

7A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY 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.

<input checked="" type="checkbox"/> New Outsourcing Facility <input type="checkbox"/> Ownership Change (Provide current license number if making changes:) OUT _____ <input type="checkbox"/> 503a OR <input type="checkbox"/> 503b Apply as retail pharmacy only. 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 Publicly Corporation or Partnership <input type="checkbox"/> Publicly Traded Corporation – Pages 1-3 & 4 <input type="checkbox"/> Partnership - Pages 1-3 & 6 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1-3 & 5 <input type="checkbox"/> Sole Owner – Pages 1-3 & 7
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GENERAL INFORMATION to be completed by all types of ownership

Facility Name: F.H. Investments Inc DBA Asteria Health
Physical Address: 7004 Champion Blvd. Ste 100
City: Birmingham State: AL Zip Code: 35242
Telephone: 205 995 0505 Fax: 205 995 0507
Toll Free Number: 855 771 0505 (Required per NAC 639.708)
E-mail: waynefixler@asteriahealth.com Website: asteriahealth.com
Supervising Pharmacist: William Fixler Nevada License #: 18470 ✓

SERVICES PROVIDED

Yes/No

- Parenteral
- Sterile Compounding
- Non Sterile Compounding
- Mail Service Sterile Compounding - direct to clinics only NOT Pt. specific
- Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

FEI Number (From FDA application): 3010348724

Please provide the name of the facility as registered with the FDA and the registration number:
F.H. Investments Inc. DBA Asteria Health

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Asteria Health

Please provide the name and Nevada license number of the supervising pharmacist:
Name: William Fixler Nevada License Number: 18470

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

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, cite 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

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 Outsourcing Facility 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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes No

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

Wayne Fixler

Print Name of Authorized Person

10/29/18

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: AlabamaParent Company if any: NAAddress: 7004 Champion Blvd Ste 100City: Birmingham State: AL Zip: 35242Telephone: 205-995-0505 Fax: 205-995-0507Contact Person: Wayne Fixler

For any corporation non publicly traded, disclose the following:

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

a) William Fixler 1285 Greystone Crest Birmingham, AL 35242
Name Addressb) Thomas Diamantidis 17336 Napa St. Northridge, CA 91325
Name Addressc) Wayne Fixler 2168 Kirkman Dr. Birmingham, AL 35242
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$1.004) What date did the corporation actually receive the cash assets? July 1 2017

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

Include with the application for a non publicly traded corporation

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

List of officers and directors

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that F.H. Investments, Inc. was formed in Shelby County, Alabama on May 13, 2010. The Alabama Entity Identification number for this entity is 264-200. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20181030000022458

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/30/2018

Date

John H. Merrill

Secretary of State

List of Owners, Directors, Corporate Officers

William Fixler, PharmD – Owner, Director, President, Pharmacist-In-Charge

7004 Champion Blvd. Suite 100, Birmingham, AL 35242

(855)771-0505; cell (205)821-8068

Thomas Diamantidis, PharmD – Owner, Director, Vice President

7004 Champion Blvd. Suite 100, Birmingham, AL 35242

(855)771-0505; cell (818)219-5369

Wayne Fixler – Owner, Secretary/Treasurer

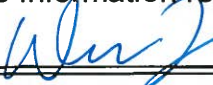
7004 Champion Blvd. Suite 100, Birmingham, AL 35242

(855)771-0505; cell (602)300-9383

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: F.H. Investments Inc. DBA Asteria Health
 Address: 7004 Champion Blvd. Ste 100
 City: Birmingham State: AL Zip: 35242
 I hereby authorize the Alabama 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
195381	Active	11-13-17	12-31-18

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) Yes No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) Yes No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) Yes No

Has applicant met all licensing requirements of your state? (If no, please explain) Yes No

Signature of State Official	Title	State	Date	State Seal
<u>Rhonda Coxen</u>	<u>Licensing Supervisor</u>	<u>AL</u>	<u>10-30-18</u>	

Alabama State Board of Pharmacy



2018

This is to Certify

Permit No.

**F H INVESTMENTS, INC DBA ASTERIA
HEALTH
7004 CHAMPION BLVD
SUITE 100
BIRMINGHAM, AL 35242**

195381

Supervising Pharmacist

**WILLIAM EARL FIXLER
14696**

Is duly 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

12/31/2018

Alabama State Board of Pharmacy

This Is Your Receipt For Fee Paid As Required By Law
THIS PERMIT IS NOT TRANSFERABLE

Susan F. Alvarado Secretary

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
Phone 205-981-2280
Fax 205-981-2330
www.albop.com

Complete application for changes of name,
ownership, address or supervising pharmacist
at our website
www.albop.com

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE ALABAMA STATE BOARD OF PHARMACY

2018

The Controlled Substances Act of 1971 reads in part as follows:
Section 304, (Revocation and Suspension of Registration.)

