuracy, or validity of that o	
tate of Cal	Ifornia	No. of the second second second		
county of	Ventura			
		FIRST PROPERTY OF THE STREET,	A 1	
on	4/2/2020 Date	before me, J	Andrea Fisher, Notary F	Public nd Title of the Officer
				na Title of the Officer
ersonally a	appeared		Jodie Lee Doner Name(s) of Signer(s)	
			· · · · · · · · · · · · · · · · · · ·	
the within uthorized c	instrument a apacity(les),	and acknowledged to me	dence to be the person(s) wh that he/she/they executed the dignature(s) on the instrument d the instrument.	ne same in his/her/their
i ster i	Nota Com	ANDREA FISHER ry Public - California Ventura County umission # 2267327 r. Expires Nov 17, 2022		
Place	e Notary Seal	and/or Stamp Above	Signature Out Signature	ature of Notary Public
		110	PTIONAL -	
	frou ion of Attacl	dulent reattachment of the ned Document	an deter alteration of the do his form to an unintended do	ocument.
Title or T	ype of Docu	ment: Ph	armacy Wholesaler Bo	nd
Documen	nt Date:	4/1/2020	Nu	ımber of Pages:
Signer(s)	Other Than !	Named Above:		
	(ies) Claime Name:	d by Signer(s)	Signer's Name:	
□ Corpor	ate Officer -	Title(s):	☐ Corporate Officer —	Title(s):
☐ Partner	r - □ Limite	d 🗆 General	☐ Partner — ☐ Limited	d □ General
☐ Individe		☐ Attorney in Fact☐ Guardian of Conservat	□ Individual	☐ Attorney In Fact
Other:			or Trustee Other:	☐ Guardian of Conservator
Signer is	Representing	g:	Signer is Representing	
014 P	anublia S	water Co		

***** 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:

Jodie Doner Of WESTLAKE VILLAGE, CA

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, 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 ball bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows: Effective Date: 4/1/2020 12:00:00 AM

Bond Number: W150374224

Bond Amount:

One Hundred Thousand Dollars

\$ 100,000,00

Principal Name: Spyka Wholesale, Inc.

Obligee Name: NV State Board of Pharmacy of Reno, NV

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 and sealed (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 of the 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 thereof 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.

ffixed this 1st day	y of April	2020 . Ol	D REPUBLIC SURETY COMPANY
Kauu Kaf Assistant Secretary		SEAL AND THE THE PARTY OF THE P	Ala Mice President
TATE OF WISCONSIN, COUNTY OF On this 1st day of		2020 , personally came before me,	Alan Pavlic ers of the OLD REPUBLIC SURETY COMPANY
		to the said instrument by the authority of th	I of the corporation, and that said corporate seal e board of directors of said corporation.
The treat and the treat and the treat and the treat and the treat and the treat and the treat and treat an		OTAA	
		ORCH CONTRACTOR OF THE PROPERTY OF THE PROPERT	Notary Public
ERTIFICATE		My Commiss	

Signed and sealed at the City of Brookfield, WI this

ORSC 22262 (3-06)

0700017

BOARD MEMBERS

John J. Bernabei
David Bowyer
Chuck Jones*
Sam Kapourales
Everett Frazier *
Dennis Lewis
Vicky Skaff
(*Public Member)



STAFF
Michael L. Goff
Acting Executive Director &
CSMP Administrator

John Smolder CFO/COO

Ryan L. Hatfield General Counsel

Office Address 2310 Kanawha Blvd, East Charleston, WV 25311 Phone

www.wvbop.com

(304) 558-0558 (304) 558-0572 (fax)

March 31, 2020

Facility License Verification

Mailed to:

Nevada Board of Pharmacy

985 Damonte Ranch Pkwy, Ste 206

Reno, NV 89521

Facility:

SPYKA Wholesale Inc

License number;

WD0560185

Issue date:

6/11/2019

Expiration date:

6/30/2020

Disciplinary:

No

I Tina Roberts, certify I am the custodian of records for the West Virginia Board of Pharmacy and that the enclosed document(s) (IF applicable) is a true and correct copy of the original maintained in the West Virginia Board of Pharmacy office.

Signature: Tina Roberty Title: Licensing Clerk

Print Name: Tina Roberts

West Virginia State Board of Pharmacy Seal

NEVADA STATE BOARD OF PHARMACY 985 Damonte Ranch Pkwy Suite 206 - Reno, NV 89521 - (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

Name: SPYKA Whole	TO A STATE OF THE PARTY OF THE					
Address: 118 Adams	St, Suite 305					
City: Fairmont State: W Zip: 20				3554		
I hereby authorize the State Board of Pharm Signature of Applican	acy, the information			nish to the Nevada		
	RM MUST BE FORV NCY FOR COMPLET					
License Number	License Status	Date License	Issued	Date License Expire		
ND 0560185	Active	10-11-	6-11-19 6			
USE REVERSE		C Surrende L Restricted opies of any pertin	⊔ nent legal do			
Has the applicant been to drug samples, whole controlled substances? Has the applicant furni applications made in co	convicted of any feder sale or retail drug distr (If yes, please explain shed any false or fraud	al, state or local ibution, or distri) ulent material in	laws relating	g □ Yes ⋈ No		
yes, please explain) Have any inspections of	f the applicant resulted	in deficient rati	ings? (If yes			
please explain)						
	censing requirements of	of your state? (If	no, please	√Yes □ No		

ARUTYUN AVETISYAN

118 Adams Street Suite 305, Fairmont, West Virginia . harry@spykawholesale.com

EXPERIENCE

10/2019 - CURRENT

AXIS PHARMACEUTICS, INC

Founder and CEO of Axis Pharmaceutics located in West Virginia a specialty pharmaceutical company focusing on development and marketing of multi-platform delivery system of prescription drugs.

2/26/2019 - 9/1/2019

GOLDEN STATE GENERICS, DBA GSGRX

Founder and CEO of California based wholesale distributor for generics prescription drugs.

01/2015 - 04/2017

DSQUARED PHARMACEUTIALS INC.

Full-service wholesale distributor my role was to assist the DIR on file with any, and all his duties which included but not limited to distribution or dispensing of dangerous drugs or dangerous devices in, drug wholesaler.

LICENSES **

CALIFORNIA DESIGNATED REPRESENTATIVE (WHOLESALER) **EXC 25151**

5PPP

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

Check <u>box</u> bel Corporation or □ Publicly Tra ☑ Non Publicl GENERAL IN	aded Corporation – Pages 1,2,3,10,11a&b y Traded Corporation – Pages 1,2,4,10,11a NFORMATION to be completed by all	equired forms. **If LLC use Non Public ☐ Partnership - Pages 1,2,6,10,11a&b &b ☐ Sole Owner – Pages 1,2,8,10,11a&b types of ownership
Pharmacy Na	ame: <u>Advanced Onthopsed</u>	ic Surgery Center.
Physical Add	ress: 7183 Advanced h	by LAS VERT NV
	State: Zip C	
	F-mail: 0-	cheifferov@gmoil.com
Website:	L-maii	THE THE STATE OF T
Managing Ph	armacist: Mary Green RAL	License Number: 10687
	TYPE OF PHARMACY AND	05D\/(050 DD0\/(D5D
	THE OF THANINAGE AND	SERVICES PROVIDED
	Yes/No	Yes/No
	Yes/No	Yes/No
	Yes/No □ ☑ Retail	Yes/No ☐ Ø Off-site Cognitive Services
	Yes/No Retail Hospital (# beds)	Yes/No □ ☑ Off-site Cognitive Services ☑ □ Parenteral
	Yes/No ☐ ☑ Retail ☐ ☑ Hospital (# beds) ☐ ☑ Internet	Yes/No ☐ ☑ Off-site Cognitive Services ☑ Parenteral ☐ ☑ Parenteral (outpatient)
	Yes/No □ I Retail □ I Hospital (# beds) □ I Internet □ I Nuclear	Yes/No □ ☑ Off-site Cognitive Services ☑ □ Parenteral □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge
	Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center	Yes/No ☐ Ø Off-site Cognitive Services Ø ☐ Parenteral ☐ Ø Parenteral (outpatient) ☐ Ø Outpatient/Discharge ☐ Ø Mail Service
	Yes/No Retail Hospital (# beds) Internet Muclear Ambulatory Surgery Center Community	Yes/No □ ☑ Off-site Cognitive Services ☑ □ Parenteral □ ☑ Parenteral (outpatient) □ ☑ Outpatient/Discharge □ ☑ Mail Service □ ☑ Long Term Care
	Yes/No Retail Hospital (# beds) Internet Muclear Ambulatory Surgery Center Community	Yes/No ☐ ☑ Off-site Cognitive Services ☑ Parenteral ☐ ☑ Parenteral (outpatient) ☐ ☑ Outpatient/Discharge ☐ ☑ Mail Service ☐ ☑ Long Term Care ☐ ☑ Sterile Compounding

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within	the	last	five	(5)	years:
--------	-----	------	------	-----	--------

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes □	No	8
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	
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation ms of any documents that identify the circumstance or contain an order, agreesition may be required.	ust be a ment, o	ittaci r oth	ned. er
correc	by certify that the answers given in this application and attached documentatet. I understand that any infraction of the laws of the State of Nevada regulate tion of an authorized pharmacy may be grounds for the revocation of this per	ing the	true	and
under correct emplo	read all questions, answers and statements and know the contents thereof. penalty of perjury, that the information furnished on this application are true, it. I hereby authorize the Nevada State Board of Pharmacy, its agents, serva yees, to conduct any investigation(s) of the business, professional, social an round, qualification and reputation, as it may deem necessary, proper or des	accurat nts and d moral	e an	tify, d
	al Signature of Person Authorized to Submit Application, no copies or stamp			
Sc Print N	A Gody M.D. 2/24/2010 Same of Authorized Person Date	<u> </u>		
Board	Use Only Date Processed: MAR 0 9 2020 Amount:			

APPLICATION FOR NEVADA PHARMACY LICENSE



OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation:	· · · · · · · · · · · · · · · · · · ·		
Parent Company if any:			
Corporation Name:	Lawy 15		Landly may
Mailing Address:			
City:			
Telephone:	Fax:		da unit en par
Contact Person:			
registration with the SEC, the repeing traded. You can provide Date of Incorporation:	a copy of the SEC rep	ort or copy of Form 10	
Registration number issued: _			
Stock Exchange:			
Hours of Operation for the ph	narmacy:		
Monday thru Fridayam	pm	Saturday _	ampm
Sundayam	pm	24 Hours _	x =
A Nevada business license is n icense please provide the num		the pharmacy has a N	levada business

Include with the application for a publicly traded corporation

<u>Certificate of Corporate Status</u> (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.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada.
Parent Company if any:
Mailing Address: 7185 Advanced Way
City: Las Velas State: NV Zip: 89113
City: Las Vejas State: NV Zip: F9/13 Telephone: 540-616-6372 Fax: (702) 740-5328
Contact Person: Michael R. Hifferen, administrator.
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Alvaned Orthogradic Trivestans, 50's. Advanced Way Los Vegas NV 8916 Name Business Address
b) Nick Liu, 8-333 1. 7183 Admined uny Los Vegos, NV 29113 Business Address D
c) Tim Trainta 8.385%. 7183 Advanced Way, Lat Veyns, NV 89113 Name Business Address 7183 Advanced W/14 d) Advanced onthopsedic Speinttel of NV, 28.333%. Los Vejns, NV 89113 Name Business Address Business Address
d) Advanced onthogodic Specialte of NU. 28.333%. Los Vyn, NV B9 113 Name Business Address
2) Provide the number of shares issued by the corporation. 100
3) What was the price paid per share? 47,500.00
List any physician shareholders and percentage of ownership.
Name: See about
Name:%:
Hours of Operation for the pharmacy:
Monday thru Friday 6:00 pm Saturdayampm
Sundayampm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: <u>NV2018169137</u>\$

Include with the application for a sole owner /NA

<u>Designated representative form</u>. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

<u>Complete the personal history record</u>. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

Co andu
Responsible Person of Las Vegas Trustitute In advanced Surgery
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 la
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
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.
Olivina de Cubrit Amilia
Original Signature of Person Authorized to Submit Application, no copies or stamps
5 K
Print Name of Authorized Person Date

Managing Pharmacist

Pharmacist Name:_	Mary	Grear	Li	cense #: /06 87
Pharmacy Name: _	Advan	ced Orthopasdic	Surgary	Center
		,	0	1

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	Yes	No
physical condition that would impair your ability to perform the essential functions of your license?	_	
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		
been the subject of a board citation or an administrative action whether completed or pending in any state?		
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	_	æ
If you marked YES to any of the numbered questions above, please include the following information	tion	
Board Administrative Action: State: NJ Date: 2002 Case #:		_
And/or Criminal Action: State: Date: Case #: County Court:		_

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- 9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature Date 2/25/20



List of officers and directors

- Dr. Michael Trainor
- Dr. Nick Liu
- Dr. Tim Trainor
- Dr. Sep Bady
- Dr. Thomman Kuruvilla
- Todd Borst
- Michael Heifferon, Administrator

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **ADVANCED ORTHOPAEDIC SURGERY CENTER LLC** did on September 25, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20180925-2402 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2018.

Barbara K. Cegavske Secretary of State

arbara K. Cegarste





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

050106

E0451142018-5

Articles of Organization Limited-Liability Company (PURSUANT TO NRS CHAPTER 86)

Filed in the office of Balone K Cognote	20180420280-77
Barbara K. Cegavske Secretary of State	Filing Date and Time 09/25/2018 7:25 PM
State of Nevada	Entity Number

(This document was filed electronically.)

USE BLACK INK ONLY - DO	NOT HIGHLIGHT		ABOVE SPACE IS	FOR OFFICE USE ON			
1. Name of Limited- Liability Company: (must contain approved limited-liability company wording; see instructions)	ADVANCED ORTHOPAEDIC SURGERY CENTER 7183 ADVANCED WAY LAS VEGAS, NV 89113		Check box if a Series Limited- Liability Company	Check box if a Restricted Limited- Liability Company			
2. Registered Agent for Service of Process: (check only one box)	Commercial Registered Agent: AYESHA ME Name Noncommercial Registered Agent (name and address below)	OR Office of	or Position with E				
	Name of Noncommercial Registered Agent OR Nam	e of Title of Office or Other	Position with Entity				
	Street Address	City	Neva Neva	Zip Code			
	Mailing Address (if different from street address)	City		Zip Code			
3. Dissolution Date: (optional)	Latest date upon which the company is to dissolv	Latest date upon which the company is to dissolve (if existence is not perpetual):					
4. Management: (required)	Company shall be managed by: Mana	ger(s) OR (check only one box)	Member(s)				
5. Name and Address of each	ADVANCED ORTHOPAEDIC SPECIALITIE Name	S OF NEVADA, LLC					
Manager or Managing Member: (attach additional page if	1905 NORTH BISSELL ST., UNIT 1 Street Address	CHICAGO City	IL State	60614 Zip Code			
more than 3)	2) ADVANCED ASC INVESTORS, LLC Name						
	8420 W. WARM SPRINGS	LAS VEGAS	NV	89113			
	Street Address	City	State	Zip Code			
	3) Name						
	Street Address	City	State	Zip Code			
6. Name, Address and Signature of Organizer: (attach additional page if more	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowled that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. AYESHA MEHDI, PLLC AYESHA MEHDI, PLLC						
than 1 organizer)	Name	Organizer Signature					
	6671 S LAS VEGAS BLVD, SUITE 210 Address	LAS VEGAS City	NV State	89119 Zin Code			
7. Certificate of Acceptance of	I hereby accept appointment as Registered		State amed Entity.	Zip Code			
Appointment of	X AYESHA MEHDI, PLLC		9/25	72018			
Registered Agent:	Authorized Signature of Registered Agent or On Be	half of Registered Agent	Entity Date				

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE **BUSINESS LICENSE APPLICATION OF:** ENTITY NUMBER ADVANCED ORTHOPAEDIC SURGERY CENTER LLC E0451142018-5 NAME OF LIMITED-LIABILITY COMPANY SEP, 2018 SEP, 2019 FOR THE FILING PERIOD OF TO **USE BLACK INK ONLY - DO NOT HIGHLIGHT** **YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov** Filed in the office of Document Number Return one file stamped copy. (If filing not accompanied by order instructions, 20180420281-88 Bachara K. Cegenste file stamped copy will be sent to registered agent.) Filing Date and Time Barbara K. Cegavsko IMPORTANT: Read instructions before completing and returning this form. 09/25/2018 7:25 PM Secretary of State 1. Print or type names and addresses, either residence or business, for all manager or managing State of Nevada Entity Number members. A Manager, or if none, a Managing Member of the LLC must sign the form. FORM WILL E0451142018-5 BE RETURNED IF UNSIGNED. If there are additional managers or managing members, attach a list of them to this form. (This document was filed electronically.) 3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed ABOVE SPACE IS FOR OFFICE USE ONLY an amended list for the previous year. 4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline. 5. Make your check payable to the Secretary of State. 6. Ordering Coples: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708. 8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing. ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late) BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late) CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW NRS 76.020 Exemption Codes 001 - Governmental Entit Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: 006 - NRS 680B.020 Insurance Co. NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees. MANAGER OR MANAGING MEMBER ADVANCED ORTHOPAEDIC SPECIALITIES OF NEVADA, LLC **ADDRESS** CITY STATE ZIP CODE 1905 NORTH BISSELL ST., UNIT 1 **CHICAGO** 11. 60614 MANAGER OR MANAGING MEMBER ADVANCED ASC INVESTORS, LLC ADDRESS CITY STATE ZIP CODE 8420 W. WARM SPRINGS LAS VEGAS NV 89113 NAME MANAGER OR MANAGING MEMBER **ADDRESS** CITY STATE ZIP CODE NAME MANAGER OR MANAGING MEMBER **ADDRESS** CITY STATE ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

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

X AYESHA MEHDI

Title

ORGANIZER

Date

•

9/25/2018 7:25:08 PM

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

ADVANCED ORTHOPAEDIC SURGERY CENTER LLC

Nevada Business Identification # NV20181691375

Expiration Date: September 30, 2019

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2018

Barbara K. Cegavske Secretary of State

Borhara K. Cegarste

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law <u>cannot</u> be waived.

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

9 Date 2 28 2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	ASC	Pharm	acu				
		Nature of Ph	armacy or Wholesaler			U.C	
	Name and Addr	ess of Business for W	hich Designated Repr	esentative Is F	Requested		11
•••••		f applicable, Name U	nder Which It Is Now (Operated		************	
1. PERSONAL INF	ORMATION:						
Badv		Sep					_
Sepehr Ba	dvmoghaddan	First Na	me	Mide	die Name		
Alias(es, Nicknames, Maid	en Name, Other Nam	e Changes, Legal or	Otherwise)				
Present Residence Addres	s-Street or RFD		City		State	e/Zip	
7183 Advnaced	Wav	Dates L	as Vegas		NV,	89113	
Present Business Address			City		Stat	e/Zip	
Staff Physician		Dates					
Present Position with the F	harmacy or Wholesal	er		Pho Res			
		Tehran, Ira	n	Bus	iness 7	'02-740-5327	
Date of Birth		Place of Birth (City					
45						Male	
Age	Social	Security Number				Sex	
Brown	Black		175			6' 01"	
Brown Color of Eyes	Color of Hair	Complexion	Weight	В	uild	Height	
							(0)
Scars, tattoos or dist	inguishing marks	and/or characteri					
Are you a citizen of the	he United States?	Yes X No □	If alien, registra	tion No			
If naturalized, certific	ate No		Date				****
Place			(If natu	ralized, dod	cument n	nust be verified.)	
2. MARITAL INFO	RMATION:						
Single 🗵 Marrie	d 🗆 Separate	ed 🗆 Divorce	ed 🗆 Widowe	ed 🗆 E	ngaged		
				Appli	pant'e ini	tial	
				Applic	Pant 2 Ith	uai	Page

MARITAL INFORMATION-Continued

Current Marriage N	/A	*****************		******************	
Spouse's full name (Maide	Date			City County ar	nd State
Resident addressStr	eet		City	State	Zip
Telephone: Residence			Business		
Spouse's employer		***************************************	Occupation		***************************************
Address of employer	eet	•••••••••••	City	State	Zip
					,
		Date of Place of Marriage			inty and State
N/A					
		ephone numbers o	f previous spou: State	ses: Zip	Telephone
N/A					
		ildren and adopted	children and giv	e the followi	no information:
NameBirtl	n Date	Birth Place		Residence Add	ress
N/A					
		esponse:			
			rt of child.		
☐ I am subject to a plan approved b	court orde	er for the support of at attorney or other	one or more ch	ildren and ar nforcing the	n in compliance with a order for the repaymen
une order or a pla	an approve	d by the district atto	orney or other pi	ublic agency	enforcing the order for
			App	oucant's initia	al <u></u>
	Spouse's full name (Maider Date of Birth	Spouse's full name (Maiden) Date of Birth Resident address Street Telephone: Residence Spouse's employer Address of employer Date of Order or Decree N/A List of names, current address and tele Name Street N/A AMILY INFORMATION: Children and Dependents: List all children, including step-ch Name Birth Date N/A Child Support Information: Please mark the appropriate re I am not subject to a court orde plan approved by the distric of the amount owed pursua	Spouse's full name (Maiden) Date of Birth	Date of Birth	Spouse's full name (Maiden) Date of Birth Place of Birth Resident address Street Telephone: Residence Spouse's employer Street City State Telephone: Residence Spouse's employer Street City State City State City State Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: Of Spouse Or Decree Of Marriage Notation Notation Notation Notation Notation Notation Notation Notation County interest and telephone numbers of previous spouses: Notation N

-Alviil	Y INFORMATION-Continue. District attorney or public a		for enforcin	ng the child support ord	ier:	
	Name					
	Address					
	Contact person					****************
C.	Parents:					
	List names, residence add	lresses, dates of bi	rth and mos	t recent occupations o	f parents,	step-parents,
arent	s- <u>in-law or legal guardian. I</u>	f retired or decease	ed. list last a	ddress and occupation	٦	
	Name (Maiden)	Birth Date	Address			Occupation
ather	YAGHOUB		- 2	Dy Bo		d
1	BANNOG HADDAM	-	Sherm	DY 60 DAIG CA 91403		Thysician
lother						
M	BADYMOG HADDAN	DECEASE	77)		iie	
ather-i		3				
lother-	in-Law					
		4				
_						
D.	Brothers and Sisters: List names, residence add	dresses dates of b	irth and mos	st recent occupations of	of brothers	and sisters and of
	their respective spouses.					
_	Name (Maiden)	Birth Date	Address			Occupation
P	Elman Bady			orchard	MIST	Physicia
ppuse	DOIS SOULDE	r 1	·	1 (Dochard Mis-	89135	Sol
	ar 12a Aprie BI			1 OFCHARATINS	84135	3/1
Spouse						
Spouse	9					140.
Spouse	e					
4. E	DUCATION:					
	Name of School	Loc	ation	Dates Attended		Graduate
Gramn School	In the least of the sail of th	Ehr. 1 TAZA	n CA	1989- 1993		Yes 🖺 No 🛘
ligh	Ti- 11.) Woodland	44 .	1994 - 1998	=	Yes No 🗆
School College	e TUFTS Unive	rsity School of		08-1099		
Univer	Sity		MEGICINE	to 05-2003		Yes 🛛 No 🗆
Other	UCLA 1993	1996		10 03 2003		Yes X No 🗆
Tvpe	of degree obtained, if any	M.D				
			Iniversity	School of Madiair	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
Colle	ge or university where obtai	ned 10F13 C	July Cloudy	Scribbi of Medicil		
				Applica	int's initial	
						P

5 MILITARY INFORMATION:

A.	Have you ever served in any armed	No 🗵					
	Branch	Date of entry-act	ate of entry-active service				
	Date of separation						
	Rating at separationSerial number						
	While in the military service were you special or general court martial? regardless of where they occurred-for	J ever arrested for an offense Yes ☐ No ☐ If yes, fu	which resulted in sur	nmary action, a trial o			
В.	Have you registered for the draft?	Yes □ No 🗷					
	CountyStat	e	Date registered	***************************************			
6. A	RRESTS, DETENTIONS, LITIGATION not convicted.)						
A.	Have you ever been arrested, detain violation for any reason whatsoever, Yes □ No ☒ If yes, give details in s	regardless of the disposition	of the event? (Excent	minor traffic citations			
Date of	Arrest Age Charge	Location-City and State	Deposition/Date	Arresting Agency			
В.	Has a criminal indictment, information	n or complaint ever been retu	irned against you, but	for which you were no			
B. C. D. E. F.	arrested or in which you were named page 10. Have you ever been questioned or do or committee? Yes No Have you ever been subpoenaed to a commission? Yes No Have you ever been subpoenaed to the Yes No Have you ever had a civil or criminal of yes, when? Have you ever received a pardon or or the yes.	as an unindicted co-party? eposed by a city, state, federa appear or testify before a federa testify for any civil, criminal or record expunged or sealed b city, county and sideferred prosecution for any	Yes No If yes. al or law enforcement eral, state or county g radministrative proced y a court order? Yes state criminal offense? Yes	agency, commission rand jury, board or eding or hearing?			
C. D. E. F.	arrested or in which you were named page 10. Have you ever been questioned or do or committee? Yes □ No ☒ Have you ever been subpoenaed to a commission? Yes □ No ☒ Have you ever been subpoenaed to t Yes □ No ☒ Have you ever had a civil or criminal.	as an unindicted co-party? eposed by a city, state, federa appear or testify before a federa testify for any civil, criminal or record expunged or sealed b city, county and s deferred prosecution for any city, county and s your spouse's family ever be	Yes No If yes. al or law enforcement eral, state or county g administrative proces y a court order? Yes state criminal offense? Yes state en convicted of a felo	agency, commission rand jury, board or eding or hearing? No No No No No No No No No No No No No N			
C. D. E. F.	page 10. Have you ever been questioned or de or committee? Yes No Have you ever been subpoenaed to a commission? Yes No Have you ever been subpoenaed to the Yes No Have you ever been subpoenaed to the Yes No Have you ever had a civil or criminal of yes, when? Have you ever received a pardon or of the Yes when? Has any member of your family or of	as an unindicted co-party? eposed by a city, state, federa appear or testify before a federa testify for any civil, criminal or record expunged or sealed b city, county and sideferred prosecution for any city, county and sideferred prosecution for any your spouse's family ever be estions (B through H) is yes, the	Yes No If yes. al or law enforcement eral, state or county g administrative proces y a court order? Yes state criminal offense? Yes state en convicted of a felo	agency, commission agency, commission rand jury, board or eding or hearing? No No No No No No No No No No No No No N			

