NEVADA STATE BOARD OF PHARMACY

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BOARD MEETING

Updated 3/13/2020

March 19, 2020

HILTON GARDEN INN 7830 S LAS VEGAS BOULEVARD LAS VEGAS, NEVADA

Please do not remove the book from the meeting room.



Neuada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: March 13, 2020

THIRD AMENDED AGENDA

♦ PUBLIC NOTICE ♦

The Nevada State Board of Pharmacy will conduct a meeting beginning Thursday, March 19, 2020 at 9:00 am until the Board concludes its business at the following location:

> Hilton Garden Inn 7830 S Las Vegas Boulevard Las Vegas, Nevada

[Please note: One or more members of the Board may attend by teleconference]

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety and welfare of the public.

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that <u>after</u> the quasi-judicial board or commission has rendered a decision in the contested case and, assuming this happens before adjournment, the board or commission may entertain public comment on the proceeding at that time.

1. Call to Order and Roll Call – Establishment of Quorum

2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

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♦ CONSENT AGENDA ♦

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

- 3. Approval of January 15-16, 2020, Minutes (FOR POSSIBLE ACTION)
- 4. Applications for Out-of-State Pharmacy License Non Appearance (FOR POSSIBLE ACTION)
 - A. Alliance Medication Services LLC Tamaqua, PA
 - B. Angels Pharmacy III LLC Titusville, FL
 - C. Costco Pharmacy #1348 Jeffersonville, IN
 - D. CVS/pharmacy #11339 La Habra, CA
 - E. Equinox Home Care, Inc. Newport Beach, CA
 - F. Fusion Rx Pharmacy Fort Worth, TX
 - G. Hill Derm Pharmacy Inc. Sanford, FL
 - H. HOMECARE RX INC. Fairfield, NJ
 - I. Jewel Pharmacy Riverside, IL
 - J. Lakeside Pharmacy Lake Havasu City, AZ
 - K. Meridian Meds, LLC Lehi, UT
 - L. Mixlab, Inc. New York, NY
 - M. Nob Hill Discount Pharmacy Tamarak, FL
 - N. SinfoniaRx, Inc. Phoenix, AZ
 - O. Somerset Pharmacy Inc Somerset, KY
 - P. Truepill NY LLC Brooklyn, NY

Application for Out-of-State Compounding Pharmacy License – Non Appearance (FOR POSSIBLE ACTION)

Q. National Pharmacy – West Hollywood, CA

Applications for Out-of-State Medical, Devices, Equipment and Gases License – Non Appearance (**FOR POSSIBLE ACTION**)

- R. Acentus Tampa, FL
- S. AdaptHealth Patient Care Solutions Inc Auburn, AL
- T. AdaptHealth Patient Care Solutions Inc Moon Township, PA
- U. AdaptHealth Patient Care Solutions Inc. Moorestown, NJ
- V. Military Medical Supplies Anaheim, CA
- W. Royal Biologics, Inc. Hackensack, NJ
- X. Sleep Management, L.L.C. Phoenix, AZ

Applications for Out-of-State Wholesaler License – Non-Appearance (FOR POSSIBLE ACTION)

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Background Check Not Required by Law.

- 1. Distributor for Single Manufacturer (NAC 639.593(7)(e)) None
- 2. Manufacturer (NAC 639.593(7)(d))
- Y. RedHill Biopharma, Inc. Raleigh, SC
 - 3. Publicly Traded (NAC 639.593(7)(a)) None
 - 4. VAWD-Accredited (NAC 639.593(7)(c))
- Z. Kaiser Foundations Hospital Oakland, CA
- AA. Phoenix Assurance, LLC Memphis, TN
 - 5. Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d)) None
 - 6. Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d)) None
 - 7. Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c)) None

Background checks completed in compliance with NRS 639.500. No Disqualifying Events.

BB. Kaiser Foundation Hospitals – Livermore, CA

Application for Nevada Pharmacy License – Non Appearance

CC. The ER at McCarran NW - Reno, NV

♦ REGULAR AGENDA ♦

- 5. This agenda item has been continued to the next regularly scheduled Board Meeting.
- 6. Status conference: Simplot Western Stockmen's (19-216-WH). <u>Note</u>: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. (**FOR POSSIBLE ACTION**)

Agenda Items 7-23 have been continued to the next regularly scheduled Board Meeting.

- 24. Wholesalers Appearing Pursuant to NRS 639.500: Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties. (FOR POSSIBLE ACTION)
 - A. Anutra Medical, Inc. Morrisville, NC
 - B. Broughton Pharmaceuticals Savannah, GA (Ownership Change)
 - C. Primary Pharmaceuticals, Inc. Ocean Springs, MS
 - D. Qualanex Libertyville, IL
 - E. Reliance Wholesale Inc. Collierville, TN
 - F. Salus Medical, LLC Phoenix, AZ
 - G. Vetsource Portland, OR
 - H. Victor Medical Company Irvine, CA
 - I. X-Gen Pharmaceuticals, Inc. Horseheads, NY
 - J. Brothers Healthcare, Inc. Riverside, CA
 - K. Direct Success Pharmacy Department Farmingdale, NJ
 - L. Hospital Pharmaceutical Consulting San Antonio, TX
 - M. JAMS Rx Coconut Creek Coconut Creek, FL
 - N. Lifeline Pharmaceuticals Miami, FL
 - O. Lifeline Pharmaceuticals 2 Ocean Springs, MS
 - P. LLC Wholesale Supply Tempe, AZ
 - Q. Prodigy Health Supplier Corporation Austin, TX
 - R. Propharma Distribution, LLC Arvada, CO
 - S. Propharma Distribution, LLC Franklin, NC
 - T. Reliable Pharmaceutical Returns, LLC Nashville, TN
 - U. Sola Pharmaceuticals Baton Rouge, LA
 - V. Terrain Pharmaceuticals Reno, NV
 - W. Westminster Pharmaceuticals, LLC Olive Branch, MS
 - X. Greenhill Trading Inc Brooklyn, NY

Agenda Items 25-31 have been continued to the next regularly scheduled Board Meeting.

- 32. Review of Audit No. 20-05 Board of Pharmacy Licensing Process (Discussion Only)
- 33. General Counsel Report
- 34. Executive Secretary Report:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities:
 - 1. Meetings with Other Health Care Boards
 - 2. Opioid Prescribing for Nurses
 - 3. Legislative Committee on Regulations
 - 4. EBAC Meeting
 - D. Report to Board:

- 1. Licensing software update
- 2. COVID-19 report
- E. Board Related News
- F. Licensing Activities Report
 - 1. PMP Integration
 - 2. Naloxone at Burning Man

♦ PUBLIC HEARING ♦

Thursday, March 19, 2020 - 9:00 am

- 35. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) (FOR POSSIBLE ACTION):
 - A. Amendment of Nevada Administrative Code (NAC) 453.510: Schedule 1. The proposed amendment to NAC 453.510 will add Etizolam to the controlled substances listed in schedule 1. (LCB File No. R093-19)
 - B. This agenda item has been continued to the next regularly scheduled Board Meeting.

♦ WORKSHOP ♦

<u>Thursday, March 19 2020 - 9:00 am</u>

- 36. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) (FOR POSSIBLE ACTION):
 - A. Amendment of Nevada Administrative Code (NAC) 453.520: Schedule II. The proposed amendment to NAC 453.520 will add a precursor to fentanyl, 4-Anilino-N-Phenethyl-4-Piperidine (ANPP) (some trade or other names: 4-ANPP; despropionyl fentanyl), to the list of controlled substances listed in Schedule II.
 - B. Amendment of Nevada Administrative Code (NAC) 639. The proposed amendment relates to the licensing and regulation of wholesalers.
 - C. This agenda item has been continued to the next regularly scheduled Board Meeting.
 - D. Amendment of Nevada Administrative Code (NAC) 639. The proposed amendment relates to the licensing and regulation of the practice of pharmacy.
- 37. This agenda item has been continued to the next regularly scheduled Board Meeting.
- 38. Date and Location of Next Scheduled Board Meeting:

April 15-16, 2020 – Las Vegas, NV

39. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

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- 40. Adjournment
- <u>Note:</u> We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email at <u>shunting@pharmacy.nv.gov</u> or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a <u>full day</u> to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at <u>www.notice.nv.gov</u> and **bop.nv.gov**.

Elko County Courthouse – Elko Nevada Board of Pharmacy – Reno & Las Vegas Mineral County Courthouse – Hawthorne



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

MINUTES

January 15-16, 2020

BOARD MEETING

Hilton Garden Inn 7830 S Las Vegas Boulevard Las Vegas, Nevada

Board Members Present:

Krystal Freitas	Jade Jacobo	Wayne Mitchell
Helen Park	Gener Tejero	Richard Tomasso

Board Staff Present:

Dave Wuest	Yenh Long	Brett Kandt	Shirley Hunting
Joe Dodge	Ken Scheuber	Luis Curras	Leo Basch
Dena McClish	Sophia Long	Mark Sedar	Kristopher Mangosing

President Park read the mission statement of the Nevada State Board of Pharmacy to reiterate the Board's duty to carry out and enforce the provisions of Nevada Law to protect the health, safety, and welfare of the public.

Mr. Wuest introduced and congratulated Krystal Freitas, Helen Park and Richard Tomasso as Governor Sisolak's newest appointments to the Nevada State Board of Pharmacy for three year terms.

1. Call to Order and Roll Call – Establishment of Quorum

President Park performed the roll call. All Board Members were present and a quorum was established.

2. Public Comment January 15, 2019 9:00 AM

There was no public comment.

3. Approval of December 4-5, 2019, Minutes

Mr. Wuest stated that Board Staff has corrected minor grammatical errors on p. 3.

Gener Tejero clarified that his motion for the December 2019 Board meeting was to approve the remaining items on the Consent Agenda.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve the December 2019 Meeting Minutes with corrections as discussed.
- Second: Wayne Mitchell
- Action: Passed unanimously
- 4. Applications for Out-of-State Pharmacy Non Appearance
 - A. AFA Pharmacy, LLC Dallas, TX
 - B. Chewy Pharmacy, LLC Jeffersontown, KY
 - C. Costco Pharmacy #1347 Jeffersonville, IN
 - D. Costco Pharmacy #1349 Jeffersonville, IN
 - E. Cura Pharmacy Tustin, CA
 - F. Hemophilia Preferred Care of Memphis, Inc. Memphis, TN
 - G. OptionOne, LLC Oklahoma City, OK
 - H. SMP Pharmacy Solutions #4 Northridge, CA

Applications for Out-of-State Compounding Pharmacy – Non Appearance

- I. AdhereRx Incorporated Cary, NC
- J. Crestview Pharmacy Crestview, FL
- K. Dakota PrecisionRx, Inc. Bismarck, ND
- L. Genesis Pharmacy Services St. Louis, MO
- M. Professional Arts Pharmacy Lafayette, LA
- N. Sterling Specialty Pharmacy Mendota Heights, MN
- O. Trinity Compounding Experts LLC Fort Myers, FL

Applications for Out-of-State Medical, Devices, Equipment and Gases – Non Appearance

- P. AB Sciex LLC Framingham, MA
- Q. Allegro Enterprises, Inc. Bolingbrook, IL
- R. BrightChoice Medical INC Savannah, GA
- S. Drawbridge Health, Inc. San Diego, CA
- T. Home Sleep Delivered, L.L.C. Lafayette, LA
- U. Hospital Overstock LLC Boca Raton, FL
- V. Medico International, LLC Pembroke Pines, FL
- W. Midland Mobility & Surgical Supply, LLC Thomasville, NC
- X. New Britain Medical Supplies New Britain, CT
- Y. National Seating & Mobility, Inc. Murray, UT

- Z. Onduo, LLC – Newton, MA
- AA. Optimal – Stafford, TX
- BB. Southeast Medical Services Inc. - Longwood, FL

Applications for Nevada Medical, Devices, Equipment and Gases – Non Appearance

CC. National Seating & Mobility, Inc – Henderson, NV

Application for Nevada Pharmacy – Non Appearance

DD. Albertsons Pharmacy #0155 - Elko, NV

Application for Ambulatory Surgery Center – Non Appearance

EE. Smith Plastic Surgery Building, LLC – Las Vegas, NV

Applications for Out-of-State Wholesalers – Non-Appearance

Background Check Not Required by Law.

- 1. Distributor for Single Manufacturer (NAC 639.593(7)(e)) None
- 2. Manufacturer (NAC 639.593(7)(d)) None
- 3. Publicly Traded (NAC 639.593(7)(a)) Eton Pharmaceuticals, Inc. - Deer Park, IL FF.
- 4. VAWD-Accredited (NAC 639.593(7)(c)) None
- 5. Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d)) None
- 6. Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d)) Rigel Pharmaceuticals Inc. - South San Francisco, CA GG.
- 7. Publicly Traded and VAWD-Accredited (NAC 639.593(7)(a) and (c)) None

Background checks completed in compliance with NRS 639.500. No **Disqualifying Events.**

- HH. Performance Health Supply, Inc. Indianapolis, IN
- II. Pharmsource Animal Health, LLC Brunswick, GA
- JJ. Eversana Life Science Services, LLC Memphis, TN 3

KK. Numed – Springboro, OH

LL. Medical Supply Distribution, LLC - Zanesville, OH

Board Action:

Motion: Jade Jacobo moved to approve the January 2020 Consent Agenda.

Second: Wayne Mitchell

Action: Passed unanimously

- 5. Discipline
 - A. Cathy Quach, R.Ph
 - B. Jennifer Englehaupt, R.Ph
 - C. Walgreens #7032

Jennifer Englehaupt was not present.

Gener Tejero disclosed that he has a business relationship with Mr. Stilling but stated that he could participate in this matter fairly and without bias.

Cathy Quach appeared and was sworn by President Park prior to answering questions or offering testimony.

Bill Stilling was present as counsel representing Ms. Quach, Ms. Englehaupt and Walgreens.

Mr. Kandt summarized the facts of the case where an electronic prescription was sent to Walgreens Pharmacy #7032 for patient D.C. The prescription was for thirty Metolazone 2.5 mg tablets.

Mr. Kandt stated that the patient was given a partial fill of ten tablets properly labeled as Sandoz brand, and a separate fill of the remaining twenty were Mylan brand tablets. Both labels identified the tablet as "Oval Purple Tablet" when in fact the Mylan tablet is a "Small Round White Tablet."

Ms. Quach was the verifying pharmacist and failed to detect the misbranding error.

Mr. Kandt stated that Walgreen's computer system reflected that patient counseling was completed. Ms. Englehaupt was the counseling pharmacist of record, and her records reflect that counseling was denied. This prescription was a new prescription requiring mandatory counseling.

Mr. Kandt stated that patient D.C. was not present and requested that the Second Cause of Action regarding Ms. Englehaupt be dismissed.

Mr. Kandt presented a Stipulation and Order regarding Ms. Quach and Walgreens #7032 for the Board's consideration.

(17-121-RPH-A-S) (17-121-RPH-B-S) (17-121-PH-S) Ms. Quach shall pay a \$250 fine, pay a \$250 administrative fee and shall complete two additional CEU on error prevention.

Walgreens shall pay a \$3000 fine and pay a \$250 administrative fee.

Mr. Stilling had no objections to Mr. Kandt's summary of the case and the Stipulation and Order presented.

Board discussion ensued regarding the issue of misbranding prescriptions.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to accept the Stipulation and Order as presented by Board Staff.
- Second: Wayne Mitchell
- <u>Aye:</u> Freitas, Jacobo, Mitchell, Park, Tomasso Nay: Tejero
- Action: Motion carries
 - D. Diamond P. Stewart, PT
 - E. Monet M. Young, PT

(17-077-PT-A-S) (17-077-PT-B-S)

Ms. Stewart and Ms. Young were not present.

Mr. Kandt summarized the facts of the case where an investigation by Walgreens loss prevention staff identified a total of 167 prescriptions sold between July 2016 to July 2017 by either Ms. Stewart or Ms. Young and confirmed to be fraudulent by nine prescribers. The fraudulent prescriptions were made form templates using a total of thirty-eight false patient identities and consisted of multiple controlled substances.

Mr. Kandt called Shirley Hunting, Board Coordinator Nevada State Board of Pharmacy, as a witness.

Shirley Hunting appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Hunting testified that she sent Ms. Stewart the Notice of Intended Action and Accusation by certified mail. Ms. Hunting reviewed documentation showing that Ms. Stewart was properly served at her address of record.

Mr. Kandt stated that Ms. Stewart did not submit an Answer and Notice of Defense.

Mr. Kandt moved to have Exhibit 1A and 2A admitted into the record.

President Park admitted Exhibit 1A and 2A into the record.

Mr. Kandt presented Exhibits 1A and 2A to the Board. Exhibit 1A was documentation that Board Staff properly noticed Ms. Stewart by certified mail to her address of record. Exhibit 2A was a copy of the Notice of Intended Action and Accusation.

Board Action:

<u>Motion:</u> Jade Jacobo moved that the Board has jurisdiction in this matter.

- Second: Krystal Freitas
- Action: Passed unanimously

Board Action:

Motion: Jade Jacobo moved that Board Staff properly noticed Diamond Stewart.

- Second: Krystal Freitas
- Action: Passed unanimously

Board Action:

- <u>Motion:</u> Jade Jacobo moved that the Findings of Fact in paragraphs two through six have been proven true.
- Second: Krystal Freitas
- Action: Passed unanimously

Board Action:

<u>Motion:</u> Jade Jacobo moved that the Conclusions of Law in paragraphs seven through thirteen have been proven true.

Second: Wayne Mitchell

Action: Passed unanimously

Mr. Kandt stated that Board Staff recommends Diamond Stewart's pharmaceutical technician registration be revoked effective immediately for a minimum of one year. Ms. Stewart shall appear before the Board if she chooses to request the reinstatement of her registration.

Board Action:

<u>Motion:</u> Jade Jacobo moved to revoke Diamond Steward's pharmaceutical technician registration for a minimum of one year effective immediately. Ms. Stewart shall appear before the Board to request the reinstatement of her license.

Second: Wayne Mitchell

Action: Passed unanimously

Mr. Kandt called Dena McClish, Investigator Nevada State Board of Pharmacy, as a witness.

Dena McClish appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. McClish stated that she personally served Ms. Young her Notice of Intended Action and Accusation.

Mr. Kandt explained that Ms. Young did not submit and Answer and Notice of Defense on this matter.

Mr. Kandt moved to have Exhibits 1B and 2B admitted into the record.

President Park admitted Exhibits 1B and 2B into the record.

Mr. Kandt presented Exhibits 1B and 2B to the Board. Exhibit 1B was a Return of Service form completed by Ms. McClish when she served Ms. Young. Exhibit 2B was the Notice of Intended Action and Accusation.

Board Action:

<u>Motion:</u> Jade Jacobo moved that the Board has jurisdiction over this matter.

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

<u>Motion:</u> Jade Jacobo moved that Board Staff properly served Monet Young.

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

<u>Motion:</u> Jade Jacobo moved that the Findings of Fact in paragraphs two through six have been proven true.

<u>Second:</u> Krystal Freitas

Action: Passed unanimously

Board Action:

<u>Motion:</u> Jade Jacobo moved that the Conclusions of Law in paragraphs seven through thirteen have been proven true.

Second: Krystal Freitas

Action: Passed unanimously

Board Action:

<u>Motion:</u> Jade Jacobo moved to revoke Monet Young's pharmaceutical technician registration for a minimum of one year effective immediately. Ms. Young shall appear before the Board to request the reinstatement of her license.

Second: Krystal Freitas

Action: Passed unanimously

F. Armen E. Nikogosian, MD

(19-229-CS-S)

Armen Nikogosian appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt summarized the facts of the case where Dr. Nikogosian failed to renew his controlled substance registration which expired on October 31, 2018. Dr. Nikogosian wrote thirty-three prescriptions for controlled substances without proper licensure between November 1, 2018 and December 12, 2019.

Mr. Kandt presented a Stipulation and Order for the Board's consideration.

Dr. Nikogosian shall receive a Letter of Reprimand, pay a fine \$5,000 and pay an administrative fee of \$950.

Dr. Nikogosian requested that he be allowed to pay his fine and fee in installments.

Mr. Kandt had no objections to Dr. Nikogosian's request for a payment plan.

Dr. Nikogosian apologized to the Board for his error and answered questions to the Board's satisfaction regarding the changes he has made in his practice to prevent this error in the future.

Board Action:

- <u>Motion:</u> Wayne Mitchell moved to accept the Stipulation and Order with the modification to allow Dr. Nikogosian to pay his fine and fee by payment plan.
- Second: Jade Jacobo

Action: Passed unanimously

- G. Shahn Sherafat, R.Ph
- H. Nellis Care Pharmacy

(17-093-RPH-S) (17-093-PH-S)

Gener Tejero disclosed that he has a business relationship with Mr. Stilling, but stated that he could participate in this matter fairly and without bias.

Bill Stilling was present as counsel representing the Respondents.

Mr. Kandt presented an Answer and Notice of Defense regarding the Respondents.

Mr. Kandt summarized the facts of the case where Board of Pharmacy Inspectors and representatives of the Drug Enforcement Administration (DEA) conducted an inspection of Nellis Care Pharmacy. During the inspection, Board Inspectors reviewed Nellis Care Pharmacy's controlled substance prescription records and conducted a physical count of the pharmacy's inventory of Schedule II- controlled substances. The Respondents were unable to locate or produce inventory records that pre-dated July 2017. Also, Mr. Sherafat provided false information regarding the location of the inventory records. The inspection revealed significant variances between the controlled substances that were purportedly in stock compared to the physical count of those drugs.

Mr. Stilling requested that Board enter Closed Session to discuss Mr. Sherafat's health conditions.

After discussion, Mr. Stilling withdrew his request to go into Closed Session.

Mr. Kandt presented a Stipulation and Order for the Board's consideration.

Mr. Sherafat shall voluntarily surrender his license. He shall pay a \$750 administrative fee, and if he reapplies for licensure he shall appear before the Board.

Nellis Care Pharmacy shall pay a total fine of \$3,000 and pay a \$750 administrative fee.

Mr. Stilling had no objections to the Stipulation and Order presented.

Mr. Stilling explained that Mr. Sherafat was not present due to his health conditions and stated that Mr. Sherafat has agreed not to practice pharmacy. Mr. Stilling also stated that Nellis Care Pharmacy is now closed.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to accept the Stipulation and Order regarding Shahn Sherafat and Nellis Care Pharmacy.
- Second: Wayne Mitchell

Action: Passed unanimously

I. Order to Show Cause: Donald Cowles (18-104-RPH-S)

The Board heard this matter in conjunction with Agenda Item 17 B.

Donald Cowles appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt summarized the facts of the case in October 2017, Mr. Cowles signed and submitted a renewal application to renew his pharmacist registration. On that application, Mr. Cowles falsely attested that he had completed the required thirty CEUs between November 1, 2015 and October 31, 2017. Board Staff conducted a random audit of Mr. Cowles CEU for the biennium ending October 31, 2017. Mr. Cowles did not complete any CEUs for the time period November 1, 2015 to October 31, 2017.

Mr. Kandt stated that at the January 2019 Board Meeting, Mr. Cowles was Ordered to pay a fine and fee, complete an additional forty-five CEU, attend three of the next four Las Vegas Board Meetings and complete the Board's Nevada law examination with a passing score of at least 75%.

Mr. Kandt explained that Mr. Cowles has failed to attend three of the Board's next four Las Vegas Board Meetings, and did not pass the Nevada law examination with a score of at least 75%.

Mr. Kandt stated that Mr. Cowles also submitted a renewal application for his pharmacist registration. Mr. Kandt explained that Mr. Cowles did disclose these disciplinary issues on his renewal application.

Mr. Cowles explained to the Board that due to his health conditions he was unable to attend the Board Meetings.

Dave Wuest, Executive Secretary Nevada State Board of Pharmacy was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest described the procedures regarding the random CEU audit and answered questions regarding the Nevada law examination Mr. Cowles was required to take.

Mr. Cowles answered the Board's questions regarding his employment, continuing education and his health conditions.

After discussion, the Board expressed concern for public safety because Mr. Cowles was leaving the pharmacy and pharmaceutical technician unsupervised due to his health conditions.

Board Action:

<u>Motion:</u> Jade Jacobo moved that Donald Cowles failed to comply with all the conditions of his Order regarding Case# 18-104-RPH-S based on the evidence and testimony provided, and Donald Cowles' Renewal Application for Pharmacist Registration is denied.

Second: Gener Tejero

Action: Passed unanimously

J. Order to Show Cause: Westminster Pharmaceuticals, LLC (19-206-WH)

Ricardo Martinez, Westminster Pharmaceuticals, LLC, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt summarized the facts of the case where Board Staff contacted Westminster Pharmaceuticals, LLC to comply with the requirements of NRS 639.500 and submit a current list of officers/directors and a fingerprint card from each officer/director with written permission authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

Mr. Kandt stated that in December 2019 the Board entered an Order directing Westminster Pharmaceuticals, LLC to comply with NRS 639.500 within twenty days and explained that to date Westminster Pharmaceuticals, LLC has failed to comply with the terms of the Order.

Mr. Martinez acknowledge that he did receive notice but to due staffing and travel plans he was unable to submit the required documentation within the deadline. Mr. Martinez explained that the documents were delivered to the Board Office the day before this hearing.

Mr. Martinez stated that he contacted Board Staff to request a continuance in this matter, and the request was denied.

Mr. Wuest stated that all members of Staff who are authorized to access this information are either present at the Board meeting or are out of the office.

