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NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA 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 Ownership Change Name Change Location Change
 (Please provide current license number if making changes: WH_____)

Publicly Traded Corporation – Page 1,2,3,4 Partnership - Page 1,2,3,6a,6b
 Non Publicly Traded Corporation – Page 1,2,3,5a,5b Sole Owner – Page 1,2,3,7
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: The Hilsinger Company d/b/a/ Hilco

Physical Address: 3908 N. 5th Street, North Las Vegas, NV 89032

Mailing Address: 1751 State Route 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: (800) 249-1058 Fax: (702) 399-4413

Toll Free Number: N/A

E-mail: HIL@slsny.com Website: www.hilco.com

Facility Manager: David Jeffrey Serrero

Professional qualifications and experience of facility manager: Helped with the start up of the Las Vegas facility.
Assists with the design of facility layout, slotting and equipment installation. Trains, coaches and evaluates new employees.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Distributors, manufacturers, US Government

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: Over-the-counter drugs, RX intravenous fluids not containing a drug, ophthalmic drugs

APPLICATION FOR NEVADA 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 a Manufacturer by the FDA? Yes No
(If yes, provide a copy of the 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 in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) No suppliers at this time.

Name	Address
Business	

2)

Name	Address
Business	

3)

Name	Address
Business	

4)

Name	Address
Business	

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners 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 at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners 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 at least 10% interest or partners 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 wholesaler may be grounds for the revocation of this permit.

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

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

Paul Andrew Janell

Print Name of Authorized Person

4/15/19

Date

Board Use Only	Received: _____	Amount: _____
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APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Hilsinger Holdings, Inc.

Corporation Name: The Hilsinger Company d/b/a/ Hilco

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Fax: (845) 544-2481

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

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

a) <u>Hilsinger Holdings, Inc., 33 West Bacon Street, Plainville, MA 02762</u>	100%
Name Address	Sole

Owner

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. n/a - sole share holder

3) What was the price paid per share? n/a - sole share holder

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

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 4/14/2019

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 Wholesaler
Nature of Pharmacy or Wholesaler
3908 N.5th Street, North Las Vegas, NV 89032
Name and Address of Business for Which Designated Representative Is Requested
Hilco
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Serrero David Jeffrey
Last Name First Name Middle Name
n/a

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Cardigan Bay Street, Las Vegas, NV 89131

Present Residence Address-Street or RFD 3908 N.5th Street, North Las Vegas, NV 89032 City Las Vegas State/Zip NV 89032

Present Business Address Plant Manager, GM City Las Vegas State/Zip NV 89032

Present Position with the Pharmacy or Wholesaler Plant Manager, GM Dates 11/15/2018 - present
Phone: Residence (cell) Business 702-399-3940 ext. 3111
Norcross, GA

Date of Birth 45 Place of Birth (City, County, State) Norcross, GA

Age 45 Social Security Number _____ Sex M

Blue Brown White 160 5'9"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature] Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** December 6, 2010 St Thomas, US Virgin Islands
Date City, County and State
 Spouse's full name (Maiden) Veronica Simone Merka S.S. No.
 Date of Birth 11/11/72 Place of Birth Johnson City, NY
 Resident address e Cardigan Bay St Las Vegas NV 89131
Street City State Zip
 Telephone: Residence (cell) Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Mason Hawk Serrera</u>		<u>Greenwood, SC</u>	<u>e Cardigan Bay St. Las Vegas, NV 89131</u>

B. 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 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 [Signature] Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Isaac Nick Serrero</u>		<u>Roberta Drive Hendersonville, TN 37075</u>	<u>Retired</u>
Mother <u>Kaye Grace Hood</u>		<u>Roberta Drive Hendersonville, TN 37075</u>	<u>Retired</u>
Father-in-Law <u>Stanislav Thomas Merka</u>		<u>County Road 6310 3 West Plains, MD 65775</u>	<u>Physician</u>
Mother-in-Law <u>Olga Hana Dvorak</u>		<u>County Road 6310 West Plains, MD 65775</u>	<u>N/A</u>