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

DI-I-SIEER	ii yes, give details i	pelow. List all cases without ex			
	Defendant or t/Respondent Dat	Court and Case e Filed Number	City, County and State	Disposition	n/Date
J.	associated with it a	artnership, business venture, so s an owner, officer, director or	ole proprietorship or closely partner) been a party to a la	held corporation (whawsuit, arbitration or	nile you w
	Yes ☐ No 🕱 If y	es, complete the following:	Ano	roximate Date(s) of	
	Name of Entity	Type of Entity		suit/Arbitration/Bankruptcy	/
	0-1-174				
	ESIDENCES:				
	residences you have	e had for the last 25 years:			
(From	1-TO)	Street and Number	City	State or County	
0-2 5	Current	- W Public Read	1 3-322 LV	165 NV 89117 NV 89123	
	2010 388		4	91403	

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacles or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

05/2010	Yee Advanced Orthopedics 7195 Advanced Way and Sports Medicine Las Vegas, NV 8911	3
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Orthopedic Surgeon/ Spine Surgery	Provide care for patients	Mario Moya
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Malling Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
litle little	Description of Dutles	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

Applicant's initial 54

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees. Telephone Years Known Name of Where Employed City State ,3 BAAh Home Employe Business Pw Employer P 2702 Business ILVNV Home Business 16 oderson 11 Home P9012 Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Lawver Race horse/race dog owner Securities dealer Insurance Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gaming Sports promoter Accountant Pilot Trainer or manager Educator Yes 📉 No 🗆 If yes, state type, where and years held M.D license in Nevada From 1/2009 to Current M.D Licence in California From 08/25/2004 - current Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes X No D If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry. 12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes
No
X 13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 🗵 If yes to the above, state where, when and for what reason:

Applicant's initial

Page 7

	participant in any group which has been denied a business or industry license or rela suitability?	ted finding of Yes □ No 🕱
15.	Have you or any person with whom you have been a participant in any group been the administrative action or proceeding relating to the pharmaceutical industry?	ne subject of an Yes □ No 🕱
16.	Have you or any person with whom you have been a participant in any group ever be guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances?	een found guilty, plead prescription drugs and/o Yes □ No 🂢
17.	Have you or any person with whom you have been a participant in any group ever su permit or certificate of registration relating to the pharmaceutical industry voluntarily cupon voluntary close of a wholesaler	rrendered a license, or otherwise (other than Yes □ No 🕱
	Do you have any relatives within the fourth degree of consanguinity associated with or pharmaceutical or drug related industry?	or employed in the Yes □ No 💢
		•
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler?	Yes ⋈ No □
20.	Will you be employed fulltime with the pharmacy or wholesaler?	Yes 🗆 No 🗷
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes★ No □

•••••••		
Я	Date of photograph	
	Applicant's initia	al <i>≶∮</i> Page l

STATE OF NCVOOO	ss.
COUNTY OF CLOUK	
Sep Body	being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that	the statements contained herein are true and correct and
contain a full and true account of the information requeste	ed; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information request	ed may be deemed sufficient case for denial or revocation of
a wholesaler license; that I am voluntarily submitting this	application with full knowledge that Nevada Revised Statutes
639.210 (10) provides denial or revocation of the application	tion of any person for a certificate, license, registration or
permit if the holder or applicant "Has obtained any certific	cate, certification, license or permit by the filing of an
application, or any record, affidavit or other information in	support thereof, which is false of fraudulent," and further, that
I have familiarized myself with the contents of Nevada St	atutes on Pharmacists and Wholesaler and the Controlled
Substances Act, as amended, and the Regulations of the	Nevada State Board of Wholesaler as promulgated
thereunder and agree, if licensed, to abide thereby,	
I hereby expressly waive, release and forever dis	scharge the State of Nevada, the licensing agency and its
agents from any and all manner of action and causes of	action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the I	icensing agency and its agents, as a result of my applying to
be a designated representative for a pharmacy or wholes	saler in the State of Nevada.
	// Jan
	Original Signature of Applicant
Subscribed and Sworn to before me this 28	day of BONNIE L. SMITH
February 2000	Notary Public State of Nevada
	No. 17-4217-1 My Appt. Exp. September 12, 2021
Notary Public	-
	(seal)

Applicant's initial 5/5
Page 9

ADDITIONAL INFORMATION

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***************************************	***************************************

	••••••
	•••••••••••••••••••••••••••••••••••••••

Applicant's initial 4/7
Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

9 Date 2/28/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	AS	c 5	Pharmac	4			
1	VALLED ON	thos	Nature of Lice	ense Raem	Center	LLE	
Marie Control	183 AND VAL	nd Address	of Establishment for		se Is Requested	89115	
		If applicable	e, Name Under Wh	ich It Is Now O	perated		•••••
1. PERSONAL Trainor	INFORMATION:		Timothy		James		
Last Name			First Name		Middle Na	те	
Alias(es, Nicknames, N	Maiden Name, Other Nan	ne Changes	, Legal or Otherwis	e)	·		
Quiet Moon	Ln		Las \	Vegas		NV,89135	
Present Residence Ad	dress-Street or RFD		City			State/Zip	
7183 Advnac	ed Way	Dates	Las V	egas/		NV, 89113	
Present Business Add			City		;	State/Zip	
Orthopedic Su	ırgeon	Dates	07/24/2007	' - Current			
Occupation					Phone: Residence		
		Leor	minister, MA		Business	702-740-5327	
Date of Birth			Birth (City, County	, State)			
50						Male	
Age	Social	Security Nu	mber			Sex	
Blue	Brown			193		5' 11"	
Color of Eyes	Color of Hair	Compl	exion	Weight	Build	Height	
Scars, tattoos or o	distinguishing marks	and/or ch	naracteristics	N/	4		
Are you a citizen	of the United States'	? Yes	, No □ If alie	en, registration	on No		
If naturalized, cert	tificate No N/A	<u>.</u>		Date			
Place	N/A			(If natura	alized, documer	nt must be verified.)	
2. MARITAL IN	FORMATION:						
Single □ Mar	ried 💢 Separate	ed 🗆	Divorced 🗆	Widowed	□ Engage	ed 🗆	
					Applicant's	initial	
					/ ipplicalit 3	7	Page

۸. (1 /				
	Current Marria	geD	3ER 25,2008	LITS VUGAS	County and State	, I'U VIMDA
			ARIBETH MURADO			
F	Date of Birth		Place of B	irth MASBATT	E PHILLIPPIA	185
F	Resident addres	s Qui	et Moon L	City S	toto 7in	•••••
		sidence		susiness 702		
			Operhopedics o			·/
						2011 7
/	Address of empl	Street	Idvanced wa	4 City S	tate Zip	841(
3. Pre	vious Marriage	s: If ever legally	separated, divorced, or ar	nnulled, indicate be	low:	
		Date of Order	Date of Place	Nature of	City	<u></u> _
ame of	Spouse	or Decree	of Marriage	Action	County and S	tate
	1/14					
	Name		d telephone numbers of		M-2-1	7
3. FAN	NIA	Street Street	City	State	Zip Teleph	one
	MILY INFORMA'	TION: ependents:				
	MILY INFORMA Children and D List all child Name	TION: ependents:	p-children and adopted c Birth Place	hildren and give the Resid	e following informations	ation:
	MILY INFORMA Children and D List all child	TION: ependents: dren, including ste	p-children and adopted c	hildren and give the Resid ີ່ ປຸ່ນະໆ Mພ	e following informations Address VINE LAS	ation:
	MILY INFORMA Children and D List all child Name	TION: ependents: dren, including ste	p-children and adopted c Birth Place	hildren and give the Resid	e following informations dence Address ~ LAS ES CA	ation:

	Address	
	Contact person	
C.	Parents: List names, residence addresses, da	ates of birth and most recent occupations of parents, step-parents,
parent	S-	
	in-law or legal guardian. If retired or Name (Maiden) Birth Date	deceased, list last address and occupation. e Address Occupation
Father		
autei	Pales TT.	Constitution De. Deceas
Mother	1ºcter I Trainor	Walnut St
^	11	
Father-in	lleen Trainor	Leomwister, MA 01453 Refined
	GELIO MURADO	MATBATE, PHILIPPINES DECEASED
Mother-i		MASBATE PHILIPPINES DECEASED
14 × 16	IA MORADO	MASBATE PHILIPPINES DECEATED
	hael A. Trainor	Henderson, NV 89012 Spine Surgeon
Opouse M	elanie hynn Sissel	Handuson, Nu 89012 Secretary
M ₁		Handuson, Nu 89012 VP. Boston College
Opouse M	elanie hynn Sissel	Handerson, Nu 89017
M ₁	elanie hynn Sissel	Henderson, NV 89012 Constitutional DA. VP. Boston College South boza, MA Try soll Sales Constitutional De.
M ₁	elavie hyun Sissel invid Teainor incisting Davis	Henderson, NV 89012 Constitutional Da. VP, Boston College South bora, MA Constitutional De. Leominater, MA 01453 School Admin
Spouse	elavie hyun Sissel i wid Teainor	Henderson, NV 89012 Constitutional DA. VP, Boston College South bora, MA Try roll sales Constitutional De. Leominates, MA 01453 School Admin
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5 MILITARY INFORMATION:

A.	Have you ever served in any armed forces? Yes ເNo □
	Branch United States Navy Date of entry-active service 07/2002
	Date of separation 07/2007 Type of discharge Honorable
	Rating at separationSerial number
	While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes \(\subseteq \text{No \text{M}} \) If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)
B.	Have you registered for the draft? Yes □ No 🕱
	County State Date registered
6. AF	RRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
A.	not convicted.) Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.
Date of /	Arrest Age Charge Location-City and State Deposition/Date Arresting Agency
В.	Has a criminal indictment, information or complaint ever been returned against you, but for which you were no arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details on page 10.
C.	Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
D.	Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No No No No No No No N
E.	Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No X
F.	Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No No
G.	If yes, when?city, county and state Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No No No No No No No N
Н.	If yes when? city, county and state Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No X If you answer to any of the above questions (B through H) is yes, furnish details on page 10.
Name_	Relationship Charge Location Date
- GETTO	TOTALISTING CHARGE LOCALION DATE
	Applicant's initial Page
	·

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

	Defendant or		Court and Case			
	/Respondent	Date Filed	Number	City, County a	and State	Disposition/Date
J.	associated wit	th it as an owr			or closely held corporately to a lawsuit, arbit	
	Name of Entity		Type of Entity		Approximate Date(Lawsuit/Arbitration	

-		C I C C C C C C C C C C C C C C C C C C	V 40 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	W-100 - 14 - 14 - 14 - 14 - 14 - 14 - 14	2	
7. RE	ESIDENCES:					
		ı have had for	the last 25 years:			
	residences you		the last 25 years:	City	State or	County
List all Month ar (From	residences you nd Year -To) Present	Stre	eet and Number	City Las Jegts,	20	County
Month ar (From	residences you nd Year To) Present of June 2018	Stre 2001e	eet and Number Hoov Lu veens Charlo	LAS Vegts,) the Dr. LAS V	NU 89135)	Ju
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8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2007 to Presen	Description of Duties Orthopaedic Surgeon	ts Medicine
itle	Description of Duties	Name of Supervisor
sician/ Unev	Orthopaedic Juigeon	NLA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2002 to July 20	Description of Duties	Handrable Discharge completion Name of Supervisor Duty Sor
itle	Description of Duties	Name of Supervisor Duty Sor
DRIOTHUPAC	Description of Duties	,
Annth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
997 to J-1420	WZ GEDEGETOWN UNIVERSITY	Reason for Leaving Hospital Completion of R Name of Supervisor Jack Delahar
Title orthopoledics	Tribescription or Duties WAS HINGTON DC	Name of Supervisor Jack Delaha
993 to Jun 19	197 Northwestern University	Medical School
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Toma and Tom	Hamermaning Address of Employer/Dustriess	iteasorror Leaving
itle	Description of Duties	Name of Supervisor
		a * **
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	Trainer Maining / Garees of Employer/Basiness	Treason for Ecaving
itle	Description of Duties	Name of Supervisor
Nonth and Year	Name/Mailing Address of Employer/Business	December Leaving
nontin and Teal	Name/Mailing Address of Employer/Edisiness	Reason for Leaving
itle	Description of Duties	Name of Supervisor
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
itle	Description of Duties	Name of Supervisor
		raine of Caparison
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Nonth and Year	Name/Mailing Address of Employer/Business Description of Duties	Reason for Leaving Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial Page 6

9. CHARACTER REFERENCES:

	List five characte		no have know you fiv	e years or	more. Do i	not include rela	itives, pre	esent	
Name of	Where Employed	Street	City State Zip		Telephone	9	Years Kr	nown	
Name 2	obert Bennet	Home 330	o w. Schan	4450	LAS Vega	8, N 89102	702-4	86-2582	Syea
Employe	State of New								
Name	ep Brdy	Home ¢	River Plate	DA P	haump	NU 890	848		9yea
Employe	Advance DOAT	lo Business	1195 Adunced	C. 100			3	3	3
1	Lommer Kuessil		7 Paradise R		,				Duea
Employe	Advanced De	1	195 Advanced		-			.5	
	w Liv	Home	Saint CROIX			and the state of t		11 1	3 year
		A	195 Advance		,		3		J
	lais Pieus	Home	ALC: 1		' '	1, W 89		- 8	year
	Advincedon	1	95 Adunced		1.			1 2	
//				1.					
10.	person's deposi		oox or other such de No ⊠	pository, ad	cess to an	y depository oi	do you t	use any othe	er
	If yes, complete								
Box Nun	nber or Type of Depos	sitory	Location Cit	y and State		Authorized Users			
	1 1								
	VIA	· · · · · · · · · · · · · · · · · · ·							
	•					-			
11.	Have you ever h	aeld a privilege	d, occupational or pr	ofessional	icense in s	uny state inclu	dina but r	ot limited to	
11.	the following:	icia a privilege	a, occupational of pr	Olessional i	icense in a	irry state, includ	ang but i	iot iiiTiitea to	,
		Lawyer	Race horse/race d			Securities dea		Insurance	
		Contractor Pilot	Real estate broker Sports promoter	or salesma	an	Barber/Cosme Trainer or mai		Gaming Educator	
	Yes X No □	. 1101	oporto promotor			Trainer or mai	lagei	Laucator	
	If yes, state type	e, where and ye	ears held						
	M.D. Lisansa	: NIV	07/04/0007	0					
	M.D. License		om 07/24/2007 -		2 (1)			*************	
	MD LICENSE	in Hawaii	From July 2008	1-40 354	2007				
40					, ,	, ,,			
12.			y, county of state but or industry OUTSIDI					nancial	
			ere and give names					were	
	involved, the na	mes and addre	ss of all partners and						
	venture or indus	stry.							
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		***************	•••••••			•••••	************		
		******************	*******************	******	***********				
					αA	plicant's initial	_>	4	
						-		Page	e 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No 💢
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 💢
If yes t	to the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No ✗
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ☒️
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No ▼
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes □ No
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No ★

	Date of photograph Tory 2019 Applicant's initial
	Page

STATE OF NEVADA
SS.
COUNTY OF CLARK
I, TIMOTHY TRAIMO MO , being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Original Signature of Applicant
Subscribed and Sworn to before me this 28 day of
BONNIE L. SMITH Notary Public State of Nevada No. 17-4217-1 My Appt. Exp. September 12, 2021

(seal)

Applicant's initial

Page 9

ADDITIONAL INFORMATION

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Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

7 Date 02 26 20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	ASC	Pharmacy	•	Requested		
A	draward Onth	epolic Surgery	Center, LLC	N		
70	23 Advanced	Address of Establishin	nent for Which License Is	Requested		
•	lf	applicable, Name Und	er Which It Is Now Opera	ited	••••••	
1. PERSONAL INF Trainor	ORMATION:	Michael		Andrew		
Last Name /A		First Name	:	Middle Name		
Alias(es, Nicknames, Maid	en Name, Other Name	Changes, Legal or Oth	nerwise)			
Regents Ga	te Dr	ŀ	Henderson	NV, 89012		
Present Residence Addres A SVANCED 7183 Advnaced Way	s-Street or RFD	C	Dity	State/Zip		
-	44.44		as Vegas	NV, 89113		
Present Business Address Orthopedic Surgeon/			City	State/Zip		
Spine Surgeon Docupation		Dates 02/1/201	I1 - current	Phone: N/A		
Socapation				Residence N/A		
		Loominister M	1.0	Business 702-740-5327		
Date of Birth		Leominister, M				
		r race or birtir (only, o	ounty, State,			
50 \qe		ecurity Number		Male Sex		
	_	scarry Namber		Sex		
Blue Color of Eyes	Brown	Completion	190	6' 02"		
Color of Eyes	Color of Hair	Complexion	Weight	Build Height		
Scars, tattoos or disti		nd/or characteristi	7			
•				No.		
				ed, document must be verifie		
2. MARITAL INFO						
Single □ Married	Separated	i 🗆 Divorced	□ Widowed □	l Engaged □		
<u> </u>	- ,			Applicant's initial Mm		
				- Abrigant a mitter	Pa	

	AL INFORMATION-Continued 3/14/03 Phoenix Mariana A7-
Α.	Current Marriage 3/14/03 Phoenix, Maricopa, AZ Spouse's full name (Maiden) Date Mclanie Lynn Sisse) City, County and State S.S. No.
	Date of Birth Place of Birth Harvey, IL
	Resident address Regard's Gate Dr Hunderson, NV 89012—
	Street City State Zip Telephone: Residence NA Business 773-368-6524
	Spouse's employer Michael A Trainor DOPC Occupation Secretary
	Address of employer 503 Regents Gate Dr Henderson NV 89012 Street City State Zip
B. F	revious Marriages: If ever legally separated, divorced, or annulled, indicate below: N/A
	Date of Order Date of Place Nature of City
<u>Vame</u>	of Spouse or Decree of Marriage Action County and State
3. F.	AMILY INFORMATION: Children and Dependents: List all children, including step-children and adopted children and give the following information:
	Name Birth Date Birth Place Residence Address
	turi Trainor Prescott AZ Same
	Collins Trainor 1 Prescott AZ some
	Hadley Trainor Prescott AZ same
В.	Child Support Information: Please mark the appropriate response:
	I am not subject to a court order for the support of child.
	I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repaymen of the amount owed pursuant to the order; or
	☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. Applicant's initial Page

FAMIL	.Y INFORMATION-Continued District attorney or public agend	cy responsible	for enforcing th	ne child support o	order:		
	Name	•	•				
	Address						
	Contact person						
C.	Parents:						
parents	List names, residence address	es, dates of bi	rth and most re	cent occupations	of parents	, step-pa	rents,
parent	in-law or legal guardian. If retir	ed or decease	ed, list last addre	ess and occupat	ion.		
	Name (Maiden) Bi	irth Date	Address			Occupat	ion
Father			Constit	ution Dr			
	Peter J Trainor.	خرار ۱۰۰۰	Leominst	cr MA6145	3	Dece	aseO1
Mother	Colleen trainor		Wa	Inut St	011162	n	. Live Al
Father-in				nster MA			etirell
	Clyde Sissel			EGlenhaven nix AZ 850		Re	tired
Mother-in	Coni Sissel			1(Re	tired
D.	Brothers and Sisters: List names, residence address	es, dates of bi	rth and most re	cent occupations	s of brother	s and sis	ters and of
	their respective spouses. Name (Maiden)	Birth Date	Address			Occupat	ion
Timo	othy J Trainor	Dittil Date	Quiet Mo				dic Surgeon
	Brother - *	-,,	Las Vegas,	NV 89136			
_Ma	ribeth Trainor		1 Cans	Hibtionpr		NIA	
<u>Dav</u>	rid Trainor	. 45		oroMA	VF	, Bosto	n College
Spouse	lene Trainor "	. 1			F	ayroll	Sau S
$\overline{}$	nnishine Davis		Leomin	iblion br oster MAOK	163 S	Bchool	Administra
Spouse	chael Davis				In	suranci	Sales
Spouse							

4. EC	DUCATION:			104			
Gramma	Name of School	Loca		es Attended		Gradua	te
School High	St. Bernard		hourg MA	80-86		Yes 🗵	No 🗆
School	litchburg H.S	. ht	chburg Mit	86-80		Yes	No 🗆
College Universi	Midwestern University ^{ty} Chicago College of Osteo	pathic Meio	555 Dov Icine Chicago	wners Grove o, IL 60515	08/1994 06/1998	Yes	No 🗆
Other						Yes 🔼	No 🗆
	of degree obtained, if any D.C						•••••
College	e or university where obtained	Midwestern	University C	hicago Colleg	e of Oste	opathic	Meidcine
						Ma)

5 MILITARY INFORMATION:

				A	
	Branch		Date of entry-active	service	
	Date of separation		Type of discharge		
	Rating at separation		Serial numb	oer	
	While in the military service special or general court ma regardless of where they or	rtial? Yes [☐ No ☐ If yes, furnis		
B.	Have you registered for the	draft? Yes [□ No 15×		
	County	State	Date	e registered	••••••
6. Al	RRESTS, DETENTIONS, LIT not convicted.) Have you ever been arrested violation for any reason what Yes No If yes, give to	ed, detained, charge atsoever, regardles	ed, indicted or summor s of the disposition of t	ned to answer for a	any criminal offense or minor traffic citations.
Date of	Arrest Age C	narge Locatio	n-City and State	Deposition/Date	Arresting Agency
B. C.	Has a criminal indictment, in arrested or in which you we page 10. Have you ever been question committee? Yes □ No	re named as an un oned or deposed by	indicted co-party? Yes	s □ No 💢 If yes	furnish details on
D. E. F. G.	Have you ever been subporcommission? Yes No Have you ever been subported to No Have you ever had a civil of yes, when? Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever had a civil of the subported to No Have you ever had a civil of the subported to No Have you ever had a civil of the subported to No Have you ever had a civil of the subported to No Have you ever had a civil of the subported to No Have you ever had a civil of the subported to No Have you ever had a civil of the subported to No Have you ever had a civil of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received a public of the subported to No Have you ever received to No Have y	enaed to testify for r criminal record ex pardon or deferred p	any civil, criminal or ac punged or sealed by a city, county and stat prosecution for any crim	dministrative proce a court order? Yes te minal offense? Yes	grand jury, board or seding or hearing?
E. F.	Have you ever been subporcommission? Yes □ No Have you ever been subported by No Have you ever had a civil of yes, when?	enaed to testify for r criminal record ex pardon or deferred pardon or of your spourspours	any civil, criminal or ac punged or sealed by a city, county and stat prosecution for any crin city, county and stat use's family ever been	dministrative proce a court order? Yes te minal offense? Yes te convicted of a felo	grand jury, board or seding or hearing? No 🗶
E. F. G.	Have you ever been subporcommission? Yes □ No Have you ever been subported by No Have you ever had a civil of yes, when? Have you ever received a pif yes when? Has any member of your far	enaed to testify for r criminal record ex pardon or deferred pardon or of your spourspours	any civil, criminal or ac punged or sealed by a city, county and stat prosecution for any crin city, county and stat use's family ever been	dministrative proce a court order? Yes te minal offense? Yes te convicted of a felo nish details on pag	grand jury, board or seding or hearing? No X No X ony? Yes □ No X