Mr. Kandt stated that Board Staff recommends that President Park rule on granting Westminster Pharmaceuticals, LLC a continuance in this matter or not.

President Park denied Westminster Pharmaceuticals, LLC's request for continuance.

Board Action:

- <u>Motion:</u> Jade Jacobo moved that to date Westminster Pharmaceuticals, LLC has failed to comply with NRS 639.500.
- Second: Krystal Freitas

Action: Passed unanimously

Board Action:

- <u>Motion:</u> Jade Jacobo moved that Westminster Pharmaceuticals, LLC has failed to comply with the Board's Order regarding Case # 19-206-WH.
- Second: Krystal Freitas

Action: Passed unanimously

Mr. Kandt stated that Board Staff recommends a motion to suspend Westminster Pharmaceuticals, LLC's wholesaler license, the suspension be stayed to allow the Executive Secretary to determine if Westminster Pharmaceuticals, LLC has submitted all the required materials to comply with NRS 639.500.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to suspend Westminster Pharmaceuticals, LLC's wholesaler license, WH02154, the suspension is stayed. Board Staff shall determine if Westminster Pharmaceuticals, LLC has provided all documentation to comply with NRS 639.500 and if so, Board Staff shall submit the information for background checks. The Executive Secretary is authorized to lift the suspension.
- Second: Krystal Freitas

Action: Passed unanimously

6. Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board – Appearance

Craig Weingrow, MD (17-066-CS-S)

Craig Weingrow appeared and was sworn by President Park prior to answering questions or offering testimony.

Jeffrey Setness was present as counsel representing Dr. Weingrow.

Mr. Wuest stated that Dr. Weingrow is appearing to request reinstatement of his controlled substance registration.

Mr. Kandt summarized the facts of the case where Dr. Weingrow knowingly permitted his office staff to falsify his signature or initials on his prescriptions. Dr. Weingrow also allowed his office staff access to his inventory of controlled substances and dangerous drugs to dispense to patients when he was not present in the office.

Mr. Kandt stated that the Board revoked Dr. Weingrow's controlled substance registration, CS20272, and practitioner dispensing registration, PD00502, effective July 18, 2018.

Mr. Setness and Dr. Weingrow had no objections with Mr. Kandt's summary.

Mr. Setness described Dr. Weingrow's settlement agreement with the Nevada Board of Medical Examiners including his attendance and completion of the PACE program and UNR's Best Practices program.

Dr. Weingrow stated that he accept responsibility for his past errors.

Dr. Weingrow answered questions to the Board's satisfaction regarding the PACE program, UNR's Best Practices program, future business plans and the changes he will implement in all future practices to prevent this error from occurring again.

After discussion, the Board expressed concern regarding reinstating Dr. Weingrow's controlled substance registration without conditions.

President Park offered Dr. Weingrow the option to table this matter while Dr. Weingrow complies a list of controlled substances he intends to prescribe for his patients.

The Board tabled this matter at Dr. Weingrow's request.

- 7. Applications for Pharmaceutical Technician in Training Appearance:
 - A. Ciara J. Johnson

Ciara Johnson appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Johnson disclosed a misdemeanor shoplifting charge from 2014 on her application for pharmaceutical technician in training.

Ms. Johnson answered questions to the Board's satisfaction regarding her past discipline.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Ciara Johnson's Application for Pharmaceutical Technician in Training Registration.
- Second: Wayne Mitchell
- Action: Passed unanimously

B. Heidi S. Minson

Heidi Minson appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Minson disclosed past discipline on her application.

Ms. Minson answered questions to the Board's satisfaction regarding her past discipline, recovery, license status in California and work history.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Heidi Minson's Application for Pharmaceutical Technician in Training.
- Second: Gener Tejero

President Park offered a friendly amendment to approve Ms. Minson's application pending a positive evaluation by PRN-PRN.

Jade Jacobo accepted the friendly amendment.

Gener Tejero did not accept the friendly amendment.

Action: Motion failed

Board Action:

Motion: Jade Jacobo moved to approve Heidi Minson's Application for Pharmaceutical Technician in Training.

Second: Gener Tejero

Aye:Freitas, Jacobo, Mitchell, TejeroNay:Park, Tomasso

- Action: Motion carries
- 8. Applications for Pharmaceutical Technician Appearance:
 - A. Sergio J. Garcia

Sergio Garcia appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Garcia disclosed past discipline on his pharmaceutical technician application.

Mr. Garcia explained that he was charged driving under the influence in 2018.

Joe Dodge, Inspector Nevada State Board of Pharmacy, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Mr. Garcia regarding 2 other DUI charges, his recovery program and negative results on his urinalysis.

After discussion, the Board expressed concern that Mr. Garcia did not disclose his full disciplinary history on his application and that Mr. Garcia had recently failed and/or did not appear at mandated urinalysis appointments.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to deny Sergio Garcia's Application for Pharmaceutical Technician Registration.
- Second: Gener Tejero
- Action: Passed unanimously
 - B. Courtney R. Lee

Ms. Lee was not present. Mr. Wuest stated that Board Staff would contact Ms. Lee and place her on the March Meeting Agenda.

C. Carmen S. Martinez

Carmen Martinez appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Martinez disclosed past discipline on her application.

Ms. Martinez explained that in 2010 she was arrested for driving under the influence. She stated that the charges were lowered to reckless driving and she was ordered to complete a course and pay fines. She stated that she has complied with all requirements on this matter.

Ms. Martinez answered questions to the Board's satisfaction regarding her past discipline and employment history.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Carmen Martinez's Application for Pharmaceutical Technician Registration.
- Second: Wayne Mitchell
- Action: Passed unanimously

D. Britney McDermott

Britney McDermott appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. McDermott disclosed past discipline on her application.

Ms. McDermott explained that in 2016 she was charged for misdemeanor child endangerment. She stated that at the time she was a nanny and had left the children she was watching in a car.

Ms. McDermott explained that she no longer works as a nanny and completed court ordered courses and community service.

Ms. McDermott answered questions to the Board's satisfaction.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Britney McDermott's Application for Pharmaceutical Technician Registration.
- Second: Richard Tomasso

Action: Passed unanimously

- 9. Applications for Out-of-State Wholesalers Appearance
 - A. Huvepharma, Inc. St. Joseph, MO

Tonya Wilson, facility manager, appeared and was sworn by President Park prior to answering questions or offering testimony.

The Board questioned Ms. Wilson regarding products and services provided by Huvepharma, Inc. and past discipline.

Ms. Wilson explained that Huvepharma, Inc. had shipped medicated feeds into states where the company did not hold an active license.

Ms. Wilson answered questions to the Board's satisfaction.

Board Action:

<u>Motion:</u> Jade Jacobo moved to approve Huvepharma, Inc.'s Application for Out-of-State Wholesaler License pending receipt of a Letter of Authorization allowing Ms. Wilson to speak on behalf of the company.

Second: Krystal Freitas

Action: Passed unanimously

B. JAMS Rx - Deerfield Beach, FL

This matter was postponed to a future meeting.

C. Preferred Medical Supply – Waco, TX

The Board heard this matter in conjunction with Agenda Items 10D and 10E

Mr. Wuest provided background information and explained that Mr. Seitz was associated with Preferred Medical Supply, National Distribution & Contracting, Inc. and Wolf Medical Supply.

Mark Seitz, President and CEO National Distribution & Contracting, Inc., appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Seitz explained that National Distribution & Contracting, Inc. acquired both Preferred Medical Supply and Wolf Medical Supply.

Mr. Seitz stated that as part of the application process he submitted fingerprint cards and authorization for the Board to forward his documentation to the Central Repository for Nevada Records of Criminal History and that he had prior discipline that would appear on his background check.

Mr. Seitz disclosed that about 12 years ago he was pulled over for speeding. At that time, he refused to take the breathalyzer test.

Mr. Wuest stated that Mr. Seitz's disclosure is consistent with the results of his background check.

Mr. Seitz answered questions to the Board's satisfaction regarding his past discipline and the products and services provided by Preferred Medical Supply.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Preferred Medical Supply's Application for Outof-State Wholesaler License.
- Second: Wayne Mitchell
- Action: Passed unanimously

Board Action:

<u>Motion:</u> Jade Jacobo moved that National Distribution & Contracting, Inc. is in compliance with NRS 639.500.

Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

- Motion: Jade Jacobo moved that Wolf Medical Supply is in compliance with NRS 639.500.
- Second: Krystal Freitas

Action: Passed unanimously

- D. Teleflex LLC Olive Branch, MS
- E. Teleflex LLC Plymouth, MN

Jay White, President Teleflex, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. White disclosed that 26 years ago he was arrested for misdemeanor theft.

Mr. Wuest stated that Mr. White's disclosure is consistent with the results of his background check.

Mr. White answered questions to the Board's satisfaction regarding his past discipline, Teleflex's products and services provided, ownership structure and staff.

Board Action:

- Motion: Jade Jacobo moved to approve Teleflex LLC Olive Branch, MS and Teleflex LLC Plymouth, MN's Applications for Out-of-State Wholesaler Licenses and that Teleflex LLC is compliant with NRS 639.500.
- Second: Gener Tejero

Action: Passed unanimously

- 10. Wholesalers Appearing Pursuant to NRS 639.500:
 - A. Broughton Pharmaceuticals Savannah, GA (Ownership Change)

This matter was postponed to a future meeting.

- B. Medical Purchasing Solutions Hilliard, OH
- C. Medical Purchasing Solutions Scottsdale, AZ

Denis McNicholl, facility manager, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. McNicholl disclosed that in July 1995 he was arrested and charged for driving with ability impaired in New York.

Mr. McNicholl explained that he was required to pay a fine and had a restricted driver's license for six months.

Mr. Wuest stated that Mr. McNicholl's disclosure was consisted with the results of his background check.

Board Action:

<u>Motion:</u> Jade Jacobo moved that Medical Purchasing Solutions – Hilliard, OH and Scottsdale, AZ are in compliance with NRS 639.500.

Second: Gener Tejero

Action: Passed unanimously

D. National Distribution & Contracting, Inc. - Lavergne, TN

This matter was heard in conjunction with Agenda Items 9C and 10E.

E. Wolf Medical Supply - Sunrise, FL

This matter was heard in conjunction with Agenda Items 9C and 10D.

F. X-Gen Pharmaceuticals, Inc. - Horseheads, NY

No representative from X-Gen Pharmaceuticals, Inc. was present.

- 11. Applications for Nevada Wholesaler Appearance
 - A. Crane Pharmaceuticals, Inc. Las Vegas, NV

Siamak Adampour, CEO and facility manager, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest stated that Crane Pharmaceuticals, Inc.'s has submitted the required background check documentation and that no disqualifying events were discovered.

Mr. Adampour answered questions regarding products and services provided, Mr. Adampour's work and education history and the facility layout.

After discussion, the Board expressed concern that Crane Pharmaceuticals, Inc. was sharing their facility with another business.

President Park offered Mr. Adampour the option to table this matter to clarify the company's location and business model.

The Board tabled Crane Pharmaceuticals, Inc.'s application at Mr. Adampour's request.

B. Hilco – North Las Vegas, NV

David Serrero, facility manager, and Joseph Vitalli, licensing consultant, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Wuest stated that Hilco has submitted the required background check documentation and that no disqualifying events were discovered.

Mr. Serrero and Mr. Vitalli answered questions to the Board's satisfaction regarding Hilco's products and services provided, business model, ownership structure and past discipline.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Hilco's Application for Nevada Wholesaler License pending a positive inspection.
- Second: Krystal Freitas
- Action: Passed unanimously
- 12. Applications for Nevada Pharmacy Appearance
 - A. All City Pharmacy #2 Las Vegas, NV
 - B. All City Pharmacy #3 Las Vegas, NV
 - C. All City Pharmacy #4 Henderson, NV

President Park disclosed that Mr. Kohn was a former student, but stated that she could participate in this matter fairly and without bias.

Garen Garakhanyan, owner, and Jared Kohn, managing pharmacist, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Garakhanyan and Mr. Kohn answered questions to the Board's satisfaction regarding products and services provided, past discipline and staffing.

Joe Dodge, Inspector Nevada State Board of Pharmacy, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge testified that All City Pharmacy was ordered to have quarterly inspections and stated that the pharmacy has been compliant with the Board's Order.

The Board questioned Mr. Garakhanyan and Mr. Kohn regarding their qualifications to be the pharmacy's designated representative.

Board Action:

<u>Motion:</u> Jade Jacobo moved to approve All City Pharmacy #2's Application for Nevada Pharmacy License pending a positive inspection with the following conditions. All City Pharmacy #2 will have quarterly inspections at the company's expense (\$500 max). All City Pharmacy #2 shall notify the Board prior to providing sterile or non-sterile compounding services.

Second: Richard Tomasso

Action: Passed unanimously

Board discussion ensued regarding the qualifications of managing pharmacist.

Board Action:

<u>Motion:</u> Jade Jacobo moved that All City Pharmacy shall provide additional documentation showing the designated representatives qualifications are compliant with state law prior to licensure.

Second: Wayne Mitchell

Action: Passed unanimously

Mr. Garakhanyan requested the Board table the applications for All City Pharmacy #3 and #4 due to issues with securing a physical location for each pharmacy.

The Board tabled applications for All City Pharmacy #3 and #4 at Mr. Garakhanyan's request.

D. Atlantic Pharmacy – North Las Vegas, NV

Jade Jacobo disclosed that she has supervised Emmanuel Kodjoe in the past, but stated that she could participate in this matter fairly and without bias.

Emmanuel Kodjoe, owner and managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Kodjoe stated that Atlantic Pharmacy is a retail pharmacy that will provide no compounding services.

Mr. Kodjoe answered questions to the Board's satisfaction regarding Atlantic Pharmacy's products and services provided and the sale of his old pharmacy.

Board Action:

Second: Krystal Freitas

Action: Passed unanimously

E. Combined Wellness Pharmacy – Las Vegas, NV

Martin Chibueze, owner, appeared and was sworn by President Park prior to answering questions or offering testimony.

The Board questioned Mr. Chibueze regarding Combined Wellness Pharmacy's products and services provided, his past work history and past discipline.

After discussion, the Board expressed concern that Mr. Chibueze did not provide a complete disclosure of his legal issues and work history, and that the work experience missing from his applications were all from pharmacies that had either inspection issues or had complaints investigated.

Board Action:

- <u>Motion:</u> Wayne Mitchell moved to deny Combined Wellness Pharmacy's Application for Nevada Pharmacy License.
- Second: Richard Tomasso
- Action: Passed unanimously
- 13. Applications for Out-of-State Pharmacy Appearance
 - A. Catalent Pharmacy Services (PHL) Philadelphia, PA

Michelle Giovannucci, managing pharmacist, and Robert Silar, Vice President and General Counsel, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Silar explained that Catalent Pharmacy Services is a closed door pharmacy that provides mail services. Mr. Silar stated that Catalent Pharmacy Services provides clinical trial kits based on drug studies.

Mr. Silar and Ms. Giovannucci answered questions to the Board's satisfaction regarding the products and services provided, business structure and past discipline.

Mr. Silar explained that Catalent Pharmacy Services' past discipline was from a separate facility that had shipped medications into another state without proper licensure. Mr. Silar summarized the changes the company has made to prevent this issue from happening in the future.

Board Action:

- <u>Motion:</u> Wayne Mitchell moved to approve Catalent Pharmacy Services' Application for Out-of-State Pharmacy License.
- Second: Gener Tejero
- Action: Passed unanimously
 - B. DirectRx Pharmacy Troy, MI

Jade Jacobo was not present for this agenda item.

Alban Ivezaj, Director of Legal Compliance, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Ivezaj presented a Letter of Authorization allowing him to speak on behalf of the company.

Mr. Ivezaj explained that DirectRx Pharmacy is a mail order, specialty pharmacy that primarily provides products for electrolyte imbalance and COPD. Mr. Ivezaj stated that no compounding is performed by DirectRx Pharmacy.

Mr. Ivezaj disclosed past discipline with Alabama and Texas. He stated that DirectRx was not complying with reporting requirements in Alabama and that the company was later fined for not disclosing this issue to Texas.

Mr. Ivezaj answered questions to the Board's satisfaction regarding DirectRx Pharmacy's products and services provided, past discipline, business structure and advertising.

Board Action:

- <u>Motion:</u> Gener Tejero moved to approve DirectRx Pharmacy's Application for Out-of-State Pharmacy License.
- Second: Wayne Mitchell

Action: Passed unanimously

C. Home Rx Healthcare LLC – Lumberton, NC

Jade Jacobo was not present for this agenda item.

Jason Foil, owner and managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Foil explained that Home Rx Healthcare LLC is a retail community pharmacy that provides non-sterile compounding services.

Mr. Foil disclosed that in 1999 Home Rx Healthcare LLC entered into a consent agreement with the North Carolina Board of Pharmacy for violations regarding patient counseling.

Mr. Foil answered questions to the Board's satisfaction regarding Home Rx Healthcare LLC's products and services provided, past discipline, and the changes the company has made to address the past counseling violations.

Board Action:

- <u>Motion:</u> Gener Tejero moved to approve Home Rx Healthcare LLC's Application for Out-of-State Pharmacy License.
- Second: Wayne Mitchell
- Action: Passed unanimously
 - D. Promesa Health Pharmacy Omaha, NE

Margie White, managing pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. White disclosed that Promesa Health Pharmacy had past discipline in Maine for not reporting a change of managing pharmacist within the allowed time.

Ms. White answered questions to the Board's satisfaction regarding Promesa Health Pharmacy's products and services provided, ownership structure and past discipline.

Board Action:

<u>Motion:</u> Krystal Freitas moved to approve Promesa Health Pharmacy's Application for Out-of-State Pharmacy License.

Second: Jade Jacobo

Action: Passed unanimously

14. Application for Out-of-State Compounding Pharmacy – Appearance

Omnicare of Cerritos - Cerritos, CA

President Park recused from participation in this matter due to Roseman University's grant partnership with CVS Health.

Jade Jacobo was Acting President regarding this matter.

Katrina Nguyen, managing pharmacist, and Lauren Paul, Senior Director of Regulatory Affairs CVS, appeared and were sworn by Acting President Jacobo prior to answering questions or offering testimony.

Ms. Paul and Ms. Nguyen explained that Omnicare of Cerritos was acquired by CVS Health and would not be providing sterile compounding services to Nevada. They stated that this location would be helping to process prescriptions from other similarly owned locations, and would not be dispensing at all into Nevada.

Ms. Paul answered questions to the Board's satisfaction regarding past citations and fines involving pharmaceutical technician ratio violations, employee diversion and licensing issues.

Board Action:

<u>Motion:</u> Gener Tejero moved to approve Omnicare of Cerritos' Application for Out-of-State Pharmacy License pending receipt of a corrected application.

Second: Wayne Mitchell

- Action: Passed unanimously
- 15. Applications for Out-of-State Outsourcing Facility Appearance
 - A. Central Admixture Pharmacy Services, Inc. Phoenix, AZ

Krystal Freitas disclosed that her employer does business with Central Admixture Pharmacy Services, Inc. but stated that she could participate in this matter fairly and without bias.

William Jones, Regional Director, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Mr. Jones regarding Central Admixture Pharmacy Services, Inc.'s products and services provided, and past FDA inspections.

Mr. Jones answered questions to the Board's satisfaction regarding Central Admixture Pharmacy Services, Inc.'s products and services provided, past inspections, and past discipline.

Board Action:

<u>Motion:</u> Wayne Mitchell moved to approve Central Admixture Pharmacy Services, Inc.'s Application for Out-of-State Outsourcing Facility License.

Second: Jade Jacobo

Action: Passed unanimously

B. Complete Pharmacy and Medical Solutions LLC – Miami Lakes, FL

This matter was postponed to a future meeting.

C. Leiter's – San Jose, CA

The Board heard this matter in conjunction with Agenda Item 17H.

Paul Yamamoto, supervising pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Yamamoto presented a Letter of Authorization allowing him to speak on behalf of Leiter's.

Mr. Yamamoto disclosed discipline on both his renewal application for pharmacist registration and Leiter's out-of-state outsourcing facility license.

Mr. Yamamoto stated that he received a citation for failure to follow requirements to only use a multidose container for no more than 28 days after the first use.

Mr. Dodge questioned Mr. Yamamoto regarding the products and services provided by Leiter's and past FDA inspections.

Mr. Yamamoto reviewed the two observations listed on Leiter's most recent FDA inspection and summarized the changes the company has made to correct those issues.

Mr. Yamamoto answered questions to the Board's satisfaction.

Board Action:

- Motion: Jade Jacobo moved to approve Leiter's Application for Out-of-State Outsourcing Facility License.
- Second: Wayne Mitchell

Action: Passed unanimously

Board Action:

<u>Motion:</u> Jade Jacobo moved to approve Paul Yamamoto's Renewal Application for Pharmacist Registration.

Second: Wayne Mitchell

Action: Passed unanimously

D. Pine Pharmaceuticals LLC – Tonawanda, NY

Adam Lindell, supervising pharmacist, appeared and was sworn by President Park prior to answering questions or offering testimony.

The Board questioned Mr. Lindell regarding the company's past discipline.

Mr. Lindell was unable to answer questions regarding the company's past discipline

President Park offered Mr. Lindell the option to table this matter and appear at a future meeting with a representative who could answer the disciplinary history questions.

E. QuVa Pharma, Inc. – Bloomsbury, NJ

Krystal Freitas disclosed that her employer has a business relationship with QuVa Pharma, Inc., but stated that she could participate in this matter fairly and without bias.

Andrea Tremblay, managing pharmacist, and Travis Leah, Vice President, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Dodge questioned Ms. Tremblay and Mr. Leah regarding QuVa Pharma, Inc.'s products and services provided, shipping procedures and past FDA inspections.

Ms. Tremblay and Mr. Leah reviewed all observations listed on the FDA 483 Form and explained the changes QuVa Pharma, Inc. made to address each issue.

Ms. Tremblay testified that Scott Weiss is listed on the application as the Authorized Person. She explained that Mr. Weiss has left the company and agreed to complete a new application reflecting the correct Authorized Person.

Board discussion ensued regarding having QuVa Pharma, Inc. conducting temperature studies to make sure that products shipped to Nevada remain within the allowed temperature range.

Board Action:

<u>Motion:</u> Jade Jacobo moved to approve QuVa Pharma, Inc.'s Application for Out-of-State Outsourcing Facility License pending the completion and submission of a corrected application and a temperature study of products shipped to Nevada.

Second: Krystal Freitas

Action: Passed unanimously

16. Applications for Out-of-State Medical, Devices, Equipment and Gases – Appearance

A. AMG Medical Supplies LLC – Pahrump, NV

Donald Amador, owner, and Christina Guerrero, MDEG Administrator, appeared and were sworn by President Park prior to answering questions or offering testimony.

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Mr. Amador explained that AMG Medical Supplies LLC will provide incontinence supplies, mobility products and bathroom equipment to patients in the Pahrump area.

The Board questioned Mr. Amador and Ms. Guerrero regarding their products and services provided, Mr. Amador's MDEG experience and Ms. Guerrero's work history.

After discussion, the Board expressed concern that Ms. Guerrero did not meet the requirements to be an MDEG Administrator.

President Park offered Mr. Amador the option to table the application to hire a qualified administrator for AMG Medical Supplies LLC.

The Board tabled AMG Medical Supplies LLC's Application for Nevada MDEG at Mr. Amador's request.

B. MDRX, LLC – Henderson, NV

No representative from MDRX, LLC was present.

- 17. Applications for Pharmacist Renewal Appearance:
 - A. Kimberly B. Aksentijevic, R.Ph

Kimberly Aksentijevic appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Aksentijevic disclosed past discipline in another state on her Nevada pharmacist registration renewal application.

Ms. Aksentijevic answered questions to the Board's satisfaction regarding her past discipline in California.

Ms. Aksentijevic explained that she entered into a Stipulated Agreement with the California Board of Pharmacy regarding a false statement she issued on a report.

Ms. Aksentijevic stated that she was consulting for a pharmacy that violated several laws regarding sterile compounding.

Ms. Aksentijevic stated that she is still practicing in California and no longer provides consulting services.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Kimberly Aksentijevic's Renewal Application for Pharmacist Registration.
- Second: Wayne Mitchell

Action: Passed unanimously

B. Donald Cowles, R.Ph

The Board heard this matter in conjunction with Agenda Item 5I.

C. Garret Garber, R.Ph

Garret Garber appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Garber disclosed multiple DUI charges on his application.

Mr. Garber answered questions to the Board's satisfaction regarding his past discipline, recovery and current license status in Oregon.

Board discussion ensued regarding Board Staff contacting Mr. Garber's recovery program for status reports on his recovery.

Board Action:

<u>Motion:</u> Jade Jacobo moved to approve Garret Garber's Renewal Application for Pharmacist Registration with conditions that Board Staff contact Mr. Garber's recovery program and request reports on his recovery. If any negative reports are reported to Board Staff, Mr. Garber shall reappear before the Board.

Second: Krystal Freitas

Action: Passed unanimously

D. Gregory G. Gaiser, R.Ph

This matter was postponed to a future meeting.

E. David Makhani, R.Ph

David Makhani appeared and was sworn by President Park prior to answering questions or offering testimony.

Bill Stilling was present as counsel representing Mr. Makhani.

Gener Tejero disclosed that he has a business relationship with Mr. Stilling, but stated that he could participate in this matter fairly and without bias.

Mr. Makhani disclosed two citation and fines from the California Board of Pharmacy.

Mr. Makhani explained that the first citation and fine was due to the results of an audit that revealed discrepancies in the pharmacies controlled substance inventory. The second citation and fine was due to his pharmacy's lack of product testing for a compounded prescription.