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>Christie Lynn Serrero</u>		<u>Roberta Drive Hendersonville, TN 37075</u>	<u>Teacher</u>
Spouse <u>Alan Nick Serrero</u>		<u>Maple Creek Drive Loganville, GA 30052</u>	<u>Chemist</u>
Spouse <u>Tracy Lee Singletary</u>		<u>3 Maple Creek Drive Loganville, GA 30052</u>	<u>Accountant</u>
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Britt Elementary</u>	<u>Snellville, GA</u>	<u>1979-1985</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>South Gwinnett</u>	<u>Snellville, GA</u>	<u>1989-1993</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>Berry College</u>	<u>Rome, Georgia</u>	<u>1993-1997</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelors of Science in Biology, Minor Chemistry

College or university where obtained Berry College

Applicant's initial [Signature] Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch US Navy Date of entry-active service 6/25/2002
 Date of separation 9/1/2006 Type of discharge Honorable
 Rating at separation LTJG Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No
 County Gwinnett State GA Date registered 4/1/1992

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?.....city, county and state.....
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?.....city, county and state.....
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial js Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
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N/A

- 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
----------------	----------------	---

N/A

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
March 2019 - present	Cardigan Bay St	Las Vegas	Nevada
November 2018 - March 2019	9145 Echelon Point Dr Unit 2002	Las Vegas	Nevada
June 2015 - November 2018	187 Coleman Rd	Readyville	Tennessee
November 2014 - May 2015	109 Crestside Court	Smyrna	Tennessee
April 2011 - November 2014	107 North Pond Court	Greenwood	South Carolina
October 2008 - April 2011	126 Mitchum Drive	Ninety Six	South Carolina
July 2007 - October 2008	20 Elm Street	Norway	Maine
December 2006 - July 2007	53 Watson Road	Norway	Maine
June 2004 - December 2006	200 Oak Grove Rd	Norfolk	Virginia
Sept 2003 - May 2004	150 Westover Ave	Norfolk	Virginia
October 1976 - September 2003	2033 Deerfield Run	Snellville	Georgia

Applicant's initial

JFS

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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.

November 2018-Present	Hilco Vision, Las Vegas, NV	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Plant Manager, GM	Assists with the design of the facility layout, slotting, and equipment installation	Lee Blacklock
Title	Description of Duties	Name of Supervisor
September 2014- October 2018	Haemonetics Corporation, Nashville, TN	8000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Senior Distribution Center Manger		Barry Cronin
Title	Description of Duties Managed the daily operation of two 166K square-foot Distribution Centers	Name of Supervisor
June 2008 - Sept 2014	Covidien, Greenwood, SC	N/A
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Senior Manager, Distribution Center Operations		
Title	Description of Duties Managed a 350K sq. foot medical supplies distribution center with 70+ employees	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial DJA 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	State	Zip	Telephone	Years Known	
Name <u>Jeff Hales</u>	Home	<u>Starrwood Drive</u>	<u>SC</u>	<u>29684</u>		<u>30 years</u>	
Employer <u>Retired</u>	Business	<u>Retired School Teacher</u>					
Name <u>Glenn McKinney</u>	Home	<u>Clendenin Drive</u>	<u>WV</u>	<u>25404</u>		<u>10 years</u>	
Employer <u>Save-A-Lot</u>	Business	<u>Food Distribution</u>					
Name <u>John Augusto</u>	Home	<u>5 Crestwood Drive</u>	<u>TX</u>	<u>77706</u>		<u>15 years</u>	
Employer <u>Exxon</u>	Business	<u>Petro Chemical</u>					
Name <u>Lisa Tarr</u>	Home	<u>Ridge Forest Lane</u>	<u>GA</u>	<u>30017</u>		<u>30 years</u>	
Employer <u>Aveanna Healthcare</u>	Business	<u>Pediatric Home Healthcare</u>					
Name <u>Chris Hunt</u>	Home	<u>5 Barlow Lane</u>	<u>TN</u>	<u>37085</u>		<u>5 years</u>	
Employer <u>Old Dominion</u>	Business	<u>Transportation / Trucking</u>					

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No

If yes, state type, where and years held

.....

.....

.....

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.

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.....

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

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.....

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

.....

.....