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

J. Has any general partnership, business venture, sole proprietorship or closely held corporation associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration Yes \(\text{No N A} \) If yes, complete the following: Name of Entity Type of Entity Approximate Date(s) of Lawsuit/Arbitration/Bankri 7. RESIDENCES: List all residences you have had for the last 25 years: Worlth and Year (From: To) Street and Number City State or County Las Vegas NV CL 8 13 - Lo 18 ABILLA Casita Ave Las Vegas NV CL 8 04 - 6 10 120 High Chaparral Prescott AZ Yave 8 04 - 6 10 120 High Chaparral Prescott AZ Yave	osition/Date
associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration Yes \(\text{No } \) If yes, complete the following: Name of Entity Type of Entity Approximate Date(s) of Lawsuit/Arbitration/Bankri Type of Entity Type of Entity Approximate Date(s) of Lawsuit/Arbitration/Bankri Type of Entity Approximate Date(s) of Lawsuit/Arbitration/B	
associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration Yes □ No X If yes, complete the following: Approximate Date(s) of Lawsuit/Arbitration/Bankn 7. RESIDENCES: ist all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation of Entity It is all residences you have had for the last 25 years: Interpretation	
7. RESIDENCES: ist all residences you have had for the last 25 years: fronth and Year (From-To) Street and Number City State or County 6/18-Present Regarts Gate Dr. Handerson NV CL 8/15-6/18 ABILLA Casita Ave Las Vegas NV CL 6/10-8/15 A188 Forest Mountain Rd Prescott AZ Yava 8/04-6/10 120 High Chaparral Prescott AZ Yava	
ist all residences you have had for the last 25 years: Onth and Year (From-To) Street and Number City State or County 6/18-Present Regents Gate Dr Henderson NV CL 8/15-6/18 A816 La Casita Ave Las Vegas NV CL 6/10-8/15 2188 Forest Mountain 12d Prescott AZ Yava 8/04-6/10 120 High Chaparral Prescott AZ Yava	uptcy
ist all residences you have had for the last 25 years: Ionth and Year (From-To) Street and Number City State or County 6/18-Present Regents Gate Dr Henderson NV CL 8/15-6/18 ABILLA Casita Ave Las Vegas NV CL 6/10-8/15 2188 Forest Mountain Rd Prescott AZ Yava 8/04-6/10 120 High Chaparral Prescott AZ Yava	
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8/04-6/10 120 High Chaparral Prescott AZ Yava	ark
3/04-6/10 120 High Chaparral Prescott AZ Yava	ark
3/04-6/10 120 High Chaparral Prescott AZ Yava	ipai
	ipai
+103-8104 6661 Northridge Dr Louisville KY Jeff	erson
101-6/03 1259 N. Wood St #201 Chicago IL Coc	
4	ok

Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business Michael A Trainor Oo, PC	Reason for Leaving
3/05-Present	523 Regents Gate Drive Henderson NV	Current
itle	Description of Duties	Name of Supervisor
President	Offhopedic Surgeon	Advanced Orthopedics: Sports Mediche
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/06-3/15	Michael A Trainor DO PC 2188 Forest Moto Red Prescott AZ	Moved
Title	Description of Duties	Name of Supervisor
President	Orthopedic Surgeon	Orthopaedic Specialists Central AZ
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8103-3105	Markond Orthopedic Special Ists of	Became Owner
Title Co.	Description of Duties	Name of Supervisor
Associate	Orthopedic Surgeon	Bertrand Kayper
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8102-8103	Leatherman Spine Institute	Finished Program
Title	Description of Duties	Name of Supervisor
Fellow	& Orthopaic Surgeon	Randall Puno
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
litle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial M7)

9. CHARACTER REFERENCES:

	List five charac		no have know y	ou five years or m	ore. Do not incl	ude relatives, pre	esent
Name of	Where Employed	Street	City State	Zip	Telephone	Years Kı	nown
Name [Daniel Burch	Fichome	. MacDonald Prescot		9)	76 17	years
Employer	Self	Business C) Hhope dic	Spacialists	of centra	N AZ	
Name <	Jarrod Lone	1	- resoft Va	rs track			years
	Self -	Business	Ace Hardu	sore 800	<u>928-308</u>	3952	777
	lark costes	Home 8	tal Hido:	Seeklane	4DB-		17 yours
	Self	Business	Horizon	Dental	<u> </u>	-	
Name F	rt Cambeir	O Home		chaerson NV7		6	lear S
Employer		Business		Plastic Su			
Name S	ean Phelar			Dr Prescott	AZ 86303	HU alve	17 years
Employer	Jensen: Asso	X . Business (attorner)			
10.	person's depos	ny safe deposit l itory? Yes □ N te the following	Vo X √	ch depository, acc	ess to any depo	sitory or do you t	use any other
Box Num	ber or Type of Depo	sitory	Location	City and State	Authoriz	ed Users	
				9052-11			
•							
11.		held a privilege	d, occupational	or professional lic	ense in any stat	e, including but r	not limited to
	the following: Liquor	Lawyer	Race horse/ra	ace dog owner	Securi	ties dealer	Insurance
	Doctor Accountant	Contractor Pilot		roker or salesmar		/Cosmetologist	Gaming
	Yes X No □			itei	rrame	r or manager	Educator
	If yes, state typ	e, where and ye	ears held				
***************************************	D.O Licens	e in Nevada	From 02/01/	2011 - Current			***************************************
	D.O License	e in Arizona	From 04/02/	2004 - Current			
12.	interest in a lice If yes, state typ	ensed business be, when and wh ames and addre	or industry OU ere and give na	te business, ventu TSIDE the State o ames and location rs and the agency	of Nevada? Yes sis of the busines	□ No X ses in which you	were
***********	••••••	*******************	***************************************	**************************************	*****		***********
***********				•••••	••••	•••••	•••••
***********) A N.	^
					Applicant	s initial $\mathcal{M}\mathcal{J}$	\
							Page 7

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No 🕱
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No 💢
If yes	to the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No ▼
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ☒
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No ★
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No X
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No ★
•••••••	
••••••	
**********	Date of photographApplicant's initial
	Applicant's Initial Page

STATE OF NEVADA	
SS.	
COUNTY OF CYAYY	
foregoing application and know the contents thereof; that the st contain a full and true account of the information requested; the misrepresentation or failure to reveal information requested may a manufacturer license; that I am voluntarily submitting this applications of the application of permit if the holder or applicant "Has obtained and of an application, or any record, affidavit or other information in further, that I have familiarized myself with the contents of New Controlled Substances Act, as amended, and the Regulations of promulgated thereunder and agree, if licensed, to abide thereby I hereby expressly waive, release and forever discharge agents from any and all manner of action and causes of action can, shall or may have against the State of Nevada, the licensis	tatements contained herein are true and correct and at I executed this statement with the knowledge that ay be deemed sufficient case for denial or revocation of olication with full knowledge that Nevada Revised ication of any person for a certificate, license, my certificate, certification, license or permit by the filing support thereof, which is false of fraudulent," and ada Statutes on Pharmacists and Manufacturer and the of the Nevada State Board of Manufacturer as y, the the State of Nevada, the licensing agency and their whatsoever which I, my administrators or executors
for a manufacturer license in the State of Nevada.	
········	Original Signature of Applicant
Subscribed and Sworn to before me this 26 day of the subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to before me this 26 has a subscribed and Sworn to be subscribed	BONNIE L. SMITH Notary Public State of Nevada No. 17-4217-1 My Appt. Exp. September 12, 2021
	(seal)

Applicant's initial M7

ADDITIONAL INFORMATION

	.400
······································	
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	•••••
***************************************	•••••

Applicant's initial Page 10

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Solution 2/27/2020 Signature 2/27/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for		Ambulatory Surge	ery Center				
. трриосион тол		Nature of Pharmacy or	Wholesaler		*******		•••
Las Vegas Insti		s of Business for Which Desig Surgery 7183 opplicable, Name Under Which			_{ed} gas, NV	, 89113	
1. PERSONAL IN	FORMATION:						
Last Name Flore	es	First Name Ra	ndy	Middle Nam	e N	oel	
Alias(es, Nicknames, Ma	aiden Name, Other Name (Changes, Legal or Otherwise)					
N/A							
Present Residence Addi	ress-Street or RFD	City		S	tate/Zip		
/ille Franch	e Street	Las Vegas Dates 3/2014-present		NV/	89145		
Present Business Addre Las Vegas Institute	ss for Advanced Surgery				tate/Zip		
7183 Advanced Way	/	Dates New center/Preser			/89113		
Present Position with the	e Pharmacy or Wholesaler			Phone: Residence			
Medical Directo	r of Ambulatory Su	rgery Center		Business	540-6	16-6372 Heifferon	
Date of Birth		Place of Birth (City, County,	State)	Conta	act. Wilke	Heilleron	
	М	ountain View, Sa	nta Clara	CA			
Age		curity Number	Tra Grava,		S	ex	
43		,			M	ale	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Н	eight	
Brown	Black	Brown	205 lbs	Tall, Thin, A	thletic	6'3''	
Scars, tattoos or di	stinguishing marks ar	nd/or characteristics	N/A				
Are you a citizen o	f the United States?	Yes X No □ If alier	ı, registration N	No N/A			••••
If naturalized, certif	ficate No	N/A	Date		N/A		
Place	N/A		(If naturalize	ed, documen	t must be	e verified.)	
2. MARITAL INF	ORMATION:						
Single Marr	ied 💢 Separated	☐ Divorced ☐	Widowed [Engage	d 🗆		
				Applicant's	initial	RF	Page 1

A.	Current Marriage	5/12/2	007-present	************	Las V	egas, Cla	ark, NV
	Spouse's full name (M	aiden) Mi	chele Renee C	orcuera	City, Cour S.S. No	ity and State	1
	Date of Birth		Place	of Birth Torra	nce, CA		
	Resident address	l Ville Fr	anche Street		CA State		•••••
	Telephone: Residence	e (702) 8	321-6420	Business	N/A		
	Spouse's employer						
	Address of employer	KI/A					*****
B. Pi	revious Marriages: If e						
Name		of Order Decree	Date of Place of Marriage			City County and S	tate
N/A					=		
	, , ,						
	List of names, current	address and	d telephone numbers	of previous spo	ouses:		
N/A	Name	Street	City	State		Zip Teleph	one
, , ,							
		<u> </u>					
2 54	MILVINGORMATION						
A.	MILY INFORMATION: Children and Depend						
	List all children, in Name	cluding ste Birth Date	p-children and adopte Birth Place	ed children and		owing information Address	ation:
Randy	Nicklaus Flores, JR.		Las Vegas, NV		ranche Stre	et, Las Vegas,	89145
Angel	line Summer Flores		Las Vegas, NV	Ville F	ranche Stre	et, Las Vegas,	89145
В.	Child Support Informa						
	Please mark th		,				
	I am not sul	oject to a co	ourt order for the supp	port of child.			
	pian approv	ed by the d	order for the support istrict attorney or other rsuant to the order; o	er public agency	children an enforcing	d am in comp the order for t	liance with a he repayment
	the order or	a pian app	order for the support roved by the district a mount owed pursuan	attornev or other	children an public age	d NOT in com ncy enforcing	pliance with the order for
	. ,		. a parasant		opplicant's i	nitial	e F

	trict atterney or public		la for ai	nforcing the child suppor	t order:	
	NI/A			morening the critic suppor		
Ad						
	rents:					
Lis		dresses, dates of	birth an	d most recent occupatio	ns of parents, s	tep-parents,
parents-	law or legal guardian	If retired or deceas	sed list	last address and occup	ation.	_
	me (Maiden)	Birth Date		ddress		Occupation
Father Floro A	A. Flores, JR.		į	0 Hornblower Ave. Las Vegas, NV, 89131		l Technician heed)
Mother				Hornblower Ave.	Software 7	Гесhnician
	ita D. Flores		i	Las Vegas, NV, 89131	(Hewlett	Packard)
Father-in-Lav Ronal	do Corcuera) Grey Bull Way Las Vegas, NV, 89128	Uk	oer Driver
Mother-in-Lar Teresa	« a Corcuera) Grey Bull Way Las Vegas, NV, 89128		Nurse
Lis the	rothers and Sisters: st names, residence ad eir respective spouses. me (Maiden)			nd most recent occupatio		and sisters and of
		Distri Date				Sales VP
Dale F	lores			ckapoo Ave., Las Vegas, N\		House Wife
Darlen	e Flores		3 K	(ickapoo Ave., Las Vegas	, NV, 89149	—————
N	/A					
Spouse N/	/A					
N	/A					
Spouse N/	/A					
Ť	N/A					
Spouse	N/A					
4. EDU	CATION:					
	Name of School	Lo	cation	Dates Attended		Graduate
Grammar School	Anthony Spangler 1	40 N. Abbott Ave, N	Milpitas,	CA, 95035		Yes No 🗆
High School	Milpitas High School 12	285 Escuela Pkwy, M	ilpitas. C	:A, 95035 1991-19	94	Yes No 🗆
College University	University of California Touro University Califo	, Davis 1 Shields	Ave., Da	avis, CA 95616 1994-19	NO.E	Ves No D
-	versity of Texas Health S	Science Center 70	000 Fan	nin Street, Suite 1880, F	Houston, TX 77030	Yes No 🗆
Type of d	egree obtained, if any	Bachelor of Scier	nce (BS)	, Doctor of Osteopathic N	Medicine (DO)	
College o	r university where obta	ined <u>UC Davis,</u>	Touro	University California, re	espectively	

Applicant's initial Page 3

5 MILITARY INFORMATION:

Λ.	riave you ever served	in any armed forc	æs?	res ⊔ No 🔼		
	Branch	N/A	Date o	f entry-active ser	vice N/A	
	Date of separation	N/A	Туре с	of discharge	N/A	*************
	Rating at separation	N/A	***************************************	Serial number_	N/A	
	While in the military se special or general cou regardless of where the	ervice were you ev	/er arrested for Yes □ No	an offense which If ves. furnish d	resulted in summary:	action a trial c
В.	Have you registered for	or the draft?	Yes □ No 🗵			
	County N/A	State	N/A	Date re	gistered N/A	
6. AF A.	RESTS, DETENTIONS not convicted.) Have you ever been a violation for any reaso	rrested, detained, n whatsoever, reg	charged, indictor	ed or summoned isposition of the e	to answer for any crin	ninal offense o
	Yes Li No LX If yes,	give details in spa	ce provided bel	ow. List all cases	without exception.	
)ate of A	rrest Age	Charge	Location-City and	State D	eposition/Date Arrest	ing Agency
B. C. D. F. G.	Has a criminal indictm arrested or in which yo page 10. Have you ever been quor committee? Yes Have you ever been so commission? Yes Have you ever been so Yes No Have you ever had a colf yes, when? Have you ever receive If yes when? Has any member of you if you answer to any of	uestioned or depo No X ubpoenaed to app No X ubpoenaed to test ivil or criminal rec N/A d a pardon or defe N/A ur family or of you	ean unindicted of seed by a city, since are or testify be sify for any civil, sord expunged of city, contained prosecution city, cour spouse's family	co-party? Yes cate, federal or law fore a federal, sta criminal or admin r sealed by a cou unty and state on for any criminal unty and state	No X If yes. furnish v enforcement agency ite or county grand juit strative proceeding of the order? Yes No N/A offense? Yes No N/A	details on y, commission y, board or r hearing?
ame		Relationship		Charge	Location	Date
lasmir	n Corcuera	Sister In-la	w [D.U.I.	Las Vegas, NV	6/2013

909 Alvarado Ave.

609 Anderson Rd., Apt. 182

9/1996-6/1998

9/1994-8/1996

part to a lawsuit : Yes □ No 🕱 (individual, member of a partnership, of as either a plaintiff or defendant or an Other than divorces) Is below. List all cases without excep-	arbitration as either a	a claimant or	
Plaintiff/Defendant or	Court and Case Date Filed Number	City, County and State		Disposition/Date
Claimant/Respondent I N/A	Date Filed Number	City, County and State		Disposition/Date
		2000	- 1830 X	
associated with i	partnership, business venture, sole p it as an owner, officer, director or part if yes, complete the following:			
Name of Fatile	T		pproximate Date	
Name of Entity N/A	Type of Entity	L(awsulu Albili Alloi	/Bariki upicy
, q				
7. RESIDENCES:				
	ave had for the last 25 years:			
Month and Year (From-To)	Street and Number	City	State or	County
3/2014-present	Ville Franche Stree	t, Las Vegas, 89	145	Nevada
10/2010-3/2014	8604 Estrelita Dr.	Las Vegas,	89128	Nevada
8/2010-10/2010	7540 Hornblower Ave	Las Vegas	89131	Nevada
6/2006-8/2010	12516 Rocky Cove Dr.	Pearland,	77584	Texas
8/2003-6/2006	5700 Ming Ave. #73	Bakersfield	93309	California
9/2001-8/2003	16 Oak Ave	Vallejo	94592	California
7/1999-8/2001	3811 H Street, #7	Sacramento	95816	California
7/1998-6/1999	717 Alvarado Ave. Apt. 163	Davis	95616	California

Davis

Davis

95616

95616

California

California

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year 8/2010- 4/2016	Name/Mailing Address of Employer/Business Southwest Medical Associates	Number of Employed Hours
	1800 W. Charleston Blvd., Las Vegas, NV, 89102	~11,500 hours
Title	Description of Duties	Name of Supervisor
Physician	Anesthesiologist	Samson Otuwa 702-208-7008
Month and Year 4-2016-present	Name/Mailing Address of Employer/Business Red Rock Anesthesia Consultants, LLC	Number of Employed Hours
4 2010 present	304 Jones Blvd., #884, Las Vegas, NV, 89107	~11,500 hours
Title	Description of Duties	Name of Supervisor
Physician	Anesthesiologist	N/A: Managing Partner of Group Contact Dr Hasan Khawaja, 702-325-465
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Dutles	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RF

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present

Name Mark Lopez Home Paseo Court, Las Vegas, 89117 2001-prese 2808 (Shiphyloral Health Suite 8, Las Vegas, NY, 89103 2001-prese 2808 (Shiphyloral Health Acetuc), Suite 8, Las Vegas, NY, 89103 2001-presen 2001-pr	Telephone Years Known	employer or employees. f Where Employed Street City State Zip	Name of V
Cilicians Medical Group Cilicians Medical Group Cilicians Medical Group Cilicians Patrick Watson Home Home Fiva Court, Encinitas, CA, 92024 2001-present Employer Kaiser Permanente Business 5893 Copely Drive, San Diego, CA, 92111 1999-present Randy Villanueva Home 7 Lansing Circle, Benicia, CA 94510 1999-present Business 975 Sereno Dr., Vallejo, CA 94589 Name Thuy Do Home 1 Serramont Court, Carmichael, CA, 95608 Remployer Kaiser Permanente Business 6600 Bruceville Rd Sacramento, CA, 95823 Name Glenn Ozoa Home 1 Pomona Ave., Albany, CA, 94706 2001-prese Employer Kaiser Permanente Business 200 Muir Rd., Hacienda Building, Martinez, CA, 94553 10. Have you ever held a privileged, occupational or professional license in any state, including but not limit the following: Liquor Lawyer Race horse/race dog owner Barber/Cosmetologist Gam Trainer or manager Educ Tyes S No □ If yes, state type, where and years held Doctor, Texas, 2009-2011 Doctor, Nevada, 2010-present Doctor, Neva	as, 89117 2001-present	Mark Lopez	
Name Patrick Watson Home Siva Court, Encinitas, CA, 92024 2001-present Singlover Kaiser Permanente Business 5893 Copely Drive, San Diego, CA, 92111 Name Randy Villanueva Home 7 Lansing Circle, Benicia, CA 94510 1999-present 1999-present Singlover Kaiser Permanente Business 975 Sereno Dr., Vallejo, CA 94589 Name Thuy Do Home Serramont Court, Carmichael, CA, 95608 1999-prese Semplover Kaiser Permanente Business 6600 Bruceville Rd Sacramento, CA, 95823 Name Glenn Ozoa Home 3 Pomona Ave., Albany, CA, 94706 2001-prese Semplover Kaiser Permanente Business 200 Muir Rd., Hacienda Building, Martinez, CA, 94553 10. Have you ever held a privileged, occupational or professional license in any state, including but not limit the following: Liquor Lawyer Race horse/race dog owner Securities dealer Insur Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gam Trainer or manager Educ Yes X No □ If yes, state type, where and years held Doctor, Texas, 2009-2011 Doctor, Washington, 2019-present Doctor, Nevada, 2010-present Doctor, Arizona, 2019-present 11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No X If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business venture or industry. N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada version of the publication of a privileged, occup or professional activity? Yes □ No X Island to the professional activity? Yes □ No X Island to the professional activity? Yes □ No X Island to the patricular authority in or outside the State of Nevada versional activity? Yes □ No X Island to the patricular authority in or outside the State of Nevada versional activity? Yes □ No X Island to the patricular authority in or outside the	gas, NV, 89103	Clinicians Medical Group Sana Behavioral Health 5975 W. Twain Avenue, Suite B, Las Vegas, NV, 8 Business	С
Name Randy Villanueva Home 7 Lansing Circle, Benicia, CA 94510			
Sumployer Raiser Permanente Business 975 Sereno Dr., Vallejo, CA 94589	riego, CA, 92111		
Serial DIT. Serial DIT.	4000		_{Name} R
Name Home Serramont Court, Carmichael, CA, 95608 Name 1999-prese	ejo, CA 94589	erKaiser Permanente Business 975 Sereno Dr., Vallejo, CA	Employer
Rame Glenn Ozoa Home 3 Pomona Ave., Albany, CA, 94706 2001-prese	carmichael, CA, 95608 ,o 1999-present	huy Do <u>Home i Serramont Court,</u> Carmichae	_{Name} Thi
Name	ramento, CA, 95823	er Kaiser Permanente <u>Business</u> 6600 Bruceville Rd Sacramento	Employer
10. Have you ever held a privileged, occupational or professional license in any state, including but not limithe following: Liquor Lawyer Race horse/race dog owner Securities dealer Insur Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gam Accountant Pilot Sports promoter Trainer or manager Educates Yes ☒ No ☐ If yes, state type, where and years held Doctor, Texas, 2009-2011 Doctor, Washington, 2019-present Doctor, Nevada, 2010-present Doctor, Arizona, 2019-present 11. Have you ever applied for a city, country of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒ If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business venture or industry. N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevany reason whatsoever? Yes ☐ No ☒ 13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occup or professional activity? Yes ☐ No ☒	CA, 94706 2001-present	Glenn Ozoa Home 3 Pomona Ave., Albany, CA, 947	Name (
the following: Liquor Lawyer Race horse/race dog owner Securities dealer Insur Doctor Contractor Real estate broker or salesman Barber/Cosmetologist Gam Accountant Pilot Sports promoter Trainer or manager Educ Yes No □ If yes, state type, where and years held Doctor, Texas, 2009-2011 Doctor, Washington, 2019-present Doctor, Nevada, 2010-present Doctor, Arizona, 2019-present 11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No ☒ If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business venture or industry. N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevany reason whatsoever? Yes □ No ☒ 13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occup or professional activity? Yes □ No ☒	ding, Martinez, CA, 94553	er Kaiser Permanente <u>Business</u> 200 Muir Rd. , Hacienda Building, Mart	Employer
Doctor, Nevada, 2010-present Doctor, Arizona, 2019-present 11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No ☒ If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business venture or industry. N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevany reason whatsoever? Yes □ No ☒ 13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occup or professional activity? Yes □ No ☒	og owner Securities dealer Insurance or salesman Barber/Cosmetologist Gaming	the following: Liquor Lawyer Race horse/race dog owner Contractor Accountant Yes No	
 11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No ☒ If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business venture or industry. N/A 12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevany reason whatsoever? Yes □ No ☒ 13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occup or professional activity? Yes □ No ☒ 	gton, 2019-present	Doctor, Texas, 2009-2011 Doctor, Washington, 201	
 Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No ☒ If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business venture or industry. N/A Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevany reason whatsoever? Yes □ No ☒ Have you ever been denied a personal license, permit, certificate or registration for a privileged, occup or professional activity? Yes □ No ☒ 	, 2019-present	Doctor, Nevada, 2010-present Doctor, Arizona, 2019-pr	
 12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nev any reason whatsoever? Yes □ No ☒ 13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occup or professional activity? Yes □ No ☒ 	E the State of Nevada? Yes □ No 🕱 and locations of the businesses in which you were	interest in a licensed business or industry OUTSIDE the Sta If yes, state type, when and where and give names and loca involved, the names and address of all partners and the age	11.
any reason whatsoever? Yes □ No ☒ 13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occup or professional activity? Yes □ No ☒		N/A	
or professional activity? Yes □ No 🗷	cy or similar authority in or outside the State of Nevada f		12.
If you to the above, state where when and for what reason:	mit, certificate or registration for a privileged, occupations		13.
N/A		to the above, state where, when and for what reason: N/A	If yes to
05	0 =	•••••••••••••••••••••••••••••••••••••••	************
Applicant's initial	Applicant's initial Page		

	Have you ever been refused a business or industry license or related finding of suitability participant in any group which has been denied a business or industry license or related suitability?	finding of Yes □ No 🌠
15.	Have you or any person with whom you have been a participant in any group been the s administrative action or proceeding relating to the pharmaceutical industry?	Yes No X
16.	Have you or any person with whom you have been a participant in any group ever been guilty or entered a plea of nolo contendere to any offense, federal or state, related to pre controlled substances?	found guilty, plead scription drugs and/o Yes □ No 🕱
17.	Have you or any person with whom you have been a participant in any group ever surrer permit or certificate of registration relating to the pharmaceutical industry voluntarily or of upon voluntary close of a wholesaler	ndered a license, therwise (other than Yes □ No 💢
18.	Do you have any relatives within the fourth degree of consanguinity associated with or enthanceutical or drug related industry?	
***********	Sandi Agustin (cousin) - Board certified Pharamacist, C	California
	Meredith Agustin (cousin) - Board Certified Pharmaci	
20. 21.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Will you be employed fulltime with the pharmacy or wholesaler? Clarification: Independent contractor/ Medical Director Will you be present at the site of the pharmacy or wholesaler during its normal operating hours?	Yes ⋈ No ☐ Yes ☐ No ⋈ Yes ⋈ No ☐
	Date of photograph 2/27/	2020
	Applicant's initial	RF
	· · · · · · · · · · · · · · · · · · ·	Page