Mr. Makhani answered questions to the Board's satisfaction regarding his past discipline and the changes he has made to his practice to prevent future errors.

Board Action:

- <u>Motion:</u> Wayne Mitchell moved to approve David Makhani's Renewal Application for Pharmacist Registration.
- Second: Jade Jacobo

Action: Passed unanimously

F. Tung K. Nguyen, R.Ph

Tung Nguyen appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Nguyen disclosed past discipline with the Texas Board of Pharmacy on his renewal application.

Mr. Nguyen summarized the facts of his case that he did not provide proper counseling on multiple occasions.

Mr. Nguyen answered questions to the Board's satisfaction regarding his past discipline and the changes he has made in his practice to prevent this error in the future.

Board discussion ensued regarding having Mr. Nguyen complete additional CEU on counseling.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Tung Nguyen's renewal application for Pharmacist Registration pending completion of two additional CEU on counselling.
- Second: Richard Tomasso

Action: Passed unanimously

G. Mohammad Pourteymaur, R.Ph

Mohammad Pourteymaur appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Stilling was present as counsel representing Mr. Pourteymaur.

Gener Tejero disclosed that he has a business relationship with Mr. Stilling, but stated that he could participate in this matter fairly and without bias.

Mr. Pourteymaur disclosed past discipline with the Colorado Board of Pharmacy on his pharmacist renewal application.

Mr. Pourteymaur stated that the Colorado Board of Pharmacy took a parallel action on his license based on a past discipline in Nevada. He summarized the facts from his case with the Nevada State Board of Pharmacy where he submitted an application for renewal of his pharmacist registration without completing the required number of continuing education hours.

Mr. Pourteymaur answered questions to the Board's satisfaction.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to approve Mohammad Pourteymaur's Renewal Application for Pharmacist Registration.
- Second: Wayne Mitchell

Action: Passed unanimously

H. Paul Yamamoto, R.Ph

The Board heard this matter in conjunction with Agenda Item 15 C.

I. Massoud Zarkesh, R.Ph

Massoud Zarkesh appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Zarkesh disclosed on past discipline with the California Board of Pharmacy on his renewal application.

Mr. Zarkesh answered questions regarding his discipline in California.

Mr. Zarkesh presented additional documentation regarding his past discipline with the California Board of Pharmacy.

President Park offered Mr. Zarkesh the option to table this matter until Board Staff can review the additional documentation.

The Board tabled Mr. Zarkesh's Renewal Application for Pharmacist Registration at his request.

Public Comment December 4, 2019, 5:00 PM

There was no public comment.

18. Request for Pharmacist Applicant to Retake the Nevada MPJE Exam – Appearance:

Sathish Ariarra Cariappa

This matter was postponed to a future meeting.

- 19. Applications for Advanced Practice Registered Nurse Appearance:
 - A. Lonny Krause, APRN

Mr. Krause was not present.

B. Jason Speaks, APRN

Jade Jacobo was not present for this agenda item.

Jason Speaks appeared and was sworn by President Park prior to answering questions or offering testimony.

Mr. Speaks stated that he disclosed multiple DUI charges on his application.

Mr. Speaks answered questions to the Board's satisfaction regarding his past work history, current employment, discipline and recovery.

Board Action:

Motion: Wayne Mitchell moved to approve Jason Speaks' Application for Advanced Practice Nurse Prescribe Registration pending a positive evaluation by PRN-PRN.

Second: Gener Tejero

Action: Passed unanimously

20. Review and Approval of Annual Auditors Report for the Nevada State Board of Pharmacy pursuant to NRS 218G.400 – Appearance

Beth Farley - EiadeBailly

Beth Farley appeared and presented the Annual Auditors Report to the Board's satisfaction.

Ms. Farley answered questions regarding the report and made suggestions for the Board's consideration.

21. General Counsel Report

General Counsel had nothing further to report.

- 22. Executive Secretary Report:
 - A. Financial Report

Mr. Wuest presented the financials to the Board's satisfaction

B. Temporary Licenses

There were no temporary licenses issued since the last meeting.

- C. Staff Activities:
 - 1. Meetings with Other Health Care Boards
 - 2. Open Beds Meeting
 - 3. Legislative Committee on Regulations
- D. Report to Board:
 - 1. Licensing software update
- E. Board Related News

Mr. Wuest introduced Mark Sedar and Christian Schonlau as the newest additions to Board Staff.

- F. Licensing Activities Report
 - 1. PMP Integration
 - 2. Narcan Training for Medical Students

23. Discussion and determination on reactivation of the Advisory Committee on Continuing Education established pursuant to NAC 639.380 and .385.

Mr. Wuest and Mr. Kandt provided background information.

Mr. Kandt described NAC 639.385 that addresses who makes up the committee, criteria for evaluating continuing education and fees.

President Park opened the Public Comment.

There was no public comment.

After discussion, the Board determined that with the current options available to get continuing education there was no need to reactivate the Advisory Committee on Continuing Education.

Public Comment January 15, 2020 3:50 PM

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There was no public comment.

Public Comment January 16, 2020 9:00 AM

There was no public comment.

- 24. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2)
 - **A.** Amendment of Nevada Administrative Code (NAC) Chapter 639. The proposed amendment will add a new regulation for the Board to consider a petition for review of criminal history pursuant to AB 319.

Mr. Kandt provided background information and reviewed the amendments to the proposed language.

President Park opened the Public Comment.

There was no public comment.

Board discussion ensued regarding adding "personally appear" to Section 3.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to adopt the proposed language and move forward to Public Hearing with revisions to Section 3 as discussed.
- Second: Gener Tejero
- Action: Passed unanimously
 - **B.** Amendment of Nevada Administrative Code (NAC) Chapter 639. The proposed amendment will authorize the treatment of partners for a shared communicable disease upon the diagnosis of one of the partners.

Mr. Wuest provided background information and read the proposed language into the record.

President Park opened the Public Comment.

Christina Madison, pharmacist, appeared and thanked the Board for their work on this issue. Ms. Madison discussed the current STD health crisis in Nevada and described the impact of this bill in other states that have adopted similar language.

Board Action:

- <u>Motion:</u> Jade Jacobo moved to adopt the proposed language and move forward to Public Hearing.
- Second: Wayne Mitchell

C. Amendment of Nevada Administrative Code (NAC) Chapter 639. The proposed amendment will authorize the delivery of a prescription drug to a practitioner for administration to the ultimate user or patient if the FDA has made a determination that the drug is dangerous for the ultimate user or patient to possess.

Mr. Wuest provided background information.

President Park opened the Public Comment.

There was no public comment.

Mr. Wuest stated that Terrell Sweat, Johnson & Johnson, submitted a request to change the language "dangerous" to "there is a safety risk for the ultimate user."

Board discussion ensued regarding current compounding standards and dispensing and administration.

Board Action:

<u>Motion:</u> Jade Jacobo moved to adopt the proposed language and move forward to Public Hearing.

Second: Richard Tomasso

Action: Passed unanimously

25. Petition for Declaratory Order or Advisory Opinion pursuant to NAC 639.150 -Submitted by the Nevada Association of Nurse Anesthetists on authority of CRNAs to possess and administer preanesthetic medications, intraoperative anesthesia and postanesthetic medications for surgical procedures.

Chelsea Adams and Richard Dreitzer appeared as counsel representing the Nevada Association of Nurse Anesthetists.

Ms. Adams and Mr. Dreitzer distributed a presentation for the Board's consideration.

Ms. Adams and Mr. Dreitzer explained that the Nevada Association of Nurse Anesthetists (NVANA) is requesting confirmation that CRNAs do not need a registration from the Board or DEA to order anesthetic agents from a hospital pharmacy or medical facility, or administer anesthesia at that hospital or medical facility.

Ms. Adams and Mr. Dreitzer reviewed the duties a CNRA performs in the hospital or clinic.

Ms. Adams and Mr. Dreitzer explained that CNRAs are not seeking prescriptive authority.

35

Robert Erickson appeared and discussed the role of CRNAs and challenges CNRAs are facing in their practices.

Board discussion ensued regarding the Board's authority to vote on this matter, and possible actions to have this matter clarified.

After discussion, the Board directed Board Staff to bring this matter back at the next meeting and agendize this matter appropriately to seek an Attorney General's Opinion.

26. Hearing pursuant to NRS 639.2895(2) on appeal of citation and fine for unlicensed operation of a pharmacy.

Deeflat Pharmacy – Bullhead City, AZ

Krystal Freitas disclosed that Ms. Vo was a former classmate, but stated that she could participate in this matter fairly and without bias.

Michelle Vo, pharmacist, and Mark Fomundam, pharmacist, appeared and were sworn by President Park prior to answering questions or offering testimony.

Mr. Kandt stated that Deeflat Pharmacy received a Cease and Desist and Citation and Fine from Board Staff for shipping products into Nevada without proper licensure.

Ms. Vo stated that Deeflat Pharmacy is located near the border of Arizona and Nevada and stated that the pharmacy was servicing a patient at the request of the patient's dental office.

Ms. Vo apologized for the error and stated that Deeflat Pharmacy stopped all unlicensed shipping of products, and has applied for licensure in Nevada.

Ms. Vo requested that the Board consider waiving the \$5000.00 fine on Deeflat Pharmacy.

Board Action:

<u>Motion:</u> Jade Jacobo moved to uphold the Citation and Fine for Deeflat Pharmacy with the amendment to allow the pharmacy to establish a payment plan with Board Staff.

Second: Krystal Freitas

Action: Passed unanimously

27. Applications for Pharmaceutical Technician in Training - Appearance:

Martine Silva

Martine Silva appeared and was sworn by President Park prior to answering questions or offering testimony.

46

Mr. Wuest provided background information and stated that Ms. Silva disclosed that she had been charged, arrested or convicted of a felony or misdemeanor on her pharmaceutical technician in training application.

Ms. Silva answered questions to the Board's satisfaction regarding her past discipline, education and work history.

Danielle Smith, Instructor Northwest Career College, appeared and was sworn by President Park prior to answering questions or offering testimony.

Ms. Smith spoke positively of Ms. Silva's performance in her class and encouraged the Board to grant Ms. Silva her pharmaceutical technician in training registration.

Board Action:

<u>Motion:</u> Jade Jacobo moved to approve Martine Silva's Application for Pharmaceutical Technician in Training Registration.

Second: Krystal Freitas

Action: Passed unanimously

28. Date and Location of Next Scheduled Board Meeting:

March 18-19, 2020 - Las Vegas, NV

29. Public Comment January 16, 2020 5:00 PM

There was no public comment.

30. Adjournment

President Park adjourned the meeting.

A

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 cu Check box below for type of ownership and complete all r				
☐ Publicly Traded Corporation – Pages 1,2,3,7				
Non Publicly Traded Corporation – Pages 1,2,4,7				
/~				
GENERAL INFORMATION to be completed by all	types of ownership			
Pharmacy Name: <u>Alliance Medicatio</u>	n services LLC			
Physical Address: 88 Mahanoy Ave	2. Tamagua PA 18252			
Mailing Address: PO BOX 222				
City: <u>Barnesvile</u> State: <u>F</u>	AZip Code: 18214			
Telephone: 800-929-8590 Fax: 5	70-468-88as			
Toll Free Number: 849-929-8590 (Rec	quired per NAC 639.708)			
E-mail: rachael @alliance med Stebsite:	www.alliancemeds.com			
Managing Pharmacist: Rachael Morne License Number: RP443625				
TYPE OF PHARMACY AND	SERVICES PROVIDED			
Yes/No	Yes/No			
💢 🗆 Retail	🗖 💆 Off-site Cognitive Services			
□ 🕅 Hospital (# beds)	D 🕅 Parenteral			
□ 🗴 Internet	Xa Parenteral (outpatient)			
🗆 💆 Nuclear	□ X Outpatient/Discharge			
Ambulatory Surgery Center	M I Mail Service			
\Box X Community	□ Ø Long Term Care			
□ 🕺 Other:	Sterile Compounding			
	Xon Sterile Compounding			
All boxes must be checked	□ X Mail Service Sterile Compounding **			
For the application to be complete	Dether Services: Workers'			

**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.

FILL) (firth		
Original Signature	of Person Authorized to Submit Applica	ation, no copies or stamps	
	Hinchmay thorized Person	2-6-20 Date	
			Page 2
Board Use Only	Date Processed: FEB 2 0 2020	Amount: 500.00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION
State of Incorporation: Delaware
Parent Company if any: <u>Alliquee Medication Services</u> . LLC,
Mailing Address: P.O. Box 222
City: <u>Barnesuille</u> State: <u>PA</u> Zip: <u>19426</u> Telephone: <u>570-668-8820</u> Fax: <u>570-668-8825</u>
Contact Person: <u>Andre</u> Hinchman CEO.
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Sue Mickatavage West Elm, Gordon PA \$ 17936 Name Address
b) <u>Colleen Fowler</u> <u></u> , <u>Stafe Rd</u> , <u>Barnesville</u> , <u>PA</u> 18214 Name Address
c) <u>André Hinchman</u> <u>Meadowridge Cir, Collegeville</u> Name Address <u>P4 19426</u>
d) (D
Name Address
 Provide the number of shares issued by the corporation. <u>567</u>
3) What was the price paid per share? $\cancel{\$} 52.91$
4) What date did the corporation actually receive the cash assets? 24 NOU 2010
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 Fridayampm SaturdayNA_amNA_pm
Sunday NA am NA pm 24 Hours NA
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:
Dogo 4

Page 4

Name	Title	Address	DOB	
Andre S. Hinchman	CEO and Managing Member	Meadowridge Circle, Collegeville, PA 19426		
Colleen M. Fowler	CFO	State Road, Barnesville, PA 18214	(
Susanne M. Mickatavage	C00	West Elm Street, Gordon, PA 17936		
BUSINESS ADDRESS: P.O. B	ox 222, Barnesville, PA 18214			
PHARMACY ADDRESS: 88 N	Mahanoy Avenue, Tamaqua, PA	18252		
	ce Medication Services, D/B/A AI			

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RECORD OF CERTIFICATES ISSUED AND TRANSFERRED

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STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, <u>Andre</u> S. <u>Hinchman</u> CEO Responsible Person of <u>AlliAuce Medication Services</u> 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

Audre 5. Hinchman 2-6-20 Print Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF huylt COUNTY

I, <u>Andre Hinchman</u>, 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>CEO</u> for <u>AlliAuce Medication Servicitie</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.

1, And co S. Hindudo hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO before me, a notary public this day of toolo NOTARY

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Michelle D. Krell. Notary Public Tamaqua Borc. Schuylkill County My Commission Expires Jan. 6, 2021 MEMBER, PENISYLVAN: AASSOCIATION OF NOTARIES License Number PP482133 05

OFFICIAL DOCUMENT

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Pennsylvania Licensing System (PALS)

Visit our website at: <u>www.pals.pa.goy</u> to renew your license, change your personal or license address, or order duplicate licenses.

ALLIANCE MEDICATION SERVICES, LLC RACHAEL ERIN THO 88 MAHANOY AVE TAMAQUA, PA 18252

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

Active

ALLIANCE MEDICATION SERVICES, LLC RACHAEL ERIN THO 88 MAHANOY AVE TAMAQUA, PA 18252

Expiration Date 08/31/2021

(/////////////////////////////////////	S CERTIFICATE PROMINENTLY . NOTIFY AGENCY WITHIN 10 DAYS OF	ANY CHANGE CASSANALON Y CULICITY
Burea P(Commonwealth of Pennsylvania Department of State u of Professional and Occupational Af D BOX 2649 Harrisburg RA 17105-2649	19 080599(
License Type Pharmacy		License Status Active
ALLIANCE MEDICATION SERVICE RACHAEL ERIN THORNE 88 MAHANOY AVE TAMAQUA, PA 18252	S, LLC	Initial License Date 05/27/2011
		Expiration Date 08/31/2021
	License Number PP482133	
K. Kelny Jomm	R	icuael Thokne
Acting Commissioner of Professional and Oc		lure

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/12/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Alliance Medication Services LLC

is duly registered to do business under the laws of the Commonwealth of Pennsylvania and remains a registered Foreign Limited Liability Company so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration 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

Secretary of the Commonwealth

Certification Number: TSC200212090339-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

4B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

 Image: Comparison of the complete and complete all required forms.

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GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ANGEIS PHARMAN TIT LLC		
Physical Address: 7455 US 1 STE AIT	itusville, FL-32780	
Mailing Address: 7455 USI GTE A T		
City: Titiciville State: FL	Zip Code: 32:1-60	
Telephone: 321-225-4833 Fax: 321-2	25-4559	
Toll Free Number: 888-688-2643 (Require	d per NAC 639.708)	
E-mail: <u>Angelspharmacy 399</u> Website:		
Managing Pharmacist: Packy Patel	License Number: PG57572	
0	ERVICES PROVIDED	
Yes/No Ye	es/No	
Yes/No	es/No Off-site Cognitive Services	
C Retail	Off-site Cognitive Services	
Retail Retail PHospital (# beds)	 Off-site Cognitive Services Parenteral ** 	
Retail Retail PHospital (# beds) Internet	 Off-site Cognitive Services Parenteral ** Parenteral (outpatient) 	
	 Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge 	
	 Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service 	
	 Off-site Gognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care 	
	 Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care Sterile Compounding ** 	
Retail Hospital (# beds) Image: Hospital (# beds)	 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.

H-9-Sh		able.	
Original Signature	of Person Authorized to Submit Applie	cation, no copies or stamps	
Hardik Shah 11/11/19 Print Name of Authorized Person Date			
And the second sec			Page 2
Board Use Only	Date Processed: 2-11-2020	Amount: <u>500</u> -	

61

OWNERSHIP IS A PARTNERSHIP General Limited	
Partnership Name: ANGELS PHARMACY III LC	
Mailing Address: 7435 US-2 STE A	
City: <u>THERVILLE</u> State: <u>FL</u> Zip Code: <u>32780</u>	
Telephone Number: 321-225-4833 Fax Number: 321-225-4559	
Contact Person: Pavery Parel	
List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownersh Use separate sheet if necessary	ip
Name G or L Percentage	
See Attechment.	
List names of 4 largest partners and percentage of ownership:	
Name: Misst Patel %: 50	
Name: Harolik Shal %:25	
Name: Pavel Patel %:15	
Name: Paver Patel %: 15 Name: Royendon Patel %: 10	
List any physician shareholders and percentage of ownership.	
Name:%:%	
Name:%:%	
Name:%:%	
Hours of Operation for the pharmacy:	
Monday thru Friday <u>1</u> am <u>5</u> pm Saturday <u>10</u> am <u>1</u> p	m
Sundayampm 24 Hours	
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:	

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I. Havelik Shall Responsible Person of Angols phareney II 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.

11. g. Slu Original Signature of Person Authorized to Submit Application, no copies or stamps

Hacolik short IIIII9 Int Name of Authorized Person Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF <u>Florida</u>) ss.

I, Handik Shah, 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>owner</u> for <u>Angel's 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, Haudik Stall, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

den

SUBSCRIBED AND SWORN TO before me, a notary p day of _, 20 20

Notary Public State of Florida Alden Duhaney My Commission GG 266562

 M. M. M
ANGELS PHARMACY III LLC

The PHARMACY instruction of the state of Florida. The laws and rules of the state of Florida. Expiration Date: FEBRUARY 28, 2021

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	HLT	A 3H RO TNEMTRAGE
	#O¥	VORIOTE OF FLORIDAT

CONTROL NO.

DIVISION OF MEDICAL QUALITY ASSURANCE

LICENSE NO.

DATE

DEPARTMENT OF HEALTH

STATE OF FLORIDA

AC#

Community Pharmacy Schedule II & III

QUALIFICATION(S):

01/09/2019PH 31025107461The PHARMACYnamed below has met all requirements of
the laws and rules of the state of Florida.QUALIFICATION(S):
COMMUNITY PHARMACY
SCHEDULE II & IIIExpiration Date:FEBRUARY 28, 2021SCHEDULE II & IIIANGELS PHARMACYIII LLCANGELS PHARMACYANGELS PHARMACYTLCANGEL'S PHARMACYANGEL'S PHARMACYTLCSCHEDULE II & IIIANGEL'S PHARMACYTLCSCHEDULE II & IIITASS US-1TLCTLCSUITE ATLCTLCTUTE ATLCTLCTUTE ATLCTLCTUTE ATLCTLCTUTE ATLCTLCTUTE ATLCTLCTUTE ATLCTLCTUTE

Ron DeSantis GOVERNOR

DISPLAY IF REQUIRED BY LAW

State of Florida Department of State

I certify from the records of this office that ANGELS PHARMACY III LLC is a limited liability company organized under the laws of the State of Florida, filed on May 4, 2016.

The document number of this limited liability company is L16000088402.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on April 30, 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 Twenty-eighth day of January, 2020



Secretary of State

Tracking Number: 8271663894CU

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

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

Angel's Pharmacy

7455 S US Highway 1, Suite A, Titusville, FL 32780 Phone: 321-225-4833 Fax: 321-225-4559 Email: angelspharmacy3@gmail.com

Angels Pharmacy III LLC Ownership Detail:

Business Address: 7455 S US Hwy 1, Suite A, Titusville, FL 32780

Virat Patel – 50%
 Title: Owner
 DOB:
 Solar Dr, Winter Garden FL-34787
 Phone #
 SSN :
 Liability: Limited

2) Hardik Shah – 25%
Title: Owner
DOB:
Dusty Pine Dr, Apopka, FL-32703
Phone #
SSN:
Liability: Limited

4) Rajendra Patel – 10%
Title: Owner
DOB:
Grand Avenue, Apt 'inellas Park, FL-33782
Phone #
SSN :
Liability: Limited

Mission:

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



Ron DeSantis Governor 68

Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

January 13, 2020

Angel's Pharmacy 7455 US-1 Suite A Titusville,FL 32780

RE: License Certification for Angels Pharmacy III 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: LICENSE NUMBER: ORIGINAL CERTIFICATION: EXPIRATION DATE: CURRENT STATUS OF LICENSE: AGENCY ACTION:

Pharmacy PH31025 11/07/2017 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,

Gerlisia K. Still

Regulatory Specialist II



4C

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. □ 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: Costco Pharmacy #1348 Physical Address: 260 Logistics Ave., Suite B, Jeffersonville, IN 47130-4672 Mailing Address: Attn: Licensing, PO Box 35005 City: Seattle State: WA Zip Code: 98124-3405 Telephone: 425-313-8219 Fax: 425-313-6922 Toll Free Number: 800-607-6861 (Required per NAC 639.708) E-mail: ksheare@costco.com Website: www.costco.com Managing Pharmacist: Samuel Lee License Number: 26019570A TYPE OF PHARMACY AND SERVICES PROVIDED Yes/No Yes/No Off-site Cognitive Services Retail D Parenteral ** □ ☑ Hospital (# beds ____) □ Ø Parenteral (outpatient) ☑ Internet □ I Outpatient/Discharge □ ☑ Nuclear □ ☑ Ambulatory Surgery Center ☑ □ Mail Service Community □ ⊡ Long Term Care M 🗆 Other: Mail Order □ I Sterile Compounding ** □ ☑ Non Sterile Compounding □ ☑ Mail Service Sterile Compounding ** All boxes must be checked □ Ø Other Services: For the application to be complete

NEVADA STATE BOARD OF PHARMACY 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

**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) <u>Be licensed to practice in Nevada</u>." 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.

Within the last five (5) years:

- 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)?
- 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?
- 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?
- 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)?

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.

NEW.

Original	Signature of	Person	Authorized to	Submit	Application.	no cor	pies or stamps

Victor Curtis		12/12/19 Date	
			Page 2
Board Use Only	Date Processed: 2.5.2020	Amount: <u>600.00</u>	

Yes 🗆 No 🔽

Yes 🗆 No 🗹

Yes ≥ No □ OK bor

consent

per yenh

Yes 🗆 No 🔽

Yes 🗆 No 🗹

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Washington			- 246-0	(chardten)	an an in
Parent Company if any: <u>N/A</u>	and the second second				
Corporation Name: Costco Wholesale C	orporation				
Mailing Address: _Attn: Licensing, PO B	ox 35005			n opeen whe	
City: Seattle	_State: WA	Zip: _	98124	-3405	
Telephone: <u>425-313-8219</u>	_Fax: <u>425-31</u>	3-6922			
Contact Person: Kristopher Shearer					
If the corporation that holds an ownership the applicant shall identify the officers of registration with the SEC, the registration being traded. You can provide a copy of Date of Incorporation: 5/12/1987 Registration number issued: C4347-198 Stock Exchange: NASDAQ	that corporation, to number issued a the SEC report o	he date t nd the ex	he corp cchange	oration recei	ived its
Hours of Operation for the pharmacy:					
Monday thru Friday <u>5:00</u> am <u>7:00</u>	pm	Saturo	lay	<u>9:30</u> am	<u>2:00</u> pm
Sunday <u>Closed</u> am	pm	24 Ho	urs	<u>N/A</u>	
A Nevada business license is not require license please provide the number:	d, however if the N/A	pharmacy	y has a	Nevada bus	iness
Must be included with the applic	ation for a pub	olicly tra	aded o	orporatio	n

<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.

Page 3

List of officers and directors.

STATE OF <u>Indiana</u> <u>Clark</u> COUNTY SS.

I, <u>Samuel Lee</u>, 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 Pharmacy Manager for <u>Costeo Pharmacy #1348</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.

