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# 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 03473**)  
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: Custom Compounding Pharmacy (DBA)

Physical Address: 1880 Santa Fe Dr. Suite 200 Weatherford, TX 76086

Mailing Address: 20069 N US HWY 281

City: Stephenville State: Texas Zip Code: 76401

Telephone: 817-550-6044 Fax: 682-262-1365

Toll Free Number: 844-525-9881 (Required per NAC 639.708)

E-mail: info@ccpmail.net Website: n/a

Managing Pharmacist: Kendra Wright License Number: TX 47576

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☒ Off-site Cognitive Services  
☐ ☒ Parenteral \*\*  
☐ ☒ Parenteral (outpatient)  
☐ ☒ Outpatient/Discharge  
☒ ☐ Mail Service  
☐ ☒ Long Term Care  
☒ ☐ Sterile Compounding \*\*  
☒ ☐ Non Sterile Compounding  
☒ ☐ Mail Service Sterile Compounding \*\*  
☐ ☒ Other Services:

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

## 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

Charles Buchanan

Print Name of Authorized Person

Date

8/30/19

Page 2

Board Use Only

Date Processed: \_\_\_\_\_

Amount: \$ 500.00



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

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

List of officers and directors

Attached



Cross Timbers Compounding, LLC

Custom Compounding Pharmacy (DBA)

Officers:

President

Charles Buchanan, DVM

1880 N US Highway 281

Lipan, TX 76462

?

DOB: \_\_\_\_\_

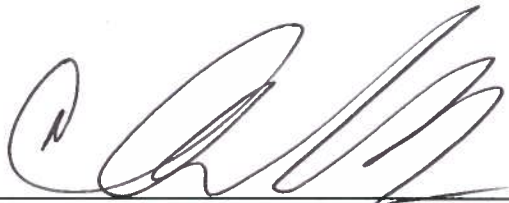
1880 SANTA FE DRIVE, SUITE 200  
WEATHERFORD, TEXAS 76086  
PHONE: 817-550-6044 FAX: 682-262-1365

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Charles Buchanan  
Responsible Person of Custom Compounding Pharmacy (DBA)  
Cross Timbers Compounding, 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

Charles Buchanan  
Print Name of Authorized Person

8/30/19  
Date

# AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas )  
Erath ) ss.  
COUNTY )

I, Charles Buchanan, 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 Custom Compounding Pharmacy (DBA) Cross Timbers Compounding, 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.

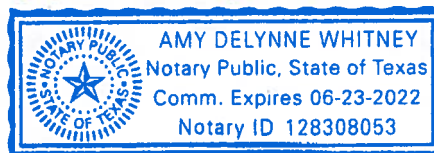
I, Charles Buchanan, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO  
before me, a notary public this  
30th day of August, 2019.

NOTARY PUBLIC

Name

Charles Buchanan







# TEXAS STATE BOARD OF PHARMACY

## Texas Pharmacy License # 32835

### CUSTOM COMPOUNDING PHARMACY LLC

#### License Information

**License Status** Active  
**License #** 32835  
**Expiration Date** 08/31/2021  
**Date License Issued** 08/30/2019

#### Address

1880 SANTA FE DR STE 200  
 WEATHERFORD, TX 76086  
**County** PARKER  
**Phone** (817) 550-6044

#### Pharmacy Details

**Prior Disciplinary Orders\*** No

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

**Class of Pharmacy** Community Sterile Compounding  
**Type of Ownership** LLC  
**Type of Pharmacy** Community Independent  
**# of Hospital beds**

#### Employment Information

**Pharmacist in Charge**  
 GOEDEKEN, GRETCHEN MARIE

#### Pharmacy Profile \*

**Accessible to disabled persons?** Yes

**Participates in the Texas Medicaid program?** No

**Translating services (Listed Below if Available)**

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

#### Remedial Plans

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

#### Services Provided

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

#### Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
GOEDEKEN, GRETCHEN MARIE	44578	08/11/2006	05/31/2020	PIC	Active

## Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
BURLESON, AUSTIN LEE	233455	08/06/2014	05/31/2021	Staff	Active
Page 1 of 0 20					View 1 -

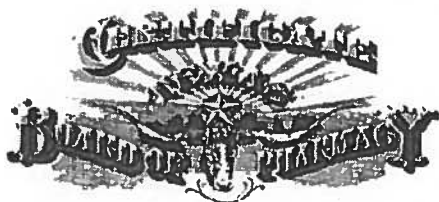
## Texas Remote Pharmacy information

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

## Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
CROSS TIMBERS COMPOUNDING, LLC	OWNER	.			
BUCHANAN, CHARLES COATES	OFFICER	.			
Page 1 of 1 20					View 1 - 2 of 2

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



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


License No. **30028**

Expiration Date: **6/30/2019**

Balances: 1

**CUSTOM COMPOUNDING PHARMACY LLC**  
**1880 SANTE FE DR STE 200**  
**WEATHERFORD TX 76086**



  
Gay Dodson, R.Ph.  
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**

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



Ruth R. Hughs  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cross Timbers Compounding LLC (file number 803323572), a Domestic Limited Liability Company (LLC), was filed in this office on May 21, 2019.

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

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 04, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State

<u>State</u>	<u>License Number</u>	<u>Expiration</u>
Arizona	6535	10/31/2019
Arkansas	502640	12/31/2019
Colorado	OSP.0006671	10/31/2020
Delaware	AP-0001675	9/31/2020
Illinois	54.01961	3/31/2020
Indiana	64001963A	12/31/2019
Iowa	4554	12/31/2019
Kentucky	TX1997	6/30/2020
Mississippi	14405/7.1	12/31/2021
Missouri	2015038398	10/31/2019
Montana	32591	11/30/2019
Nebraska	961	9/8/2019
Nevada	PH03473	10/31/2020
New Mexico	PH00004031	12/31/2020
New York	35919	11/13/2020
Oklahoma	99-7493	12/31/2019
Pennsylvania	NP000873	8/31/2021
Tennessee	5637	8/31/2019
Texas	32835	8/31/2021
Utah	1708	9/30/2019
Washington	60608508	5/31/2020
Wisconsin	1541-43	5/31/2020