- (a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
- (1) has furnished false or fraudulent material information in any application filed under this Act;
 - (2) has been convicted of a felony under any State or Federal law relating to any controlled substance; or
 - (3) has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances
 - (4) Has violated the provisions Act 205, 1966 Special Session of Alabama Legislature (Title 468 257 (a)-a32) Code of Alabama 1940 (Recomp. 1958)

CONTROLLED SUBSTANCES
REGISTRATION NUMBER

195381

SCHEDULES

THIS REGISTRATION
EXPIRES

12/31/018

BUSINESS ACTIVITY

FEE
PAID

\$600.00

DATE ISSUED

III IV V

MFG

01/30/2018

**F H INVESTMENTS, INC DBA ASTERIA HEALTH
7004 CHAMPION BLVD
SUITE 100
BIRMINGHAM, AL 35242**

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES

THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

OUTSOURCING FACILITY REGISTRATION

FEI Number: 3010348724 (copy of email from FDA enclosed)

Current Registration Date: 01/06/2018 (copy of email from FDA enclosed)

Initial Registration Date: 05/18/2017 (copy of email from FDA enclosed)

7B

NEVADA STATE BOARD OF PHARMACY

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

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

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- New Outsourcing Facility
- Ownership Change (Provide current license number if making changes:) OUT _____
- 503a OR 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Publicly Corporation or Partnership

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

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: EDGE Pharmacy Services, LLC

Physical Address: 856 Hercules DR

City: Colchester State: VT Zip Code: 05446

Telephone: 802.497.0161 Fax: 802.497.1082

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: wchatoff@edgepharmacy.com Website: www.edgepharmacy.com

Supervising Pharmacist: Tyler Wingood Nevada License #: Applied For ✓

SERVICES PROVIDED

Yes/No

- Parenteral
- Sterile Compounding
- Non Sterile Compounding
- Mail Service Sterile Compounding
- Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

FEI Number (From FDA application): _____

Please provide the name of the facility as registered with the FDA and the registration number:

Edge pharmacy Services, LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.

N/A

Please provide the name and Nevada license number of the supervising pharmacist:

Name: _____ Nevada License Number: _____

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

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, cite 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

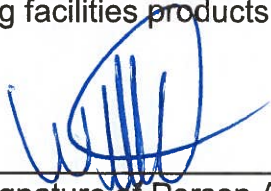
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized Outsourcing Facility may be grounds for the revocation of this permit.

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. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes No

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



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

William M. Charoff

Print Name of Authorized Person

10-16-2018

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

(LLC)

State of Incorporation: Delaware
 Parent Company if any: Edge Pharmacy services, LLC
 Address: 856 Hercules DR.
 City: Colchester State: Vt Zip: 05446
 Telephone: 802.497.0161 Fax: 802.497.1082
 Contact Person: William M. Charoff

For any corporation non publicly traded, disclose the following:

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

- a) William M. Charoff , Rocky Mtn Ln. Honesburg, Vt 05461
 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? Formed 5/20/13

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

Include with the application for a non publicly traded corporation

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

List of officers and directors

William M. Charoff, Managing member 100%

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDGE PHARMACY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2018.



6880784 8300

SR# 20185632038

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203056268

Date: 07-12-18



State of Vermont
Board of Pharmacy
Instate Pharmacy



Pharmacist Manager: William M. Chatoff
Retail Pharmacy

EDGE Pharmacy Services LLC

856 Hercules Dr Ste 30
Colchester, VT 05446-5839

Credential #: 038.0097691
Status: ACTIVE
Effective: 08/01/2017
Expires: 07/31/2019

James C. Condes
Secretary of State

For the most accurate and up to date record of licensure, please visit www.vtprofessionals.org



State of Vermont
Board of Pharmacy
In-State Manufacturing Drug Outlet



Pharmacist Manager:

EDGE Pharmacy Services LLC

856 Hercules Dr Ste 30
Colchester, VT 05446-5839

Credential #: 124.0100145
Status: ACTIVE
Effective: 08/01/2017
Expires: 07/31/2019

James C. Condes
Secretary of State

For the most accurate and up to date record of licensure, please visit www.vtprofessionals.org

7C

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

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

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New Outsourcing Facility
 Ownership Change (Provide current license number if making changes:) OUT _____
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Publicly Traded Corporation – Pages 1-3 & 4 Partnership - Pages 1-3 & 6
 Non Publicly Traded Corporation – Pages 1-3 & 5 Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Leiter's