 $I_{\underline{Sqmnl}}$ 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 ,20/9 day of Dec. Divell

Name

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Victor Curtis

Responsible Person of Costco Pharmacy #1348

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

Victor Curtis Print Name of Authorized Person

Date

Page 8

The State of State of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

COSTCO WHOLESALE CORPORATION

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/12/1987.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/01/2019 UBI Number: 601 024 674



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kin Ulyna

Kim Wyman, Secretary of State Date Issued: 11/01/2019

License Verifications

Regarding the pharmacy facility and pharmacist in charge license verification certification requirement. Costco Pharmacy #1348 is located in the State of Indiana. The Indiana Board of Pharmacy only provides electronic license verification certifications from their website and does mail hard copies.

Please contact me if you have any questions.

Kristopher Shearer

z

kshearer@costco.com



STATE OF INDIANA

Eric J. Holcomb

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 Costco Pharmacy #1348

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.

Reborah & Eryc

Deborah J. Frye, Executive Director Tradua 20 01 37 21 PM EST 2019

STATE OF INDIANA

Eric J. Holcomb

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

Facility Name: Address: Costco Pharmacy #1348 260 Logistics Ave., Suite B Jeffersonville, IN 47111

Owner Name:

License Information				
Number Issued:	60006731A			
License Type:	Pharmacy - Closed Door (III)			
Status:	Active			
Issue date:	06/17/2019			
Expiration Date:	12/31/2019			
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 Jun 20 01:37:21 PM EST 2019

COSTCO WHOLESALE CORPORATION PRINCIPAL OFFICERS AND DIRECTORS

Title	First	Last
President/CEO/ Director	Walter	Jelinek
Exec VP/CFO/ Director	Richard	Galanti
Exec VP/Assistant Secretary	Patrick	Callans
Senior VP	Victor	Curtis
Senior VP/Secretary	John	Sullivan
VP/Treasurer	Jeffrey	Elliott
AVP/Assistant Secretary	Margaret	McCulla
AVP/Assistant Secretary	Gail	Tsuboi
Director	Susan	Decker
Director	Kenneth	Denman
Director	Hamilton	James
Director	John	Meisenbach
Director	Charles	Munger
Director	Jeffrey	Raikes
Director	John	Stanton
Director	Maggie	Wilderotter



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

Pharmacy

License Number	Expire Date
60006731A	12/31/2021

Costco Wholesale Corporation d/b/a Costco Pharmacy #1348

Eric J. Holcomb Governor State of Indiana Deborah J. Frye Executive Director Indiana Professional Licensing Agency

Indiana Professional Licensing Agency 402 W. Washington Street, W072 Indianapolis, IN 46204				
Pharmacy				
License Number Expire Date 60006731A 12/31/2021				
Costco Wholesale Corporation d/b/a Costco Pharmacy #1348				
Signature				

4D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

(non-refundable and not transferable money order or cashier's check only) Application must be printed legibly or typed

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

New Pharmacy or *Ownership Change* (Provide current license number if making changes: PH______
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7
 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7
 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Garfield Beach CVS, L.L.C. dba CVS/pharmacy # 11339

Physical Address: 777 S. Harbor Blvd., Suite E-164, La Habra, CA 90631

Mailing Address: One CVS Dr, Licensing Dept/MC1160

City: Woonsocket		State: RI	Zip Code: _	02895
	hone 844-725-1445	5 Fax: 401-7165-	1885	

Toll Free Number: 844-735-6455 (Required per NAC 639.708)

E-mail: PermitInfo@CVSHealth.com

Website: www.cvs.com/content/multidose

License Number: CA Lic # 67873

Managing Pharmacist: Min G Oh

Yes/No

🕅 🗆 Retail

□ I Internet

X Nuclear

Community

CX Other:

All boxes must be checked

TYPE OF PHARMACY AND

Ambulatory Surgery Center

For the application to be complete

□ 🖄 Hospital (# beds _____

Yes/No

- Off-site Cognitive Services
- D A Parenteral **
- □ Ď Parenteral (outpatient)

SERVICES PROVIDED

- □ IX Outpatient/Discharge
- 🛛 🗆 Mail Service
- Long Term Care
- □ X Sterile Compounding **
- □ Å Non Sterile Compounding
- □ X Mail Service Sterile Compounding **

□ □ Other Services:

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes 🗆 No 🖄
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes 🗆 No 🖄
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes 🗆 No 🛛
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes 🗆 No 🖄
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes 🗆 No 🗶

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

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

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

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

0 0	ousa, Assistant Secretary	6/5/19	
Print Name of Au	thorized Person	Date	Page 2
Board Use Only	Date Processed: 2-11-2020	Amount: 500.00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: RI11/12/2004
Parent Company if any: CVS Pharmacy, Inc.
Mailing Address: One CVS Drive
City: Woonsocket State: RI Zip: 02895
Telephone: 401-765-1500 Fax: 401-765-7887
Contact Person: Therese Switzer, Lead Licensing Coordinator
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 - CVS Pharmacy, Inc. owns 100% of interest
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? <u>N/A</u>
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:%:%
Name:%:%
Hours of Operation for the pharmacy:
Monday thru Friday <u>8</u> am <u>9</u> pm Saturday <u>8</u> am <u>6</u> pr
Sunday <u>8</u> am <u>6</u> pm 24 Hours

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

Page 4

Garfield Beach CVS, L.L.C. dba CVS/pharmacy #11339 777 S. Harbor Blvd., Suite E-164 La Habra, CA 90631

Personnel Name	Management Title	Home Address	Business Address	Phone
		Homestead Circle,	One CVS Drive, Woonsocket,	
Thomas S. Moffatt	homas S. Moffatt President Kingston, RI 02881		RI 02895	401-765-1500
	Senior Vice President	Poplar St., Watertown,	One CVS Drive, Woonsocket,	
Carol A. DeNale	& Treasurer	MA 02472	RI 02895	401-765-1500
		۱ Coldbrook Drive,	One CVS Drive, Woonsocket,	
Melanie K. Luker	Secretary	Cranston, RI 02920	RI 02895	401-765-1500
		2 Joy Lane,	One CVS Drive, Woonsocket,	
Jeffrey E. Clark	Assistant Treasurer	Hingham, MA 02043	RI 02895	401-765-1500
		Washington Street,	One CVS Drive, Woonsocket,	
Sheelagh M. Beaulieu	Assistant Treasurer	Fairhaven, MA 02719	RI 02895	401-765-1500
		Bridge Street, Warren,	One CVS Drive, Woonsocket,	
Linda M. Cimbron	Assistant Secretary	RI 02885	RI 02895	401-765-1500
		ہ Larchwood Dr,	One CVS Drive, Woonsocket,	
Kimberley M. DeSousa	Assistant Secretary	Cumberland 02864	RI 02895	401-765-1500

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CALIFORNIA) SS.

I, ______Min G Oh______, hereby certify that the assertions in this Affidavitate 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>CVS/pharmacy # 11339</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 Outof-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. Min G Oh 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 8th day of Man 2019



STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Kimberley DeSousa, Assistant Secretary

Responsible Person of <u>Garfield beach CVS, L.L.C. dba CVS/pharmacy # 11339</u> 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

Kimberley DeSousa, Assistant Secretary Print Name of Authorized Person

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: GARFIELD BEACH CVS, L.L.C.

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS: 200432010237 11/12/2004 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 October 28, 2019.

ALEX PADILLA Secretary of State

RML



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



November 19, 2019

CVS PHARMACY ATTN: THERESE SWITZER 1 CVS DRIVE, MC 1160 WOONSOCKET, RI 02895

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: CVS/PHARMACY # 11339

License Type: PHARMACY

License Number: PHY 57180

Status: ACTIVE

Issue Date: 10/23/19

Expiration Date: 06/01/20

Address of Record: 777 S HABOR BLVD STE E-164 LA HABRA CA 90631

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

By

Anne Sodergren Interim Executive Officer Barbera Schleicher

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



Visit our website at www.pharmacy.ca.gov



BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57180

NAME: CVS/PHARMACY # 11339 LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR ᠐

ADDRESS 777 S HABOR BLVD STE E-164 LA HABRA CA 90631 ORANGE COUNTY

> ISSUANCE DATE OCTOBER 23, 2019

> EXPIRATION DATE JUNE 1, 2020

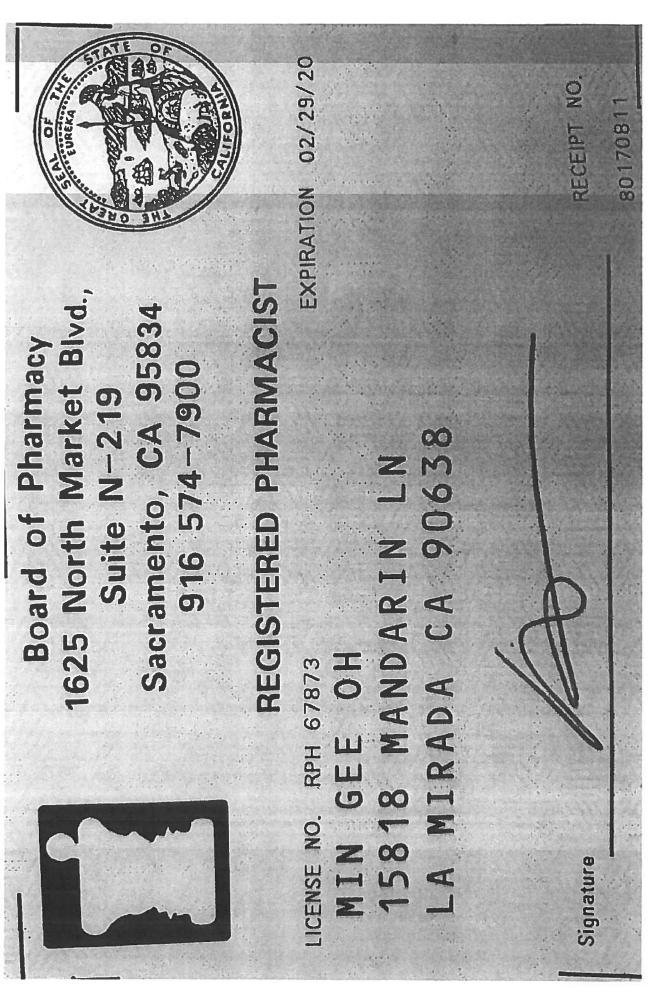
CURRENT DATE / TIME OCTOBER 30, 2019 4:57:29 AM

LICENSE RELATIONSHIPS

NAME: OH, MIN GEE

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 67873 PRIMARY STATUS: CLEAR



4E

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.

Mew 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 ☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

acy Name: Equinox Home Care, Inc.					
2424 S. E. Bristol Street Suite 250 Newport Beach CA 92660					
Address: 2424 S. E. Bristol Street, Suite 250 Newport Beach CA 92660 Address: 2424 S.E. Bristol Street, Suite 250					
State:	Californ	nia Zip Code: 92660			
_Fax:	N/A				
<u>2 (</u> R	equired	l per NAC 639.708)			
_Website:	www.	equinoxus.com			
		License Number:			
AND	SE	RVICES PROVIDED			
	Yes	s/No			
		Off-site Cognitive Services			
_)		☑ Parenteral **			
		☑ Parenteral (outpatient)			
		I Outpatient/Discharge			
Center	D	II Mail Service			
		I Long Term Care			
t		Sterile Compounding **			
		Non Sterile Compounding			
		Mail Service Sterile Compounding **			
plete	М	Other Services: Assistive Equipment			
	treet Suite et, Suite 2 State: Fax: Z(R Website: AND	treet Suite 250 et, Suite 250 State: Califorr Fax: N/A Califorr (Required Website: WWW. AND SE Yes) Center			

**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

Gary Berman Print Name of Au	thorized Person	12/20/14 Date	 Page 2	
Board Use Only	Date Processed: FEB 0 5 2020	Amount: <u>600.00</u>		

DATE 20-19 INIT

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware					
Parent Company if any:	ohthalmic, Inc.		1.2	<u></u>	
Mailing Address: 2424 S.E. Bristol Street	Suite 250				
City: Newport Beach	State:	СА	Zip:	92660	
Telephone: (949) 498-6284	Fax:	N/A		a hin de traca	
Contact Person: Gary Berman					

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 Berman		2424	S.E. Bristol Street, Suit	te 250, Newport Beac	h, California I	92660	
		Name		Address	121			
	b)						10.655	
		Name		Address				
	c)	<u>L</u>						
		Name		Address				
	d)	Name		Address				
2)	Provide the		ares issued by		on. <u>N/A</u>			
3)	What was t	he price paid	per share?					
4)	What date	did the corpor	ation actually re	eceive the cas	sh assets? <u>•</u>	I/A		
5)	Provide a c	opy of the cor	poration's stoc	k register evid	dencing the a	above in	formation	
List a	ny physician	shareholders	and percentag	e of ownershi	ip.			
Name	e: <u>N/A</u>			······································	<u></u>	%:		
Name	e:					%:		
Hour	s of Operati	on for the ph	armacy:					
Mond	ay thru Frida	ay <u>8:00</u> am	<u>5:00</u> pm		Saturday	e	_am	pm
	Sunday	am	pm		24 Hours			

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

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of Drange Subscribed and sworn to (or affirmed) before me on this 20 day of December, 2019, by Gary Berman proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. SARAH COOVER COMM. # 2276155 NOTARY PUBLIC-CALIFORNIA ORANGE COUNTY MY COMM. EXP. JAN. 31, 2023 0 (Seal) Signature

97

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Gary Berman, Chief Business Officer

Responsible Person of Equinox Home Care, 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

Gary Berman Print Name of Authorized Person

12/20/19

SEE CALIFORNIA ACKNOWLEDGMENT INTL: G DATE: 12-20-19

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 County of)			
On 12-20-2019 before me, Sarah Coover, Notary Public (insert name and title of the officer)			
personally appeared <u>Gary Berman</u> who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that neyshe/they executed the same in his her/their authorized capacity(ies), and that by his her/their signature(s) on the instrument the person(s), 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.			
Signature (Seal)			

Equinox Home Care, Inc.

List of officers

John Berdahl- CEO

Matt Larson- COO/President

Gary Berman- Chief Business Officer

Michael W. Brown, Esq- Legal/Compliance Officer



BUSINESS: OPTOMETRISTS

OFFICE PAC

COMMON POLICY DECLARATIONS

100 1

One Tower Square, Hartford, Connecticut 06183

POLICY NO.: 680-0P098788-19-42 ISSUE DATE: 08/14/2019

INSURING COMPANY: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

- 1. NAMED INSURED AND MAILING ADDRESS: EQUINOX OPHTHALMIC INC EQUINOX HOME CARE INC 4100 BIRCH ST STE 200 NEWPORT BEACH CA 92660
- 2. POLICY PERIOD: From 07/30/2019 to 07/30/2020 12:01 A.M. Standard Time at your mailing address.
- 3. DESCRIPTION OF PREMISES:

NO.	BLDG. NO. 001	OCCUPANCY OPTOMETRISTS	ADDRESS (same as Mailing Address of 4100 BIRCH ST STE 200	inless specified othen	vise)
			NEWPORT BEACH	CA 92660	

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS and SUPPLEMENTS

INSURING COMPANY

Businessowners Coverage Part

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorse - ments for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

\$

\$

POLICY	POLICY NUMBER	INSURING COMPANY

DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	
Due at Inception	
Due at Each	

599.00

NAME AND ADDRESS OF AGENT OR BROKER

MARSH & MCLENNAN AGCY TY334 PO BOX 5113

SIOUX FALLS SD 57117-5113 IL TO 19 02 05 (Page 1 of 01) Office: MINNEAPOLIS MN DOWN

COUNTERSIGNED BY:	<u>ل</u>
File well on	

Authorized Representative

DATE: 08/14/2019



OCCURDENCE RODY

One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS OFFICE PAC PC

POLICY NO.: 680-0P098788-19-42 ISSUE DATE: 08/14/2019

INSURING COMPANY: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

POLICY PERIOD: From 07-30-19 to 07-30-20 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS	OF INSURANCE
General Aggregate (except Products-Completed Operations Limit)	\$	4,000,000
Products-completed Operations Aggregate Limit	\$	4,000,000
Personal and Advertising Injury Limit	\$	2,000,000
Each Occurrence Limit	\$	2,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT:	Businessowners Pro Building Glass:	perty Coverage: \$ \$	1,000 per occurrence. 1,000 per occurrence.
BUSINESS INCOME/EXT	RA EXPENSE LIMIT:	Actual loss for 12	consecutive months
Period of Restoration	on-Time Period:	Immediately	
ADDITIONAL COVERAGE Fine Arts:	: \$	25,000	

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

COMMERCIAL GENERAL LIABILITY COVERAGE IS SUBJECT TO A GENERAL AGGREGATE LIMIT

MP T0 01 02 05 (Page 1 of 2)

BUSINESSOWNERS PROPERTY COVERAGE

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BUILDING NO.: 001 LIMIT OF INFLATION INSURANCE COVERAGE VALUATION COINSURANCE GUARD BUSINESS PERSONAL PROPERTY \$ RC* 10,000 N/A 3.0% *Replacement Cost COVERAGE EXTENSIONS: Accounts Receivable \$ 25,000 Valuable Papers \$ 25,000

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

4. 2

PREMISES LOCATION NO.: 001



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 "EQUINOX HOME CARE, INC.", FILED IN THIS OFFICE ON THE TENTH DAY OF APRIL, A.D. 2019, AT 8:55 O'CLOCK P.M.



Authentication: 203866938 Date: 10-25-19

7368084 8100 SR# 20197734849

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

CERTIFICATE OF INCORPORATION OF EQUINOX HOME CARE, INC.

ARTICLE 1

The name of this corporation is Equinox Home Care, Inc.

ARTICLE 2

The address of the registered office of the Corporation in the State of Delaware is 1209 Orange Street, Wilmington, Delaware 19801, County of New Castle. The name of the Corporation's registered agent at that address is The Corporation Trust Company.

ARTICLE 3

The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware, as amended from time to time.

ARTICLE 4

The total number of shares of capital stock which this Corporation has authority to issue is 100 shares of Common Stock, \$0.0001 par value per share.

ARTICLE 5

(a) The election of directors need not be by written ballot unless otherwise provided in the Bylaws. The number of directors of the Corporation will be as specified in the Corporation's Bylaws.

(b) Meetings of the 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 General Corporation Law of the State of Delaware) outside the State of Delaware at such place or places as may be designated from time to time by the Board of Directors or by the Bylaws of the Corporation.

(c) The Corporation reserves the right to amend, alter or repeal in any respect any provision of the Certificate of Incorporation in the manner now or subsequently prescribed by statute, and all rights and powers conferred upon directors or stockholders in this Certificate of Incorporation or any amendment hereof are conferred subject to this reservation.

ARTICLE 6

(a) To the fullest extent permitted by applicable law, a director of this Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for any breach of fiduciary duty as a director.

4849-2212-9553v1/105122-0000

(b) To the fullest extent permitted by applicable law, the Corporation may indemnify any person made or threatened to be made a party to any action or proceeding, whether criminal, civil, administrative or investigative, by reason of the fact that such person, or a person for whom such person is the legal representative, is or was a director, officer, employee or agent of the Corporation, or is or was serving at the request of the Corporation as a director, officer, employee or agent of any other enterprise.

(c) Any repeal or modification of this Article 6 by the stockholders of the Corporation shall be prospective only, and shall not eliminate or reduce the effect of this Article 6 in respect of any matter occurring, or any action or proceeding accruing or arising or that, but for this Article 6, would accrue or arise prior to such repeal or modification.

ARTICLE 7

The Board of Directors of the Corporation shall have the power to make, alter, amend or repeal the Bylaws of the Corporation, or adopt new Bylaws, without any action on the part of the stockholders.

ARTICLE 8

Unless the Corporation consents in writing to the selection of an alternative forum, to the fullest extent permitted by law, the sole and exclusive forum for (i) any derivative action or proceeding brought on behalf of the Corporation, (ii) any action asserting a claim of breach of a fiduciary duty owed by any director, officer, employee or agent of the Corporation to the Corporation or the Corporation's stockholders, (iii) any action asserting a claim arising pursuant to any provision of the General Corporation Law of the State of Delaware, or (iv) any action asserting a claim governed by the internal affairs doctrine, shall be the Court of Chancery of the State of Delaware, in all cases subject to such court having personal jurisdiction over the indispensable parties named as defendants.

ARTICLE 9

The name and address of the Incorporator of the Corporation is as follows:

Thomas Pascoe 660 Newport Center Drive, Suite 1600 Newport Beach, California 92660-6422

I, THE UNDERSIGNED, being the Incorporator, for the purpose of forming a corporation under the laws of the State of Delaware, do make, file and record this Certificate of Incorporation, do certify that the facts herein stated are true, and accordingly, have hereunto set my hand this 10th day of April, 2019.

> /s/ Thomas Pascoe Thomas Pascoe, Incorporator

4849-2212-9553v1/105122-0000

4F

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.

 Image: 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

 Image: 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:	FUSION RX PHARM	ACY			
Physical Address:			E 150, F	FORT WORTH, TX 76244	
Mailing Address:	3848 N TARRANT PK	WY, STE	150, FC	DRT WORTH, TX 76244	
City:		_State:		Zip Code:	
Telephone: (817) 562-7871		_Fax:	(817) 562-7872		
Toll Free Number: (888) 982-9656		(Required per NAC 639.708)			
E-mail: INFO@FUSIONRXPHARMACY.CWebsite: NONE					
Managing Pharmacist: JENNIT RAJU					
TYPE	OF PHARMACY	AND	SE	RVICES PROVIDED	
Yes/No			Yes/No		
	🛛 Retail			☑ Off-site Cognitive Services	
	2 Hospital (# beds)		Parenteral **	
	2 Internet			Parenteral (outpatient)	
	1 Nuclear			U Outpatient/Discharge	
	Ambulatory Surgery (Center		Mail Service	
	Community			D Long Term Care	
] Other:			☑ Sterile Compounding **	
				Non Sterile Compounding	
All bo	xes must be checked			Mail Service Sterile Compounding **	
For th	e application to be com	plete		Other Services:	

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes 🗆 No 🔽
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes 🗆 No 🗹
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes 🗆 No 🗹
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes 🗆 No 🗹
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes 🗆 No 🗹

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

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

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

	of Person Authorized to Submit Applicati	ion, no copies or stamps	
SUNJAY WAGLE		01/25/2022	5
Print Name of Authority	orized Person	Date	
			Page 2
Board Use Only	Date Processed: FEB 1 3 2020	Amount: 500.00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation:	TEXAS					
Parent Company if any:							
Mailing Address: 3848 N TARRANT PKWY, STE 150							
City:	FORT WORTH		Sta	te: TEXAS	Zip: 76	244	
Telep	hone: (817) 562-78	371					
Conta	ict Person: SUNJ	AY WAG	LE				
For any corporation non publicly traded, disclose the following:							
1)	List top 4 persons	s to whor	n the shares	were issued	by the corp	oration?	
	a) SUNJAY WAG	LE - 384	8 N TARRAI	NT PKWY, ST	E 150, FOI	RT WORTH, T	X 76244
	Nam	le		Address			
	b) CHETAN VAY	ANI - 384	8 N TARRA		TE 150, FO	RT WORTH, 1	TX 76244
	Nam	IE		Address			
	c) JENNIT RAJU		TARRANT		50, FORT	WORTH, TX 7	6244
	Nam	e		Address			
	d) NIKHIL BHAYA		8 N TARRA		E 150, FO	RT WORTH, T	X 76244
	Nam	e		Address			
2)	Provide the numb	er of sha	ares issued b	y the corpora	tion		
3)	What was the price paid per share?						
4)	What date did the corporation actually receive the cash assets?						
5) Provide a copy of the corporation's stock register evidencing the above information							
List any physician shareholders and percentage of ownership.							
Name:%:%							
Name	:					%:	
Hours	s of Operation for	the pha	rmacy:				
Mond	ay thru Friday ⁹	am	<u>5:30</u> _pm		Saturday	/am	npm
	Sunday	am	pm		24 Hours	s	

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

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, SUNJAY WAGLE

Responsible Person of <u>FUSION RX PHARMACY</u> 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

SUNJAY WAGLE Print Name of Authorized Person

25

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF DEXAS SS. DENTON COUNTY

I, SUNJAY WAGLE, 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 OFFICER for FUSION 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 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, SUNJAY WAGLE, 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 1st day of FEBRUARY, 20 Jo. NOTARXPUBLIC

SUNJAY WAGLE Name



TEXAS STATE BOARD OF PHARMACY

Re:	Jennit Raju, R.Ph.
License No.:	50740
Date Issued:	September 09, 2011
Licensure Status:	Active
Expiration Date:	August 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. Jennit Raju, R.Ph. (Texas Pharmacist License #50740) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan 67+pllowar

Megan G. Holloway Assistant General Counsel Texas State Board of Pharmacy

January 22, 2020 Date



Allison Vordenbaumen Benz, R.PM., M.S Expiration Date 8/31/2020 Executive Director/Secretary TEXAS STATE BOARD OF PHARMACY REGISTERED PHARMACIST JENNIT RAJU RAJU, JENNIT License No. 50740 100



TEXAS STATE BOARD OF PHARMACY

Re:	Fusion RX Pharmacy
Address:	3848 N Tarrant Pkwy Ste 150 Fort Worth, TX 76244
License No.:	32981
Date Issued:	November 07, 2019
Licensure Status:	Active
Expiration Date:	November 30, 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. Fusion RX Pharmacy (Texas Pharmacy License #32981) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

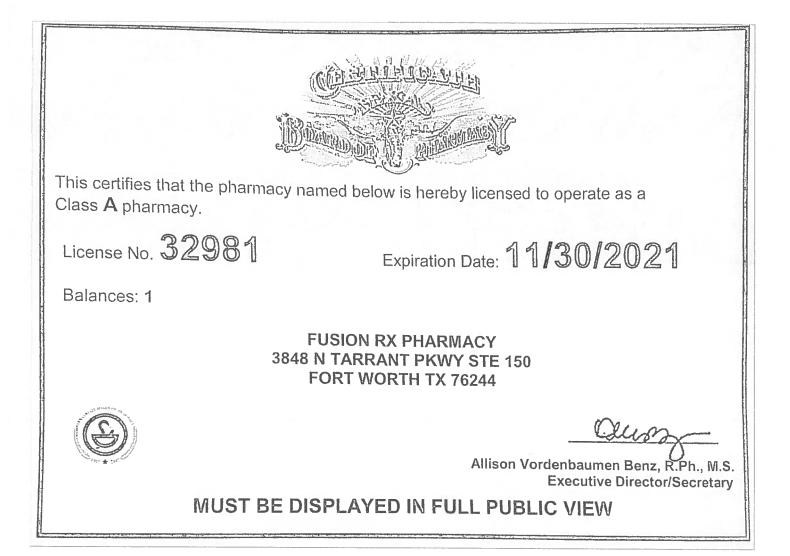
Megan & followary

Megan G. Holloway Assistant General Counsel Texas State Board of Pharmacy

January 22, 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.