COUNTY OF Clark

I, RANDY NOEL FLORES , being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of February, 200

(seal)

FRANKIE VARELA Notary Public, State of Nevada Appointment No. 12-9055-1

Applicant's initial RF
Page 9

ADDITIONAL INFORMATION

	N/A	
•••••		••••••

•••••		
	······································	**********

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Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

V Date 2 27 2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for			ASC	Prair	Macy		
ÞŢ	DVANCED Name a		Nature of Lice Nature	ic Il	GERY C	2	••••
	***************************************	If applicable	, Name Under Whi	ch It Is Now O	perated		
1. PERSONAL I Liu	NFORMATION:		Xin		Nick		
Last Name			First Name		Middle Na	me	
Alias(es, Nicknames, N	Naiden Name, Other Nam	e Changes,	Legal or Otherwise	e)			_
Saint Croix	x St		Hende	erson	1	IV, 89012	
Present Residence Add	dress-Street or RFD		City			State/Zip	_
7183 Advnaced		Dates		∕egas		IV, 89113	_
Present Business Addr			City			State/Zip	
Orhtopedic Sul Occupation	rgeon	Dates	05/2004 - c	urrent	Phone:		
					Residence		
3		Nings	kia, China		Business	702-740-5327	
Date of Birth			Birth (City, County,	State)	- Vinite		
47							
Age	Social	Security Nu	mber			Sex	_
Brown	Black			145		5' 7"	
Color of Eyes	Color of Hair	Comple	exion	Weight	Build	Height	
	listinguishing marks						
Are you a citizen c	of the United States?	Yes 🔀	No □ If alie	n, registratio	on No		
If naturalized, cert	ificate No	•••••	*******	Date		•••••	
Place				(If natura	alized, documer	nt must be verified.)	
2. MARITAL IN	FORMATION:						
Single 🗆 Mar	ried □ Separate	ed 🗆	Divorced 🗶	Widowed	☐ Engage)
							Page 1

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A.	Current Marriag	_{je} N/A				
		Dat	e		City, County ar	nd State
		Street		City	State	Zip
	Telephone: Re	sidence		Business		
	Spouse's employ	/er		Occupation		
	Address of empl	oyer Street		City	State	Zip
B. Pr	evious Marriage	s: If ever legally se	eparated, divorced, o	r annulled, indicat	te below:	
Name o	of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature o		unty and State
Jenni	fer Maire Liu	02/2013	09/2006		La	as Vegas, NV
3. FA A.		ependents: Iren, including step	-children and adopte	ed children and giv		
1.0	Name Dogan Jiong Liu	Birth Date	Birth Place Henderson	NV	Have	ensight Lane
	eter Mei Liu		^ Henderson) Have	n, NV 89052 ensight Lane n, NV 89052
В.	Child Support I	nformation: nark the appropriat	e response:			
*	🔀 I am	not subject to a co	urt order for the supp	oort of child.		
	plan	approved by the di		er public agency e		m in compliance with a order for the repaymen
	the o	rder or a plan appr		attorney or other p t to the order.		NOT in compliance with y enforcing the order for ial Page

FAMILY	INFORMATION-Continued District attorney or public ag		or enforcing the child sup	poort order:	
	Name			i	
	Address				
	Contact person				
C.	Parents:		••••••	•••••	
	List names, residence addr	esses, dates of birth	n and most recent occupa	ations of parents,	step-parents,
parents	- <u>in-law or legal guardian. If</u>	retired or deceased	list last address and occ	cupation	•
	Name (Maiden)	Birth Date	Address	capation.	Occupation
ather					
Liu	ı Yi Gen		Ruth Ct We	st Covina, CA	91792
Nother					
St	ın Wen Juan	- 10251 - 1016, 105	Ruth Ct We	st Covina, CA	91792
ather-in-	Law				,
Mother-in	-Law				
D.	Brothers and Sisters:	one datas of high	h and	ations of boothoos	
	List names, residence addr their respective spouses.	esses, dates of birti	n and most recent occup	ations of brothers	and sisters and or
	Name (Maiden)	Birth Date	^-da-ess		Occupation
Li	uke Liu	,	Grussell Street Whittier, CA 90603		
pouse			VVIII		
Spouse					
Spouse					
Spouse					
pouse					
			* . (
4. ED	UCATION:				
	(0.1				
Grammar	Name of School	Locatio	n Dates Attended		Graduate
School High			40/4007 0	0/4000	Yes No D
School	Alhambra High School	Alhamb	ra, CA 10/1997 - 0	0/1990	Yes No 🗆
College University	Western University		Second St College Plaza	00,1000	Yes No 🗆
	Osteopathic Medicine of the	ne Pacific Pomor	na, CA 91766-1889	6/1999	
Other					Yes No
Type of	degree obtained, if any	D.O.			
College	e or university where obtaine	Western Un	niversity Osteopathic	Medicine of the	e Pacific 🕝
Jonege	or university where obtaile	·u			/ //
				No 11 42 - 2 - 242 - 1	//
			F	Applicant's initial	Pag
					raç

5 MILITARY INFORMATION:

A.	Have you ever served in any armed	forces?	Yes □ No 💢						
	Branch	Date o	f entry-active service	ce	****************				
	Date of separation	Туре с	Type of discharge						
	Rating at separationSerial number								
	While in the military service were you special or general court martial? regardless of where they occurred-for	Yes □ No □	If yes, furnish deta						
B.	Have you registered for the draft?	Yes □ No 🔀							
	CountyState	e	Date regi	stered					
6. A F A.	RRESTS, DETENTIONS, LITIGATION not convicted.) Have you ever been arrested, detain violation for any reason whatsoever, Yes No If yes, give details in	ed, charged, indict regardless of the c	ed or summoned to lisposition of the ev	answer for any ent? (Except mir	criminal offense or or traffic citations.				
ate of A	Arrest Age Charge	Location-City and	State Der	osition/Date A	resting Agency				
В.	Has a criminal indictment, informational arrested or in which you were named page 10.	d as an unindicted	co-party? Yes □ I	No X If yes. fur	nish details on				
C. D.	Have you ever been questioned or do or committee? Yes ☐ No 🕱 Have you ever been subpoenaed to								
	commission? Yes No								
E.	Have you ever been subpoenaed to Yes ☐ No 🗶			·					
F.	Have you ever had a civil or criminal If yes, when?			order? Yes 📙	No 🔼				
G.	Have you ever received a pardon or	deferred prosecuti	on for any criminal						
	If yes when? Has any member of your family or of If you answer to any of the above qu	your spouse's fam estions (B through	nily ever been convi H) is yes, furnish d	cted of a felony? etails on page 10	Yes □ No 🕱).				
mę	Relations	hin	Charge	Location	Date				
ΠÇ	Relations	шр	Charge	Location	Date				
	PER SELL SEPERIOR SERVICE								
									
			Арр	licant's initial					
					Page				

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

7. RESIDENCES: ist all residences you have had for the last 25 years: onth and Year (From-To) Street and Number City 081999 - 06/2004 100 Harrington Blvd Mount Clemens 01/2005 - 08/2012 495 Melrose Heights St Henderson	
7. RESIDENCES: ist all residences you have had for the last 25 years: lonth and Year (From-To) Street and Number City 081999 - 06/2004 100 Harrington Blvd Mount Clemens 01/2005 - 08/2012 495 Melrose Heights St Henderson 08/2012 - Current Saint Croix St Henderson	
st all residences you have had for the last 25 years: Onth and Year (From-To) Street and Number City 81999 - 06/2004 100 Harrington Blvd Mount Clemens 1/2005 - 08/2012 495 Melrose Heights St Henderson 8/2012 - Current Saint Croix St Henderson	oximate Date(s) of uit/Arbitration/Bankruptcy
st all residences you have had for the last 25 years: Onth and Year (From-To) Street and Number City 81999 - 06/2004 100 Harrington Blvd Mount Clemens 1/2005 - 08/2012 495 Melrose Heights St Henderson 8/2012 - Current Saint Croix St Henderson	
Street and Number City 81999 - 06/2004 100 Harrington Blvd Mount Clemens 1/2005 - 08/2012 495 Melrose Heights St Henderson 8/2012 - Current Saint Croix St Henderson	
1/2005 - 08/2012 495 Melrose Heights St Henderson S/2012 - Current Saint Croix St Henderson	Olahari Olahari
1/2005 - 08/2012 495 Melrose Heights St Henderson 8/2012 - Current Saint Croix St Henderson	State or County MI 48042
3/2012 - Current Saint Croix St Henderson	NV, 89052
, S 9th St Alhambra	NV, 89012
	CA,91803
	18

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2006 - Current	Advanced Orthopedics & Sports Medicine	Current employment
Title	Description of Duties	Name of Supervisor
D.O	Dr.	
Month and Year 1/2006 - 10/2007	Name/Mailing Address of Employer/Business Knee & Shoulder institute of NV 9280 W Sunset Rd ste 422 Las Vegas, NV 89148	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Staff Physician	Staff Physician	
Month and Year 01/2005 - 12/2005	Name/Mailing Address of Employer/Business The Bone and Joint Institute of Southern Nevada 880 Seven Hills Dr Ste 140 henderson, NV 8905	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial_____

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9. CHARACTER REFERENCES:

Name of	Where Employed	Street	City State	Zip	Telephon	€		Years Kn	iown
Name /	Allison Hernandez	Home	Opulent Ros	e Ave Lv, NV	89183		05	9	
Employe	r	Business							· · · · · · · · · · · · · · · · · · ·
Name	Donovan Middleto	n _{Home}	Iron Spri	ings Las Vega	as, NV 8914	14		3	9
Employe	r	Business							
Name 4	Amanda Davis	Home	I Luna B	lanca Dr L\	/, NV 891	38 、	-70		6
Employe	r	Business							
Name	Brian Affronti	Home	Parado	r Cellars Ct	LV, NV 8	9141			. 8
Employe	ſ	Business							
Name	Ryan Craig	Home	San A	livia CT LV	NV 8914	1			8
Employe	r	Business							
10.	Do you have any s person's depositor If yes, complete to	y? Yes □ N he following	lo 🗆				·		
30x Num	ber or Type of Depositor	·y	Location	City and State		Authorized	Users		
11.	Doctor Co	wyer ontractor lot	Race horse/r Real estate b Sports promo	ace dog owner oroker or salesr		ny state, Securitie: Barber/C Trainer o	s deale osmeto	r ologist	Insuran Gaming Educate
11.	the following: Liquor La Doctor Co Accountant Pil Yes No	wyer ontractor lot where and ye	Race horse/r Real estate b Sports promo	ace dog owner proker or salesr oter		Securities Barber/C	s deale osmeto	r ologist	Insuran Gaming
11.	the following: Liquor La Doctor Co Accountant Pil Yes No If yes, state type, v	wyer ontractor lot where and ye where and ye will be will be will be will be and address and address when and when and address when and address when and address when and address when and address when and address when and address when and address when and address when and address when and address when and address and	Race horse/r Real estate b Sports promo ears held From 05/200 y, county of state or industry OU ere and give n	ace dog owner proker or salesr oter 4 te business, ver TSIDE the Sta ames and loca	man enture or indite of Nevada	Securitie: Barber/C Trainer o ustry licen Yes usinesses	s deale osmeto r mana se or h No 🔀 s in whi	r ologist ger eld a fii	Insurander Gaming Educate Gaming Edu
	the following: Liquor La Doctor Co Accountant Pil Yes No I If yes, state type, v D.O License in Have you ever app interest in a license If yes, state type, v involved, the name	wyer ontractor lot where and ye where and ye will be will be will be will be and address and address when and when and address when and address when and address when and address when and address when and address when and address when and address when and address when and address when and address when and address and	Race horse/r Real estate b Sports promo ears held From 05/200 y, county of state or industry OU ere and give n	ace dog owner proker or salesr oter 4 te business, ver TSIDE the Sta ames and loca	man enture or indite of Nevada	Securitie: Barber/C Trainer o ustry licen Yes usinesses	s deale osmeto r mana se or h No 🔀 s in whi	r ologist ger eld a fii	Insurander Gaming Educate Gaming Edu

13.	Have you ever appeared before any licensing agen any reason whatsoever? Yes □ No 💢	cy or similar authority in or outside the State of Nevada for
14.	Have you ever been denied a personal license, per or professional activity? Yes □ No 💢	mit, certificate or registration for a privileged, occupational
If yes	to the above, state where, when and for what reason:	
15.	Have you ever been refused a business or industry participant in any group which has been denied a b suitability?	usiness or industry license or related finding of Yes \(\square\) No \(\times\)
16.	Have you or any person with whom you have been administrative action or proceeding relating to the p	
17.	Have you or any person with whom you have been guilty or entered a plea of nolo contendere to any o controlled substances?	a participant in any group ever been found guilty, plead ffense, federal or state, related to prescription drugs and/o Yes □ No
18.	permit or certificate of registration relating to the ph upon voluntary close of a manufacturer	a participant in any group ever surrendered a license, parmaceutical industry voluntarily or otherwise (other than Yes No
19.		of consanguinity associated with or employed in the Yes ☐ No
•••••		
*******		Date of photograph
		Applicant's initial Page

STATE OF NEVACIA
SS.
COUNTY OF CYCANA
I, XID DICK LIU , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada. Original Signature of Applicant
Original Signature of Applicant
Subscribed and Sworn to before me this 21 day of
BONNIE L. SMITH Notary Public State of Nevada No. 17-4217-1 My Appt. Exp. September 12, 2021
(seal)

Applicant's initial

Page 9

ADDITIONAL INFORMATION

Applicant's initial______

Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2 27 2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for					
		e of License			
	ne and Address of Establish	ment for Which License Is	Requested	•••••	****
		fer Which It Is Now Operat	ted		
1. PERSONAL INFORMATION: Kuruvilla	Thomn	nan	Manjumn	nelkudiyil	
Last Name	First Nam	e	Middle Name		
Alias(es, Nicknames, Maiden Name, Other	Name Changes, Legal or Ot	herwise)			
Paradise Rd Unit 3202	La	s Vegas	NV,	89109	
Present Residence Address-Street or RFD		City	State	e/Zip	
7183 Advanced Way		as Vegas		89113	
Present Business Address		City	State	e/Zip	
Podiatrist Occupation	Dates 07/2006	s - current	Phone: Residence		
	West Babylon,	NY	Business	02-740-5327	
Date of Birth	Place of Birth (City, 0	County, State)			
43				Male	
Age So	cial Security Number			Sex	
Black Black		140		5'09"	
Color of Eyes Color of Hair	Complexion	Weight	Build	Height	-
Scars, tattoos or distinguishing ma		ics			
Are you a citizen of the United Sta	tes? YesX No □				
If naturalized, certificate No	N/A	Date	•••••	•••••	••••
Place N/A		(If naturalize	ed, document m	ust be verified.)	
2. MARITAL INFORMATION:					
Single □ Married X Sepa	rated Divorced	□ Widowed □	Engaged		
			Applicant's init	ial	De 4
				,	Page 1

ľ	M	Δ	RI	$T\Delta$	ΔI.	IΝ	JF	-0)F	₹I	M	Α	T	10	N	1-1	$\mathbb{C}_{\mathcal{C}}$	'n	tiı	nı	10	r

Α.	Current Marria	ae	April 16, 2013	•••••		_	•	k,Nevad	la
	Spouse's full na	me (Maiden)	^{Date} Larissa Deram a		Ci S	ty, Coun S.S. No	ty and State		
			Plac						
			aradise Rd Unit 32				8910	09	
		Sireei		OR	,	State	Zip		****
							•••••	***************************************	
	Spouse's emplo	yer N/A		Occup	ation	N/A			
	Address of emp	loyer	N/A			01-1-		•••••	••••
		Sireet		Cit	,	State	'		
B. Pr	evious Marriage		ally separated, divorced						
Name o	of Spouse	Date of Orde or Decree			Nature of Action		City County an	d State	
Smitha	a Sunny	2012	2004		Divorce	d	Ls Vega	s, Clark, I	٧V
	-			 					
	Name	Street	City		State		Zip Te	lephone	
3. FA A.	MILY INFORMA Children and E	Dependents:	a stop shildren and ada	ntad ahildre	on and aive	the fol	lowing infe	armation:	
	LIST all Chil Name	aren, Incluaino Birth D	g step-children and ado Date Birth Place	otea cullare			Address	ormation:	
Made	elme Kuruvilla		Las Vegas	s, NV	Ce	edar R	idge Lane	e, Dix Hills	s, NY 117
_									
В.	Child Support Please		ropriate response:						
	☑ I am	not subject to	o a court order for the s	upport of cl	nild.				
	plan	approved by	court order for the support the district attorney or c ed pursuant to the order	ther public					
	the	order or a plar	court order for the support of approved by the district the amount owed pursu	ct attorney	or other pui order.		ency enfor		

FAMIL	LY INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:	1318
	Name	
	Address	
	Contact person	
C.	Parents:	
parent	List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	
paront	in-law or legal quardian. If retired or deceased, list last address and occupation.	
	Name (Maiden) Birth Date Address Occupation	
Father	M. P Kuruvilk Cedar Rielgo W Doctor	
Mother	Jolly Kirink : Cedas Ridge or Banker	
Father-in	Servida Verama IIII Ex NV 891415+ Retired	
Mother-i	(with tells of W)	/
D.	Brothers and Sisters: List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses. Name (Maiden) Birth Date Address Occupation Cedar Ridge Lowe	(
Spouse	The second secon	ringran
	DIX Hills, NY 1746	
Spouse		
Spouse		
Spalled		
Spouse		
4. EI	DUCATION:	
	Name of School Location Dates Attended Graduate	
Gramma School	Commack Mindle 20031 , 400 Vanderbilt TKing Commonly NY - 1971 yes X NO [
High School	Saint Anthony High Schul 275 Wolfhill Relights 1725 1992 Yes DNO 1	
College Universi	New York College Of 1800 Parke Ave 1747 08/1999 - Yes	
Other	Manhatin College 4513 Manhatin 98 No 1	
Type o	of degree obtained, if any D.P.M. Colly Pkny Bronx NV 1047 1996	
Colleg	e or university where obtained New York College Of Podiatric Medicine	
	Applicant s initial TM	
		ge 3

Λ.	riave you ever served in any anned lorce:	Yes 🗆 No 🔏
	Branch	Date of entry-active service
	Date of separation	Type of discharge
	Rating at separation	Serial number
	While in the military service were you eve special or general court martial? regardless of where they occurred-foreign	arrested for an offense which resulted in summary action, a trial or es $\ \square$ No $\ \square$ If yes, furnish details on page 10. (List all incidents or domestic.)
B.	Have you registered for the draft?	es 🗆 No 🔯
		Date registered
6. AF	Have you ever been arrested, detained, conviolation for any reason whatsoever, regard	D ARBITRATIONS: (Include those arrests in which you were larged, indicted or summoned to answer for any criminal offense or dless of the disposition of the event? (Except minor traffic citations, provided below. List all cases without exception.
Date of A	Arrest Age Charge L	ocation-City and State Deposition/Date Arresting Agency
B. C. D. E. F. G.	arrested or in which you were named as a page 10. Have you ever been questioned or depose or committee? Yes No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name No Name Name No Name Name No Name Name Name Name Name Name Name Name	omplaint ever been returned against you, but for which you were not unindicted co-party? Yes No If yes. fumish details on d by a city, state, federal or law enforcement agency, commission or or testify before a federal, state or county grand jury, board or for any civil, criminal or administrative proceeding or hearing? d expunged or sealed by a court order? Yes No city, county and state ed prosecution for any criminal offense? Yes No city, county and state spouse s family ever been convicted of a felony? Yes No Source (B through H) is yes, fumish details on page 10.
lame	Relationship	Charge Location Date
	· · · · · · · · · · · · · · · · · · ·	Charge Location Date
		Applicant s initial

I.	Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes \(\subseteq \text{No} \) (Other than divorces) If yes, give details below. List all cases without exception, including bankruptcies:									
	If yes, give de	tails below. Li	st all cases without ex	ception, including bankruptcies:						
	Defendant or t/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date					
J.	associated will	ιη π as an own	, business venture, so er, officer, director or p ete the following:	le proprietorship or closely held partner) been a party to a lawsui	corporation (while you wer t, arbitration or bankruptcy					
	Name of Entity		Type of Entity		te Date(s) of bitration/Bankruptcy					
7. RE	ESIDENCES:									
ist all	residences you	have had for t	he last 25 years:							
nonth ar										
g]_	15-8 ZOUZ	Stree	cedar Ruge (ano Dix Hills	State or County					
_			- CV CA	orna covy	20 / Clary					
					7/10/1					
				71.						
				Applicant s i	nitial I					
				Applicants	Page					

Beginning with your c	urrent employment, list your work history, all businesses w	rith which you have been involved,
and/or all periods of u	nemployment since 18 years of age. Also, list all corporate hywhich you have been associated as an officer, director,	ions, partnerships or any other
7012 5008-com	Ut 1195 Halvance We, WV, NV 89113	Current Employ
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Podiatrist	Physica Owner	Rand Yee
Title	Description of Duties	Name of Supervisor
) L 2007-L	2000 3/98 Charling Rd, LV W	Sali-
Month and Year	Name/Malling Address of Employer/Business	Reason for Leaving
Padiatnot	Im smy Associti	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Person for Leguing
	Transming Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	and the second control of the second control	reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	- Inprojection	reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	The state of the s	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	The state of the s	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
	g	Notice Leaving
Title	Description of Duties	Name of Supervisor
If additional anges :	anded continue as and 40 and 11 th	
n additional space is n	eeded, continue on page 10 or provide attachment.	

	employer or er	nninvees	IIO IIAVE KIIOW S	ou live years or n	nore. Do not includ	te relatives, pr	esent
Name o	f Where Employed	Street	City State	Zip /	Telephone	Years k	(nown
Name	ViatorHun	Home	1 Crysh	1 Son NV		, 5)
Employ	er Vally Hugh	Business	Orthupede	Sun			
Name (Arix Catagoun	O Home .	- J Dean	Michally	1110-30	,36 -	
Employ	0 1 0 1	P Business	Or Mupel.	J Spire 3	m -		
Name	0	Home	2161	(Iven Welly	Of Will.	- 6	2
	11 7	Business	Brohm	Suly 111	1 4 11 56112		
Name	Kran M.	Home	K.Enca	planing it	V,NV 89/13		<u> </u>
Employe Name	Geof Tank	Business	1300	Uccello D	r LV NV	89138	in
Employe	EL	Home Business	Salun		2. 700	01170	10
10.	,						
10.	person s depos	Sitory? Yes 📙 I	No DX	cn depository, ac	cess to any deposit	ory or do you	use any other
	if yes, comple	te the following	g: [∠])				
Box Nur	nber or Type of Depo	ository	Location	City and State	Authorized	Users	
11.	House you sugar	hald a salation.					
11.	the following:	neid a privilege	d, occupational	or professional lie	cense in any state,	including but i	not limited to
	Liquor	Lawyer		ace dog owner	Securitie		Insurance
	Doctor Accountant	Contractor Pilot	Sports promo	roker or salesmai		osmetologist	Gaming
	Yes ⋈ No □	1 1100	Oports promo	(C)	ramero	r manager	Educator
	If yes, state typ	e, where and ye	ears held				
**********	D.P.M Licer	nse in Nevad	a From 07/2	2006 - Current		***************************************	**********
********	****************	***************************************			***************************************	***************************************	
		***************************************	***************************************			•	
12.	Have you ever interest in a lice	applied for a city	y, county of stat	te business, ventu	ıre or industry licen of Nevada? Yes □	se or held a fi	nancial
	If yes, state typ	e, when and wh	ere and give na	ames and location	is of the businesse:	s in which you	were
	involved, the na venture or indus	ames and addre	ss of all partner	s and the agency	responsible for lic	ensing said bu	siness,
•••••	·····		***************************************	***************	•••••	•••••	
*********	**************************************						

	***************************************	************************	*********	***************************************			7 4
					Applicant s i	nitial	/
					••		Page 7

13.	15. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No ■										
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ★										
If yes	to the above, state where, when and for what reason:										
15.	Have you ever been refused a business or industry liparticipant in any group which has been denied a bus suitability?	cense or related finding of suitability or been a siness or industry license or related finding of Yes □ No 🗶									
16.	Have you or any person with whom you have been a administrative action or proceeding relating to the pha	participant in any group been the subject of an armaceutical industry? Yes □ No									
17.	Have you or any person with whom you have been a guilty or entered a plea of nolo contendere to any offecontrolled substances?	participant in any group ever been found guilty, plead ense, federal or state, related to prescription drugs and/or Yes □ No									
18.		participant in any group ever surrendered a license, maceutical industry voluntarily or otherwise (other than Yes □ No									
19.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?	consanguinity associated with or employed in the Yes □ No									
••••••											
•••••											
•		Dete of photograph									
		Date of photograph									
		Applicant s initial Page 8									

COUNTY OF CLACK

I, Thoman Kurlylla, being duly swom, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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Original Signature of Applicant

Subscribed and Swom to before me this 2 day of

BONNIE L. SMITH lotary Public State of Nevada No. 17-4217-1 Appt. Exp. September 12, 2021

(seal)