Physical Address: 17 Great Oaks Blvd

City: San Jose State: CA Zip Code: 95119

Telephone: 408-292-6772 Fax: 408-288-8252

Toll Free Number: 800-292-6772 (Required per NAC 639.708)

E-mail: CAlicensing@Leiters.com Website: www.Leiters.com

Supervising Pharmacist: Paul Yamamoto Nevada License #: 19734 ✓

SERVICES PROVIDED

Yes/No

Parenteral
 Sterile Compounding
 Non Sterile Compounding
 Mail Service Sterile Compounding
 Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: 500.00

FEI Number (From FDA application): 3003434972

Please provide the name of the facility as registered with the FDA and the registration number:
Leiter's Compounding, DUNS# 079215020

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Current DBA is only "Leiter's". Previous DBA was "Leiter's Compounding"

Please provide the name and Nevada license number of the supervising pharmacist:

Name: Paul Yamamoto Nevada License Number: 19734

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

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, cite 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.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

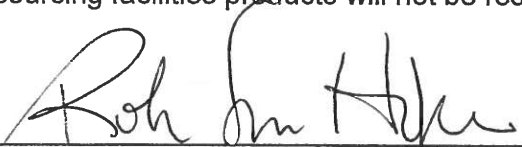
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Original Signature of Person Authorized to Submit Application, no copies or stamps

Robin Hoke, President & CEO

Print Name of Authorized Person

9/22/18

Date

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: Leiter's Enterprises, Inc.

Address: 17 Great Oaks Blvd.

City: San Jose State: CA Zip: 95119

Telephone: 408-292-6772 Fax: 408-288-8252

Contact Person: Brian Rozema, Pharm.D. - Licensing Consultant

For any corporation non publicly traded, disclose the following:

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

a) See attached corporate structure chart
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

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

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

Include with the application for a non publicly traded corporation

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

List of officers and directors

changing to OUT



DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY
For the period of November 1, 2018 to October 31, 2020

LICENSE: PH03891
LEI COMPOUNDING
6541-B VIA DEL ORO,
San Jose, CA 95119

Please make any changes to name or address next to the old information

RENEW BY MAIL/IN-PERSON
1. Complete ALL sections on this form with an original Signature & date (NO STAMPS OR COPIES)
2. Mail/Bring in the form and a Money Order for \$550 (\$500 renewal fee plus \$50 paper-use fee)
3. Renewals submitted after 10/31/2018 will be charged A LATE FEE of \$250. A Money Order for \$800 (\$750 late renewal fee plus \$50 paper-use fee)
4. The form will be returned if missing correct fee. You may renew on-line to AVOID the \$50 fee
5. Please allow 2-3 WEEKS for processing by mail/in-person

<OR>

RENEW ONLINE
1. Go to https://online.nvbop.org
2. Click to REGISTER, then follow the prompts (only required once)
3. Credit Cards ONLY: On time renewal fee - \$500/late renewal fee - \$750
*On-line fee of \$15 will be charged during submission.
Licenses renewed online will update immediately once approved by board staff.

Section 1: Since your last renewal or recent licensure has any owner, shareholder, partners with any interest or the corporation: (Fill in completely)
1. Been charged, arrested or convicted of a felony or misdemeanor in any state? Yes No
2. Been the subject of a board citation or an administrative action whether completed or pending in any state? Yes No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? Yes No

If you marked YES to any of the questions above, include the following information & a letter of explanation:
Table with columns: Board Administrative Action, State, Date, Case #; Criminal Action, State, Date, Case #, County, Court

Section 2: CAUTIONS
(A.) Nevada has no grace period. All applications postmarked by the US Postal Service after October 31, 2018 that are NOT accompanied by the late fee & the paper-use fee, will be returned and will be assessed the missing fees, delaying processing.
(B.) Any application that is not 100% complete will be returned and will not be considered to have been received. Only completed applications will be processed.
NON-DISCIPLINARY STATE-MANDATED QUESTION
(1.) Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: Leave blank if non-applicable

Section 3:
It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.
Original Signature: [Signature] Date: 10/4/18

Leiter's Enterprises, Inc. d/b/a Leiter's

17 Great Oaks Blvd, San Jose, CA 95119

Ph. 800-292-6772 FAX 408-288-8252

Corporate Officers

Robin S. Hoke - President & CEO

DOB

Home: Yorkshire Rd, Columbus, OH 43221; Ph

Business: 13796 Compark Blvd, Englewood, OH 80112; Ph (800) 292-6772

Email: Robin.Hoke@Leiters.com

Dennis M. Potter - CFO, Secretary & Treasurer

DOB

Home: Arrowood Ct, Middletown, DE 19709; Ph#

Business: 13796 Compark Blvd, Englewood, OH 80112; Ph. (800) 292-6772

Email: Dennis.Potter@Leiters.com

Business Description

Leiter's is a FDA-registered 503B outsourcing facility (FEI# 3003434972) that compounds sterile and non-sterile prescription human drug products to hospitals, outpatient clinics and licensed practitioners in the United States. All compounding is performed under the supervision of licensed pharmacists. *Leiter's* does not dispense patient-specific prescription drug orders.