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



Ruth R. Hughs Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

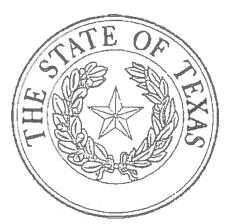
Fusion RX Specialty Pharmacy LLC 803346206

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: 09/04/2019

Effective: 09/04/2019



Ruth R. Hughs Secretary of State

CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF FUSION RX SPECIALTY PHARMACY LLC A LIMITED LIABILITY COMPANY

1.4

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FILED In the Office of the Secretary of State of Texas

SEP 0 4 2019

Corporations Section

This certificate of amendment is submitted for filing pursuant to the applicable provisions of the Texas Business Organizations Code.

Article I - Entity Name and Type

The name of the entity as shown in the records of the secretary of state and the type of filing entity are: Fusion RX Specialty Pharmacy LLC, a Texas limited liability company (hereinafter "Company"). The Company's date of formation is June 18, 2019, and its assigned file number is 803346206.

Article II - Other Amendments to Certificate of Formation

Set forth below is an identification by reference or description of each added, altered, or deleted provision.

1. The certificate of formation is amended by the alteration of the provisions identified or referenced below. A full text version of each altered provision so identified or referenced follows:

Article 3 - Governing Authority - The limited liability company is to be managed by managers. The name and addresses of the governing persons are set forth as follows:

Chet Vayani - PO Box 1986, Frisco, Texas 75034

Sunjay Wagle - PO Box 1986, Frisco, Texas 75034

Article III - Approval of Amendments

This filing amending the certificate of formation has been approved in the manner required by the Code and by the governing documents of the Company.

Article IV - Effective Date of Filing

This certificate of formation becomes effective when the document is filed by the secretary of state.

Article V - Execution

The undersigned signs this document subject to the penalties imposed by law for the



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



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Fusion RX Specialty Pharmacy LLC File Number: 803346206

The undersigned, as Deputy 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 Deputy 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: 06/18/2019

Effective: 06/18/2019



Jose A. Esparza Deputy Secretary of State

	INTL OF
Secretary of State	
P.O. Box 13697	
Austin, TX 78711-3697	
FAX: 512/463-5709	
Filing Fee: \$300	Certificate of Formation Limited Liability Company
	Article 1 - Entity Name and 1
The filing entity being formed	is a limited liability company. The name of
Fusion RX Specialty Ph	narmacy LLC
	Article 2 – Registered Agent and Regi
A. The initial registered age	nt is an organization (cannot be company
	OR
B. The initial registered age	nt is an individual resident of the state who
Name: Milton W. Colegrove 、	Jr
C. The business address of th	e registered agent and the registered offic
Street Address:	
2340 E. Trinity Mills Rd.	

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

B. 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: Managing Member 1: (Business Name) Crisp Investments LLC Address: PO Box 1986 Frisco TX, USA 75034 Managing Member 2: (Business Name) Mantra LLC Address: PO Box 1986 Frisco TX, USA 75034

Managing Member 3: (Business Name) Kingdom Seven Holdings, LLC

Address: PO Box 1986 Frisco TX, USA 75034

Managing Member 4: (Business Name) Ashrina LLC

Address: PO Box 1986 Frisco TX, USA 75034

Article 4 - Purpose

and Type

ne of the entity is:

Registered Office

pany named above) by the name of:

e whose name is set forth below:

office address is:

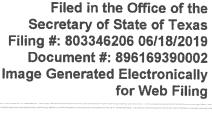
Ste. 233 Carrollton TX 75006

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

120



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.Milton W. Colegrove Jr.2340 E. Trinity Mills Rd., Ste. 233, Carrollton, Texas 75006

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

TB. 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.

Milton W. Colegrove Jr.

Signature of Organizer

FILING OFFICE COPY

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



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Fusion RX Specialty Pharmacy LLC File Number: 803346206 Assumed Name: Fusion RX Pharmacy

The undersigned, as Deputy Secretary of State of Texas, hereby certifies that the assumed name certificate for the above named entity has been received in this office and filed as provided by law on the date shown below.

ACCORDINGLY the undersigned, as Deputy Secretary of State, and by virtue of the authority vested in the secretary by law hereby issues this Certificate of Filing.

Dated: 08/15/2019

Effective: 08/15/2019



Jose A. Esparza Deputy Secretary of State



Office of the Secretary of State Corporations Section P.O. Box 13697 Austin, Texas 78711-3697 (Form 503) Filed in the Office of the Secretary of State of Texas Filing #: 803346206 8/15/2019 Document #: 907084150002 Image Generated Electronically for Web Filing

ASSUMED NAME CERTIFICATE FOR FILING WITH THE SECRETARY OF STATE

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

Fusion RX Pharmacy

2. The name of the entity as stated in its certificate of formation, application for registration, or comparable document is:

Fusion RX Specialty Pharmacy LLC

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is **TEXAS** and the address of its registered or similar office in that jurisdiction is: **2340 E. Trinity Mills Rd.**, Ste. 233, Carrollton, TX, USA 75006

4. The period, not to exceed 10 years, during which the assumed name will be used is : <u>10</u> year(s)

5. The entity is a : Domestic Limited Liability Company (LLC)

6. The entity's principal office address is: 2340 E. Trinity Mills Rd., Ste. 233, Carrollton, TX, USA 75006

7. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

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



Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

August 15, 2019

Milton W. Colegrove

Milton W. Colegrove E. Trinity Mills Rd., Ste. : Carrollton, TX 75006 USA

RE: Fusion RX Specialty Pharmacy LLC File Number: 803346206

Assumed Name: Fusion RX Pharmacy

File Date: 08/15/2019

It has been our pleasure to file the assumed name certificate for the above referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

In addition to filing with the Secretary of State, Chapter 71 of the Texas Business and Commerce Code requires filing of the assumed name certificate with the county clerk in the county in which the principal office of the entity is located. If the entity is required by law to maintain a registered office address in Texas and its principal office address is not located in Texas, the assumed name certificate is required to be filed in the county in which the registered office address is located. If the entity is not required by law to maintain a registered office address, please refer to Section 71.103 of the Texas Business and Commerce Code for the appropriate place of filing.

If we can be of further service at any time, please let us know

Sincerely,

Corporations Section Business & Public Filings Division

Enclosure

Fusion RX Specialty Pharmacy LLC

Name of the entity

By: Jennit Raju

Signature of officer, general partner, manager, representative or attorney-in-fact of the entity

<u>;</u>)

FILING OFFICE COPY

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 Fusion RX Specialty Pharmacy LLC (file number 803346206), a Domestic Limited Liability Company (LLC), was filed in this office on June 18, 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 January 27, 2020.



Ruth R. Hughs Secretary of State

4G

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			
Check box below for type of ownership and complete all required forms. Publicly Traded Corporation – Pages 1,2,3,7 Mon Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7			
Mon Publicly Traded Corporation – Pages 1,2,4,7		Sole Owner – Pages 1,2,6,7	
GENERAL INFORMATION to be completed by all	type	es of ownership	
Pharmacy Name: HILL DERM PLACHT	tci	1 Inc	
Physical Address: 3065 S. Hellonvi	LLe	E AVE Suchs B	
Mailing Address: 3065 S. HELLONVILL	E	AVIE	
City: SAN FORD State: FL		Zip Code: 32773	
Telephone: 407 585 6060 Fax: 407	25	85 6065	
Toll Free Number: 877-727-9579 (Req	luire	d per NAC 639.708)	
E-mail: elaine. Kania - @ HillDerry Website: Www. H ll Derry Phannacy. Co.y			
Managing Pharmacist: KAHINI RATEL License Number: PS 36210			
TYPE OF PHARMACY AND	SE	RVICES PROVIDED	
Yes/No	Ye	s/No	
🗹 🗆 Retail		Off-site Cognitive Services	
□ 与 Hospital (# beds)		Parenteral **	
Internet		C Parenteral (outpatient)	
□ ⊠ Nuclear		Outpatient/Discharge	
K Ambulatory Surgery Center	ষ	Mail Service	
🗹 🗆 Community			
		🖾 Long Term Care	
□ 🖄 Other:		 Long Term Care Sterile Compounding ** 	
口 II Other:		-	
All boxes must be checked		Sterile Compounding **	
		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 Authoriz	ed to Submit Applica	tion, no copies or stamps	
KAMINI (214/2020 Date	
				Page 2
Board Use Only	Date Processed:	2-11-2020	Amount: 500.00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: FLOUPA
Parent Company if any:
Mailing Address: 3065 S. HELLONVILLE AVE
City: SANFORD State: FL Zip: 32773
Telephone: 407-585-6360 Fax: 407-585-6065
Contact Person: KAMINI PATEL
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) JRAMY S. Roth <u>GALAQUA LONGWOOD. FL 32812</u> Name Address
b) Name Address
C) Name Address
d) Name Address
2) Provide the number of shares issued by the corporation. NONE-
3) What was the price paid per share? <u>N/A</u>
4) What date did the corporation actually receive the cash assets? <u>NIA</u>
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:
(Dose P
Monday thru Friday 12 am 7 pm Saturday 100 am pr
Sunday Closed ampm 24 Hours N/A

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

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

Owner's Name: Jerry Roth
Business Name: Hill Derm Pharmacy Inc.
Current Business Address: 3065 5. Mellonville Avenue
City: Sanford State: FL Zip Code: 32773
Telephone: <u>407-585-6060</u> Fax: <u>407-585-6065</u>

List any physician shareholders and percentage of ownership.

Name: N/A	%:%
Name:	%:
Name:	%:
Name:	%:

Hours of Operation for the pharmacy:

Monday thru Frida			Saturday	<u>closed</u> am	pm
Sunday	<u>closcol</u> am	pm	24 Hours	AIA_	

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.____ KAMINI PATEL Responsible Person of HIL DERM PLANNALY 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

Print Name of Authorized Person

2/4/2020 Date

STATE OF FLORIDA COUNTY

1. K-AMINI 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:

I am the MANACING Pharmacist for Hill DERY Pharmany (the 1.

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 2 products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

I understand and acknowledge that the Pharmacy and any of its Nevada-3. 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.

I certify that if the Pharmacy ever decides to sell or ship any compounded sterile 4 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.

I understand that if the Pharmacy seeks approval to sell or ship compounded sterile 5. 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, KAMINI PATEL, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

MARIA ELENA DARNELL

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



State of Florida Department of State

I certify from the records of this office that HILL DERM PHARMACY, INC. is a corporation organized under the laws of the State of Florida, filed on November 9, 2018, effective November 9, 2018.

The document number of this corporation is P18000093293.

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 21, 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-first day of January, 2020



Secretary of State

Tracking Number: 5826684059CC

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

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



Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

January 30, 2020

HILL DERM PHARMACY, INC Elaine Kania 3065 S. Mellonville Ave. Ste B Sanford, FL 32773

RE: License Certification for Hill Derm Pharmacy, Inc

To Whom It May Concern:

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

PROFESSION: LICENSE NUMBER: ORIGINAL CERTIFICATION: EXPIRATION DATE: CURRENT STATUS OF LICENSE: AGENCY ACTION:

Pharmacy PH31964 03/21/2019 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,

LUCY NOVA

Lucy Nova Regulatory Specialist II



HILL DERM PHARMACY, Inc.

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

Officers & Directors

Owner 100%	Jerry S. Roth
Home Address	Alaqua, Longwood, FL 32779
Home Phone	ierum X

Business Address3065 S. Mellonville Ave., Sanford, FL 32773Business Phone407 323 1887Email Jerry Rothirhusky6@gmail.com

C# STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE international and international and and international and internatin and international and international and internationa	# BUL _ STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE <u>DATE</u> UCENSE NO. DATE Image: Date Date Expiration Date TBENUARY that are an an and the point of the location Image: Date TBENUARY that are an an and the point of the location Image: Date TBENUARY that are an an and the point of the location Summer B Date	STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF INEDICAL QUALITY ASSURANCE DATE UCENSE NO OBJ2222019 DIVISION OF INEDICAL QUALITY ASSURANCE UCENSE NO OBJ2222019 DIVISION OF INEDICAL QUALITY ASSURANCE QUALIFICATION(S) OBJ2222019 DIVISION OF INE STATE OF FLORIDA DIVISION OF THE STATE OF FLORIDA DIVISION OF THE STATE OF FLORIDA DIVISION THE REQUIRED BY LAW THE FEBRUARY 20, 2021 THE FEBRUARY 20, 2021 DIVISION OF INCLUSE OF THE CONSECUTION Institute to PH 31964. Please use it in all consequordence with your board/council. Each Icensee is solely response to marking of the licensee is current mailing address and practice location address. If you have not resolited you to mark to an one and improved Online Sandas Fortal. In the new system, you have the solidy to prove you	STATE OF FLORIDA PARTINEENT OF HEALTH WEDICAL QUALITY ASSURANCE LICENSE NO. PH 31964 114767 OLIVALIFICATION(S) Community Promony Community	Your license r the Departmen days prior to th Medical Quality	Ro	THE PHARMACY NAMED BELOW HAS NE THE LAWS AND RULES Expiration Date: FEB HILL DERN PHARMA 3065 S. MELLONVELL SUITE B SANFORD, FL , 32773			AC# 00 20 20 20 20 20 20 20 20 20 20 20 20
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	ave the abilit	Refine ability to reaction a contraction (s): Deminumity Pharmacy Community Pharmacy Com	Rectifies ablity to remove as solution remove and the solution of the solutio	with your board/council, Each I practice location address, if yo w.FLHealthSource.gov and clic ortal. In the new system, you h	W	QUALIFICATION(S); Community Pharmacy	114767	CONTROL NO.	LTH ASSURANCE

4H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name:	HOMECARE RX INC
----------------	-----------------

Physical Address: 695 US HWY 46, SUITE 100, FAIRFIELD, NJ 07004

Mailing Address: ____PO_BOX 2397

SECAUCUS City: State: NJ ____Zip Code: 07096

Fax: (877) 920-0466

Toll Free Number: (877) 920-2090 (Required per NAC 639.708)

E-mail: dpatel@homecarerx.com _____Website: _____N/A

Managing Pharmacist: Ami Patel, R.Ph.

Telephone: (877) 920-2090

License Number: 28RI03544600

 TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🖾 🗆 Retail	Off-site Cognitive Services
Hospital (# beds)	Parenteral **
□ Internet	Parenteral (outpatient)
	Outpatient/Discharge
Ambulatory Surgery Center	🖾 🗆 Mail Service
🖾 🗆 Community	Image: Long Term Care
□ ☑ Other:	E Sterile Compounding **
	In Non Sterile Compounding
All boxes must be checked	Mail Service Sterile Compounding **
For the application to be complete	Other Services:

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes 🗆 No 🖾
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes 🗆 No 🖾
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes 🗆 No 🖾
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes 🗆 No 🖾
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes 🗆 No 🖾

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

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

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

Original Signature	of Person Authorized to Submit Applicat	tion, no copies or stamps	
DHARA PATEL Print Name of Auth	norized Person	2/11/2020 Date	
			Page 2
Board Use Only	Date Processed: FEB 1 3 2020	Amount: BOO.00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

1

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:NEW JERSEY
Parent Company if any:INFUCARE RX_INC
Mailing Address: PO BOX 2578
City: SECAUCUS State: NJ Zip: 07096
Telephone: (877) 828-3940 Fax: (877) 828-3941
Contact Person: DHARA PATEL
For any corporation non publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) INFUCARE RX INC (100%) PO BOX 2578, SECAUCUS, NJ 07096
Name Address
b)
Name Address
c) Name Address
d) Name Address
2) Provide the number of shares issued by the corporation1,000
3) What was the price paid per share?\$1
4) What date did the corporation actually receive the cash assets? <u>02/06/2015</u>
5) Provide a copy of the corporation's stock register evidencing the above information - See Exhibit A
List any physician shareholders and percentage of ownership.
Name:%:
Name:%:%
Hours of Operation for the pharmacy:
Monday thru Friday 9 am <u>5:30 pm</u> Saturday ^{Closed} ampm
Sunday ^{Closed} ampm 24 HoursNO
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number:N/A

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

<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.

List of officers and directors

.

DHARA PATEL, PRESIDENT/VICE-PRESIDENT/SECRETARY

SAJAL K. ROY, PHARM.D., VICE-PRESIDENT OF OPERATIONS

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

,	DHARA PATEL		
Responsible Person of	HOMECARE 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 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

DHARA PATEL		
Print Name of	Authorized	Person

2/11/2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_	NEW JERSEY)
)	SS.	ĺ
ESSEX	COUNTY)

I, <u>DHARA PATEL</u>, 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 HOMECARE 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 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, DHARA PATEL _____, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name DHARA PATEL

ADELA LUNGU NOTARY PUBLIC OF NEW JERSEY Comm. # 2423604 My Commission Expires 8/3/2022

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

NOTARY PUBLIC

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

HOMECARE RX INC 0400722426

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 06, 2015.

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:

DHARA PATEL 818 B 7TH ST, SECAUCUS, NJ 07094



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of December, 2019

M. M. Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6103556463 Verify this certificate online at

https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

×.	. `				A	ω	12		CERTI ISS CERTIF NOS
					1000	400	400	600	
					LNEV LARE R. INC.	PATE	CANEL	IIP	S.E
					11/28/15	12/116	2/6/15	2/0/15	DATE ISSUED
					DHARA PATEL	TIRUPTI PATEL			SHARES TRANSFERRED FROM
					13 to to	تع			CERTIF
					\$ 1.00	H1.00	\$1.00	村1.0	AMOUNT PAID THEREON
					81/82/11	12/1/11	2/2/15	2/8/15	DATE
					11/28/18 Share have	ith with	Late RD	Brinkha	RECEIVED CERTIFICATE SIGNATURE
							,		DATE
									NO, SHARES
									ENTER ORIGINAL ISSUES ONLY

RECORD OF CERTIFICATES ISSUED AND TRANSFERRED

146

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 (775) 850-1440 985 DAMONTE RANCH PARKWAY, SUITE 206, RENO, NV 89521 LICENSE VERIFICATION

lame:	HOMECARE	RX INC				
ddress:	695 US HWY	46, SUITE 100				
ty:	FAIRFIELD		State:	IN	Zip;	07004
ate Boa	uthorize the rd of Pharmacy of Applicant	NEW JERSEY BOAF /, the information	RD OF PHAR	MACY I below	to furr	ish to the Nevada
LICEN	THIS FORM	MUST BE FOR	WARDED TION. DO	TO THI NOT W	E HOME	STATE LOW THIS LINE
License	Number	License Status Active	Date Lin		sued	Date License Expires
cumbere	xense been ed in any way? I No	Type of End C Revoked Suspend Please attack	I Sur led I Re:	render		imited M/A Probation I documents
USE R	EVERSE SIDI	E OF THIS FOR	M FOR EX	PLANA	TIONS II	NECESSARY
elating to istributio las the a pplication istribution lave any f yes, pla	drug samples n of controlled pplicant furnish ns made in co n? (if yes, plea inspections of ease explain)	the applicant res	tail drug di <u>ves, pleas</u> fraudulent ug manufac sulted in de	stribution e expla materia cturing of ficient r	on, or in) [l in any or ratings?	Yes ONO Yes ONO Yes ONO
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nature of	State Official	Title	Sta		Date	State Seal
		Represent	une	2	11/200	

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.

Mew 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 □ Publicly Traded Corporation – Pages 1,2,3,7 □ Partnership - Pages 1,2,5,7 □ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Jewel Pharmacy RX Corp dba Jewel Pharmacy

Physical Address: 51 E. Burlington St., STE C

Mailing Address: 51 E. Burlington St., STE C

City: Riverside

_____State: Illinois _____Zip Code: 60546

Telephone: 888-316-3652 Fax: 708-438-4640

Toll Free Number: 888-316-3652 (Required per NAC 639.708)

E-mail: chicagorxpharmacy@gmail.com_Website:

Managing Pharmacist: Dipa V. Shah _____License Number:

051,298427

TYPE OF PHARMACY	AND S	SERVICES PROVIDED
Yes/No		Yes/No
🗹 🛛 Retail	C	Off-site Cognitive Services
I I Hospital (# beds_) [□
Internet	Γ	Parenteral (outpatient)
🗆 🛛 Nuclear	Γ	□ ☑ Outpatient/Discharge
Ambulatory Surge	ery Center [□Y □ Mail Service
🖙 🗆 Community	[□ ☑ Long Term Care
□		□ ☑ Sterile Compounding **
	E	□ ☑ Non Sterile Compounding
All boxes must be checke	ed E	□ ☑ Mail Service Sterile Compounding **
For the application to be o	complete E	Ø 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

Daniel Lee	horized Person	12-29-19	–
Print Name of Aut		Date	Page 2
Board Use Only	Date Processed: FEB 0 5 2020		

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporat	ion: <u>Illinois</u>					
Paren	nt Company if	any:					
		51 E. Burlingt					
City:_F	Riverside		9	State: IL	Zip: 6054	6	
Telep	hone: <u>888-31</u>			ax: 708-438-4			
	ict Person: _						
For an	ny corporatio	n non publicly	traded, dis	sclose the follow	ving:		
1)	List top 4 pe	ersons to who	m the shar	es were issued	by the corpora	ation?	
	a) Daniel Le	е		Walnut Cir Por	ter Ranch CA	91326	
		Name		Address			······
	b)						
		Name		Address			
	c)						
		Name		Address			
	d)						
		Name		Address			
2)	Provide the	number of sh	ares issued	d by the corpora	ation. <u>1500</u>	·····	
3)	What was th	e price paid	per share?	15.00			
4)	What date d	id the corpora	ation actual	lly receive the c	ash assets? <u>0</u>	9/24/2018	
5)	Provide a co	py of the cor	poration's s	tock register ev	videncing the a	lbove informa	tion
List ar	ny physician s	shareholders	and percer	ntage of owners	ship.		
Name	:					%:	
Name	•	<u> </u>	<u>.</u>			%:	·····
<u>Hours</u>	of Operatio	on for the pha	rmacy:				
Monda	ay thru Friday	/ <u>9</u> am	<u>5</u> _pn	ı	Saturday	<u>-</u> am	<u>-</u> pm
	Sunday	<u>-</u> am	<u>-</u> pn	ı	24 Hours		

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

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Lee

Responsible Person of Jewel Pharmacy RX Corp dba Jewel 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

Daniel Lee Print Name of Authorized Person

<u>12-26-19</u> Date 152

this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthistness accuracy, or validity of that document.