Applicant s initial

Applicant s initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/26/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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Application for Pha	rmeey				
LAS Veges 7/83 Adi	Pastituto	Nature of Lic	sense Scotte	era C.C.C	
2183 Ad	Name and	Address of Establishment f	or Which License Is Re	quested	
1103 1140	If a	pplicable, Name Under Wh	ich It is Now Operated	8.7//3	
1. PERSONAL INFO		N/A			
I. PERSONAL INFO	RIVIATION:				
Last Name BORS &		First Name		Middle Name	
Alias(es, Nicknames, Maider	n Name, Other Name C	Changes, Legal or Otherwis	e)	, , , ,	
NA					
Present Residence Address	-Street or RFD 1/2/2	Dates - Prosent City	2 1 (State/Zip	
Colt	57.	Dates	crminshan	n MI Y	8009
Present Business Address	1 / 100	- Prosent City	1/10-0	State/Zip NV 89	113
7/83 Advance	3 WAY	Dates CM-3	V7393	Dhama	
CEO				Residence / CONT	
				Business (916) 6	98-4200
Date of Birth		Place of Birth (City, County	, State)	2 5	
21. 7.0		Evanston	, cook, 1	2	
Age	Social Sec	curity Number		Sex	
56				m	
Color of Eyes	Color of Hair	Complexion	Weight	Build Heigl	nt
Brown	Brown	white	200	m 6	13
Coors tottoos or distin		d/or oborootoriotics	11001		
Scars, tattoos or distin	guishing marks an	d/or characteristics	Nonz		*********
Ass you a citizen of the	Limited States	Voc Mo□ If elic	n registration No.		
Are you a citizen of the	: United States?	Tes No - II alle	en, registration No		
If naturalized, certificat	e No		Date		••••••
Place			(If naturalized.	document must be ve	erified.)
					,
2. MARITAL INFOR	MAHON:				
Single □ Married	Separated Separated	□ Divorced □	Widowed	Engaged □	
				oplicant's initial	193
			Ą	phicant a mittal	Page

. Current Marriag Snouse's full par	Date me (Maiden)	a Conden Cani	City, City,	County and State No	
Date of Birth	/ /			sn, el	
Resident addres				n C 48009	
	Oli Obi		ony .	2.0	
	sidence Nowo				
	yer None				•••••
Address of emplo	oyer Non -		City S	State Zip	
B. Previous Marriages	s: If ever legally sepa	rated, divorced, or	annulled, indicate be	elow:	
ame of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State	
helissa Bors	T'',	6/9/96		Chicaso, Coo.	
Lison Borst	12/04	8/5/27		orangerale, SA	
		- /			
	ependents: Iren, including step-ch			e following information	n:
cody Borst	Birth Date	SAC ramento	, CH JA	dence Address udgwick On. Ros	
Katelyan Bul	ist	Storemen To	CA	ole 31, Birmins	tam, mf 4
Nyatt + 5	Ulianna Bor	Steramento, est (Twins)) Evans70	ole 31, Birmins	. Bi Iminshoon
B. Child Support I			•		
21.04	mark the appropriate r				
I am	not subject to a court	order for the suppo	ort of child.		
plan		ct attorney or other		en and am in compliand cing the order for the r	
the o		ed by the district att	corney or other public to the order.	en and NOT in compliant agency enforcing the cant's initial	
				,	Page 2

FAMIL	Y INFORMATION-Continued District attorney or public agency responsible for enforcing the child support order:	13,
	Name	
	Address Contact person	
C.	Parents:	
	List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	
parent	in-law or legal guardian. If retired or deceased, list last address and occupation.	
	Name (Maiden) Birth Date Address Occupation	
Father		
Pr	ter Borst Blackhawk Cm. Lincoln, CA 95648 CFO	
Mother		
Ca	men Berlanga 2 West Smokey DR. Surprise, AZ 85374	, Ma
Father-in	in Gnigdelc Aobinerest lane Lindenhurst, IL 60064 Saks	
Mother-i	ı-Law	
Bor	nie Lucas (barken) hranges Blud. Litte Villa, IL 60046	-1 6
D.	Brothers and Sisters:	ent
٥.	List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of	
	their respective spouses. Name (Maiden) Birth Date Address Occupation	
K.	Borst Cement 17:11 Rd. Friefleld, CA 94533	
Spouse	DOIS!	
200		
mie	elle Thompson Club Rd. Slerwood, BR 72/20 Homemaker	
Spouse	he_	
Kel	y Francson DW. Spur DR. Peoria, AZ 85383	
Spouse		
PHU	Frandsen Peg/rstate as	
Casuas		
Spouse		
4. El	PUCATION:	
	Name of School Location Dates Attended Graduate	
Gramma School	Schaumburg Elementary Schaumburg, IL 1973-1974 Yes & NO [
High School	NAPA High School Naph 14 1980-1981 Yes X NO [
College	Colifornia State Mainer Sit Stanger ID	
	1639-1992	
Other	A. I.I. A. C. O.I. A. T. O. I. S. O. I.	
Type o	f degree obtained, if any DAChelor of Scirne Accounting	
Colleg	e or university where obtained (9/1/Formis State University Sacvamento	
	783	
	Applicant's initial Page 3	
	1 490	

5 MILITARY INFORMATION:

A.	Have you ever served in any armed for	ces?	res □ No		
	Branch	Date of entry-active service			
	Date of separation	Type of o	discharge		
	Rating at separation		Serial number		
	While in the military service were you e special or general court martial? regardless of where they occurred-fore	Yes □ No □ I			
B.	Have you registered for the draft?	Yes ✓ No □			
	County NAPA State	CA	Date registere	d untrown	
6. A l	RRESTS, DETENTIONS, LITIGATIONS not convicted.) Have you ever been arrested, detained violation for any reason whatsoever, re Yes No 🗆 If yes, give details in spa	, charged, indicted gardless of the dis	or summoned to answ	ver for any criminal o (Except minor traffic	ffense or
Date of			ate Deposition		nnov.
50.70000	2 20 Firthess div	/ A .	nto, A H un Enou	N/Date Arresting Age	1 to Count
	L CO TRUESTAND	(3)			
					_
B.	Has a criminal indictment, information of arrested or in which you were named a page 10.	s an unindicted co-	-party? Yes 🗆 No 🔀	If yes. furnish detai	ils on
C.	Have you ever been questioned or dep or committee? Yes □ No ☑				
D.	Have you ever been subpoenaed to ap commission? Yes □ No 🛣	pear or testify befo	ore a federal, state or o	county grand jury, boa	ard or
E.	Have you ever been subpoenaed to tes	stify for any civil, cr	iminal or administrativ	e proceeding or hear	ing?
F _{ee}	Yes ⋈ No □ Have you ever had a civil or criminal re	cord expunged or	sealed by a court orde	r? Yes 🗆 No	
G.	If yes, when? Have you ever received a pardon or de	city, cou eferred prosecution	nty and state for any criminal offens	se? Yes □ No A	
H.	If yes when? Has any member of your family or of	city, cou our spouse's family	nty and state ever been convicted o	of a felony? Yes 🔲	No A
Name	Relationship		Charge	Location Da	te
	1 100 100		A SIMON		
					3
			-	MB	
			Applicant	's initial 1M/	Page 4

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you wassociated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankrupter yes No If yes, complete the following: Name of Entity Type of Entity Approximate Date(s) of LawsuitiArbitration/Bankruptcy	nintiff/Defendant or aimant/Respondent	Date Filed	Court and Cas	е	City, County and State		isposition/Date	e
J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you wassociated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankrupter yes No If yes, complete the following: Name of Entity	aintiff	C .		SUINR	1		^	
associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankrupter yes to No I f yes, complete the following: Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy								
Yes No If yes, complete the following: Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy Name of Entity Type of Entity LC Aumerous See About Aumerous See About Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy Namerous See About Namerous See Abo								
Name of Entity Type of Entity Lawsult/Arbitration/Bankruptcy Nosing Institute of Michigan LLC Aumerous (See Above August Sursing Centy LLC Aumerous (See Above Avance) Sursery Center LLC Mumerous (See Above Inth and Year From-To) Street and Number City State or County 1/20 - Present Cole St. Birminsham MI 1/3-12/19 1/3-5/15 1/39 N. Largber St. Chicago, IL					ner) been a party to a la	awsuit, arbitra	tion or bank	ruptcy
ald Mountain Sursical Center LLC Numerous (See above duance) Sursery Center LLC Numerous (Straboure Residences) Sursery Center LLC Numerous (Straboure Residences) you have had for the last 25 years: Strab all residences you have had for the last 25 years: Street and Number City State or County 1/20 - Present Cole St. Birminsham MI 1/3-12/19 1595 bissell st. unit 1 Phicaso, IL 1/3-5/15 129 N. Laraber St. Chicago, IL	Name of Entity		Type of Entity					
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Applicant's initial					7.451100		11	Pag

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Addres	s of Employer/Business	the of munda ch	eason for Leaving	
9/18- present	1975 0 4 51.	birminshon, M	£ 48009		
Title C	Description of Duties	perations	N	ame of Supervisor	
Month and Year 3/18 - present	Name/Mailing Addres	s of Employer/Business	ancet Or Shypert;	eason for Leaving	المناسع در
Title 60	Description of Duties	Ofen Flons	N	ame of Supervisor	
Month and Year 9/18-Presen T		ss of Employer/Business Enstrant For Colored Way Los V	Advanted Surgers	eason for Leaving	
Title Managin member	Description of Duties	Operation 3	N	ame of Supervisor	
Month and Year 5/17- Arrsent	Physician Espe 1975 Colf St.	ss of Employer/Business	rentros, CLC RI	eason for Leaving	
Title CEO	Description of Duties	operations	N	ame of Supervisor	
Month and Year 5/17 - Pre Sen /	Name/Mailing Addres	ss of Employer/Business	THE PERSON NAMED IN	eason for Leaving	
Title	Description of Duties	1	N	ame of Supervisor	
managing ma	emby Supe	Vuise ofers	lons		
Month And Year pros.	Sursical Co	ss of Employer/Business	GREN RJ. \$109	eason for Leaving	
Title	Description of Duties	- 4	N.	ame of Supervisor	
langsing mem	ber Supervis	c operations			
Month and Year 7/15	Name/Mailing Address	ss of Employer/Business Sursicenter Igen Aur, STT. 9		eason for Leaving	Business
Title Manosins memb	Description of Duties	'se Operation	N	ame of Supervisor	
Month and Year 3/20/0-	Name/Mailing Addres	ss of Employer/Business	sul a R	eason for Leaving	
Title	Description of Duties			ame of Supervisor	
CEO	Supervisa	Operation.	5		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial Page

Page 6

9. CHARACTER REFERENCES:

	List five charac	ter reference what the second	no nave know yo	ou live years or more.	Do not include relatives, pre	esent
ne of	Where Employed		City State	Zip Tel	ephone Years Kr	nour Court
me /	vick Frisc			Bloomfield Hill		-
	on provident	L Nochuster			, MI 48307 (248) 652-	5000 5 Years
	Teff Declair			1. Rophester, mt		- 6 Years
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mel V	AS OFFISION	TI Home	Pertners 16	5/w. Golf Rd. C	ibertyville, IL 60	1048 - 0 Jean
ploye	1 111					-
me /	taishan M		PONTIS	c grail West	Bloomfir 10, ME 48323	TEAL
ploye	to modicily	100 Business /3	630 Mich	SAN AVI. Drais	un, m 5 48/26	12 year
	person's depos If yes, comple	sitory? Yes Note the following	No 🔀		to any depository or do you i	
<u>k Num</u>	nber or Type of Depo	sitory	Location	City and State	Authorized Users	
11	Have you ever	held a privilege	d occupational	or professional licens	e in any state, including but r	not limited to
11.	the following: Liquor Doctor Accountant Yes X No	Lawyer Contractor Pilot	Race horse/ra Real estate be Sports promo	ace dog owner roker or salesman	e in any state, including but r Securities dealer Barber/Cosmetologist Trainer or manager	not limited to Insurance Gaming Educator
11.	the following: Liquor Doctor Accountant Yes X No	Lawyer Contractor	Race horse/ra Real estate be Sports promo	ace dog owner roker or salesman	Securities dealer Barber/Cosmetologist	Insurance Gaming
	the following: Liquor Doctor Accountant Yes No □ If yes, state typ	Lawyer Contractor Pilot be, where and ye	Race horse/ra Real estate be Sports promo ears held	ace dog owner roker or salesman	Securities dealer Barber/Cosmetologist	Insurance Gaming
	the following: Liquor Doctor Accountant Yes No I If yes, state typ Have you ever interest in a lice If yes, state typ	Lawyer Contractor Pilot De, where and year applied for a city ensed business De, when and whames and address	Race horse/ra Real estate be Sports promo ears held ntant y, county of stat or industry OUT here and give na	ace dog owner roker or salesman ter 799 - 2007 te business, venture of rSIDE the State of Neames and locations of	Securities dealer Barber/Cosmetologist Trainer or manager or industry license or held a fi	Insurance Gaming Educator nancial
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(9	the following: Liquor Doctor Accountant Yes No I If yes, state typ Have you ever interest in a lice If yes, state typ involved, the naventure or indu	Lawyer Contractor Pilot De, where and year applied for a citiensed business De, when and whames and address Destry.	Race horse/ra Real estate by Sports promo ears held ntant y, county of state or industry OUT here and give na ess of all partner	te business, venture of SIDE the State of Neames and locations of sand the agency res	Securities dealer Barber/Cosmetologist Trainer or manager or industry license or held a fierada? Yes No □ the businesses in which you	Insurance Gaming Educator nancial were usiness,

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒️
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No X
If yes	to the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No □
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No 🏋
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No.
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No
	Date of photograph
	Applicant's initial Page 8

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this

Applicant's initial 11/

ADDITIONAL INFORMATION
6 E) I've been Subpoened to trutty on numerous organions as
8. Employment (Cont.) 1/09-7/13 Sursing 1 firstitute of michigan CCC Sold Business mangging member 33545 Cherry HILL AD. Wastland, ME 48188
5/09-12/14 Surginal Institute of Monroe, U.C. 50/2 Business manasing member 1075 S. Telegraph Bd. Monroe, MI 48/61
7/08-present Smith Aeld Medical Development, Inc. CEO 1975 Cale St. Birminsham, MI 48009
Managing Member 600 Health Park Blud Grand Blanc, ME 48139
5/18- present precision Surgery Center, LCC Managing Member 22701 /tall Rd. Maramb, Inf 48042
MIMBER 23701 Hall ad Macomb Township, mf 48042
Manasina member 1975 Cala St. Birminaham, MI 48009
6/19- fresent Grass Lates Reg / Estate, CLC manazins member 1975 cole st. Birmin, ham, mf 48005
2/07 - Present Byta Consultins aroup LLC member 1975 Cole St. Birminsham, M.P.
1/99-7/09 BONST + ASSOCIATES, ENC. 501/COMPANY CEO 6538 Long Tree Blud. Apolicon, CH 95765
Manaser 1620 Legottill Blud. Roseville, OA 95678
7/95-6/96 Dong/OC135Avoy, C.P.A- Found Better Job Staff Accountant FAIR ONKS, CAT Applicant's initial TVB 3/02 0/05 0000000000000000000000000000000
2/93-7/95 ArThur Anderson, LLP Found Better Jobs staff Accountant SACramento, CM

5QQQ

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

□ New Pharmacy or □ Ownership Change (Provide current Check box below for type of ownership and complete all references.)						
Corporation or Partnership.						
□ Publicly Traded Corporation – Pages 1,2,3,10,11a&b Partnership - Pages 1,2,6,10,11a&b						
Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b Sole Owner – Pages 1,2,8,10,11a&b						
GENERAL INFORMATION to be completed by all	types of ownership					
Pharmacy Name: DESERT DRTHOPAGDIC CE						
Physical Address: 2800 tast DESERT INA						
City: LAS VEGAS State: Zip C	Code: NV Telephone: 89/21					
Fax:	Toll Free Number:					
E-mail:						
Website:						
Managing Pharmasist: Ma Casa P.O.	Linguis Number 1000					
Wallaying Fliatillacist. It a rule received the	License Number: 1068					
Managing Pharmacist: Mary Green RPh TYPE OF PHARMACY AND						
TYPE OF PHARMACY AND	SERVICES PROVIDED					
•						
TYPE OF PHARMACY AND	SERVICES PROVIDED					
TYPE OF PHARMACY AND Yes/No	SERVICES PROVIDED Yes/No					
TYPE OF PHARMACY AND Yes/No □ □ □ Retail	Yes/No □ □ Off-site Cognitive Services					
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds)	Yes/No ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral					
TYPE OF PHARMACY AND Yes/No □ □ □ Retail □ □ □ Hospital (# beds) □ □ □ Internet	Yes/No ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ☐ ☐ Parenteral (outpatient)					
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet No Nuclear Ambulatory Surgery Center Community	Yes/No ☐ □ Off-site Cognitive Services ☐ □ Parenteral ☐ □ Parenteral (outpatient) ☐ Outpatient/Discharge					
TYPE OF PHARMACY AND Yes/No □ □ □ Retail □ □ Hospital (# beds) □ □ Internet □ □ □ Nuclear □ □ Ambulatory Surgery Center	Yes/No ☐ ID Off-site Cognitive Services ☐ ID Parenteral ☐ ID Parenteral (outpatient) ☐ Outpatient/Discharge ☐ Mail Service					
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet No Nuclear Ambulatory Surgery Center Community	Yes/No ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care					
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet No Nuclear Ambulatory Surgery Center Community	Yes/No ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding					
TYPE OF PHARMACY AND Yes/No Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other: Pelsocky Center	Yes/No ☐ ☐ Off-site Cognitive Services ☐ ☐ Parenteral ☐ ☐ Parenteral (outpatient) ☐ Outpatient/Discharge ☐ ☐ Mail Service ☐ ☐ Long Term Care ☐ ☐ Sterile Compounding ☐ Non Sterile Compounding					

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withi	n 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 🎏
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation ms of any documents that identify the circumstance or contain an order, agree sition may be required.	ust be attached. ment, or other
correc	by certify that the answers given in this application and attached documentat t. I understand that any infraction of the laws of the State of Nevada regulat tion of an authorized pharmacy may be grounds for the revocation of this per	ing the
correct emplo backg	read all questions, answers and statements and know the contents thereof. penalty of perjury, that the information furnished on this application are true, t. I hereby authorize the Nevada State Board of Pharmacy, its agents, serva yees, to conduct any investigation(s) of the business, professional, social an round, qualification and reputation, as it may deem necessary, proper or des	accurate and nts and d moral irable.
Ørigin:	al Signature of Person Authorized to Submit Application, no copies or stamps	S
	Iame of Authorized Person 9/15/2e z	•
	lame of Authorized Person Date	

Board Use Only Date Processed: _____ Amount: ____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

T (D)		× ×		
Type of Partnership:	General	Limited /\	_	
List names of 4 largest partners and pe	•	•	~ · · ·	
Name: MICHAEL MIAO	WD	-a	<u>%:</u> 5 · 11	_
Name: TROY WATSON, 1	ND		%: 5.11	
Name: ANDREW KIM	DO		%: <u>5.11</u>	
Name: PARMINDER LA			%: <u>5.11</u>	
Partnership Name: Fustitute a	f Orthoppedi	(Surgey,	LLC	
Partnership Name: Fusfitute of Mailing Address: 2800 East D	esert Inn 1	Ld. #150	J WHI	7
City, State Zip Code: Las Vegas	NV 8912	(et ogt en	
Telephone Number: 702.735.7	Fax Numb	per: 762.	735.7521	
Contact Person: Ermie Ellis	H		18 1 1	
List any physician shareholders and pe	•	•		
Name: SEE ATTACITED L	-151		_%:	_
Name:			_%:	_
Name:			_%:	_
Hours of Operation for the pharmacy	7:			
	_			
Monday thru Fridayam	_pm	Saturday		_pm
Sundayam	_pm	24 Hours		
A Nevada business license is not requirelicense please provide the number:	red, however if the	pharmacy has a	Nevada business	

Ownership	Names	%
John	Baldauf	5.11%
Hugh	Bassewitz	5.11%
Thomas	Dunn	5.11%
Roger	Fontes	5.11%
Matthew	Fouse	5.11%
Chad	Hanson	5.11%
Lawrence	Huff	5.11%
Parminder	Kang	5.11%
Andrew	Kim	5.11%
Daniel	Lee	5.11%
Michael	Lee	5.11%
Michael	Miao	5.11%
Russell	Nevins	3.83%
Andrew	Park	4.26%
Archie	Perry	5.11%
Abdi	Raissi	5.11%
William	Stewart	5.11%
Craig	Tingey	5.11%
Troy	Watson	5.11%
_		

Richard

Winder

5.11%

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

1, EZNIE ELLIOTT
Responsible Person of DESERT ORTHOPAEDIC CENTER RECOVERY CENTER
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.
atut
Original Signature of Person Authorized to Submit Application, no copies or stamps
ELWIE SULOTT 4/15/20

Print Name of Authorized Person

Managing Pharmacist

Pharmacist Name: Mary Grear License #: 10	6 X	1				
Pharmacist Name: Mary Grear License #: 10 Pharmacy Name: DESERT ORTHOPAENIC CENTER RECOVERY CENTER	·	_				
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hour report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause at the inventory to be on file at the pharmacy.	s of th	ie				
I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.						
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.						
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or	Yes	No				
physical condition that would impair your ability to perform the essential functions of your license?	盟	A				
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		×				
2. been the subject of a board citation or an administrative action whether completed or pending in any state?						
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		Ħ				
If you marked YES to any of the numbered questions above, please include the following information						
Board Administrative Action: State: NV Date: 2002 Case #:		_				
And/or Criminal Action: State: Date: Case #: County Court:		- -				

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- 1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- 2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Maurara RPh 2/13/2000 Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

MDate 4/15/2020

Page 1

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for		rmacy License				
Desert Orth	nopaedic Center	Recovery Center	of License , 2800 E. Desert	Inn Rd.,	#200, Las	Vegas, NV 89
	Name	and Address of Establishm	ent for Which License Is F	Requested	****************	······
***************************************	***************************************	If applicable, Name Unde	er Which It Is Now Operate	ed	***************************************	
_Kim	INFORMATION:	Andrew		B.		
Last Name		First Name		Middle Na	ime	
Alias(es, Nicknames,	Maiden Name, Other Nar	me Changes, Legal or Othe	erwise)			
Plaza [De Rafael	Las \	/egas		NV 89102	2
Present Residence A	ddress-Street or RFD		ity		State/Zip	
		Dates				
Present Business Add		Ci			State/Zip	
Provider/Par	tner		017			
Occupation				Phone: Residence	, 1	
		Chicago, IL		Business	702-731-	1616
Date of Birth		Place of Birth (City, Co	unty, State)			
42		1			Male	
Age	Social	Security Number or ITIN			Sex	
Brown	GREY	med	24516		6	1"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Heigh	t
	distinguishing marks	and/or characteristics	sMY			
Are you a citizen (of the United States?	Yes → No → If	alien, registration No		••••	***************************************
f naturalized, cert	tificate No		Date			
Place			(If naturalized,	document	t must be ver	ified.)
2. MARITAL INI	FORMATION:					,
Single • Mar	ried Separate	d • Divorced	◆ Widowed ◆	Engage	d →	1
			Aı	pplicant's i	initial 4	/

MARI	TAL INFORMATION-0	Continued	03/26/13			
A.	Current Marriage_	Date		1 0 C	ity, County an	d State
	Spouse's full name	(Maiden) GH	empa pola	tre s	S# or ITIN_	
	Date of Birth		Place o	f Birth Ch	cago	ILLINOLS
	Resident address_	3220 Pla	Place o	LV	MV	89102
						Zip
			110002			•••••••••••
	Spouse's employer	Mar		Occupation	register	ad Mune
	Address of employe	r	or all safe soft			
		Street		City	State	Zip
3. F	Previous Marriages:	If ever legally se	parated, divorced, or	annulled, indicate	below:	
me		e of Order or Decree	Date of Place of Marriage	Nature of Action		nty and State
21116	(NF		Of Warnage	Action		rily and State
_						
	74 2 2					
	List of names, curre Name	nt address and to Street	elephone numbers of City	of previous spouse State	S: Zip	Telephone
	(MP)					
3. F A.	AMILY INFORMATIO Children and Depe					
_	List all children	. includina step-	children and adopted			
	Name	Birth Date	Birth Place	R	esidence Add	- 4
	Elijah	- , ,	(as Vests		1	a Re Reball
6	inke		ins liegs	\$	plazo	De Ruftel
					·	
B.	Child Support Info	rmation:				
	Please mar	k the appropriate	response:			
	■ I am not	subject to a cour	rt order for the suppo	ort of child.		
	■ I am sub	iect to a court or	der for the support o	f one or more child	lren and an	n in compliance with a
	plan app	proved by the dist				order for the repayme
						OT in compliance with enforcing the order for
			ount owed pursuant			V
				Appl	icant's initi	alPag
						Pa