Applicant's initial

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of 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 4/12/2019

Applicant's initial: [Signature]

STATE OF NEVADA

SS.

COUNTY OF CLACK

I, David J. Serrero, 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 cause 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 or 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.

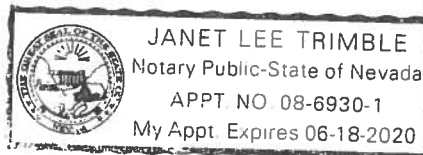
[Handwritten Signature]

Original Signature of Applicant

Subscribed and Sworn to before me this 19 day of

April 2019

[Handwritten Signature]
Notary Public




(seal)

Applicant's initial DJS Page 9

ADDITIONAL INFORMATION

Area with horizontal dotted lines for writing.

Applicant's initial  Page 10



The Hilsinger Company d/b/a Hilco

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 2/27/2003

Corporate Address: 33 West Bacon Street, Plainville, MA 02762 USA
FEIN: 81-0608730
www.hilco.com

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
NLV	3908 N.5th Street North Las Vegas, NV 89032 County: Clark	N/A	N/A - No CS	Pending	No	(800) 249-1058	(702) 399-4413

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
David Jeffrey Serrero	Cardigan Bay Street Las Vegas, NV 89131	Plant Manager, GM	No			

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Hilsinger Holdings, Inc.	33 West Bacon Street Plainville, MA 02762	N/A	100	N/A	81-068731	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
James Ross Brownlee	Floral Street Newton, MA 02461	CEO	No			
Paul Andrew Janell	Jackson Circle Franklin, MA 02038	COO	No			
Robert M. Rymeski	Snow Bird Ave. Weymouth, MA 02190	Vice President	No			

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

Company 253

JOB TITLE	NAME	DOH
Warehouse Lead	Friesz, Richard	09/01/17
Warehouse I NV	Deleon, Moises	09/01/17
Warehouse 1 NV	Sanchez, Federico	07/09/18
Warehouse Cordinator I NV	Flores, Miguel	07/09/18
Temp Warehouse NV	Soto, Azael	11/01/18
Temp Warehouse NV	Quinones, Jorge	12/12/18
Temp Warehouse NV	Ruiz, John	01/08/19
Temp Warehouse NV	Remond, David(replace by Ashley Nelon	01/28/19
Production/Warehouse Mgr	Friesz, Henry	09/01/17
Production 1 NV	Garcia, Georgina	09/01/17
Operations Manager	Friesz, Brian	09/01/17
Plant Manager, GM NV	Serrero, David Jeff	11/15/18

COPY

VERIFICATION CERTIFICATE

Bond No.: CMS0247147

THIS IS TO CERTIFY that the above referenced Bond,
issued by RLI Insurance Company,
dated May 19, 2015, in the amount of One Hundred Thousand and 00/100--- (\$100,000.00) on behalf of
The Hilsinger Company (as Principal),
and in favor of State of Nevada and to the Nevada State Board of Pharmacy (as Obligee),
remains in effect, subject to all agreements, conditions and limitations.

Bond Term: May 19, 2019 to 2020

Signed, sealed and dated March 1, 2019

RLI Insurance Company

By: *Cheryl C. May*
Cheryl C. May Attorney-in-Fact

POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

Mark L. Rader, Geri Patronite, Cheryl C. May, Laura W. Straub, jointly or severally

in the City of Cleveland, State of Ohio its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars (\$25,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

RLI Insurance Company and/or Contractors Bonding and Insurance Company, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 7th day of November, 2018.



**RLI Insurance Company
Contractors Bonding and Insurance Company**
By: B. A. W. Davis
Barton W. Davis Vice President

State of Illinois }
County of Peoria } SS

CERTIFICATE

On this 7th day of November, 2018, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

I, the undersigned officer of **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** this 1st day of MARCH, 2019.