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF alyonia COUNTY

I, Daniel Lee _____, 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 Jewel Pharmacy RX Corp dba Jewel 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 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, Daniel Lee____, 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 26 day of Arenberry, 20/7. SUE I. HWANG lotary Public - California Los Angeles County Commission # 2312542 Comm. Expires Nov 15, 2023 NOTARY PUBLIC

FORM BCA 2.10 ARTICLES OF INCORPORATION Business Corporation Act

Filing Fee:\$150Franchise Tax:\$ 25Total:\$175

File # 71992926

Approved By _____JXR

FILED

SEP 24 2018

Jesse White Secretary of State

1. Corporate Name: JEWEL PHARMACY RX CORP.

2. Initial Registered Agent: LEGALINC CORPORATE SERVICES INC.

 generation and a second and a						
	First Name		М	iddle Initial	Last Name	·····
Initial Registered Office:	E RANDOLPH ST	STE				
	Number	Street		Suite No.		
(CHICAGO		IL	60601-6528	COOK	
	City			ZIP Code	County	

3. Purposes for which the Corporation is Organized:

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares,	Issued Shares and Consideration	on Received:	
Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	1500	1500	s 15

NAME & ADDRESS OF INCORPORATOR

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated SEPTEMBER 24		2018	STATE	HWY 249	
	Month & Day	Year		Street	
MARSHA SIHA	<u> </u>	HOUSTON		тх	77064
	Name		City/Town	State	ZIP Code

List of Owners:

Daniel Lee Walnut Cir Porter Ranch CA 91326







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: 1319069



Cut on Dotted Line



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker Governor Deborah Hagan Secretarv

Cecilia Abundis Acting Director Division of Professional Regulation

CERTIFICATION OF LICENSURE

DBA Jewel Pharmacy DIPA V DENOUDEN 51 E Burlington St Ste C

Licensee: License Jewel Pharmacy Rx Corp

Number: 054.021131

Profession: LICENSED PHARMACY

Date of Issuance: 03/20/2019

Expiration Date: 03/31/2020

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 01/08/2020



Cecilia Abundis Acting Director Division of Professional Regulation

01/08/2020

Date

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

Facebook

www.idfpr.com

YouTube

Tw itter

J

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

Mew 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 □ Publicly Traded Corporation – Pages 1,2,3,7 □ Partnership - Pages 1,2,5,7 □ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Jewel Pharmacy RX Corp dba Jewel Pharmacy

Physical Address: 51 E. Burlington St., STE C

Mailing Address: 51 E. Burlington St., STE C

City:	Rive	rside
-------	------	-------

_____State: Illinois _____Zip Code: 60546

Telephone: 888-316-3652 Fax: 708-438-4640

Toll Free Number: 888-316-3652 _____(Required per NAC 639.708)

E-mail: chicagorxpharmacy@gmail.com Website:

Managing Pharmacist: Dipa V. Shah

License Number:

051.298427

 TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🗹 🛛 Retail	Off-site Cognitive Services
Hospital (# beds)	□
Internet	Parenteral (outpatient)
🗆 🛛 Nuclear	Outpatient/Discharge
Ambulatory Surgery Center	⊡∕ □ Mail Service
🖬 🗖 Community	🛛 😡 Long Term Care
□	Sterile Compounding **
	I I Non Sterile Compounding
All boxes must be checked	Mail Service Sterile Compounding **
For the application to be complete	Other Services:

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes 🗆 No 🗹
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes 🗆 No 🗹
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?	Yes 🗆 No 🗹
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes □ No 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 🗹

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

Daniel Lee Print Name of Au	thorized Person	12-20-19 Date	
(Page 2
Board Use Only	Date Processed: FEB 0 5 2020	Amount: <u>600,00</u>	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorpora	tion: Illinois								
Paren	t Company i	f any:								
	g Address:									
City: <u>R</u>	City: <u>Riverside</u>			_State: <u>IL</u>	Zip:	60546				
Teleph	hone: <u>888-3</u>				•					
	ct Person:									
For an	y corporatio	on non publi	cly traded, d	lisclose the	following:					
1)	List top 4 p	ersons to wl	nom the sha	res were is	sued by the c	orporat	ion?			
	a) Daniel Le	e		Walnut C	r Porter Rand	h CA 9	1326			
		Name		Addres	SS					
	b)									
		Name		Addres	SS					
	c)									
		Name		Addres	SS					
	d)									
		Name		Addres	S					
2)	Provide the	number of s	shares issue	ed by the co	prporation. 1	500				
3)	What was t	he price pai	d per share'	? 15.00						
4)	What date of	did the corpo	pration actu	ally receive	the cash ass	ets? <u>09</u>)/24/2018	3		
5)	Provide a c	opy of the c	orporation's	stock regis	ter evidencing	g the ab	ove info	rmati	ion	
List an	y physician	shareholder	s and perce	entage of ov	vnership.					
Name:				· · · · · · · · · · · · · · · · · · ·			_%:			
Name:							_%:			
<u>Hours</u>	of Operation	on for the p	<u>harmacy:</u>							
Monda	y thru Frida	y <u>9</u> am	<u>5</u> p	m	Satur	day	<u>-</u> a	m	-	pm
	Sunday	<u>-</u> am	<u>-</u> p	m	24 Ho	ours				

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

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Daniel Lee

Responsible Person of Jewel Pharmacy RX Corp dba Jewel 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.

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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

Daniel Lee Print Name of Authorized Person

<u>12-26-19</u> Date 164

this cordinate verifies only the identity of the individual who signed the decument to which this certificate is attached, and not the truthfulness accuracy, or validity of that document.

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF alyomic COUNTY

I, Daniel Lee_____, 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 Jewel Pharmacy RX Corp dba Jewel 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.

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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.

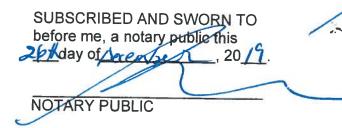
5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Daniel Lee ____, do hereby swear under penalty of perjucy that the assertions of this affidavit are true.

Name

SUE I. HWANG Notary Public - California Los Angeles County Commission # 2312542 Comm. Expires Nov 15, 2023



165

FORM **BCA 2.10** ARTICLES OF INCORPORATION Business Corporation Act

Filing Fee:\$150Franchise Tax:\$ 25Total:\$175

File # 71992926

Approved By: JXR

FILED

SEP 24 2018

Jesse White Secretary of State

1. Corporate Name: JEWEL PHARMACY RX CORP.

2. Initial Registered Agent: LEGALINC CORPORATE SERVICES INC.

	First Name	Middle Initial		Last Name	
Initial Registered Office:	E RANDOLPH ST				
	Number	Street		Suite No.	
	CHICAGO		IL	60601-6528	COOK
				ZIP Code	County

 Purposes for which the Corporation is Organized: The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issu	ea onareo ana oonalderalle	n Received:	
Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	1500	1500	s 15

NAME & ADDRESS OF INCORPORATOR

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated SEPTEMBER 24		2018	STATE	HWY 249	
	Month & Day	Year			
MARSHA SIHA		HOUSTON		ТХ	77064
	Name		City/Town	State	ZIP Code

This document was generated electronically at www.cyberdriveillinois.com

List of Owners:

Daniel Lee Walnut Cir Porter Ranch CA 91326







Pharmacist-in-Charge (Formerly Dipa V. Shah)





Division of Professional Regulation

JB Pritzker Governor Deborah Hagan Secretarv

Cecilia Abundis Acting Director Division of Professional Regulation

CERTIFICATION OF LICENSURE

DBA Jewel Pharmacy DIPA V DENOUDEN 51 E Burlington St Ste C Licensee: License Jewel Pharmacy Rx Corp

Number: 054.021131

Profession: LICENSED PHARMACY

Date of Issuance: 03/20/2019

Expiration Date: 03/31/2020

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 01/08/2020



Cecilia Abundis Acting Director Division of Professional Regulation

01/08/2020

Date

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

Facebook

www.idfpr.com

YouTube

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K

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: PH02929)

 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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Na	me:	Meridian Meds, LLC				
Physical Add	ress:	220 North 1200 East, Ste	104			dup tarate data an
Mailing Addre	Mailing Address: 220 North 1200 East, Ste					
City:			_State:_	UT		Zip Code:84043
Telephone:_8	01-331	-8291	_Fax: _ ⁸⁽	01-331-865	0	
Toll Free Nun	nber:_	877-760-5223	(Required	d pe	er NAC 639.708)
E-mail:	hnson(@m2rx.com	_Website	e: <u>WW1</u>	1.	M2rx.com
Managing Pha	arma	cist:Brett C. Johnson	- · ·			License Number: 146323-1701
	TYPE	OF PHARMACY	AND	SE	RV	ICES PROVIDED
	Yes/N	lo		Yes	s/No)
	0 5	2 Retail			X	Off-site Cognitive Services
	0 0	9 Hospital (# beds			M	Parenteral **
		Internet				Parenteral (outpatient)
		Nuclear			X	Outpatient/Discharge
		Ambulatory Surgery	Center		X	Mail Service
		Community		K]		Long Term Care
] Other:				Sterile Compounding **
					X	Non Sterile Compounding
	All bo	xes must be checked			X	Mail Service Sterile Compounding **
	For th	e application to be con	npiete		M	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 [X
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	X
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	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	X

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, gualification and reputation, as it may deem necessary, proper or desirable.

Board Use Only

Original Signature of Person Authorized to Submit Application, no copies or stamps C. Johnson Print Name of Authorized Person Page 2 Amount: 500.00

Date Processed: FEB 2 0 2020

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP I	<u>S A PA</u>	RTNERS	HIP	Genera	N/A	Limite	d_N/A		
Meridian Meds is a mer limited partners. Meridia	an Meds has	a sole memb	per, which is M	herefore, Meridian eridian Executive	n Meds does no Group LLC.	t have ger	ieral or		
Partnership Name	Meridiar	n Executive G	roup LLC						
Mailing Address:	1443 West	800 North, St	e. 103			1-11-2			
City: ^{Orem}		1.369	State:_	Utah	_Zip Code:	84057			
Telephone Numbe	er: <u>801-655</u>	-4950		Fax Number:	801-655-4954	1			
Contact Person:	Richard Sla	ick - Chief Ex	ecutive Officer		· · · · · · · · · · · · · · · · · · ·		1		
List each partner Use separate she			er (G)enera	l or (L)imited	partner and	percent	age of	ownei	<u>ship</u>
Name					G or	<u>L</u> o i i	Percei	ntage	
Meridian Executive G	iroup LLC -	Sole Member	of Meridian Me	eds LLC					
									_
	No. 1								-
List names of 4 la	rgest part	ners and	percentage	of ownership	:				
Name: N/A				··		%:			
Name:						%:			
Name:						_%:			
Name:						%:			
List any physician	sharehol	ders and I	percentage	of ownership	•				
Name: N/A						%:			
Name:						_%:			
Name:	· · · ·					_%: _			
Hours of Operati	on for th	e pharma	CY:						
Monday thru Frida	1 <u>y 8:30</u>	am <u>4:30</u>	pm		Saturday	N/A	_am	N/A	pm
Sunday	N <u>/A</u>	am N/A	pm		24 Hours	Y <u>es - On</u>	<u>C</u> all 24/7		

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

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Brett C. Johnson

Meridian Meds, LLC 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.

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

 Breff C. John(m)
 2/13/2020

 Print Name of Authorized Person
 The state of the

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah SS. Utah County COUNTY

I, Brett C. Johnson _____, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Pharmacist/ Pharmacist-in-Charge for Meridian 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 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.

___, 2020

SUBSCRIBED AND SWORN TO before me, a notary public this

13th day of February

I, Brett C. Johnson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

mostolun Name



Certificate of Corporate Status



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

> 02/12/2020 8315514-016002122020-1288551

CERTIFICATE OF EXISTENCE

Registration Number: Business Name: Registered Date: Entity Type: Status: 8315514-0160 MERIDIAN MEDS, LLC May 03, 2012 LLC - Domestic 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

Letter of Good Standing



State of Utah Department of Commerce Division of Occupational and Professional Licensing

GARY R. HERBERT Governor

FRANCINE A. GIANI Executive Director

MARK B. STEINAGEL Division Director

VERIFICATION OF UTAH LICENSURE Created On: 02/12/2020

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): Meridian Meds LLC

Classification of License Issued: Pharmacy - Class B

License Number: 8455352-1704

Obtained By: Application

Current Status: Active

Original Date of Licensure: 11/21/2012

Expiration Date: 09/30/2021

Agency and Disciplinary Action: NO

Docket Number: N/A

Copy of Current Registration

nanarecene erere 9	₽ ₩₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₩₽₽₩₽	and the second of the second
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING Certificate of License Renewal Control Number: 8455352-1704-20190729	RENEWAL DATE: 07/29/2019 EXPIRATION DATE: 09/30/2021 ISSUED TO: Meridian Meds LLC	8455352-1704 Pharmacy - Class B 8455352-8913 Dispensing Controlled Substance License Please note that DOPL reserves the right to initiate action at any time against a licensee who did not meet the renewal/reinstatement requirements at the time this license was issued.
DIVISION OF	RENEWAL DATE: 07/29/2019 EXPIRATION DATE: 09/30/2021 ISSUED TO: Meridian M	8455352-1704 8455352-8913 8455352-8913 8455352-8913 8455352-8913 Please note that DOPI not meet the renewal/r

4L

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.

MNew 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	
M Non Publicly Traded Corporation – Pages 1,2,4,7	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: <u>Mixlab, Inc.</u>	
Physical Address: <u>336 W 37th St. Suite 850 New Y</u>	/ork, NY 10018
Mailing Address: <u>336 W 37th St. Suite 850 New Y</u>	ork, NY 10018
City: <u>New York</u> State: <u>NY</u>	Zip Code:10018
Telephone: 888-901-4480 Fax: 212	-967-0892
Toll Free Number:(Rec	uired per NAC 639.708)
E-mail:rita@mixlabrx.comWebsite:	
Managing Pharmacist: Vinh Dam	
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	Image: Long Term Care
☑ □ Other: Veterinary	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	X
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	X
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 noio 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	X

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

Vinh Dam Print Name of Aut	horized Person	2/4/20 Date	
			Page 2
Board Use Only	Date Processed: FEB 1 3 2020	Amount: 500.00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorp	oration:	Delawa	are					
									<u> </u>
Mailir	ng Addres	s:	Walker R	d, .				4	
Telep	hone: 3	02-734-83	00	© F	ax:	2µ.		· · · · · · · · · · · · · · · · · · ·	
					close the fo				
1)	List top 4	4 persons	to whom	the share	s were iss	ued by the c	corporat	tion?	
	a)	Frederic [Dijols		, W	37th St. 🤇	:	New York, M	NY 10018
	<i></i>	Name)		Address				
	b)	Stella Kir	n		W	37th St		New York, N	NY 10018
		Name	•		Address				
	c) <u>Rocke</u>			artners SC			Luxembo	ourg – Findel N	4 L-1748
		Name	•		Address				
	d) Rocke			artners (E			Luxemb	ourg – Findel N	14 L-1748
		Name	•		Address				
2)	Provide	the numbe	er of shar	es issued	by the cor	poration. <u>1</u>	8,231,2	218	
3)	What wa	is the price	e paid pe	r share?	1.11652				
4)	What da	te did the	corporati	on actuall	y receive th	ne cash ass	ets?	4/30/2019	
5)	Provide a	a copy of t	he corpo	ration's st	ock registe	r evidencing	g the at	oove informa	tion
List ar	ny physici	an shareh	olders ar	nd percent	age of owr	ership.			
Name	•		_					%:	
		ation for t							
Monda	ay thru Fri	day <u>10</u>	_am _	<u>8</u> pm		Satur	day	<u>10</u> am	_ <u>8</u> pm
	Sunday	_10	_am _	_ <u>2</u> pm		24 Ho	ours	n/a	

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

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

۱, Vir	h Dam			
Responsible Person of	Mixlab, 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

Vinh Dam Print Name of Authorized Person

2/4/20 Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF <u>New York</u>) ss. <u>New York</u> County)

I,_____Vinh Dam_____, 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 Mixlab, 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, <u>VINH</u> <u>DAM</u>, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

P VINH DAM Name

SUBSCRIBED AND SWORN TO before me, a notary public this <u>41h</u>day of <u>February</u>, 20<u>70</u>.

sersh

RITA KUPERSHTEYN Notary Public, State of New York Reg. No. 01KU6395259 Qualified in New York County Commission Expires July 22, 2023 Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIXLAB, 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 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 "MIXLAB, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2017.

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



ch. Secretary of State

Authentication: 202209549 Date: 01-17-20

6362690 8300 SR# 20200290984

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

Page 1



Mixlab, Inc. 336 W 37th Street, Suite 850 New York, NY 10018

State License Number License Original Issue Date License License **Expiration** Date Status New York 035768 9/19/17 8/31/20 Active New Jeney 28RO00169300 3/16/18 6/30/20 Active Connecticut PCN.0003485 9/1/18 8/31/20 Active Florida PH 31978 3/29/19 2/28/21 Active Maryland P08079 4/18/19 5/31/20 Active Ohio 242000092 4/24/19 3/31/21 Active Pennsylvania NP001335 4/8/19 8/31/20 Active Virginia 214002207 7/3/19 7/31/20 Active Washington D.C. NRX1901612 7/30/19 5/31/21 Active Tennessee 06785 9/25/19 9/30/21 Active Rhode Island PHN11748 9/30/2019 9/30/2020 Active Georgia PHNR001818 11/27/2019 6/30/2021 Active Maine MO40002742 12/4/2019 6/30/2021 Active Minnesota 265948 10/11/2019 6/30/2020 Active South Dakota 400-2052 12/20/19 6/30/2020 Active Vermont 036.0134327 12/23/2019 7/31/2021 Active California NRP 2391 1/30/2020 6/15/2020 Active

List of Mixlab Pharmacy Licenses

mixlab

Ownership Information

Mixlab Owners / Officers

Frederic Dijols, CEO

Stella Kim, CXO

Mixlab, Inc. 336 W 37th Street, Suite 850 New York, NY 10018

Price per share	Percant	Total Sh	Fully Di	Sittaros.	Options	3751ee56b38c* Xfactor	cd300aa6e868; Weston Gaddy	e681cd8e71cd; Vinh Dam	D/869ed9e3c4b TQ Ventures II LP	er3063937ccdß Stolfa Kim	1986/1980/1990 Sourial Shorte - A 1 D	BRUNDARIA 1978-2 Social S	5540373af4b3 Siden interferent Derteam	748h7a87hdati Samual	e32eb/a0b81ta Rocket	a0b8245d749c+ Rob Pfleging	17cc05a7b973i Resolute Venture Partners LP	8370bfc083a51 R/GA Vontures VII, LLC	303/5586021e7 R/GA Ventures VII, LLC	30128aca58lb4(Project	e44d7161ad90t Paul Summy	28-571-2084-7 Detroit 12 Con	258c62cc07c3K Nikita DiGiacomo	fa8e14b65fe42" Narbona Hill Corporation	2dc40d9c7775; Managi	231719cdb8fc1 Mikesto	3eb157df4a345 MFAF 1	24754fdacbd9c Maurice Dirols	1780225e19e3t Matt Minoff	(cDIS4a65odb/3 Lindsey DeJohn	83d77257fb185 Lakeho	8be49fc406193 Lakeho	Bac6cdbb17f53 Jovance Partners L P	e9778as8363bf Joshu	30dd8afa8d0a8 Jordan Retman	57800dd5138ef GyanKepur, LLC	e8b1289874d2t Global	Bdcd9fdfb578f GFC G	88498c723ebdi Frederic Dijola	203 DJ 2000C08 Companyon Fund I, LLC In/27840031044 Ometrix I listeen	20413GC232500 Charles Gorra	TOUSJUSJ42220C Brand	12cDae08285c4 BFV Sidecar Fund H, LLC	babb836ce572r Arthur Chelly	b5b13c3e0e8cf Antmai Wellness Group LLC	be5780a1ffce2t Aburic Capital, L P	dec51e7/Dae0X 2013 IGB US Trust	Stalmholder 10 Name	
r share	Percentage Outstanding	area Outstandiw	Fully Diluted Ownership	Sitteres Evaluable for issuance under the plan Fully diluted shares	Options and RSU's issued and outstanding	3751ec56b38c*Xfactor 1, a series of Xfactor Ventures, LP	Gaddy	э	Luras II LP	3	borte - A I D	Annie - A Diamanar I D	singer Andre and Desterance	/0284290/500c7 Rocket Internet Capital Partners SCS	#32/bb/#30b6/fta Rocket Internet Capital Partners (Euro) SCS	nging	e Venture Partners LP	ontures VII, LLC	entures VII, LLC	30/28aca58/b4(Project Mayhem Ventures, LLC	n: Coopor	"astore	HGiacomo	a Hill Corporation	2dc40d9c7775: Monogram Capital Partners I, L P	231719cdb8fc1 Mikestone Venture Partners LLC	3eb157df4a345 MFAF Impact Investment Fund, LLC	o Lieuos crist	inoff Indexector	/ Devlohm	93d77257fb165 Lakehouse Venture Partners, LP	Bba49hc406183 Lakehouse Venture Parimens Strategic Opportun	a Partners L.P.	Gishman	Bettman	apur, LLC	e8b1289874d2t Global Founders Capital GmbH & Co. Betailigun	Bdcd9fdfb578f GFC Glebal Founders Capital GmBH	ic Dijola	I Léhonn	5 Gorra	1003365422200 Brand Houndry Vantures Fund H. L.P	decar Fund H, LLC	Chelly	Wellness Group LLC	Capital, L P	GB US Trust		
•	4,500,000	24.7967, BC	1,500,000						4,000,000	1000 000																												and the second of the	4 500 000									Common (CB)	
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THE UNIVERSITY OF THE STATE OF NEW YORK EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

SUPERVISING PHARMACIST VINH DAM



2017-20

THIS IS TO CERTIFY

MIXLAB, INC. 336 WEST 37TH ST. SUITE 850 NEW YORK, NY 10018

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 NINETEENTH DAY OF SEPTEMBER, 2017. THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF AUGUST, 2020.

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

REGISTRATION NUMBER

035768



STATE BOARD OF PHARMACY



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 *

01/31/2020

Type : PHARMACY Legal Name : MIXLAB, INC. Trade Name : Street Address : 336 WEST 37TH ST. SUITE 850 NEW YORK, NY 10018-0000

Registration No : 035768 Date First Registered : 09/19/17 Registration Begins : 09/19/17 Registered through : 08/31/20 Supervisor : 059019 DAM VINH Establishment_Status : ACTIVE Successor : NONE

* 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 search to see if there has been recent disciplinary action against this registered establishment.



mixlab

Mixlab, Inc. 336 W 37th Street, Suite 850 New York, NY 10018

Dear Sir/Madam,

The State of New York does not do license verifications for pharmacy establishments. Attached is a copy of the online verification that is used in New York State as the official database and license verification.

Vinh Dam, Pharm.D. Pharmacist in Charge

4M

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 Downership Chang e (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							
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: NOB HILL DISCOUNT PHA	emary - Bar						
Physical Address: 7650 N. No3 Hill	Barring Print By						
Mailing Address: 7650 N. NOB Hu RO.	Francisco						
City: TAMARAC State: FLO	<i>RIDA</i> Zip Code: <u>33321</u>						
Telephone: 954-532-6151 Fax: 955	1 - 532 - 9358						
Toll Free Number: <u>888 511-1159</u> (Req	uired per NAC 639.708)						
E-mail: RPORTER @ NOBHILL PHARMALY. Website: _	V/A						
Managing Pharmacist: RICITAND PONTER							
TYPE OF PHARMACY AND	SERVICES PROVIDED						
Yes/No	Yes/No						
🛛 🗆 Retail	Off-site Cognitive Services						
□ 🛛 Hospital (# beds)	□ 🛛 Parenteral **						
Ku Internet	Parenteral (outpatient)						
L Nuclear	Outpatient/Discharge						
Main Manual Ambulatory Surgery Center	😡 🛛 Mail Service						
Z Community							
	Kenne Term Care						
□ K Other:	 Image: Sterile Compounding ** 						
	□ ☑ Sterile Compounding **						
□ K 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.

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

ANIEL RIESS Print Name of Authorized Person

01/10/2020 Date

Board Use Only

Date Processed: FEB 0 5 2020

		Page 2
Amount:	500.00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: FLORIDA
Paren	t Company if any: <u>SRI VENKATESWARA</u>
	g Address: 7650 N. Nog Hu Ro
	TAMAMAC State: FIORIDA Zip: 33321
Telep	hone: 954-532-6151 Fax: 954-532-9358
	ict Person: DAVIEL RIESS ON RICHAMO PONTER
For ar	ny corporation non publicly traded, disclose the following:
1)	List top 4 persons to whom the shares were issued by the corporation?
	a) DANIEL RIESS 'VINLAND WAY, NAPLES, PL, 34105 Name Address
	Name Address
	b)
	Name Address
	C) Name Address
	Name Address
	d) Name Address
0)	
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? 10/01/2019
5)	Provide a copy of the corporation's stock register evidencing the above information
,	
	ny physician shareholders and percentage of ownership.
Name	%:%
Name	:%:%
<u>Hours</u>	s of Operation for the pharmacy:
Monda	ay thru FridayampmSaturdayampm
	Sunday <u>CL</u> am <u>CL</u> pm 24 Hours <u>X</u>

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

200

Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1. DANIEL RIESS

Responsible Person of <u>NOB HILL DISCOUNT PHANMALY</u>

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

DANIEL RIESS nt Name of Authorized Person

01/14/2020 Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF <u>FLORIDA</u>)) ss. <u>BROWANO</u>COUNTY)

I. DANIEL RIESS , 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 PRESIDENT OWNER for NOB HIL DISWUNT PHEMMANY (the 1.

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.

I certify that if the Pharmacy ever decides to sell or ship any compounded sterile 4 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.

1, DANIEL RIESS, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

DANIEL RIESS

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

NOTARY PUBLIC

State of Florida Department of State

I certify from the records of this office that SRI VENKATESWARA INC. is a corporation organized under the laws of the State of Florida, filed on January 16, 2015.

The document number of this corporation is P15000004754.

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 2, 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 Thirteenth day of December, 2019



Secretary of State

Tracking Number: 5235332527CU

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

https://services.suabiz.org/Filings/CentificateOfStatus/CertificateAutheatication

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DIVISION OF CORPORATIONS interferent State of Founda weisage

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

Detail by FEI/EIN Number Florida Profit Corporation SRI VENKATESWARA INC. **Filing Information Document Number** P15000004754 **FEI/EIN Number** 47-2926598 **Date Filed** 01/16/2015 State FL Status ACTIVE Last Event AMENDMENT **Event Date Filed** 10/10/2019 **Event Effective Date** NONE **Principal Address** 7650 Nob Hill Road Tamarac, FL 33321 Changed: 03/30/2016 Mailing Address 4 ASPEN LANE **WESTON, FL 33327 Registered Agent Name & Address RIESS, DANIEL O** 7650 Nob Hill Road Tamarac, FL 33321 Name Changed: 10/10/2019 Address Changed: 10/10/2019 Officer/Director Detail Name & Address Title P,S,D **RIESS, DANIEL O** 7650 NOB HILL ROAD TAMARAC, FL 33321

Annual Reports



Scott A. Rivkees, MD State Surgeon General

Vision: To be the Healthiest State in the Nation

October 25, 2019

NOB Hill Pharmacy 7650 N Nob Hill Road Tamarac, FL 33321

RE: License Certification for Sri Venkateswara Inc.