	NFORMATION-Continued istrict attorney or public agency i	esponsible for enforc	cing the child support order	
	ame	cependible to: onlon	sing the sime support order.	
A	ddress			
C	ontact person			
	arents:			
Li arents-	st names, residence addresses,	dates of birth and mo	ost recent occupations of par	ents, step-parents,
	law or legal quardian. If retired	or deceased. list last	address andoccupation	
Na	me (Maiden) Birth (Date Address		Occupation
ather	CI V.	V 1.	N. Knox	- 1
37470	Chyl Kim	ckok	10 11 60076	Re tred
Mother	B KIM (SUMN) .	L	N. KAOX	
ather-in-Lav	B PIM	Skok	IR 16 60076 .	Retined
	No polatre	· ·	BuckHorn Island	owe
lother-in-La		1/1 6	S VEGAS, NV 89113	Retined
iue>		NS) ; ; ,	BUCKHORN ISLand S VEGAS NV 89113 I BUCKHORN ISLAN Las VEGAS, NV 89113	Registers
D. Br	others and Sisters:			
Lis	t names, residence addresses, o	dates of birth and mo	st recent occupations of brot	hers and sisters and
Na	eir respective spouses. me (Maiden) Bir	th Date Address		Occupation
C.	Inthia Kim	5.	Laflin St.	Teacher
pouse	(NA)	- H	mgs, 16 60607	Peacritic
		CHIC	mgs, 16 60001	
pouse				
	<u> </u>			
oouse				
oouse				
l. EDUC	ATION:			
	Name of School	Location	Dates Attended	Graduate
ammar hool	Devonshipe	Skacie,16	1985-1988	
jh hool	NIA NORTH	Skokie IL	1992-1996	
llege	University of IL @Urbana Ch		Aug 1996 - May 2000	Yes No
niversity	, ,	. 5	Aug 2002 - May 2006	Yes No
her	NOVA Southeastern Univ.	FL	ay 2000	Yes No
pe of deg	ree obtained, if anyDO			
ollege or u	iniversity where obtained NOV	/A Southeastern Uni	v, FL	
				Ac

Applicant's initial_ Page 3

5 MILITARY INFORMATION:

A.			Yes - No	-	
			Date of entry-active s	ervice	be deline
	Date of separation		Type of discharge		
	Rating at separation	a family gar	Serial number		
	special or general cour regardless of where the	t martial? Yes y occurred-foreign or		h resulted in summary a h details on page 10. (l	ction, a trial or List all incidents
B.	Have you registered fo	r the draft? Yes	No }		
	County	State	Date	registered	
6. A			ARBITRATIONS: (Includ		
A.	violation for any reasor	whatsoever, regardle	rged, indicted or summone ess of the disposition of the provided below. List all c	event?(Except minor tr	affic citations.)
Date of	Arrest Age	Charge Loca	tion-City and State	Deposition/Date Arrest	ing Agency
	*				
B. C. D. E.	arrested or in which you page 10. Have you ever been que or committee? Yes Have you ever been sur commission? Yes Have you ever been sur Yes No.	estioned or deposed lessenaed to appear of No	nplaint ever been returned n unindicted co-party? Ye by a city, state, federal or la or testify before a federal, s r any civil, criminal or admi	If yes. furnitive proceeding or	nish details on commission y, board or hearing?
F.	It ves when?		expunged or sealed by a ccity, county and state_		
G.	If yes when?		ed prosecution for any crin city, county and state_		
H.			ouse's family ever been o (B through H) is yes, fumis		es No
Name		Relationship	Charge	Location	Date
d.					
					*
				Applicant's initial_	k
			,	The state of the s	Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a I. part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Court and Case Date Filed Number	City, County and State		Disposition/Date
associated with	partnership, business venture, sole it as an owner, officer, director or par If yes, complete the following:	proprietorship or close tner) been a party to a	ly held corpor lawsuit, arbitr	ation (while you we ation or bankrupto
Name of Entity	Type of Entity		proximate Date(s wsuit/Arbitration/f	
			1400	
7. RESIDENCES:				
	ave had for the last 25 years:			
onth and Year (From-To)	Street and Number	City	State or C	ounty
015 - Present	Plaza De Rafael	Las Vegas	N/	/ 89102
013 - 2015	349 Falcons Fire	lus veras	W	89148
11 -2013	1601 TRINED CT	Las VegAs	W	89117
10 -2011	1540 S. Centraca	Las Angeles	CA	90025
07-2010	2626 North Blue	Houston	TX	72098
6-2007	9020 N. Knox	Skokie	14	60076
03 -2006	9411 Evergreen PL	Paule	FL	333 28
2 -2003	2876 S. Univerty M.	Dane	FL	33328
2007 - CO	9020 N. Knox	Skokie	14	60076
96 -2000	University of 14	lass 600lies	e cam	ous ureand
80 -1996	9020 Al Knox	Skotie	11	60076

Applicant's initial Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Dec 2016 - Present	2800 E. Desert Inn Rd, #100, Las Vegas, NV 89121	N/A
Title	Description of Duties	Name of Supervisor
DO/Partner	Pain Management	Michael Pendleton
Month and Year Oct 2011 - Dec 2016	Name/Mailing Address of Employer/Business Southern NV Pain Center,6950 W. Desert Inn Rd.,#110, Las Vegas, I	Reason for Leaving NV 89117 N/A
Title DO	Description of Duties Pain Management	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business 231 KUA, WLA VA (AMP WS	Reason for Leaving Completion of Par
Title ellow	Description of Duties Fellowship framamp	Name of Supervisor CAYAH PHAM, MP
Month and Year y 2007 - Jun 2		Reason for Leaving Complete of TRain
Title esident	Pesidency training	Name of Supervisor G-BROKD FRANCIS 10,
Month and Year 1 2 め - Jun 2 cx		Reason for Leaving Completion of TRuis
Title Hean	Description of Duties In ternship training	Name of Supervisor GORY SOLOMON, A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
WOUTH AND TEST		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial Page

9. CHARACTER REFERENCES:

	List five character reference employer or employees.	who have know you five years or more. D	o not include relatives, p	resent
Name o	Where Employed Street	City State Zip Teleph	one Years	Known
Name	Adom Boester Home	SUL ROSS St, Houston, TX 770	18 18)
Employe	er Methodist Business	1		
Name /	14281 Humanth Home	whitefill ost, Dearson 11ts	m1 48127	8
Employe	Aremier pediateics	- (
Name 7	om Kin Home	2 Lurking one Decals, 11	4 60115 3	0
Employe	District 219 Business			
	huram Chan Home -	wates Crest CIRCLE &	Eastpurking.	18
Employe	styl Amesthesia Business	FL,33076	3	
Name		- Hawk Ridge DR LV, M	89135	9
Employe	1 012 Phopoelic Business	1702/27/1470		
10.	person's depository? Yes If yes, complete the following	ng:	ny depository or do you	use any other
Box Num	ber or Type of Depository	Location City and State	Authorized Users	
11.	Have you ever held a privilege the following: Liquor Lawyer	ed, occupational or professional license in	any state, including but	
	Doctor Contractor Accountant Pilot	Real estate broker or salesman Sports promoter	Barber/Cosmetologist Trainer or manager	Insurance Gaming Educator
	Yes No If yes, state type, where and y NV 2011 - Current	ears held	14000	
	CA 2010 - Current AZ 2014 - Current		***************************************	********
	TX 2008 - Current			*******
12.	interest in a licensed busines If yes, state type, when and w	ty, county of state business, venture or ind s or industry OUTSIDE the State of Neva here and give names and locations of the ess of all partners and the agency respons	da? Yes (No) - businesses in which you	ı were

	NO. 100	4	1	
		A	onlicant's initial	

13.	Have you ever appeared before any fivensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes
If yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permitor certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No
	Date of photograph 4/2020 Applicant's initial Page 8

	SS.
COUNTY OF Clark	
ı, Andrew B. Kim	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that	the statements contained herein are true and correct and
	d; that I executed this statement with the knowledge that
	d may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this	
Statutes 639,210 (10) provides denial or revocation of the	
	ed any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other informati	
	Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulati	
promulgated thereunder and agree, if licensed, to abide the	
	harge the State of Nevada, the licensing agency and their
	ction whatsoever which I, my administrators or executors
	ensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	5 - 5
	A.A.
	Original Signature of Applicant
	1 11 22
Subscribed and Sworn to before me this 164 de	ay of April 2023

Applicant's initial Page 9

ADDITIONAL INFORMATION

***************************************	***************************************	

•••••••••••••••••••••••••••••••••••••••		

	•••••••••••••••••••••••••••••••••••••••	

		• • • • • •

	***************************************	•••••
		• • • • • •

Applicant's initial

Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Business Pharm	nacy License	
Desert Orthopaedic Center	Nature of License Recovery Center, 2800 E.	Desert Inn Rd., #200, Las Vegas, NV 89121 h License Is Requested
Nan	ne and Address of Establishment for Which	h License Is Requested
***************************************	If applicable, Name Under Which It Is	Now Operated
1. PERSONAL INFORMATION: Kang	D:-1	
Last Name	Parminder First Name	Middle Name
Alias(es, Nicknames, Maiden Name, Other	Name Changes, Legal or Otherwise)	
Outch Oven Ct.	Las Vegas	89178
Present Residence Address-Street or RFD	City	State/Zip
2800 E. Desert Inn Rd., #10 Present Business Address		89121
Orthopaedic Surgeon	Dates 4 Loiz -	- Present State/Zip
Occupation		Phone: Residence
	la di a	Business 702-731-1616
Date of Birth	India Place of Birth (City, County, State)	
41		M
Age Brand Pro	cial Security Number or ITIN	Sex
10,000 0 1790	-5-100-01	218 Musuler 5/0"
Color of Eyes Color of Hair	Complexion Wei	ght Build Height
Scars, tattoos or distinguishing man	ks and/or characteristics	-ctfchest tatoo (Khunda)
Are you a citizen of the United State	s? Ƴes → No → If alien, regi	stration No
If naturalized, certificate No	Dat	9
Place	(If a	naturalized, document must be verified.)
2. MARITAL INFORMATION:		
Single • Married Separa	ated • Divorced • Wide	
		Applicant's initial Page 1

MARII	AL INFORMATION-Continued
A.	Current Marriage 11 30 2018 Las Vages, Clark, NV
	Spouse's full name (Maiden) Date TOM QVO VONNON SS# or ITIN
	Date of Birth Place of Birth LAS WAQS, NEVALA
	Resident address Enchanted VIEW Las Vegas WV 89149 Street City State Zip
	Telephone: ResidenceBusiness
	Spouse's employer Vannah & Vannah Occupation Lawren
	Address of employer 400 S. Th Street Las Veggs UV 89/01
	Street City State Zip
B. P.	revious Marriages: If ever legally separated, divorced, or annulled, indicate below:
Name	Date of Order Date of Place Nature of City of Spouse or Decree , of Marriage Action County and State
6	reproct Singh 12/18/12 Houston, TX Divorce Flogstoff, AZ com
	Street City State Zip Telephone CULORCOT STWGH DECEASED
3. FA	Children and Dependents: List all children, including step-children and adopted children and give the following information: Name Birth Date Birth Place Residence Address Sukhamani Sinvan Lib Vagas, NVP (ag Vagas, NV, 89 145)
В.	Child Support Information: Please mark the appropriate response: am not subject to a court order for the support of child.
	am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
	I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. Applicant's initial
	Applicant's initial Page 2

Page 3

FAMIL	LY INFORMATION-Continued District atterney or public agency responsible for enforcing the shill consent autom	
	District attorney or public agency responsible for enforcing the child support order: Name	
	Address	
	Contact person 10 10	
C.	Parents:	
parents	List names, residence addresses, dates of birth and most recent occupations of parents, step-parents,	
parone	in-law or legal guardian. If retired or deceased, list last address and occupation.	
	Name (Maiden) Birth Date Address Occupation	
Father		
	Bolder Kang 1. I Emony OAK Drive RETTE Gurmeet Ghoman 11 HOMENT	EN
Mother	AS VEGAS, NV 89138	(67)
	CAN meet (thuman	KEP
Father-in	n-Law	INDIC
	Kobert Vannela - (a accosimal ())	91113
Mother-in	n-Law or vanich organism ct has or	RIVIN
	Marsha, Dorney	59113
	1 30 30 110	
D.	Brothers and Sisters:	
	List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.	
	Name (Maiden) Birth Date , Address Occupation	
•	Taginder Kang Emory OAK Drive Med Stu	4.4
Spouse		m
	Las Vegas, NV 89138	
Spouse	Himmi Late	
		. 6
Spouse	A Vinni Forg & Corby Street Onaha NE 68111	6 Doctor
Оросос	Awinder Singh	Doctor
		8001-1
Spouse		
4. ED	DUCATION:	
	Name of School Location Dates Attended Graduate	
Grammar School	Briala, Middle School 1991 - 1993	
High	Tess No	
School College	University of California at Berkeley (BA) 1997-2001 (es No Toldand Control of California at Berkeley (BA)	
Universit	ty (BA) 1997-2001	
Other_S	State University of New York Downstate Medical Center 2001-2005	
Type of	degree obtained, if any Medical Doctorate	
College	or university where obtained State University of New York Downstate Medical Center	
•		
	Applicant's initial	_

5 MILITARY INFORMATION:

A.	nave you ever served in any armed force	s? Yes No	
	Branch	Date of entry-active service	
	Date of separation	Type of discharge	
	Rating at separation	Serial number	
В.	regardless of where they occurred-foreign	es No If yes, furnish details of domestic.)	in summary action, a trial or on page 10. (List all incidents
6 A	ARRESTS, DETENTIONS, LITIGATIONS AN		
A. (not convicted.) Have you ever been arrested, detained, cl violation for any reason whatsoever, regar Yes No If yes, give details in spa	harged, indicted or summoned to answerdless of the disposition of the event? (Exceprovided below. List all cases witho	er for any criminal offense or xcept minor traffic citations.) out exception,
Date of	Arrest Age Charge L	ocation-City and State Drog itign/	ath Walfesting Agency
11 25	120.9 30 Assoult	Houston TX Sealed	1 5/19 2011 Houston Police I
			doubledd y
B.	Has a criminal indictment, information or carrested or in which you were named as page 10.	omplaint ever been returned against vo an unindicted co-party? Yes Vo	but for which you were not lf yes. furnish details on
C. D.	Have you ever been questioned or depose or committee? Yes No Have you ever been subposmaed to appear		
E.	commission? Yes No Have you gver been subpoenaed to testify		
F.	Yes No Have you ever had a civil or criminal reco	rd expunged or sealed by a court order	?(Ves) - No -
G.	If yes, when? 10/21/2014 Have you ever received a pardon or defer	city, county and state four for	se? Yes Note
Ⅎ.	If yes when?	city, county and state	
	Has any member of your family or of your If you answer to any of the above question	spouse's family ever been convicted on s (B through H) is yes, furnish details or	n page 10.
lame	Relationship	Charge	Location Date
		Applicant's	initial
		· ipphodited	Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	10/30/18	A-18-782012-C	Las Vegas, Clark, NV	Pending-10/1/17
associațed	with it as an owne	er, officer, director or pa	proprietorship or closely he rtner) been a party to a laws	ld corporation (while you
Yes No	If yes, con	Type of Entity	Approxin	nate Date(s) of Arbitration/Bankruplcy
7. RESIDENCES:	us bough and foots	1-105		*
ist all residences yo	ou nave had for the	ne last 25 years:		
(From-To) 2011 - 8/20	-1	and Number	City	State or County
	(esent	Outch Oven Ct. Enchun	Las Vegas te) View St (as	NV NI NI NI
2010 - 8/20		Vorth Union BIV	90	-onis Mo
2005-7/	2010 13	30 Old Spe		louston, TX 7
2001 - 6	2005 8	25 New York	- Avenue Apt	1101 Bomo Elum
1997 - 8	2001 2	198 Pichmon	A Avenue &	Berkolen cA
1990-7	1997 L	1613 Stacey	Avenue las	Veyas, NV
	<u> </u>			
			Applicant's	initial Pa

8. EMPLOYMENT:

and/or all periods of un business ventures with	rrent employment, list your work history, all busine temployment since 18 years of age. Also, list all control which you have been associated as an officer, discopaedic Center 2800 E. Desert Inn Rd., #100 Las Vegas, NV Name/Mailing Address of Employer/Business	rporations, partnerships or any other ector, stockholder or related capacity.
Provider/Partner Title	Ortho Consults/Surgery/Admin Description of Duties ington University in St. Laws 6605.	Michael Pendleton Name of Supervisor
Month and Year FULOW Title 7 2005 Month and Year FeSiclent Title	Name/Mailing Address of Employer/Business Description of Duties Name/Mailing Address of Employer/Business Training in Orthopaed Description of Duties	Reason for Leaving Joint explusion Name of Supervisor I Baylor Plaza, Houston, TX Reason for Leaving Tohn Marymant Name of Supervisor
Month and Year Led Student Title 8/1997	SUNY Downstate College of Name/Mailing Address of Employer/Business Student Description of Duties UC Barteley	Reason for Leaving N/A Name of Supervisor N/A
Month and Year Student Title	Name/Mailing Address of Employer/Business Student Description of Duties	Reason for Leaving Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title Month and Year	Description of Duties Name/Mailing Address of Employer/Business	Name of Supervisor Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title If additional space is ne	Description of Duties eeded, continue on page 10 or provide attachment.	Name of Supervisor
		Applicant's initial Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees Name of Where Employed Street City Telephone Name MOCIO Employe Name **Employer** 00 Emolover 10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No If yes, complete the following: Box Number or Type of Depository Location City and State **Authorized Users** 11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following: Liquor Lawyer Race horse/race dog owner Securities dealer Insurance **Doctor** Contractor Real estate broker or salesman Barber/Cosmetologist Gaming Accountant Pilot Sports promoter Trainer or manager Educator Yes To No If yes, state type, where and years held MD, Nevada 2012-present Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes - No If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry. Applicant's initia Page 7

Have you ever been denied a personal icense, permit, certificate or registration for a privileged, occupational or professional activity? Yes No the above, state where, when and for what reason: Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of
Have you ever been refused a business or industry license or related finding of suitability or been a
Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of
suitability?
Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes
Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and or controlled substances? Yes
Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No
Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No
Date of photograph 3/2020 Applicant's initial

STATE OF Nevada	
	SS.
COUNTY OF Clark	
I, Parminder S. Kang, MD	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that	the statements contained herein are true and correct and
	d; that I executed this statement with the knowledge that
	ed may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting thi	
Statutes 639.210 (10) provides denial or revocation of the	application of any person for a certificate, license,
	ed any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other informati	on in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of	Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulati	ions of the Nevada State Board of Manufacturer as
promulgated thereunder and agree, if licensed, to abide the	ereby,
I hereby expressly waive, release and forever disc	charge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of a	ction whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the lic	censing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	\bigcirc \downarrow
•	Original Signature of Applicant
Subscribed and Sworn to before me this d	ay of April 2020
October Public Notary Public	CAROL ANNE BALL Notary Public, State of Nevada Appointment No. 05-96747-1 My Appt. Expires Apr 25, 2021
	(seal)

Applicant's initial

Page 9

ADDITIONAL INFORMATION

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Applicant's initial_

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

鉛Date 4/1	5/2020
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GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for E	Business Pharmacy Li				
Desert Orthopae	edic Center Recovery Name and Addr	Nature of Phan Center 2800 E. De ess of Business for Whi	macy or Wholesaler sert Inn Rd.#200, ch Designated Repres	Las Vegas, NV 8	9121
		f applicable, Name Und	er Which It Is Now Op	eralad	
	INFORMATION:				
Miao		<u>Michae</u>			
Last Name		First Name		Middle Name	
Alias(es, Nicknames,	Maiden Name, Other Name	e Changes, Legal or Otl	nerwise)		***
Wade Ham	oton Trail	Hende	rson	NV/8	9052
Present Residence A	ddress-Street or RFD		City	State	
2800 E. Dese	rt Inn Rd., #100	Dates Las Ve	egas	NV/8	9121
Present Business Add	fress	C	City	State	√Zip
Denne A Denikin with	AL EN	Dates			
Present Position with	the Pharmacy or Wholesale	er		Phone: Residence	
		Los Angeles	, CA	Business 70	2-731-1616
Date of Birth		Place of Birth (City, C	ounty, State)		
57					M
Age	Social S	ecurity Number or ITIN			Sex
BROWN	BLITCLE	TAN	210	BROAD	5'11"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Scars, tattoos or o	distinguishing marks a	nd/or characteristic	es Nong	,	
Are you a citizen	of the United States?	Yes No > I	alien, registration	No	
	tificate No				
Place			(If naturali	zed, document mu	st be verified.)
2. MARITAL IN					,
Single Mar	Tied Separated	Divorced	→ Widowed	➤ Engaged	
	•	•		Applicant's initia	Pag
					Pad

Cu	rrent Marriage		Date	191		City, Cou	inty and St	ate .	
Sp	ouse's full name	(Maiden)_	-//	LyRA-JO	Bowlin	SS# or	ITIN		
Da	te of Birth			Place	of Birth 1/60	notuled H	T_		
Re	sident address_	Street	de Ha	11/1/ton That	1 Henders	State	J 80	7052	100
Te	lephone: Resid	ence	011	150	Business	NIA		••••	
Ŝр	ouse's employe	NIA			Occupation	NIA			
Ad	dress of employ	er D	IA		City	State	e Zij	0	
Previ	ous Marriages:	If ever lega	ally separ	ated, divorced,	•				
ne of S		ate of Order or Decree		Date of Place of Marriage		ture of	City County	and State	
	DIA					1		<u></u>	
Lis	nt of names, cum Name	ent address Street	and tele	ohone numbers City	s of previous s Stat		Zip	Telephone	
FAMIL	Name Y INFORMATIO	Street ON: endents:		City	Stat	9			
FAMIL	Name Y INFORMATIO	Street ON: endents:	step-chil		Stat	ed aive the fo		nformation:	
FAMIL	Name Y INFORMATION ildren and Dep List all childre	Street ON: endents: n. including	step-chil	City dren and adop	Stat	nd give the fo	ollowing in	nformation:	
FAMIL	Name Y INFORMATIO ildren and Dep List all childre Name	Street ON: endents: n. including	step-chil	City dren and adop Birth Place	Stat	nd give the fo Residen W.J.J. H.	ollowing in	nformation:	
FAMIL	Name Y INFORMATIO ildren and Dep List all childre Name Tyler	Street ON: endents: n. including	step-chil	City dren and adop Birth Place	Stat	nd give the fo Residen W.J.J. H.	ollowing in ce Address	nformation:	

Applicant's initial

	INFORMATION-Contin District attorney or public		nsible fo	or enforcing the child support order	:
ľ	Name	Miss			
21	Address	MR			
	Contact person				
	Parents:	decessos doto	a of hirth	and mont report record	
arents-				and most recent occupations of pa	arents, step-parents,
<u>i</u>	n-law or legal guardian. Name (Maiden)	If retired or de	ceased	list last address and occupation. Address	Occupation
ather	Territor (Triangle)			Audi ess	Occupation
	Decement				
other					TURNES W. T.
T	Seumo				
ather-in-L					
	Deuron				
other-in-L		.1.			
111	yRNA Mortton	Ha		. Havene Pl Honolde	NA.
D. E	Brothers and Sisters:				
L	ist names, residence ad	ldresses, dates	of birth	and most recent occupations of br	others and sisters and of
N	<u>neir respective spouses.</u> Jame (Maiden)	Birth Dat	te	Address	Occupation
7			3	1 . 4 = 0/	
pouse	Phone Illito		2	: Nesandate#15 All	undia CATISO (Cet
	what Eng		, _1	Buntund Are SECA 94127	Derdel hoppenst Banlung
ouse D	unda Mas	a 765 a	C .	5/ Donouse SD CA 92/2	9 Sikuil Admin
ouse					
0400					
-					
. EDU	CATION:				
	Name of School		Location	Dates Attended	Graduate
ammar hool	Delevan Drud		_A	1968-77	Yes No
jh hool	Flantaulas h		LA	1977-1980	
llege iversity	Harvard Univers	ity	MA	1980 - 1984	
	University of Sout	•	CA	1986 - 1991	Yes No
her					Yes No
pe of de	egree obtained, if any	Medica	I Docto	orate	
ollege or	university where obtain	ed_ Univers	sity of	So Calif	
					/2
					(Q)
				Applicant's ir	nițial T

5 MILITARY INFORMATION:

	Branch	Date of entry-active service	
		Type of discharge	
	Rating at separation	Serial number	
	special or general court martial regardless of where they occur		y action, a trial or . (List al l incident
B.	Have you registered for the dra		
	County LA	State CA Date registered 1981	
6. A		ATIONS AND ARBITRATIONS: (Include those arrests in wh	
A.	violation for any reason whatso	detained, charged, indicted or summoned to answer for any creever, regardless of the disposition of the event? (Except minor tails in space provided below. List all cases without exception	r traffic citations.
Date of	Arrest Age Charge	e Location-City and State Deposition/Date Arre	esting Agency
B.	Has a criminal indictment, infor	mation or complaint ever been returned against you, but for w	hich vou were no
C. D. E. G.	arrested or in which you were page 10. Have you ever been questioned or committee? Yes No Have you ever been subpoened commission? Yes No Have you ever been subpoened Yes No Have you ever had a civil or crit	ed to appear or testify before a federal, state or county grand juiced to testify for any civil, criminal or administrative proceeding minal record expunged or sealed by a court order? Yescity, county and state	urnish details on cy, commission ury, board or or hearing?
D. E. F. G.	arrested or in which you were page 10. Have you ever been questioned or committee? Yes No Have you ever been subpoened commission? Yes No Have you ever been subpoened Yes No Have you ever had a civil or critifyes, when? Have you ever received a pard If yes when? Has any member of your family	d or deposed by a city, state, federal or law enforcement agence ed to appear or testify before a federal, state or county grand juiced to testify for any civil, criminal or administrative proceeding minal record expunged or sealed by a court order? Yes	urnish details or cy, commission ury, board or or hearing?
D. E. F.	arrested or in which you were page 10. Have you ever been questioned or committee? Yes No Have you ever been subpoened commission? Yes No Have you ever been subpoened Yes No Have you ever had a civil or critif yes, when? Have you ever received a pard If yes when? Has any member of your family If you answer to any of the above	ed to appear or testify before a federal, state or county grand just to testify for any civil, criminal or administrative proceeding minal record expunged or sealed by a court order? Yes city, county and state or county and state city, county and state city, county and state city, county and state county and st	urnish details of cy, commission ury, board or or hearing?
D. E. F. G.	arrested or in which you were page 10. Have you ever been questioned or committee? Yes No Have you ever been subpoened commission? Yes No Have you ever been subpoened Yes No Have you ever had a civil or critif yes, when? Have you ever received a pard If yes when? Has any member of your family If you answer to any of the above	dor deposed by a city, state, federal or law enforcement agence ed to appear or testify before a federal, state or county grand just do testify for any civil, criminal or administrative proceeding minal record expunged or sealed by a court order? Yes city, county and state lon or deferred prosecution for any criminal offense? Yes city, county and state y or of your spouse's family ever been convicted of a felony? ye questions (B through H) is yes, furnish details on page 10.	urnish details or cy, commission ury, board or or hearing?
D. E. F. G.	arrested or in which you were page 10. Have you ever been questioned or committee? Yes No Have you ever been subpoened commission? Yes No Have you ever been subpoened Yes No Have you ever had a civil or critif yes, when? Have you ever received a pard If yes when? Has any member of your family If you answer to any of the above	dor deposed by a city, state, federal or law enforcement agence ed to appear or testify before a federal, state or county grand just do testify for any civil, criminal or administrative proceeding minal record expunged or sealed by a court order? Yes city, county and state lon or deferred prosecution for any criminal offense? Yes city, county and state y or of your spouse's family ever been convicted of a felony? ye questions (B through H) is yes, furnish details on page 10.	urnish details of cy, commission ury, board or or hearing?
D. E. F. G.	arrested or in which you were page 10. Have you ever been questioned or committee? Yes No Have you ever been subpoened commission? Yes No Have you ever been subpoened Yes No Have you ever had a civil or critif yes, when? Have you ever received a pard If yes when? Has any member of your family If you answer to any of the above	dor deposed by a city, state, federal or law enforcement agence ed to appear or testify before a federal, state or county grand just do testify for any civil, criminal or administrative proceeding minal record expunged or sealed by a court order? Yes city, county and state lon or deferred prosecution for any criminal offense? Yes city, county and state y or of your spouse's family ever been convicted of a felony? ye questions (B through H) is yes, furnish details on page 10.	urnish details or cy, commission ury, board or or hearing?
D. E. F. G.	arrested or in which you were page 10. Have you ever been questioned or committee? Yes No Have you ever been subpoened commission? Yes No Have you ever been subpoened Yes No Have you ever had a civil or critif yes, when? Have you ever received a pard If yes when? Has any member of your family If you answer to any of the above	dor deposed by a city, state, federal or law enforcement agence ed to appear or testify before a federal, state or county grand just do testify for any civil, criminal or administrative proceeding minal record expunged or sealed by a court order? Yes city, county and state lon or deferred prosecution for any criminal offense? Yes city, county and state y or of your spouse's family ever been convicted of a felony? ye questions (B through H) is yes, furnish details on page 10.	urnish details of cy, commission ury, board or or hearing?