Other Businesses

Along with *Leiter's*, **Leiter's Enterprises, Inc.** also owns and operates *LEI Compounding*, a retail and sterile compounding pharmacy located in San Jose, CA.

Leiter's has a sister facility in Englewood, Colorado. *Leiter's Health*, also a 503B outsourcing facility, is owned and operated by **Denver Solutions, LLC**.

Leiter's Enterprises, Inc. and **Denver Solutions, LLC** share the same parent company: **Leiters, Inc.** (a Delaware corporation)

**Leiters Holdings, LLC
Organizational Structure
(v. 9-15-18)**

Entity	Board of Directors	Board Committees	Management	Members/Shareholders
Leiters Holdings, LLC (DE LLC)	Robin Smith Hoke Frank Leo Nathan Every Brian Morfitt Alex Zisson Michael Wasserman Thomas Flynn Daniel Burgess	Audit Compensation	Robin Smith Hoke – CEO & President Dennis Potter – CFO, Secretary & Treasurer	Frazier Healthcare VI, LP – 37.53% SV Life Sciences Fund Investors – 26.72% H.I.G. Bio - Leiters, LLC – 21.37% Kaiser Permanente Ventures, LLC-Series C – 4.00% Kaiser Permanente Ventures, LLC-Series D – 2.50% The Permanente Federation, LLC-Series K – 0.63% Leiter/Levine 1996 Living Trust – 1.71% Mayo Clinic – 3.55% Co-Investors/Management – 1.98% [% based on Series A and Series B units issued/outstanding; value units not included]
Leiters, Inc. (DE C-Corp)	Robin Smith Hoke	N/A	Robin Smith Hoke – CEO & President Dennis Potter – CFO, Secretary & Treasurer	Leiters Holdings, LLC – 100%
Leiter's Enterprises, Inc. (CA C-Corp)	Robin Smith Hoke	N/A	Robin Smith Hoke – CEO & President Dennis Potter – CFO, Secretary & Treasurer	Leiters, Inc. – 100%
Denver Solutions, LLC (DE LLC)	Robin Smith Hoke	N/A	Robin Smith Hoke – CEO & President Dennis Potter – CFO, Secretary & Treasurer	Leiters, Inc. – 100%

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LEITER'S ENTERPRISES, INC.

FILE NUMBER: C3520211
FORMATION DATE: 11/09/2012
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 June 04, 2018.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State



LEITER'S

November 22, 2016

To Whom It May Concern,

On November 16, 2016, *Leiter's Enterprises, Inc. dba Leiter's* surrendered its non-resident Retail Pharmacy License to the Arkansas State Board of Pharmacy. Arkansas pharmacy law has a statute prohibiting non-profit and/or tax exempt hospitals from having a direct or indirect interest in holding a pharmacy permit in their state. According to their board, some of Leiter's parent company investment partners fit this criteria, making it ineligible to hold such a permit.

Leiter's was not subject to any discipline nor is it under any investigation due to this action.

Please feel free to contact me if any more information about this matter is required.

Respectfully,

Jim Cunniff
President & CEO
17 Great Oaks Blvd.
San Jose, CA 95119
408-292-6772



Board of Pharmacy



Outsourcing Facility License

LICENSE NO. OSF 107

ISSUE DATE OCTOBER 19, 2017

LEITERS

17 GREAT OAKS BLVD
SAN JOSE CA 95119

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

CORPORATION

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



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

Outsourcing Facility License

LICENSE NO. OSF 107
RECEIPT NO. 00152853

VALID UNTIL OCTOBER 01, 2019

LEITERS
17 GREAT OAKS BLVD
SAN JOSE CA 95119

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, or shareholder (more than 10 percent share change). This permit is valid only at the address shown.

09/19/18

09/19/18 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHOSF (02/28/17)



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

May 18, 2018

LEITER'S
ATTN: BRIAN ROZEMA
17 GREAT OAKS DRIVE
SAN JOSE CA 95119

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: LEITER'S

License Type: OUTSOURCING FACILITY

License Number: OSF 107

Status: ACTIVE

Issue Date: 10/19/17

Expiration Date: 10/01/18

Address of Record: 17 GREAT OAKS DRIVE SAN JOSE CA 95119

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov



Visit our website at www.pharmacy.ca.gov