To Whom It May Concern:

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

PROFESSION: LICENSE NUMBER: ORIGINAL CERTIFICATION: EXPIRATION DATE: CURRENT STATUS OF LICENSE: AGENCY ACTION: Pharmacy PH30289 08/05/2016 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 Regulatory Specialist II



Officers/Directors: Nob Hill Discount Pharmacy

President/Owner:

Daniel Oliver Riess

2 Vinland Way

Naples, FL, 34105

AC#8751612 STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE CONTROL NO. LICENSE NO. DATE 108867 PH 30289 01/23/2019 QUALIFICATION(S): CONDENITY PHARMACY SCHEDULE (& III The PHARMACY named below has met all requirements of the laws and rules of the state of Florida. Expiration Date: FEBRUARY 28, 2021 SRI VENKATESWARA INC. NOB HILL DISCOUNT PHARMACY 7650 NOB HILL ROAD TAMARAC FL 33321 2 ap **Ron DeSantis** GOVERNOR

207

DISPLAY IF REQUIRED BY LAW

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DU	ECEIVE FEB - 3 2020	\mathbb{D}
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Sri Venkateswara Inc, DBA Nob Hill Discount Pharmacy 7650 N Nob Hill Rd Tamarac, FL 33321 954-532-6151

State Board of Pharmacy

To whom it may concern:

This letter is to notify you of a change in Pharmacist in Charge for Sri Venkateswara Inc, DBA Nob Hill Discount Pharmacy. Nob Hill Discount Pharmacy is located in Florida and retains an out of state or has applied for an out of state permit. The current Pharmacist in Charge, Richard Porter will be leaving effectively 1/30/2020. The new Pharmacist in Charge will be Allen MCSherry effective 1/31/2020. Please advise any additional documentation required for this change and provide acknowledgement to all parties that this letter has been received.

Richard Porter RPH, Pharmacist in Charge

√W 51st CT Coconut Creek, FL 33073

rporter@ipsinfusion.com

Daniel Riess President Owner

4N

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name:	SinfoniaRx, Inc.					
Physical Address	s: 2001 W. Camelback Road, Suite 290					
Mailing Address:	2001 W. Camelback F	Road, S	Suite 2	290		
City: Phoenix		_State	AZ		Zip Code: 85015	
Telephone: 602-283-4339						
Toll Free Number:866-218-6646						
E-mail: Phoenix-Facility_Licenses@sinfoniarx.com Website:						
Managing Pharmacist: Kristin Calabro License Number: S017956						
TYP	E OF PHARMACY	AND		SE	RVICES PROVIDED	
Yes/	No			Yes	s/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: Non-dispensing				Sterile Compounding **	
					Non Sterile Compounding	
All boxes must be checked				Mail Service Sterile Compounding **		
For t	he application to be com	plete		\checkmark	Other Services: Medication Therapy Mgmt	

**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	\checkmark
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	\checkmark
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	\checkmark
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	$\mathbf{\nabla}$
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.

nVc.

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

Print Name of Authorized Person

Board Use Only

Date Processed: 2-5.2020

Amount: 500.00

Page 2

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Arizona						
Parent Company if any: TRSHC Holdings, LLC						
Mailing Address: 228 Strawbridge Dr., Suite 100						
City: Moorestown State: NJ Zip: 08057						
Telephone: 866-648-2767 Fax: 856-235-0797						
Contact Person: Orsula V. Knowlton						
For any corporation non publicly traded, disclose the following:						
1) List top 4 persons to whom the shares were issued by the corporation?						
a) TRSHC Holdings, LLC - 228 Strawbridge Dr, Suite 100; Moorestown, NJ 08057						
Name Address						
b)						
Name Address						
C) Name Address						
d) Name Address						
2) Provide the number of shares issued by the corporation. <u>100</u>						
3) What was the price paid per share? <u>N/A</u>						
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: <u>N/A</u> %:%						
Name:%:%						
Hours of Operation for the pharmacy:						
Monday thru Friday 8:00 am 5:30 pm Saturday 9:00 am 12:00 pm						
Sunday <u>Closed</u> am pm 24 Hours						

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

Page 4

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

L Kristin Calabro

Responsible Person of SinfoniaRx, 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

Kristin Calabro Print Name of Authorized Person

12/20/19 Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF ARIZONA) ss. MARICOPA COUNTY

I, Kristin Calabro , 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 Pharmacy Director for SinfoniaRx, 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, Kristin Calabro, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Celald

Name

SUBSCRIBED AND SWORN TO before me, a notary public this 20th day of <u>December</u>, 20<u>19</u>.

KochA Maraut





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

Receipt Date: 10/04/2019 Receipt Number: 201971399 Receipt Amount \$: 480.00

Pharmacy - Limited Service

Issued to :

PERMIT NO Y008211 SinfoniaRx, Inc. SinfoniaRx, Inc. 2001 W. CAMELBACK RD, SUITE 290 PHOENIX, AZ 85015

EXPIRES 10/31/2021

SinfoniaRx, Inc. 2001 W. CAMELBACK RD. SUITE 290 PHOENIX, AZ 85015

Xan Gnali

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



WALLET CARD

NAME SinfoniaRx, Inc. LICENSE NUMBER : Y008211 EXPIRES : 10/31/2021

http://www.azpharmacy.gov

· Your license must be available for inspections during business hours.

Permit holder(s) must display permit in the location to which it is issued.

· Please note it is your responsibility to keep this license permit current.

Important Information

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

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

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

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available

· Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



Arizona State Board of Pharmacy

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

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

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

Name :	SinfoniaRx, Inc.
Address :	2001 W. Camelback Rd. Suite 290 Phoenix AZ 85015
License No :	Y008211
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	12/09/2019
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Xam Gardhi

Kam Gandhi

Executive Director Arizona State Board of Pharmacy

Date: 12/19/2019

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

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

SINFONIARX, INC.

ACC file number: 18695081

was incorporated under the laws of the State of Arizona on 08/26/2013;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

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



IN WITNESS WHEREOF. 1 have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 11/12/2019

Matthew Neubert, Executive Director

Owner:

SinfoníaRx, Inc. 228 Strawbridge Dr., Suite 100 Moorestown, NJ 08057 (866) 648-2767 EIN: 90-1014939

Officers:

President Orsula V. Knowlton, PharmD Business Address: 228 Strawbridge Dr., Suite 100; Moorestown, NJ 08057 Residence Address: Pond View Drive; Moorestown, NJ 08057 Tel: (2000) 27 DOB: SSN:

Calvin H. Knowlton, BScPharm, MDiv, PhD Business Address: 228 Strawbridge Dr., Suite 100; Moorestown, NJ 08057 Residence Address: Pond View Drive; Moorestown, NJ 08057 Tel: DOB: SSN:

Secretary Brian W. Adams Business Address: 228 Strawbridge Dr., Suite 100; Moorestown, NJ 08057 Residence Address: Station Avenue; Haddonfield, NJ 08033 Tel: DOB: SSN:



Description of Services

Patients with chronic illness face a number of challenges managing their day-to-day and longterm health, in part because medications are complex, confusing, costly and potentially dangerous. SinfoníaRx was founded to optimize medication use and improve the health of patients with chronic illness by providing Medication Therapy Management (MTM) services.

We offer a comprehensive approach to patient care and population health, with our team of dedicated pharmacists solely focused on providing medication reviews and clinical interventions to improve the health, wellness and the management of chronic health conditions.

SinfoníaRx, Inc. operates a pharmacist-run call center that provides phone-based medication therapy management (MTM) services. This is not a retail or mail order pharmacy. It does not purchase, stock, compound, or dispense medications of any kind. Thus, it is not required to have either a state or federal controlled substance license.

The Arizona State Board of Pharmacy has granted exemptions on items such as scales, balances, dispensing equipment, etc., as the pharmacy dispenses no medications. The Pharmacy Board also has exempted this pharmacy from counseling area requirements as the facility is not open to the general public and all sessions occur over the phone.

The pharmacists make outbound calls to patients Monday through Friday, from 8:00 AM to 5:30 PM and Saturday from 9:00 AM to 12:00 PM MST. After hours, incoming calls are routed to a service that provides patients access to a pharmacist 24 hours a day, 7 days a week.

The Pharmacy complies with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. All patient records are only available to personnel as needed to provide service to patients. Paper records are kept in a secure storage system within the pharmacy.









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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Somerset Pharmacy Inc

Physical Address: 101 S Main St. Somerset, KY 42501

Mailing Address: 101 S Main St

City: Somerset

Telephone: 606-679-1571 Fax: 606-677-6845

Toll Free Number: 888-812-1107 (Required per NAC 639,708)

E-mail: somersetpharm1@gmail.com Website: N/A

Managing Pharmacist: Patricia Lee Steele

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

State: KY Zip Code: 42501

- Retail
- □
 B Hospital (# beds____)
- 🗆 🖾 Internet
- 🗆 🗹 Nuclear

Yes/No

🖾 🗆 Community

Other: _____

All boxes must be checked For the application to be complete Off-site Cognitive Services

____License Number: 020966

- D 🛛 Parenteral **
- □ ☑ Parenteral (outpatient)
- □ ☑ Outpatient/Discharge
- Mail Service
- □ ☑ Long Term Care
- □ Ø 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 <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	n de la sela. Na sela de
	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

Patricia Lee Stee Print Name of Aut		<u>12-30-19</u> Date		
			Page 2	
Board Use Only	Date Processed: 2-11-2020	Amount: 500.00	_	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorpora	tion: Dela	ware							
Pare	nt Company i	if any: <u>N/A</u>								
Mailii	ng Address:	101 S Mai	n St							
City:	Somerset			State: K	Y	Zip:	42501			
Telep	hone: <u>606-67</u>	9-1571			06-677-68					<u> </u>
Conta	act Person:	Patricia Le	e Steele							
For a	ny corporatio	n non publ	icly traded	, disclose t	he follow	ing:				
1)	List top 4 pe	ersons to w	hom the s	hares were	e issued b	by the c	orpora	tion?		
	a)_N/A									
		Name		Ad	dress					
	b) <u>N/A</u>									
		Name		Ad	dress					
	c) <u>N/A</u>				_					
		Name		Add	dress					
	d) <u>N/A</u>								_	
		Name		Add	dress					
2)	Provide the	number of	shares iss	ued by the	corporat	ion. <u>0</u>				
3)	What was th	ne price pa	id per shar	e? <u>N/A</u>						
4)	What date o	lid the corp	oration act	tually recei	ve the ca	sh asse	ets? N	Ά		
5)	Provide a co	opy of the c	orporation	's stock re	gister evi	dencing	the at	ove inf	formatio	n
List ar	ny physician s	shareholde	rs and per	centage of	ownersh	in				
Name	. N/Δ									
Name	: <u>N/A</u>		<u></u>	<u> </u>				_%: _		
Hours	of Operatio	on for the r	<u>pharmacy:</u>							
Monda	ay thru Friday	/ <u>9</u> an	5	_pm		Saturo	day		am	pm
	Sunday	an	ו <u> </u>	_pm		24 Ho	urs		_	-

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

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

1 Debisis Les Ofers	
I, Patricia Lee Steele	

Responsible Person of Somerset 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

Patricia Lee Steele Print Name of Authorized Person

12-30-

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 221799 Visit <u>https://app.sos.ky.gov/ftshow/certvalidate.aspx</u> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

SOMERSET PHARMACY, INC. OF KY

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is July 23, 2003 and whose period of duration is perpetual.

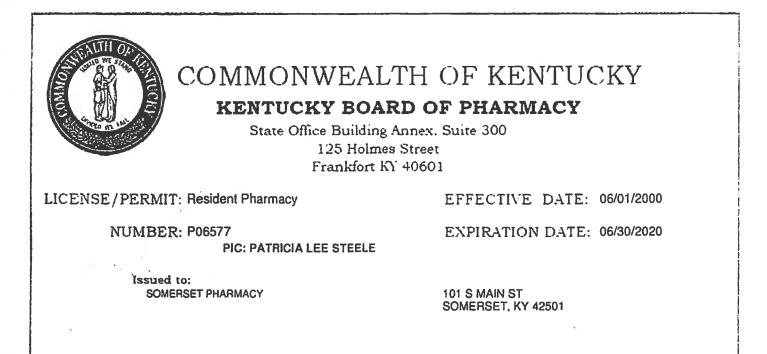
I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 23rd day of October, 2019, in the 228th year of the Commonwealth.



regan Okimus

Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 221799/0564520



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.

100% OWNER: SOMERSET PHARMACY LLC

LAWRENCE WEISS, MANAGING MEMBER

S MAIN STREET

SOMERSET, KY 42501

PHONE:

BUSINESS PHONE: 606-679-1571

DOB:

P

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.

ØNew Pharmacy or □Ownership Chang e (Provide of Chaok bay balant for the former of the change of t	current license number if making changes: PH
Check box below for type of ownership and complete al	Il 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: Truepill NY LLC

Physical Address: 850 3rd Ave STE 404 Brooklyn, NY 11232

Mailing Address: <u>Same as Physical Address</u>

City:	State:	Zip Code:
-------	--------	-----------

Telephone: (518) 692 - 3362 Fax: (718) 499 - 3362

Toll Free Number: (855) 687 - 8369 (Required per NAC 639.708)

E-mail: joshua@truepill.com Website: N/A

Managing Pharmacist: Joshua Reiter License Number: 061076

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No	Yes/No
🖾 🗆 Retail	□
□ 🛛 Hospital (# beds)	□ ⊠ Parenteral **
Internet	Parenteral (outpatient)
🗆 🛛 Nuclear	□
Ambulatory Surgery Center	 Mail Service
🖾 🛛 Community	□ ⊠ Long Term Care
□ Ø Other:	□
	□ ⊠ Non Sterile Compounding
All boxes must be checked	□ ☑ Mail Service Sterile Compounding **
For the application to be complete	□ Ø 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 Applicati	ion, no copies or stamps	
Joshua Reiter			1/29/20	
Print Name of Auth	orized Person		Date	
				Page 2
Board Use Only	Date Processed:	2-11-2020	Amount: 500.00	

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:	Delaware
Parent Company if any:	Postmeds Inc.
Mailing Address: 170	0 S. Amphlett Blvd STE 221
City: San Mateo	State: <u>CA</u> Zip: <u>94402</u>
Telephone: (650) 353 - 5	
Contact Person: Joshua	a Reiter

For any corporation non publicly traded, disclose the following:

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

	b)			
	Name	Address		
	c)			
	Name	Address		
	d) Name	Address		
2)				
	Provide the number of shares issu			
3)	What was the price paid per share	? 0		
4)	What date did the corporation act	ually receive the cash assets	? N/A	
5)	Provide a copy of the corporation'			
List an	ny physician shareholders and perc	centage of ownership.		
Name	<u>N/A</u>		%:_0	
Name:	N/A		<u>%:</u> 0	
Hours	of Operation for the pharmacy:			
Monda	ay thru Friday9_am6_	pm Saturday	<u>N/A</u> am	<u>N/A</u> pm
	Sunday <u>N/A</u> am <u>N/A</u>	pm 24 Hours	<u>Toll-F</u> ree N Pharmacist	

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

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

<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.

List of officers and directors

Founder/CEO: Mohammad (Umar) Afridi Pharmacist-in-Charge: Joshua Reiter

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

l,	Joshua Reiter
Responsible Person of	Truepill NY LLC
hereby acknowledge and unders	and that in addition to the corporation's, any owner(s),
	onsibilities, may be responsible for any violations of pharmacy law
	ned 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

Joshua Reiter Print Name of Authorized Person

29/20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New York SS. Kings COUNTY

I, Joshua Reiter , 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 Truepill NY 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 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>Joshua Reiter</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 dav of 🖌 EDRUARU 20\$ NOTARY PUBLIC

Tamara Bourdeau Notary Public, State of New York No. 01BO6099396 Qualified in Kings County Commissiom Expires Sept 29, 20 J. 2

State of New York Department of State } ss:

I hereby certify, that TRUEPILL NY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/25/2019, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of November two thousand and nineteen.

Brandon C. Hughan

Brendan C Hughes Executive Deputy Secretary of State

201911150279 02



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 *

08/15/2019

Type : PHARMACY Legal Name : TRUEPILL NY LLC Trade Name : Street Address : 850 THIRD AVE. STE 404 BROOKLYN, NY 11232-0000

Registration No : 037429 Date First Registered : 08/02/19 Registration Begins : 08/02/19 Registered through : 07/31/22 Supervisor : <u>061076</u> REITER JOSHUA Establishment_Status : ACTIVE Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See <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 search 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

SUPERVISING PHARMACIST JOSHUA REITER

ن، تالدر، ترز



2019-22

THIS IS TO CERTIFY TRUEPILL NY LLC 850 THIRD AVE. STE 404 BROOKLYN, NY 11232

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 SECOND DAY OF AUGUST, 2019. THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF JULY, 2022.

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

REGISTRATION NUMBER

037429



Kimberly A. Leonard

4Q

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 Downership Change (Provide current license number if making changes: PH______
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7
 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7
 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name:	¥				
Physical Address: 7420 SANTA MOMICA BLVD, WEST HOLLY WOOD CA- SOOLLE					
Mailing Address:SAME					
City: WEST HOLLY WOOD State: C	CAZip Code: <u>90046</u>				
Telephone: 323-851-4444 Fax: 32	6 F				
Toll Free Number: 800 994 -8990 (Red	quired per NAC 639.708)				
E-mail: pharmacynational @xahooron Website: _					
Managing Pharmacist: Andrey Toledano	License Number: <u>68911</u>				
TYPE OF PHARMACY AND	SERVICES PROVIDED				
Yes/No	Yes/No				
Yes/No ⊠ □ Retail	Yes/No				
🛱 🗆 Retail	Off-site Cognitive Services				
⊠ □ Retail □ ⊠ Hospital (# beds)	 Ø Off-site Cognitive Services Ø Parenteral ** 				
図 ロ Retail ロ 図 Hospital (# beds) ロ 図 Internet	 Øff-site Cognitive Services Parenteral ** Parenteral (outpatient) 				
 民 □ Retail □ ☑ Hospital (# beds) □ ☑ Internet □ ☑ Nuclear 	 Ø Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge 				
 Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center 	 Øff-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service 				
 Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community 	 Ø Off-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Long Term Care 				
 Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community 	 Øff-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service Mail Service Long Term Care Sterile Compounding ** 				
 Retail Hospital (# beds) Internet Nuclear Ambulatory Surgery Center Community Other: 	 Øff-site Cognitive Services Parenteral ** Parenteral (outpatient) Outpatient/Discharge Mail Service 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	X
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	۲ <u>۲</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	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 noio 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

Print Name of Authorized Person

12/20/19 Date

Page 2

Board Use Only

Date Processed:

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

4

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: <u>California</u>					
Parent Company if any:					
Mailing Address: Santa Menica BLUD					
City: West 17011, wood State: Ca Zip: 90046 Telephone: 323-851-4444 Fax: 323-851-4445					
Telephone: 323-851-4444 Fax: 323-851-4445					
Contact Person: Michael Imanoel					
For any corporation non publicly traded, disclose the following:					
1) List top 4 persons to whom the shares were issued by the corporation?					
a) Michael Imanael .S. Halt Ave, Los Angeles, [9, 900) 5 Name Address					
b)					
Name Address					
c)					
Name Address					
d) Name Address					
 Provide the number of shares issued by the corporation. <u>/000</u> 					
3) What was the price paid per share? No part value					
4) What date did the corporation actually receive the cash assets? $MOV / I 7 / 20 \sigma 9$					
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 FridayamYpmSaturdayampm					
Sundayampm 24 Hours					

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

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California Los Angoles COUNTY

I, Michael Mchadad Imaged, 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 National 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 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.

In that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO before me, a notary public this day of Dec NOTARY PUBLIC



STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Audrey Toledano 1. Responsible Person of _____ National 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

12/20/19 . Date



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



December 13, 2019

NATIONAL PHARMACY 7420 SANTA MONICA BLVD WEST HOLLYWOOD CA 90046

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: NATIONAL PHARMACY

License Type: PHARMACY

License Number: PHY 50363

Status: ACTIVE

issue Date: 07/22/10

Expiration Date: 07/01/20

Address of Record: 7420 SANTA MONICA BLVD WEST HOLLYWOOD CA 90046

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren Interim Executive Officer By Barbera Schleiche Public Inquiry Analyst (916) 518-3081

Barbera.Schleicher@dca.ca.gov



Visit our website at www.pharmacy.ca.gov

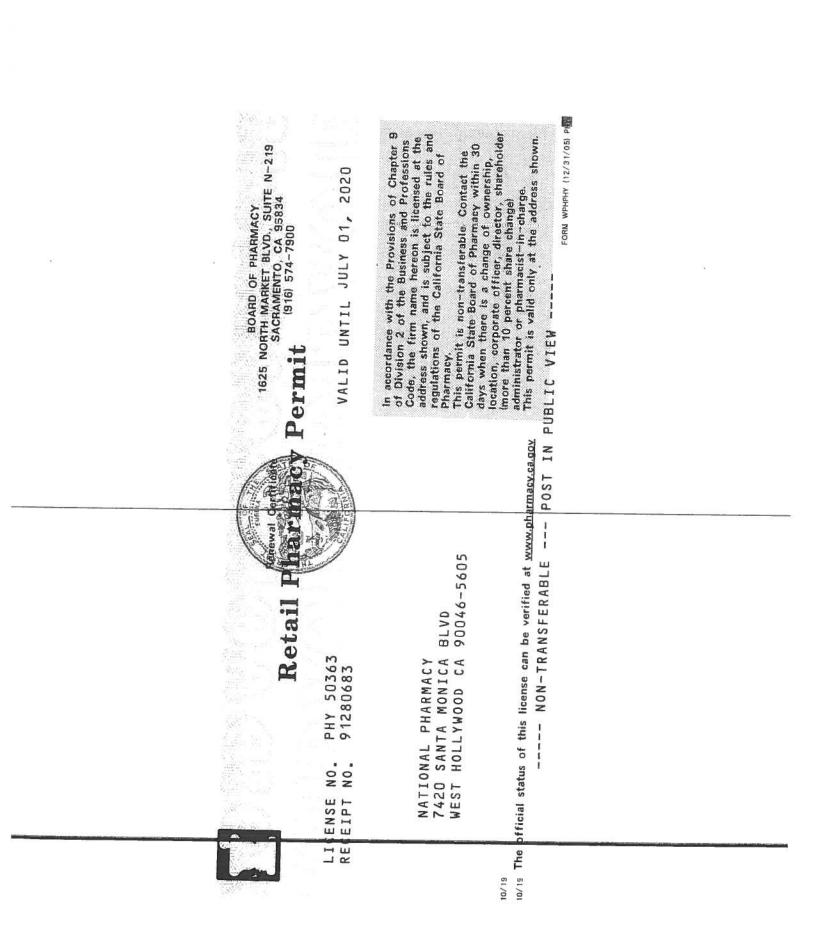
Send to State Board of Pharmacy for Completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

NEVADA STATE BOARD OF PHARMACY

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

Nationa harman Name: Monica Address: City: Wes REGUN 90046. State: Zip: I hereby authorize the CA state bound armad 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 Has this license been Type of Encumbrance: (if any encumbered in any way? □ Revoked □ Surrendered □ Limited □ Yes □ 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) 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) Signature of State Official Title State Date State Seal

LICENSE VERIFICATION



State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NATIONAL PHARMACY, INC.

FILE NUMBER:C3260502FORMATION DATE:11/17/2009TYPE:DOMESTIC CORPORATIONJURISDICTION:CALIFORNIASTATUS: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

R

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 nur	mber if making c	hanges: MP or MW)
Non Publicly Trad	orporation – Pages 1,2,3,4 ed Corporation – Pages 1,2,3,4 heck box for type of ownership	5 and complete o	Partnership - Pages 1,2,3 Sole Owner – Pages 1,2,3 correct part of the application	,7
FACILITY INFORM	MATION	Lig for the parts	a and - satalita is.	Units
Facility Name:	ALLY MEDICAL SERVICE	E5 dba	ACENTUS	AND NOT
Physical Address:	4951-B E ADAMD ((This must be a business address, we ca	DRNE, SVITE	220 TAMPA, FL 336 to a home address)	05-5913
Mailing Address:	4951-B E ADAMO	DRIVE, SUIT	NE 220	
City: TAMPA	State: FL Zip (Code: 336	05-5913	
Telephone: 866	-684-2507	Fax: 866	-695-2183	- 1940 - Nag
	ACENTUSS65. COM			
DAYS AND HOUR	S THAT THE FACILITY WI	LL BE REGU	LARLYOPERATING	$(q,r) \in \mathcal{F}(r)$
Mon: 9An to 5PM	Tue: 9Am to 5PM Wed:	9At to 5PM	Thu: 9AM to 5PM Fri:	
9AM to SPM	Sat:	N/A-to	Holidays: N/A to	
20111-011 01111	RATOR INFORMATION: PO CIANFROCCA	erson in charg	e on a daily basis	
TYPE OF MDEG F	PRODUCTS THAT WILL BE	SOLD (CHE	CK ALL APPLICABLE)	
 Medical Gases Respiratory Equilibrium Life-sustaining Diabetic Suppli **If providing these the second sec	uipment**	□ Orthotics :	and Enteral Equipment**	Septiment Sec.
care in the event of a	an emergency. Provide name a	and telephone	lace a mechanism to ensure of number of Nevada contact.	