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

		ity, County and State	Disp	osition/Dat
Latitut Konsdell 1	THE MA FORM	hung LACAZI form	Settler	1 720/9
Fran Petront 20	of N/A From	un caldulomia	Dear	7202
But Budirel 199	8 N/A Fants	un lA Carifme.	Defens	. 700
associated with it a	rtnership, business venture, sole propr s an owner, officer, director or partner) yes, complete the following:	ietorship or closely held been a party to a lawsui	Distrib corporation t, arbitration	n (while v
Name of Entity	Type of Entity	Approxima Lawsuit/Ari	te Date(s) of bitration/Bankr	uptcy
7. RESIDENCES: List all residences you have	had for the last 25 years:			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Month and Year (From-To)	*	City S	State or County	
	*	city s Henderson	State or County	
(From-To)	Street and Number Vade Hampton Trail		NV 89	
9 2001 - Live ent.	Street and Number Vade Hampton Trail	Henderson	NV 89	052
(From-To) 9/2001 - Live ent.	Street and Number Vade Hampton Trail Fountain wad (11 de	Henderson (1) Kinch (hain voge	NV 89	052
9/2001 - Liment. 5/2000 - 1/2001	Street and Number Vade Hampton Trail Fountain wad (11de 742 Butter field Place	Henderson (1) Kinch (hain voge	NV 89	0052
(From-To) 9/2001 - Live ent.	Street and Number Vade Hampton Trail Page Fountain wad (10de 7426 Butter field Place 3118 Colina Diruda Da #8/00	Henderson (1 Remela (harmay) , San Diego.	NV 89	052 11730 92124
(From-To) 9/2001 - Live ent.	Street and Number Vade Hampton Trail Page Fountain wad (10de 7426 Butter field Place 3118 Colina Diruda Da #8/00	Henderson (1 Remela (harmay) , San Diego.	NV 89	052 11730 92124

Applicant's initial_

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2000	Desert Orthopaedic Center 2800 E. Desert Inn Rd., #100 Las Vegas, NV	89121 N/A
Title	Description of Dutles	Name of Supervisor
MD/Partner	Ortho Surgery/Sports Med	Michael Pendleton
Month and Year 8/1997- 5/2000	Name/Mailing Address of Employer/Business So. Calif Permanente Medical Group, 9985 Sierra Ave, Fontana, CA	Reason for Leaving 92335 Moved out of state
Title	Description of Duties	Name of Supervisor
MD	Ortho Surgery/Sports Med	Paris Anderson mo
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Dutles	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

emplo	over or employer	reference v		now yoι	ı five ye	ars or more. Do	o not include re	atives, pr	esent
Name of Where I	e Mulich	Street	City Co	State	Zip	Hudean /	1995	Years K	nown Zō
ls I	A	Home	NA	<u>envalu</u>	egora	The entry	W 3/0/7 ·		
7000	fer Kwok	Business				+ IV AIN	89135		
امو	A KWIL	Home	NIT	gen (ar	nyon 5	2. /00	0/1/3		
Employer V 9//	Toutek	Business	-	o + 14	nd las	As Dr Her	dutantil	SUD.	
/.	VIA-			ai n	41116	yw pr qui	ulifon NV	1,4	/
	/	Business	NIA	10m+	71. /	+ /1018	11.7	7-	70
	n Scong	Home	NIA	n fort	ا ياوار	+ MN18	111/		2 /8
Employer	16. 11	Business		5/	v aar	Ha. 100	1 220 (2	125	2
	rela Chi	Home	-1 V	4 20	UCHES	Henderson	M 8-103 L		ib
Employer	1119	Business	NIA						
perso	u have any s n's deposito , complete t	ry?Yes 🥆	₹ No) →	ersuch	deposit	ory, access to a	ny depository c	or do you t	ise any other
Box Number or T	pe of Depositor	ry	Location		City and	State	Authorized Users	}	
11. Have	you ever hel	d a privilege	ed, occupat	ional or	profess	ional license in	any state, inclu	ding but r	oot limited to
Liquo	نے La	wyer			e dog ov		Securities de		Insurance
Accou		ontractor lot	Sports p		kerorsa r	lesman	Barber/Cosmo		Gaming Educator
	No state type, v	uboro and u						947	
MD	HI 2000-Curr		ears neid						
MD	CA 1996 - Cu	ırrent						4	
MD	NV 2000-Curre	ent	************			**************			
	7A+991-76	-							•••••••
intere: If yes, involve	st in a license state type, v	ed busines: when and wl es and addre	s or industr here and g	y OUTS	SIDE the	s, venture or ind e State of Neval ocations of the agency respons	da? Yes 🇨 N businesses in v	hich you	were
***************************************	•••••••	***************************************			**********		***************************************		•••••
	••••••	***************************************	*************		***********				
					W-75			<i>B</i> _	
								14	

Applicant's initial

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes (No)
14.	Have you ever been denied a personal license; permit, certificate or registration for a privileged, occupational or professional activity? Yes No
If yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No
	Date of photograph 4/2025
••••••	Applicant's initial
	· Page 8

STATE OF Nevada	
	SS.
COUNTY OF Clark	
Michael Miao	heing duly sworn denose and say I have road the
foregoing application and know the contents thereof; that the contain a full and true account of the information requested; misrepresentation or failure to reveal information requested a manufacturer license; that I am voluntarily submitting this Statutes 639.210 (10) provides denial or revocation of the a registration or permit if the holder or applicant "Has obtained of an application, or any record, affidavit or other information further, that I have familiarized myself with the contents of N Controlled Substances Act, as amended, and the Regulation promulgated thereunder and agree, if licensed, to abide them I hereby expressly waive, release and forever dischagents from any and all manner of action and causes of actions.	that I executed this statement with the knowledge that may be deemed sufficient case for denial or revocation of application with full knowledge that Nevada Revised pplication of any person for a certificate, license, d any certificate, certification, license or permit by the filing in in support thereof, which is false of fraudulent," and levada Statutes on Pharmacists and Manufacturer and the ins of the Nevada State Board of Manufacturer as reby, arge the State of Nevada, the licensing agency and their
can, shall or may have against the State of Nevada, the lice	
for a manufacturer license in the State of Nevada.	Original Signature of Applicant
Subscribed and Sworn to before me this day Office the subscribed and Sworn to before me this day Notary Public	CAROL ANNE BALL Notary Public, State of Nevada Appointment No. 05-96747-1 (SPA) Expires Apr 25, 2021

Applicant's initiat Page 9

ADDITIONAL INFORMATION

44 *** *** *** *** *** *** *** *** ***	

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Applicant's initial

21

Page 1

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

100 Date 4/15/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Business Pharma	cy License		
Desert Orthopaedic Center Rec	Nature of Licer OVERY Center, 2800 I d Address of Establishment for	E. Desert Inn Rd., 7	#200, Las Vegas, NV 891
	applicable, Name Under Which		
1. PERSONAL INFORMATION: Watson	Troy	S.	
Last Name	First Name	Middle	Name
Alias(es, Nicknames, Maiden Name, Other Name	Changes, Legal or Otherwise)		
Kittansett Loop Present Residence Address-Street or RFD	Henderson,	NV	89052 State/Zip
2800 E. Desert Inn Rd., #100,	Las Vegas	. NV	
Present Business Address	City	,	State/Zip
Physician/Partner	Dates 6/1/2000 - Pr	esent	outp
Occupation	Dates C 2000	Phone: Reside	
	Los Angeles, CA	Busines	702-731-1616
Date of Birth	Place of Birth (City, County, S	tate)	
54			Male
Age Social Se	curity Number or ITIN		Sex
Color of Eyes Color of Hair	O	165	5'9"
Color of Hair	Complexion	Weight Build	Height
Scars, tattoos or distinguishing marks ar			
Are you a citizen of the United States?	Yes → No → If alien,	registration No	
f naturalized, certificate No		Date	
Place		(If naturalized, docume	ent must be verified.)
2. MARITAL INFORMATION:			
Single Married Separated	→ Divorced → \	Nidowed → Enga	ged 🌄
		Applicant	's initial TSM

MAKI	TAL INFORMATION-COR	itinuea	1		. 0	
A.	Current Marriage	8/:	24/1996	400	Ander, (A
	Spouse's full name (M	Date aiden)	Judity Bo	+1:ner Water 6#	or ITIN	
	Date of Birth	×1	Place	of Birth Los A	notes	ola librar
	Resident address	- Kiffe	uset loop	Genleson	NV 890	52
	34	Street		City	State Zip	
	Telephone: Residence	e		_Business		************
	Spouse's employer	NA		_Occupation		
	Address of employer_					
		Street		City	State Zip	
B. F	Previous Marriages: If e	ver legally sep	parated, divorced, o	or annulled, indicate be	low:	
Mama		of Order	Date of Place	Nature of	City	Nata
vame	e of Spouse or D	Decree	of Marriage	Action	County and S	otate
	MINE					
	List of names, current	address and to	olonbona numbere	of provious spouses:		
	Name	Street	City	State	Zip Telepi	none
	n) we					
	1000					
3 E	AMILY INFORMATION:					
A.	Children and Depend					
		cluding step-c	hildren and adopte Birth Place	d children and give the	e following informations	ation:
	Name Skyler	birui Date	Clanslat		Jence Address	1
		711,	Crodis	11 1	Some o	s alsor
S-11	Clayton		Charle	HENC		
)()	Chloe		, Las Vague			
D	Ohild Compart Inform	-41	. 3			
B.	Child Support Inform Please mark the		response:			
	_ 1					
	am not su	oject to a coun	t order for the supp	ort of child.		
				of one or more children		
			rict attorney or othe lant to the order; o	er public agency enforcer	ing the order for	the repayment
		•			and NOT in com	anlianas
				of one or more childre attorney or other public		
			unt owed pursuant			77
				Applica	nt's initial	W.
						Page

N	istrict attorney or public ago			ort orderr	
	ame				
Ar	ddress				
	ontact person				
Li	arents: st names, residence addre	esses, dates of birth a	nd most recent occupa	tions of parents, step-	-parents,
irents- in-	-law or legal quardian. If re	etired or deceased lis	st last address andoccu	nation	
Ne	ame (Maiden)	Birth Date A	Address	Occu	pation
ther	Derogral				•
other ther-in-Lav	Veressed Harvetter	Nation	- Mis	sign Vigio, CA	Retirel
lher-in-La	w			270.00	*
Lis the	rothers and Sisters: st names, residence addres eir respective spouses.	sses, dates of birth ar	nd most recent occupat	ions of brothers and s	sisters and of
Na	me (Maiden)	Birth Date A	ddress	Occu	pation
ouse &	Brooks WABO	m	A		Returial Desta
ouse			•		oul
ouse					
1000					
EDUC	ATION:				
EDUC	ATION: Name of School	Location	Dates Attended	Gradi	uate
		Location	Dates Attended	Grad	
mmar	Name of School	Location		Yes 1683	No -
mmar lool n lool ege	Name of School	lly typ Sch		Yes Yes Yes	No No
mmar nool n gool ege versity	Name of School Capishero Va University of Southern C	Oly typ Sch	d 980 -	Yes - 1983 - Yes -	No -
mmar nool nool ege versity	Name of School	California , Washington, DC	8/1983 - 12/1987	Yes Yes Yes	No No

Applicant's initial Page 3

5 MILITARY INFORMATION:

Λ.	nave you ever serve	sum any anneuron	tes! Yes UND
	Branch		Date of entry-active service
	Date of separation_		Type of discharge
	Rating at separation		Serial number
	While in the military special or general coregardless of where	ourt martial?	ver arrested for an offense which resulted in summary action, a trial or Yes No 15 If yes, furnish details on page 10. (List all incidents gn or domestic.)
В.	Have you registered	for the draft?	Yes No
	County	State_	Date registered
6. A	RRESTS, DETENTION	IS, LITIGATIONS	AND ARBITRATIONS: (Include those arrests in which you were
A.	Have you ever been violation to rany reas	on whatsoever, reg	, charged, indicted or summoned to answer for any criminal offense or gardless of the disposition of the event? (Except minor traffic citations.) pace provided below. List all cases without exception.
Date of	Arrest Age	Charge	Location-City and State Deposition/Date Arresting Agency
-			
B.	Has a criminal indicte arrested or in which page 10.	ment, information o you were named a	or complaint ever been returned against you, but for which you were not as an unindicted co-party? Yes No If yes. furnish details on
C.	Have you ever been or committee? Yes	questioned or depo	osed by a city, state, federal or law enforcement agency, commission
D.	Have you ever been commission? Yes	suppeenand to app	pear or testify before a federal, state or county grand jury, board or
E.	Have you ever been Yes No	subpoerfaed to test	tify for any civil, criminal or administrative proceeding or hearing?
F.	If you when 2		cord expunged or sealed by a court order? Yes - No - City, county and state
G.	Have you everrecei	ved a pardon or de	ferred prosecution for any criminal offense? Yes → No →
ł.	If yes when?	your family or of yo	city, county and state
1.			ur spouse's family ever been convicted of a felony? Yes ons (B through H) is yes, furnish details on page 10.
lame		Relationship	Charge Location Date
0000011			
			Applicant's initial_
			Applicant's initial

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes (Other than divorces) If yes, give aetails below. List all cases without exception, including bankruptcies: Plaintiff/Defendant or Court and Case Claimant/Respondent Date Filed Number City, County and State Disposition/Date J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? If yes, complete the following: Approximate Date(s) of Name of Entity Type of Entity Lawsuit/Arbitration/Bankruptcy 7. RESIDENCES: List all residences you have had for the last 25 years: Month and Year (From-To) Street and Number City State or County Kittansett Loop Henderson, NV 89052 Clear Crossing Trail Henderson. NV 89052 Applicant's initial

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

6/2000 Desert Orthopaedic Center 2800 E. Desert Inn Rd.,#100, Las Vegas, NV 89121 N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MD/Partner	Ortho Foot/Ankle Consults/Surgeries/Admin	Michael Pendleton
Fitle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Fitle .	Description of Dutles	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
itle	Description of Duties	Name of Supervisor
Month and Year	Name/Malling Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Nonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
îtle	Description of Duties	Name of Supervisor
fonth and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
îtle	Description of Dutles	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial_

9. CHARACTER REFERENCES:

	employer or el	mployees.				ot include relatives, p	
	Where Employed	Street	City State	Zip	Telephone	Years H	Known
Vame 14	man Sibe	10.40000					
Employer			175 SI-Pos Pla	my Herderon	NN 86225	762.434, 6920	10%
Name J	4 Meson N	ard 4 Home	A				
Employer		Business	8 N. PELOS	Rd. Ster	A Harbson	NU 88074 702.45G	. 1411 10
Name Jon	cetar Carp						
mployer		Business	728 E. Windmil	1 La. 5/e. 201	Les voyes	NU 89/23 702.434.	6920 10
Name J	csar Terre	Home					
Employer		Business 2	779 W. Harita 1	Rite May # 201	Herberga	NN 89052 762.99	6.2290 7
lame Mi	chel Coavel	Home					
molover		Rusiness	779 w. Horiu 1	ide Plan H	endoren NV	89052 70.99	6. 2240 7
Í	person's depo	ository? Yes sete the following	(No)	City and State		depository or do you	use arry Othe
							
11. H	Have you ever	held a privilege	nd occupational o	ar professional	license in on	y state, including but	not limited to
t	he following:				ilicerise iii di i	y state, including but	not minted (t
	_iquor Doctor	Lawyer Contractor	Race horse/rac Real estate bro			ecurities dealer	Insurance
A	Accountant	Pilot	Sports promot			arber/Cosmetologist rainer or manager	Gaming Educator
	Yes 🤝 No fives state tur	e, where and y	ears hold				
		•					
		999-2000 -1997					
***********	LA 1995-2 NV 2000- C	000	***************************************	***************************************			
40 1							
ir Et ir	nterest in a lice f yes, state typ	ensed business e, when and whames and addre	s or industry OUT nere and give nan	SIDE the State	te of Nevada ^a	try license or held a fire? Yes The hold a fire sinesses in which you be for licensing said but	were
		***************************************		**************			********
***********						0.00	
************		***********************	••••••				/
					•	1	
					Appli	cant's initial	//
							/ Pag

13.	Have you ever appeared before any leensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes
If yes t	o the above, state where, when and for what reason:
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No
	4 2020
	Date of photograph March 2020 Applicant's initial Page 8

STATE OF Nevada	
	SS.
COUNTY OF Clark	
I, Troy S. Watson	, being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that t	the statements contained herein are true and correct and
contain a full and true account of the information requested	d; that I executed this statement with the knowledge that
	d may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this	
Statutes 639.210 (10) provides denial or revocation of the	
registration or permit if the holder or applicant "Has obtained	ed any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information	
	Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulati	
promulgated thereunder and agree, if licensed, to abide the	
I hereby expressly waive, release and forever disc	harge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of ac	
	ensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.	71173
	Original Signature of Applicant
Subscribed and Sworn to before me this 15 Ac. (2024	by of
Achin Marie Brades	JOCELYN MARIE BR NOTARY PUBLIC
The fill the same of the same	STATE OF NEVAD
Notary Public	MY APPT. EXPIRES AUGUST
· · · · · · · · · · · · · · · · · · ·	

(seal)

JOCELYN MARIE BRADY
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 19-4356-01
MY APPT. EXPIRES AUGUST 21, 2023

Applicant's initial

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ADDITIONAL INFORMATION

Applicant's initial_

5RRR

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

and the state of t	ADC-02923
□New Pharmacy or ☑Ownership Change (Provide current I Check box below for type of ownership and complete all recomporation or Partnership. □ Publicly Traded Corporation – Pages 1,2,3,10,11a&b □ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&	quired forms. **If LLC use Non Public ☐ Partnership - Pages 1,2,6,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b
GENERAL INFORMATION to be completed by all ty	pes of ownership
Pharmacy Name: <u>Seven Hills ASC</u>	
Physical Address: 876 Seven Hills)	orive,
City: Henderson State: Zip Co	ode: <u>NV</u> Telephone: (162) 914-2628
Fax: (702) 9/	14-6290 Toll Free Number:
E-mail: 1ha	rnes@sevenhilsasc. com
Website:	
Managing Pharmacist: Mary Grear, RP	License Number: 10687
TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
□ □ Retail	☐ ☐ Off-site Cognitive Services
□ □ Hospital (# beds)	☑ □ Parenteral
□ □ Internet	□ □ Parenteral (outpatient)
□ □ Nuclear	□ □ Outpatient/Discharge
☑ Ambulatory Surgery Center	□ □ Mail Service
□ □ Community	□ □ Long Term Care
□ □ Other:	□ □ Sterile Compounding
	□ □ Non Sterile Compounding
All boxes must be checked	□ □ Mail Service Sterile Compounding
For the application to be complete	Other Services: ASC
A .	