By: Gretchen L. Johnnigk
Gretchen L. Johnnigk Notary Public

**RLI Insurance Company
Contractors Bonding and Insurance Company**
By: Jean M. Stephenson
Jean M. Stephenson Corporate Secretary





RLI Insurance Company
 P.O. Box 3967 Peoria IL 61612-3967
 Phone: 309-692-1000 Fax: 309-683-1610

RLI Insurance Company

December 31, 2017

Admitted Assets

Investments:	
Fixed maturities	\$ 726,425,539
Equity securities	909,076,741
Short-term investments	0
Real estate	30,737,849
Properties held to produce income	0
Cash on hand and on deposit	19,085,934
Other invested assets	27,547,981
Receivables for securities	701,886
Agents' balances	72,135,132
Investment income due and accrued	6,763,014
Funds held	0
Reinsurance recoverable on paid losses	5,945,781
Federal income taxes receivable	0
Net deferred tax asset	0
Guarantee funds receivable or on deposit	60,064
Electronic data processing equipment, net of depreciation	4,222,394
Receivable from affiliates	9,329,145
Other admitted assets	5,003,496
Total Admitted Assets	\$ 1,817,034,956

Liabilities and Surplus

Liabilities:	
Reserve for unpaid losses and loss adjustment expenses	\$ 542,522,964
Unearned premiums	240,260,847
Accrued expenses	47,884,457
Funds held	411,639
Advance premiums	6,607,102
Amounts withheld	79,749,934
Dividends declared and unpaid	21,769
Ceded reinsurance premium payable	11,642,583
Payable for securities	3,150,927
Statutory penalties	306,200
Current federal & foreign income taxes	1,158,071
Federal income tax payable	15,503,756
Borrowed money and accrued interest	61
Drafts outstanding	0
Payable to affiliate	1,057,036
Other liabilities	2,203,975
Total Liabilities	\$ 952,481,321
Surplus:	
Common stock	\$ 10,000,375
Additional paid-in capital	242,451,084
Unassigned surplus	612,102,176
Total Surplus	\$ 864,553,635
Total Liabilities and Surplus	\$ 1,817,034,956

State of Illinois }
 County of Peoria }

The undersigned, being duly sworn, says: That he is the President of RLI Insurance Company; that said Company is a corporation duly organized, in the State of Illinois, and licensed and engaged in business in the State of _____ and has duly complied with all the requirements of the laws of said State applicable of 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 approved July 1947, 6U.S.C sec. 6-13; and that to the best of his knowledge and belief the above statement is a full, true, and correct statement of the financial condition of the said Company on the 31st day of December 2017.

Attest:



{ Corporate Seal Affixed }

Craig Kliethermes
 Craig Kliethermes President

Cherie L. Montgomery
 Cherie L. Montgomery Assistant Secretary

Sworn to before me this 23rd day of February, 2018.



{ Notarial Seal Affixed }

Gretchen L. Johnigk
 Gretchen L. Johnigk Notary Public, State of Illinois

The James B. Oswald Company

P.O. Box 853
Westfield Center, OH 44251

INVOICE

Customer	The Hilsinger Company
Acct #	30854
Date	03/01/2019
Customer Service	Geri Patronite 216-367-1092 gpatronite@oswaldcompanies.com
Page	1 of 1

The Hilsinger Company
David Nutting
30 West Bacon Street
Plainville, MA 02762

Payment Information	
Invoice Summary	\$ 1,500.00
Payment Amount	
Payment for:	Invoice#92142 CMS247147 NEVADA

Thank You

Please detach and return with payment



Customer: The Hilsinger Company

Invoice	Effective	Transaction	Description	Amount
92142	05/19/2019	Renew policy	Policy #CMS247147 NEVADA 05/19/2019-05/19/2020 RLI Insurance Company Bonds - Renew Misc Finl Guarantee \$100,000 NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND - CONTINUOUS Misc Financial Guarantee Due Date: 5/19/2019	1,500.00
				Total
				\$ 1,500.00

Thank You

Please make checks payable to the company below and include your invoice number(s) on your check.

The James B. Oswald Company
P.O. Box 853
Westfield Center, OH 44251

Date
03/01/2019

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified 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, corporation soles, 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, **THE HILSINGER COMPANY**, as a corporation duly organized under the laws of Delaware and existing under and by virtue of the laws of the State of Nevada since December 4, 2017, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 16, 2019.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Paul Reyes
Certificate Number: C20190511-0187