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Withir	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 ፱
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 ☑
Copie	answer to question 1 through 5 is "yes", a signed statement of explanation mes of any documents that identify the circumstance or contain an order, agrees sition may be required.	
correc	by certify that the answers given in this application and attached documenta ct. I understand that any infraction of the laws of the State of Nevada regulat tion of an authorized pharmacy may be grounds for the revocation of this pe	ting the
under correct emplo	e read all questions, answers and statements and know the contents thereof. The penalty of perjury, that the information furnished on this application are true total. I hereby authorize the Nevada State Board of Pharmacy, its agents, servatives, to conduct any investigation(s) of the business, professional, social are property or destroyed.	, accurate and ants and nd moral

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

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION
State of Incorporation: De lawre
Parent Company if any: Seven Hills Holding Company
Mailing Address: 876 Seven Hills Dr.
City: Henderson State: NV Zip: 89052
Telephone: 702-9/4-7028 Fax: 702-6/4-7456
Contact Person: Michael Previti
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) US Cardio Partners Nevarla (Cl. Af Crossett) 1 Knywood Dr. 18 Name Business Address K. nywood TX 77
b) David Navrati/MD 5, Eastern Ave. Cas Veg Name Business Address NV 89/19
c) Eddy Luh MD -, W. Sunset Rd. Cas Vegas NV 891 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? $\frac{D}{D}$
List any physician shareholders and percentage of ownership.
Name: David Navratil MD %: 5
Name: Eddy Cuh MD %: 3
Hours of Operation for the pharmacy:
Monday thru Friday 8 am 5 pm Saturday am pm
Sundayampm 24 Hours
A Nevada business license is not required, however if the pharmacy has a Nevada business

license please provide the number:

Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 106 Pharmacy Name: Seven 4:115 ASC	,87	-
As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a controlled substances of the inventory to be on file at the pharmacy.	of the)
I understand that as the managing pharmacist I am responsible for compliance by the pharmand its personnel with all state and federal laws and regulations relating to the operation of the pharmand the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist. I understand that if I cease to be managing pharmacist of the above named pharmacy I will with the new managing pharmacist, take an inventory of all controlled substances.	of	У
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		Ħ
1. been charged, arrested or convicted of a felony or misdemeanor in any state?		M
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	X.	
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		Œ
If you marked YES to any of the numbered questions above, please include the following information	on	
Board Administrative Action: State: 2002 Date: 2002 Case #:		

Date:

Date: _____ Case #: ____

State: _____

County

And/or Criminal Action:

PHARMACY MANAGER'S RESPONSIBILITIES (PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

- Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
- Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
- 3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
- 4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
- 5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
- 6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
- 7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
- 8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
- 9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

M	any Grear, RPh	3/6/20
Signature		Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

₩ Date	18	MAR	20	26	
2 Duite					

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for	Ambulator					
Seven Hil	Seven till	Selven ress of Business for Surawy	Pharmacy or Wholesaler Which Designated Repres LINTEN: \$76. Under Which It Is Now Op	sentative Is Requested	NV 8905. Sr. Hendon 8905	DM NV
1. PERSONAL	INFORMATION:					
Last Name NAVR		First N DAV	ID.	Middle Name		
	Maiden Name, Other Nam	e Changes, Legal o	or Otherwise)			
Present Residence Ad	ddress-Street or RFD 12/		City HENDERSON	Star NV	te/Zip 8 9074	
Present Business Add	<u> </u>	Dates	City		te/Zip	
	the Pharmacy or Wholesa	Dates ler		Phone: Residence)
				Business		
Date of Birth		Place of Birth (C	ity, County, State)			
3 . 3	CINC	INNATI, HAM	MILTON, OHIO			
Age	Social	Security Number			Sex	
63		•			M	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	
HAZEL	BROWN	TAN	250	HEAVY	5'8"	
Scars, tattoos or	distinguishing marks	and/or characte	eristics SURGICAL	SCAR OVER	STERMIN	
Are you a citizen	of the United States?	Yes 🛛 No 🗆	If alien, registration	n No.		
If naturalized, cer	rtificate No		Date			*****
Place			(If natura	ilized, document n	nust be verified.)	
2. MARITAL IN	FORMATION:					
Single Ma	rried Separate	ed 🗆 Divor	ced Widowed	☒ Engaged		
				Applicant's ini	tial SA	Page 1

Shoules	_	Date		City, County and State	
				S.S. No	
Date of	Birth	Plac	e of Birth		
				State Zip	
Teleph	one: Residence		Business		
Spouse	e's employer		Occupation		
Addres	ss of employerStreet	t	City	State Zip	
3. Previous	Marriages: If ever leg	gally separated, divorced	d, or annulled, indica	ate below:	ii.
ame of Spou	Date of Orde se or Decree				
List of	names, current addres	ss and telephone number	ers of previous spor	uses: Zip Telephone	
01.11.1	INFORMATION: ren and Dependents: ist all children, includir Name Birth	ng step-children and ad n Date Birth Place	opted children and c	give the following information: Residence Address MIDDLE EARTH ST	7
A. Child	ren and Dependents: ist all children, includia	ng step-children and ad Date Birth Place	opted children and c	MIDDLE EARTH ST LAS VEGAS, NV 89135	7
A. Child	ren and Dependents: List all children, includir Name Birth	ng step-children and ad Date Birth Place		MIDDLE EARTH ST LAS VEGAS, NV 89135	7
A. Child	ren and Dependents: List all children, includir Name Birth NAVRATIL RATIL	ng step-children and ad Date Birth Place	BAY, WI	MIDDLE EARTH ST LAS VEGAS, NV 89135 3 NIGHTHAWK DR	7
A. Child	ren and Dependents: List all children, includir Name Birth NAVRATIL.	ng step-children and ad blate Birth Place	BAY, WI	MIDDLE EARTH ST LAS VEGAS, NV 89135 3 NIGHTHAWK DR	7
A. Child	ren and Dependents: List all children, includir Name Birth NAVRATIL RATIL I Support Information Please mark the ap X I am not subject	ng step-children and ad Birth Place GREEN GREEN CREEN it oa court order for the	BAY, WI BAY, WI support of child.	MIDDLE EARTH ST LAS VEGAS, NV 89135 3 NIGHTHAWK DR LARAMIE, WY 8207	2
A. Child MICHAEL	ren and Dependents: List all children, includir Name Birth NAVRATIL Support Information Please mark the ap I am not subject I am subject to a plan approved b	ng step-children and ad Birth Place GREEN GREEN a: propriate response: to a court order for the supplement order for the supplement of the supplement of the supplement of the supplement of the supplement order for the supplement order for the supplement order for the supplement order for the supplement order for the supplement order for the supplement order for the supplement or the	BAY, WI Support of child. sport of one or more other public agency	MIDDLE EARTH ST LAS VEGAS, NV 89135 3 NIGHTHAWK DR	2 with a

District attorney or public agency responsible for enforcing the child sup	oport order: 1393
Name	
Address	
Contact person	ana
C. Parents: List names, residence addresses, dates of birth and most recent occup	pations of parents, step-parents,
parents-	
in-law or legal guardian. If retired or deceased, list last address and oc Name (Maiden) Birth Date Address	Occupation Occupation
Father	
DECEASED	
Mother 7 E. TECON	MA RD MOM
FRANCES NAVRATIL (SCALISE) PHOENIX, AZ	85048
Father-in-Law	
DECEASED	
Mother-in-Law	
DECEASED	
D. Duethan and Cictores	
 D. Brothers and Sisters: List names, residence addresses, dates of birth and most recent occup 	pations of brothers and sisters and of
their respective spouses.	Occupation
E. MOUNTAIN	SPRINGS RD DAVELLE
JAMES NAVRATIL SCOTTS DALE, A2	85255 PHYSICIAN
Spouse CI+ERIE	
MARK NAVRATIL , APPLETON, WI 5491	IS ARCHITECT
Spouse	γ
SUSAN RIVERS CAL	L BLVD
ANITA NAVRATIL , ATLANTA, GA	Warner and the same and the sam
JAMES DIANDRETH	
POUTE 9 W	SOUTH ONVELE PROFESSOR
TERRY NAVRATIL NYACK, NY Spouse	
JEANNE	PHYSICIAN
4. EDUCATION:	
Name of School Location Dates Attended	Graduate
Grammar JACKSON GREEN BAY, WI 9/61-6/6	Yes 🛛 No 🗆
High SOUTHWEST US CREEN BAY WT 9/1968 - 6/197	74 Yes 🔼 No 🗆
High School SOUTHWEST H.S. GREEN BAY, WI 9/1968 - 6/197 College ST NORBERT COLLEGE DE PERE, WI 9/1975 - 5/197 University	78 Yes ⊠ No □
Other UNIVERSITY OF WISCONSIN MADISON, WI 9/74-5/75, 9/78-	5/1982 Yes ⋈ No □
Type of degree obtained, if any B.S in 5/78, M.D. in 5/1982	
College or university where obtained As ABOUE	
Conego of animology whole obtained the	

Applicant's initial.....

	If yes, g				Court and Case								-		_
Claim	ant/Responde	ent f	Date Filed	0	Number ISTRICT COURT	C	ty, County	and St	tate	_	0		osition		ar Te
LY	HENDERSO	N			4-371638	LAS	VEGAS	CLA	RK.	NU		SMISSE 30 SE			KECV 4
	.,				ISTRICT COUR			, ,				ISMISSI			RED:
ICE	TTA TOM	MASONE		_	-09-59916	•	VEG15	CL	ARK	. NU				2010	
															_
J.	associa	ted-with-i	t -as-a n-c	wner, o	siness venture, ifficer, director o the following:										
	Name of	Entity			Type of Entity					oximate uit/Arbit			untov		=
	Name of	Chuty			Type of Entity	V/			Laws	UIVAIDII	tratioi	л/Вапкп	ирісу		-
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								1				X-			-
7. 1	RESIDENC	EFS:													
7.	RESIDENC	EES:						1							
			ave had t	for the la	ast 25 vears:				-						
			ave had f	for the la	ast 25 years:										
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ist a	all residence and Year om-To)	es you ha	Ş	-	Number			RSON				County			

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	DAVID NAVRATIL, MD, LTD 1967 DAVWAS Name/Mailing Address of Employer/Business	Number of Employed Hours
	44 SICHN	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business 2865 SIENA HE HEALTHCARE PARTNERS HENDERSON, N	U 89052
Title /	Description of Duties MKYSICIAN	Name of Supervisor
		JEREMY COX
Month and Year //993- 8//994	Name/Mailing Address of Employer/Business NEVADA HEART CARE Description of Duties	Number of Employed Hours
Title MD	Description of Duties NHY SICIAN	Name of Supervisor
Month and Year 1991 – 4/1993	Name/Mailing Address of Employer/Business I + EART INSTITUTE OF NEVADA	Number of Employed Hours
Title	Description of Duties 4451C/AW	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business US AHR FORCE	Number of Employed Hours
litle	Description of Duties メメミにイみい	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Fitle	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
itle	Description of Duties	Name of Supervisor
fonth and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

Lis em	st five charact	er reference	who have	know you fi	ve years or	more. I	Do not ir	nclude re	elatives, p	resent
Name of Whe	ere Employed	Street	City	State Zi	р	Telep	hone		Years	Known
Name DR T	OM LAMBERT	Home		3150 7	ENAYA WAY	,				
Employer \$2	ELF	Business	PHYSICIAN	LAS VE	GAS NU	8912	8			24
Name DR H	OWARD BRODEA	Home	70/5 C/	Enia HEICH	ers STE 33,	,				
Employer HE	ALTH CARE MAR	TNE Business	HENDER	SON , NU	89052		2-467-	0110		10
Name DR EA	RIK SIRULNICK	Home	7125 4	CANADA	AVE # 20	2				
Employer No	4	Business	LAS V	EGAS, N	5 8911	7	702-79	6-715	6	13
Name Dr. D.	JANH	Home	7015 51	CAIA HEICE	475 STE 33	9,				
Employer HEA	ETACALE MATA	Business	HENDEN	LON , NO	89052		702-1	407-0	110	12
Name DR JA	ACQUE LAMOT	HE Home								
Employer S	ELF	Business	3/3/ CA	EGAS, NI	89109	,	702-	526-	5034	25
the Lig	following: uor	Lawyer	Race I	norse/race d	log owner			ate, incl		not limited to
Acc		Contractor Pilot		state broker promoter	or salesma	ın		er/Cosm ner or ma	netologist anager	Gaming Educator
lf y	es, state type	, where and <i>FEB</i>	years held	PRESENT						
WISCONS	N # 2643	9 /	984 - 1	PRESENT	-		**********			
ARIZONA	# 2082	28	1991 -	PRESEN	7					
						•••••				
inte If ye inve	ve you ever a erest in a licer es, state type olved, the nar	nsed busines , when and v nes and add	s or indust vhere and	try OUTSIDI give names	E the State of and location	of Neva	ida? Yes e busine	s □ No esses in	★ Which you which which you whi whi whi whi whi whi whi wh	ı were
ven	iture or indust	try.								*
	***************************************			***********	***************************************	•••••		••••••		
	***************************************		•••••	• • • • • • • • • • • • • • • • • • • •			**********			
	******************		••••••						••••••••	
12. Hav	reason what	ppeared before soever? Yes	ore any lice □ No 🔀	ensing agen	cy or similar	author	ity in or	outside	the State	of Nevada for
13. Hav	ve you ever borofessional a	ctivity? Yes	□ No 🔯		mit, certifica	te or re	gistratio	n for a p	rivileged,	occupational
If yes to the	above, state									
•••••••••••••••••••••••••••••••••••••••	••••••									••••
						,	Annlican	t'e initial	81)

14.	participant in any group which has been denied a business or industry license or related finding of suitability? Yes No Yes	1398
15.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ☒️	
16.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No ☒	
17.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No	
18.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No ☒️	
19.	Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ⋈ No □	
20.	Will you be employed fulltime with the pharmacy or wholesaler? Yes □ No ▼	
21.	Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ⋈ No □	
	Date of photograph 25 MAR 2020	
	Applicant's initial Page 8	

COUNTY OF CLARK

I, DAVID WAVRATIL , being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 26 day of

Notary Public

Notary Public - State Of Nevada **COUNTY OF CLARK**

FELECIA M. HERNANDEZ

My Appointment Expires

(seal)

Applicant's initial

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		Page	10

1400

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

1. David Navratil MX
Responsible Person of Seven Hilk ASC
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.
I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.
Original Signature of Person Authorized to Submit Application, no copies or stamps
DAVID NAVRATIL 21 MAR 2020

Print Name of Authorized Person

Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

₩ Date	4.1.20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for		Pharmacy Li	icense			
		N.	ature of License 376 Seven Hills Dr., H			
	Name and	Address of Estab	lishment for Which Licens			
			irgery Center Under Which It Is Now Or			
		applicable, Name	Onder Which it is NOW Of	perated		
1. PERSONAL IN	FORMATION:					
Last Name Crosse	 	First N	Name Clifford	Middle Na	me	
Alias(es, Nicknames, Ma		Changes Legal o	Clifford		Theodore	
	de la la la la la la la la la la la la la	Onlanges, Legal O	Otherwise)			
Present Residence Addre	ess-Street or RFD		City		State/Zip	
? Forest Ro	w Dr.	Dates	Kingwood		TX 77345	
Present Business Addres		Dates	City		State/Zip	
876 Seven Hills	Dr.	Dates	Henderson		NV 89052	
Occupation		Dates		Phone: Residence	1000	<u>ز</u>
		Saginaw, S	Saginaw, MI	Business	702-750-1	038
Date of Birth		Place of Birth (Ci	ty, County, State)			
47	MM				Male	
Age	Social Se	ecurity Number			Sex	
Blue	Brown	Fair	250		6'	
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height	
			Al/A			
	tinguishing marks a		ristics N/A			*******
Are you a citizen of	the United States?	Yes⊠ No □	If alien, registratio	n No		
			Date			
Place		• • • • • • • • • • • • • • • • • • • •	(If natura	lized, documen	t must be verifie	∍d.)
2. MARITAL INFO	RMATION:					
Single Marrie	d 🛭 Separated	☐ Divorc	ed Widowed	□ Engage	d 🗆	_
				Applicant's	initial	<u>'C</u>
						Paga

A. Cur	rent Marr	iage	10.14.2011				Housto	n, Harris, T)	K	
Spo	ouse's full i	name (Maio	Date en) Ana-Pa	ulina Crossett			City Cou	nty and Stat	le.	
Date	e of Birth			Place	of Birth	Mexico	City, Mexic	co		
Res	ident addr	699	? Forest Row Dr.	********************	Kingw	ood	TX	773	345	
		8	treet	0.00	City		State	Zip	************	0
Tele	ephone: F	Residence .	****		Busine	ss		***************************************		
Spo	use's emp	loyerSe	f-Employed		Occupa	tion	Corporate	Production		•••••
Add	lress of em	nployers	treet		City	**********	State	Zip		•••••••
				ated, divorced, d						
		Date of C		Date of Place		Nature		City		
Name of Sp	ouse	or Dec	ree	of Marriage		Action	1	County a	nd State	-
Esmeralda	Aguilera	2003		2002		Divo	rce	Ft. Ben	d Co. T.	X
Stephanie	Hults	2007		2007		Annu	lled	Harris	Co. TX	
3. FAMILY A. Chil	dren and	Dependent	s: ding step-chil	dren and adopte	d children	and give	e the fol	lowing inf	formatio	n:
	IName	В	rth Date	Birth Place			Residence	Address		
Izabella Cross				Las Vegas NV		Al	Il reside at th	ne following a	ddress	
Paco Crossett Coral Crosset			Heran Street His	Las Vegas NV			Forest Row	Dr., Kingwoo	od TX 7734	5
Elena Crosse			I WAS THE TANK	The Woodlands TX The Woodlands TX						
B. Chil	Please I ar I ar plai of ti	n not subject to n subject to n approved ne amount n subject to order or a p	ppropriate rest to a court or a court order by the district owed pursuant a court order blan approved	sponse: rder for the support of attorney or othe to the order; or for the support of by the district aft owed pursuant	of one or r r public a of one or r torney or	more chi gency e more chi	nforcing ildren an	the order	for the	repayme
		• • • • • • • • • • • • • • • • • • • •		rrew paroualit	.5 116 010	App	olicant's	initial	C'	<u> </u>
										Page

FAMIL	Y INFORMATION-Continuous District attorney or public		enforcing the child support order:	
			221A Eng	
C.	Parents:	***************************************		•••••
	List names, residence ad	ddresses, dates of birth a	nd most recent occupations of pare	nts, step-parents,
arent		If retired or deceased lis	st last address and occupation.	
	Name (Maiden)		Address	Occupation
ather				
	Clifford Crossett	1	No Idea	No idea
other				
	Roberta Crossett		Deceased	Deceased
ather-i	n-Law	Auto-Taly Call Con-	Deceased	Deceased
	Francisco Estrada	N	Mexico City, Mexico	Retired Architec
other-	in-Law		The state of the s	
	Rosita Estrada		Mexico City, Mexico	Retired Banker
	their respective spouses Name (Maiden)	·	nd most recent occupations of broth	Occupation
Melissa	Crossett		No idea	Teacher
uke Cro	ossett	1	0807 Overbrook Lane, Houston TX 77042	Banker
poddc				
(ara Cro	ossett	N	lo idea	No idea
pouse			all and the second of the seco	
pouse				
4. EI	DUCATION:			
ramma	Name of School	Location	Dates Attended	Graduate
chool	Schall Elementry	School Caro, MI	1980's	Yes 🛭 No 🗌
igh <u>chool</u>	Hemlock High School	Hemlock, MI	89-91	Yes ⊠ No □
ollege niversi	ty Michigan State University	sty E. Lansing MI	91-95	Yes ⊠ No □
ther				Yes No No
		20		
	of degree obtained, if any	88		
ype c	of degree obtained, if any e or university where obtai			
Гуре с			Applicant's init	CC

5 MILITARY INFORMATION:

	nave you ever served	d in any armed to	rces?	Yes □ No 🛛		
	Branch		Date of	entry-active service		
	Date of separation	***************************************	Type of	discharge		
				Serial number		
	While in the military s	service were you ourt martial?	ever arrested for an	offense which resulted in s f yes, furnish details on pa	summary action, a trial	l or
В.	Have you registered f	for the draft?	Yes ☒ No □			
	County Saginaw	State	МІ	Date registered	1991	
5. A	RRESTS, DETENTION			ONS: (Include those arre		
A.	Have you ever been a violation for any reason	arrested, detained on whatsoever, re	d, charged, indicted	or summoned to answer for position of the event? (Except). List all cases without except.	or any criminal offense	or
te of	Arrest Age	Charge	Location-City and Sta	ate Deposition/Date	e Arresting Agency	
12	39	Criminal Mischief	Houston, TX	1 week later	Houston Police Dept	
D. E. F. G.	Have you ever been sommission? Yes Have you ever been sommission? Yes Have you ever been sommission? Have you ever had a lifyes, when?	□ No ⊠ subpoenaed to ap No ⊠ subpoenaed to tes civil or criminal re ed a pardon or de	epear or testify beforestify for any civil, crecord expunged or countries countries for prosecution	e, federal or law enforcementer a federal, state or county iminal or administrative prosealed by a court order? Yesty and state for any criminal offense? Yesty and state	y grand jury, board or ceeding or hearing? es □ No ⊠	
	mas any member of y	our family or of vo	our spouse's family	ever been convicted of a fe is yes, furnish details on p	elony? Yes □ No 🗵 age 10.	
ame		Relationship		Charge L	ocation Date	

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ⋈ No □ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or		Court and Case		
Claimant/Respondent	Date Filed	Number	City, County and State	Disposition/Date
Plantiff: Clifford Crossett	2011	Harris County	Houston, Harris, TX	2012

A former business partner stole money from several investors including me. I sued him to get my money back

	H	łе	decla	ared	ban	kru	ptcv.
--	---	----	-------	------	-----	-----	-------

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes

No

If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2020-2014	3402 Forest Row Dr.	Kingwood	TX
2014	Grazing Field Dr.	Conroe	TX
2013	College Park Dr. #51	08 The Woodlands	TX
2012	College Park Dr. #16	201 The Woodlands	TX
2008-2012	5327B Nolda Dr.	Houston	TX
2002-2008	2403 Blue Water Bay	Katy	TX
2001-2002	1015 Lexington Cir AptD	Edinburg	TX
1999-2001	2404 South Blvd	Houston	TX
1998-1999	2714 Greenbriar St.	Dickinson	TX
1996-1998	1036 Charlene S St.	Salem	OR
1995-1996	4640 Syracuse St	Dearborn Heights	MI

Applicant's initial Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
3/15 to present	EPIC Employee Services, Kingwood TX	3	
Title	Description of Duties	Name of Supervisor	
CEO	Day to day company operations	•	
020	y to day company operations	Self	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
7/14-3/15	ATOM Medical, PA Medical	Started my own Company	
Title	Description of Duties	Name of Supervisor	
Bus Dev.	Manage 6 State Territory	Tom	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
7/11-7/14	Merge Healthcare/IL/Healthcare IT	HOS	
Title	Description of Duties	Name of Supervisor	
Enterprise Sales Manager	Manage 6 State Territory	Michael Previti	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
1/05-7/11	Philips Healthcare/Bothell WA/Cath Lab	Merge	
Title	Description of Duties	Name of Supervisor	
Clinical Sales Specialist	Capital Sales	Randy Walbrown	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
1/01-1/05	Burdick/WI/Cardiology	Philips	
Title	Description of Duties	Name of Supervisor	
Regional Manager	Covered South TX	Gordon Johnson	
Month and Year	Name/Mailing Address of Employer/Business		
y.		Reason for Leaving	
7/98-1/01 Title	United Medical Supply/Sugarland TX/Medical Disposables	Burdick	
Sales Rep	Description of Duties	Name of Supervisor	
	Sell medical disposables to offices/ASC's/Hospitals	Bill Bandy	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
6/96-6/98	PMT Corporation/Minn. MN/Plastic Surgery & Neuro	Moved to TX	
Title	Description of Duties		
Sales Rep	Sell Plastic Surgery products over a 6 State Territory	Name of Supervisor	
	Services and any bronders and a program returnery	Mark Rosenblum	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving	
9/91-12/95	Michigan State University/E. Lansing MI, University	Graduated	
Title	Description of Duties	Name of Supervisor	
Various	Maintenance/Food Service		
		Dean Matsudo	

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial_____ Page 6

	f Where Employed	Street	City State	Zip	Telenhone	Years K	nown
lame	Richard Taylor	Home	Sugarland T	X		23	
mploye	er Retired	Business					
lame	Gordon Johnso	n _{Home}	Corinth, TX			21	
mploye	er Retired	Business					
ame C	HARLES E. BAILEY M	D Home	San Antonio TX			7	
mploye	Self-Employed	Business	Doctor				
ame	Sean Miller	Home	San Antonio, TX	11		22	
mploye	McKesson	Business	Sales Rep				
ame	Jason Stiehl	Home	Apex, NC		VILIE	30	
nploye	Guardian Mortgage	Business	Loan Officer				
x Nun	If yes, complete		Location	City and State	Auth	orized Users	
11.	Have you ever he	eld a privileo	ned occupationa	or professional li	cense in any s	state including but	not limited t
11.	the following: Liquor L Doctor C Accountant F Yes □ No ☒	awyer Contractor Pilot	Race horse/r Real estate t Sports promo	ace dog owner broker or salesma	Sec n Bari	state, including but of curities dealer ber/Cosmetologist iner or manager	Insurance Gaming
11.	the following: Liquor L Doctor C Accountant F	awyer Contractor Pilot	Race horse/r Real estate t Sports promo	ace dog owner broker or salesma	Sec n Bari	curities dealer ber/Cosmetologist	Insurance Gaming
	the following: Liquor L Doctor C Accountant F Yes No M If yes, state type, Have you ever ap interest in a licen If yes, state type,	awyer Contractor Pilot where and opplied for a contractor sed busines when and when and when and add	Race horse/n Real estate to Sports prome years held state to the second state of the second s	race dog owner oroker or salesma oter oter oter oter oter oter oter oter	Sec n Bari Trai ure or industry of Nevada? Yens of the busin	curities dealer ber/Cosmetologist iner or manager	Insurance Gaming Educator
	the following: Liquor L Doctor C Accountant F Yes □ No ☒ If yes, state type, Have you ever ap interest in a licen If yes, state type, involved, the nam venture or industr	awyer Contractor Pilot where and opplied for a contractor sed busines when and whee and add ry.	Race horse/r Real estate to Sports promote years held seem to be seen to be s	race dog owner oroker or salesma oter ate business, vent TSIDE the State of ames and locationers and the agency	Sec n Bari Trai ure or industry of Nevada? Yens of the busin y responsible f	curities dealer ber/Cosmetologist iner or manager vilicense or held a fi es No nesses in which you for licensing said bu	Insurance Gaming Educator
	the following: Liquor L Doctor C Accountant F Yes □ No ☒ If yes, state type, Have you ever ap interest in a licen If yes, state type, involved, the nam venture or industr	awyer Contractor Pilot where and opplied for a contractor sed busines when and when and addry.	Race horse/r Real estate to Sports promote years held seem to be seen to be s	race dog owner oroker or salesma oter ate business, vent TSIDE the State of ames and locationers and the agency	Sec n Bari Trai ure or industry of Nevada? Yens of the busin y responsible f	curities dealer ber/Cosmetologist iner or manager license or held a fi es No	Insurance Gaming Educator

13.	Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes □ No ☒								
14.	Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No ☒								
If yes	to the above, state where, when and for what reason:								
15.	Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No ☒								
16.	Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒								
17.	Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes □ No ☒								
18.	Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes □ No ☒								
19.	Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes □ No 図								

**********	Date of photograph 4-18-20								
	Applicant's initial CC Page 8								

STATE OF Texas
ss.
COUNTY OF Harris
I, Clifford Crossett , being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of
a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised
Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license,
registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing
of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and
further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the
Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors
can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying
for a manufacturer license in the State of Nevada.
Onginal Signature of Applicant
200
Subscribed and Sworn to before me this day of April 2020
Nmulu It
Notary Public
(seal)
,
SIMONE GREEN
Notary Public, State of Texas Comm. Expires 01-17-2023
Notary ID 13002960-9

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ADDITIONAL INFORMATION

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Applicant's initial _____

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