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

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

6616620001-MEDIANE 1396140737-NC 7100290040-KY 6616620002-MERIAME DE3878-5C 011052036 - WASHINITON DC 1881972040 - WASHINGTON STATE 004438100-FL 1881972040 - IA

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?

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. NA

Practitioner	

- Advanced Practitioner of Nursing
- Physician's Assistant
- Physical Therapist
- Occupational Therapist
- Registered Nurse

1632

Respiratory Therapist

Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____ Name: _____

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

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

Yes 🗆 No 🗹

Yes 🕅 No 🖾

NUT (2011) 9) 1127(9) (2014)

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Page 2

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?
- 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?
- 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)?

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

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

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

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

ODD IANFROCCA

Print Name of Authorized Person

01/16/2020

251

No

Yes 🗌

Yes 🗆 No 🛛

Yes 🗌 No 🖡

Yes 🗆 No

Board Use Only	Received: FEB 0 5 2020	Amount: <u>500.00</u>	annet a other
States and the second			500L2
in the second			

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ADDI ICATION EOD OUT OF STATE MORO LIOFNER

APPLICATION FOR OUT-OF-STA	ATE MIDEG LICE	ENSE	,	
OWNERSHIP IS A PUBLICLY TR	ADED CORPO	RATION	NA	
State of Incorporation:				
Parent Company if any:				
Corporation Name:				
Mailing Address:				
City:				
Telephone:				
License Contact Person:				
Compared and a	ip Information –	Complete	Section 1 or 2	
Section 1: List the corporations four I (Name and percentage of ownership)		ers:		ensiyadi y ensiyadi y te tusuya
1			%:	
2				
3				
4				
<u>Section 2:</u> If the corporation that hold corporation, the applicant shall identif registration with the SEC, the registration with the SEC, the registration of the traded.	ds an ownership ir fy the officers of th ttion number issue	nterest in th hat corporat ed and the	e applicant is a pr ion, the date the c exchange at whicl	ublicly traded corporation received its h the stock is being
Date of Incorporation:				
Registration number issued:			-	e l'Angel
Stock Exchange:				
Include with the application	<u>ı for a public</u> l	ly traded	corporation	
List of officers and directors.				1. 10 Mar.
<u>Certificate of Corporate status (als</u> is obtained from the Secretary of S Corporate status must be dated wi	State's office in t	the State w	of Good Standi /here incorporate	ng). The Certificate ed. The Certificate of

					and a final first of the second	
APPLICATION FOR OL	JT-OF-STATE I	MDEG LICENSE	ny pinana.		102369	,
OWNERSHIP IS A PAR	TNERSHIP		General	<u>a data e c</u> i	Limited	
Partnership Name:	ACENTUS	LLC		dia dia	.5767	hip
Mailing Address: 495	51-B E A	DAMO DRIVI	E, SVITE	220		Inner Cytle o
city: TAMPA		State:FL	Zip:	33605-1	5913	in the
Telephone: 866-680	1-2507	Fax:	866-695			
Contact Person:	ODO CIAN	FROCCA			-	

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新教

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership Use separate sheet if necessary

Name	<u>G or L</u>	Percentage
TOOD CLANFROCCA	in the second	28%
JULIO VALQIVIA	L	28%

List names of 4 largest partners and percentage of ownership:

Name: GREGORY DWAU	(L)) %:	22%
Name: GRETT CARROLL	(L))%:	22%
Name: TODO CLANFROCIA	(L) %:	28%
Name: JULIO VALDIVIA	10)%:	28%

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION NA

				1.	
State	of Incorpo	ration:	······		
Parer	nt Company	y if any:	·····		
			State:		
Conta	act Person:				
	ny corpora	tion non-publicly tra	ided, disclose the following	j:	
	a)	Name	Address	<u>. </u>	
Gog.	_b)	Name	Address		
		Name	Address		
	c)	Name	Address		
	d)				
		Name	Address		
2)	Provide the	he number of share	s issued by the corporatio	n	
3)	What was	s the price paid per	share?		
4)	What date	e did the corporatio	n actually receive the cash	assets?	
5)	Provide a	copy of the corpor	ation's stock register evide	ncing the above inforr	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.

Carr

ACORD [®] CERTIFICATE OF LI				The second se	1	(MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ON CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEN BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTIT REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER	ID, EXT	END OR AL	TER THE C	OVERAGE AFFORDE	D BY	THE POLICIE
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the terms and conditions of the policy, certain policies may require an certificate holder in lieu of such endorsement(s).	he polic n endors	y(ies) must sement. A s	be endorsed tatement on	I. If SUBROGATION IS this certificate does not	WAI ot con	VED, subject fer rights to t
RODUCER VGM Insurance Services, Inc.		^{c1} Ashley Ha	ynes			
1111 W. San Marnan Dr.	PHONE (A/C, No	, Ext); (844) 3	46-3937	FAX (A/C, No):		
Waterloo IA 50701			aynes@vgm			
		The Print, Party Fill State Statement & Party Annual				NAIC #
VSURED Ally Medical Services II C: Acentus II C				INSURANCE CO		12831
Ally Medical Services LLC; Acentus, LLC 4951-B Adamo Drive East #220		The second second second second	NATIONAL	INSURANCE CO		12831
Tampa FL 33605	INSURE					
	INSURE					-
Carefa Carefa	INSURE			1999 Milelah dan kalendar dalam kanan ya 📰 dara ya yang dari		
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAY ISR ADDL SUBR	N OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPI	ECT TO	WHICH THIS
TR TYPE OF INSURANCE INSD WVD POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	-	1 000 000
CLAIMS-MADE X OCCUR	-5	10/29/2019	10/29/2020	EACH OCCURRENCE DAMAGE TO RENTED	S	1,000,000
X Professional Liability				PREMISES (Ea occurrence) MED EXP (Any one person)	s s	5,000
				PERSONAL & ADV INJURY	s	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	s	3,000,000
VS X POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	s s	3,000,000
AUTOMOBILE LIABILITY VGM D1019 G5261	-5	10/29/2019	10/29/2020	COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
ANY AUTO ALL OWNED SCHEDULED					S	
X HIRED AUTOS X AUTOS				BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)	s s	
UMBRELLA LIAB		11.124			S	11.47 m
OCCUR				EACH OCCURRENCE	S	12.001.00
DED RETENTIONS				AGGREGATE	s	
WORKERS COMPENSATION				PER OTH- STATUTE ER	5	UCO UN
AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT	s	100.00
OFFICERMEMBER EXCLUDED? N/A (Mandatory in NH)				E L DISEASE - EA EMPLOYE	ES	000
f yes describe under DESCRIPTION OF OPERATIONS below				E L DISEASE - POLICY LIMIT	s	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sch	edule, may	v be attached if n	nore space is rec	juired)		
FEIN: 45-2398815						
Locations:						
4951-B Adamo Drive East #220 Tampa FL 33605 127 North Broad Street Ste A Brevard NC 28712						
er centred						
ERTIFICATE HOLDER	CANC	ELLATION				
National Supplier Clearinghouse~AG-495 PO Box 100142	THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE REOF, NOTICE WILL I	CANCE BE DE	LLED BEFORE
Columbia SC 292023142						
	AUTHO	RIZED REPRESI	NTATIVE			
	1	24		R. ha	-	
	1					

ACORD 25 (2014/01)

Estrayons 2011-E Adam Crive s 121 North Front Sitar 201 The ACORD name and logo are registered marks of ACORD

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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					
 □ Publicly Traded Corporation – Pages 1,2,3,4 □ 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: AdaptHealth Patient Care Solutions Inc.					
Physical Address: 1667 Shug Jordan Parkway, Suite 403, Auburn, AL 36830 (This must be a business address, we cannot issue a license to a home address)					
Mailing Address: 220 W. Germantown Pike, Suite 250					
City: <u>Plymouth Meeting</u> State: <u>PA</u> Zip Code: <u>19462</u>					
Telephone: 855-404-6727 Fax: 855-237-0017					

E-mail: licensing@adapthealth.com Website: adapthealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm Fri:

_____8am to 5pm Sat: closed to _____ Sun: closed to _____ Holidays: closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Savannah Lamb

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 Blood glusose, Incontinence				
Diabetic Supplies	Other: Woundcare, Ostomy, Tracheostomy, Urological				
	ed 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: Savannah Lamb	Telephone: 334-539-6549				

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 #0208980005		
Medicaid #123509		
Do any shareholders hold an interest ownersh type of business or facility which are licensed l 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?	f yes, please list name. ^{NO}	
 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), 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)?

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 [1	No	
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes []	No	
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes [] [No	

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

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

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

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

Joe Paiva Print Name of Authorized Person

2/11/2020

Board Use Only	Received:_	FEB 1 3 2020	Amount: <u>580, 00</u>	

<u>OWNERSHIP IS A PARTNERSHIP</u>		General	X	Limited
Partnership Name: AdaptHealth Patient	Care Solutions Inc.			
Mailing Address: W. Germantown P	ike, Suite _			
City: <u>Plymouth Meeting</u>	State: <u>PA</u>	Zip: <u>19</u> 4	462	
Telephone: 610-630-6357	Fax:			
Contact Person: Shirley Skidmore	14) 	· · · · · · · · · · · · · · · · · · ·		
List each partner and identify whether Use separate sheet if necessary	(G)eneral or (L)imi	ted partner a	and percenta	age of ownership
Name		G	<u>Gor L</u>	Percentage
NRE Holding Corporation	·		<u> </u>	100%
List names of 4 largest partners and p	ercentage of owne	rship:		
Name: NPE Holding Corporation			0/ 40	004

Name: NRE Holding Corporation	%:	100%
Name:	%:	
Name:	%:	
Name:	%:	

A	C	ORD	C	ER	TIF	ICATE OF LIA	BIL	ITY INS	URANC	E 2/6/2020		мм/dd/үүүүүүүү 3/2019		
C B	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.													
j lf	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).													
		ER Lockton Comp						CT						
		New York NY	f the Americas, S 10036	uite 2	2010		PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:							
		646-572-7300					ADDIG					NAIC #		
							INSUR			nity Insurance Co.		18058		
() () () () () () () () () ()	RED		LC							ance Company		19682		
142	354	4 122 Mill Road								ers Insurance Compar	v	30104		
		Suite A130								rance Company		29459		
		Phoenixville PA	A 19460					ERE: Covery				14160		
							INSURI							
со	VEF	RAGES	CER	TIFIC	CATE	NUMBER: 1560579				REVISION NUMBER:	XX	XXXXX		
	IDIC. ERT	ATED. NOTWITHS IFICATE MAY BE I	TANDING ANY RE SSUED OR MAY	EQUIF	REME AIN.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER INSURE	D NAMED ABOVE FOR T	HE POL	ICY PERIOD		
INSR		TYPE OF INSU		ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIME	rs.			
A	x	COMMERCIAL GENEI	RAL LIABILITY	N	N	PHPK1982856		5/17/2019	5/17/2020	EACH OCCURRENCE	1	000,000		
		CLAIMS-MADE	X OCCUR			1111 ((1)02000		5/1//2019	51112020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$10			
								1		MED EXP (Any one person)	\$ \$5.0			
										PERSONAL & ADV INJURY		00,000		
	GE	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGREGATE	1	00,000		
	X	POLICY PRO-	LOC							PRODUCTS - COMP/OP AGG		00,000		
		OTHER:									\$	/00,000		
В	AU	TOMOBILE LIABILITY		N	N	39CSES65401	• ••••	2/6/2019	2/6/2020	COMBINED SINGLE LIMIT	5 \$1 (000,000		
	x	ANY AUTO							2010	(Ea accident) BODILY INJURY (Per person)		XXXXX		
	<u> </u>	OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)		XXXXX		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$ XX				
		AUTUS UNLT										XXXXX		
A	x	UMBRELLA LIAB	X OCCUR	N	N	PHUB676308		5/17/2019	5/17/2020	EACH OCCURRENCE				
		EXCESS LIAB	CLAIMS-MADE						51112020	AGGREGATE	1	000,000 000.000		
		DED RETENT		1						AGGREGATE		XXXXX		
С		RKERS COMPENSATIO	N		N	2010/0565400		2/6/2010	2/6/2020	X PER OTH- STATUTE ER	<u>• ^^.</u>	ΛΛΛΛΛ		
C D	ANY	PROPRIETOR/PARTNER		39WBRS65402 (WI)			2/6/2019 2/6/2019	2/6/2020 2/6/2020	E.L. EACH ACCIDENT	e \$10	00 000			
	(Mai	ICER/MEMBER EXCLUD in NH)		N/A							\$ \$1,000,000			
	If ye DES	s, describe under CRIPTION OF OPERAT	IONS below							E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$ \$1,000,000				
A		of Liab.		N	N	PHPK1982856		5/17/2019	5/17/2020	\$1M each medical inciden				
E	Pro	operty				005PA000026190		5/17/2019	5/17/2020	Limit: \$51,930,048				
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CE	RTIF	ICATE HOLDER					CAN	CELLATION	See Atta	chment				
	_	5605799							2007100					
Evidence of Insurance							THE	E EXPIRATION	N DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL Y PROVISIONS.				
							A 1 1000 1 1		A 100 A 1011					
							AUTHO	RIZED REPRESE	NTATIVE	IN ALL				
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							L		/					
AC	© 1988-2015 ACORD CORPORATION. All rights reserved. ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD													

NAMED INSUREDS

AdaptHealth LLC AdaptHealth Holdings LLC Roberts Home Medical, LLC Home Mediservice, LLC TriCounty Medical Equipment and Supply, LLC Royal Medical Supply Inc. **Royal Homestar LLC** First Choice Home Medical Equipment, LLC Americoast Maryland LLC Ocean Home Health Supply LLC Med-Equip, Inc. Health Solutions LLC Ocean Home Health of PA LLC Inspire Medical Equipment & Services, Inc. LMI DME Holdings LLC Medstar Holdings LLC Med Star Surgical & Breathing Equipment Inc. Family Home Medical Supply LLC First Choice DME LLC Royal DME LLC Braden Partners, L.P. Bennett Medical Services LLC CPAP Solutions, LLC MedBridge Home Medical LLC Ogles Oxygen, LLC Palmetto Oxygen, LLC PPS HME Holdings LLC SleepEasy Therapeutics, Inc. Sound Oxygen Service LLC Southeast Sleep Holdings, LLC Verus Healthcare, Inc. Verus Healthcare, LLC Cpap2me, Inc. Aircare Home Respiratory, LLC Hometown Home Health, LLC Total Respiratory, LLC PPS HME LLC **Clearview Medical Incorporated** Associated Healthcare Systems, Inc. Olean General Healthcare Systems, LLC Orbit Medical of Portland, Inc. Home Medical Express, Inc. Gould's Discount Medical, LLC (a Kentucky limited liability company) Med Way Medical, Inc. (a Utah corporation) AdaptHealth Intermediate Holdco LLC AdaptHealth - Missouri LLC (a Missouri limited liability American Ancillaries, Inc. dba AA Medical Choice Medical Healthcare LLC Halprin, Inc. AdaptHealth Patient Care Solutions

T

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 Ø Ownership Change (Please provide current license number if making changes: MP or MW MP01082))
 □ Publicly Traded Corporation – Pages 1,2,3,4 □ 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: AdaptHealth Patient Care Solutions Inc.
Physical Address: 600 Lindbergh Drive, Moon Township, PA 15108 (This must be a business address, we cannot issue a license to a home address)
Mailing Address: 220 W. Germantown Pike, Suite 250
City: Plymouth Meeting State: PA Zip Code: 19462
Telephone: 855-404-6727 Fax: 855-237-0017
E-mail: licensing@adapthealth.com Website: adapthealth.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:30amto 5pm Tue: 8:30anto 5pm Wed: 8:30am to 5pm Thu: 8:30anto 5pm Fri:
<u>^{8:30am} to ^{5pm} Sat: ^{closed} to Sun: ^{closed} to Holidays: ^{closed} to</u>
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Rodney Carson
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: Rodney Carson Assistive Equipment Parenteral and Enteral Equipment** Orthotics and Prosethics Blood glusose, Incontinence Other: Woundcare, Ostomy, Tracheostomy, Urological

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 #0208980001	
Medicaid#15014850007	
Do any shareholders hold an interest ownershi type of business or facility which are licensed to another political jurisdiction?	
Are you or have you in the last year been asso business or health care entity in which MDEG dispensed or distributed?	
Are any of the owners health professionals? If	yes, please list name. ^{NO}
 Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Respiratory Therapist 	Name: N/A Name:

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

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

This page must be submitted for all types of ownership.

2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes	No	
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	Yes	No	
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes	No	
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes	No	

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

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

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

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

Joe Paiva Print Name of Authorized Person

2/11/2020

Board Use Only	Received: FEB 1 3 2020	Amount: <u>500.00</u>	
			_

OWNERSHIP IS A PARTNERSHIP	General_>	General_XLimited							
Partnership Name: AdaptHealth Patient Care Solutions Inc.									
Mailing Address: 220 W. Germantown Pike, Suite 250									
City: Plymouth Meeting	State: PA	_Zip: <u>19462</u>	2						
Telephone	Fax:								
Contact Person: Shirley Skidmore									
List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership Use separate sheet if necessary									
Name		<u>G o</u>	<u>r L</u>	Percentage					
NRE Holding Corporation		G		100%					
	1			÷					
List names of 4 largest partners and pe	ercentage of ownersh	ip:							
Name: NRE Holding Corporation			%:	100%					
Name:			%:						
Name:			%:						
Name:			%:						

ACORD [®] C	ER	TIF	ICATE OF LIA	BILI	TY INS	URANC	E 2/6/2020		мм/dd/y7498 3/2019
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVEL SURA ND T	Y OF NCE HE C	R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE	ND OR ALT	ER THE CO BETWEEN	UPON THE CERTIFIC VERAGE AFFORDED THE ISSUING INSURE	ATE HOL BY THE ER(S), AU	DER. THIS POLICIES ITHORIZED
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to t	he te	rms and conditions of the	he poli	cv. certain p	olicies may	NAL INSURED provisi require an endorsem	ons or be ent. A st	e endorsed. atement on
PRODUCER Lockton Companies	.0 111	Gen	incate noticer in neu or s	CONTA	CT	9) .			
1185 Avenue of the Americas, S	uite	2010		NAME: PHONE			FAX (A/C, N		
New York NY 10036				A/C, N E-MAIL ADDRE			(A/C, N	<u>o);</u>	
646-572-7300						SURER(S) AFFOI	RDING COVERAGE		NAIC #
				INSURE	RA: Philade	Iphia Indem	nity Insurance Co.		18058
AdaptHealth, LLC				INSURE	кв:Hartfor	d Fire Insur	ance Company		19682
122 MIII Road							ters Insurance Comp	any	30104
Suite A130 Phoenixville PA 19460				INSURE	RD: Twin C	ity Fire Insu	trance Company		29459
Thoenixvine IX 19400				INSURE	ERE; Covery	/S			14160
				INSURE	ERF:				
			NUMBER: 1560579				REVISION NUMBER		XXXXX
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME TAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	I OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESI	PECT TO V	<i>NHICH THIS</i>
SR TR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	
X COMMERCIAL GENERAL LIABILITY	N	N	PHPK1982856		5/17/2019	5/17/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$1,0 \$ \$10	0.000
							MED EXP (Any one person)	\$ \$5,0	
							PERSONAL & ADV INJURY	\$ \$1,0	000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		-					GENERAL AGGREGATE	\$ \$3,0	000,000
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G <u>\$ \$3,(</u> \$	000,000
3 AUTOMOBILE LIABILITY	Ν	N	39CSES65401		2/6/2019	2/6/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ \$1,0	000,000
							BODILY INJURY (Per person) \$ XX	XXXXX
OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accide	nt) \$ XX	XXXXX
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ XX	XXXXX
		<u> </u>						s XX	XXXXX
X UMBRELLA LIAB X OCCUR	N	N	PHUB676308		5/17/2019	5/17/2020	EACH OCCURRENCE		000,000
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ \$5,0	000,000
DED RETENTION S								<u>\$ XX</u>	XXXXX
AND EMPLOYERS' LIABILITY		N	39WNS65400 39WBRS65402 (WI)		2/6/2019 2/6/2019	2/6/2020	X STATUTE OTH		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A		55 11 51 (101)		2/0/2019	2 0 2020	E.L. EACH ACCIDENT		000,000
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOY		
A Prof Liab.	N	N	PHPK1982856		5/17/2010	511712020	E.L. DISEASE - POLICY LIM		
Property			005PA000026190		5/17/2019 5/17/2019	5/17/2020 5/17/2020	Limit: \$51,930,048	envəsm A	88
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC IIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSU	L ES (/ IED CE	L. ACORD RTIFIC	I 101, Additional Remarks Schedu ATES FOR THIS HOLDER, APPLIC,	ule, may b ABLE TO	e attached if moi THE CARRIERS L	e space is requir	 ed) POLICY TERM(S) REFERENCE	D.	
				CAN	ELLATION	See Atta	chment		
15605799 Evidence of Insurance					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
				AUTHO	RIZED REPRESE		19 Calabre	d.	
			· · · · · · · · · · · · · · · · · · ·		© 19	88-2015 AC	ORD CORPORATION	I. All righ	nts reserve

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NAMED INSUREDS

AdaptHealth LLC AdaptHealth Holdings LLC Roberts Home Medical, LLC Home Mediservice, LLC TriCounty Medical Equipment and Supply, LLC Royal Medical Supply Inc. Royal Homestar LLC First Choice Home Medical Equipment, LLC Americoast Marvland LLC Ocean Home Health Supply LLC Med-Equip, Inc. Health Solutions LLC Ocean Home Health of PA LLC Inspire Medical Equipment & Services, Inc. LMI DME Holdings LLC Medstar Holdings LLC Med Star Surgical & Breathing Equipment Inc. Family Home Medical Supply LLC First Choice DME LLC Roval DME LLC Braden Partners, L.P. **Bennett Medical Services LLC** CPAP Solutions, LLC MedBridge Home Medical LLC Ogles Oxygen, LLC Palmetto Oxygen, LLC **PPS HME Holdings LLC** SleepEasy Therapeutics, Inc. Sound Oxygen Service LLC Southeast Sleep Holdings, LLC Verus Healthcare, Inc. Verus Healthcare, LLC Cpap2me, Inc. Aircare Home Respiratory, LLC Hometown Home Health, LLC Total Respiratory, LLC PPS HME LLC **Clearview Medical Incorporated** Associated Healthcare Systems, Inc. Olean General Healthcare Systems, LLC Orbit Medical of Portland, Inc. Home Medical Express, Inc. Gould's Discount Medical, LLC (a Kentucky limited liability company) Med Way Medical, Inc. (a Utah corporation) AdaptHealth Intermediate Holdco LLC AdaptHealth - Missouri LLC (a Missouri limited liability American Ancillaries, Inc. dba AA Medical Choice Medical Healthcare LLC Halprin, Inc. AdaptHealth Patient Care Solutions

4U

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
(Please provide current license number if making changes: MP or MW MP01534
 □ Publicly Traded Corporation – Pages 1,2,3,4 □ 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: AdaptHealth Patient Care Solutions Inc.
Physical Address: 2 Twosome Drive, Moorestown, NJ 08057 (This must be a business address, we cannot issue a license to a home address)
'
Mailing Address: 220 W. Germantown Pike, Suite 250
City: <u>Plymouth Meeting</u> State: <u>PA</u> Zip Code: <u>19462</u>
Telephone: 855-404-6727 Fax: 855-237-0017
E-mail: licensing@adapthealth.comWebsite: adapthealth.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8:30amto 5pm Tue: 8:30anto 5pm Wed: 8:30am to 5pm Thu: 8:30anto 5pm Fri:
^{8:30am} to ^{5pm} Sat: ^{closed} to Sun: ^{closed} to Holidays: ^{closed} to
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Tyrone Taylor Jr.
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
□ Medical Gases** □ Assistive Equipment
 Respiratory Equipment** Life-sustaining equipment** Orthotics and Prosethics Blood glusose, Incontinence
☑ Diabetic Supplies ☑ Othotics and Prosettics = block glusse, incontinence ☑ Diabetic Supplies Other: Woundcare, Ostomy, Tracheostomy, Urological
**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: Lyrone R. Taylor Jr. Telephone: 856-437-1912

Telephone: 856-437-1912

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 #0208980015		<u> </u>
Medicaid #113326		
Do any shareholders hold an interest ownershi type of business or facility which are licensed be 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	fyes, please list name. ^{NO}	
 Practitioner Advanced Practitioner of Nursing Physician's Assistant Physical Therapist Occupational Therapist Registered Nurse Respiratory Therapist 	Name: N/A Name:	

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

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

This page must be submitted for all types of ownership.

2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes 🗆	No	
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	Yes 🗆	No	
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes 🗆	No	
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes 🗆	No	

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

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

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

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

Joe Paiva Print Name of Authorized Person

2/11/2020

Board Use Only	Received: F	FEB 1 3 2020	Amount:	600.00

OWNERSHIP IS A PARTNERSHIP		Gener	al <u> X</u>		Limited			
Partnership Name: AdaptHealth Patient C	Care Solutions Inc.							
Mailing Address: 220 W. Germantown Pik	e, Suite 250							
City: Plymouth Meeting	State: PA	_Zip: <u>1</u>	9462					
Telephon	Fax:							
Contact Person: Shirley Skidmore								
List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership Use separate sheet if necessary								
Name			<u>G or L</u>		Percentage			
NRE Holding Corporation		terrer	G	-	100%			
				-				
List names of 4 largest partners and pe	ercentage of ownersh	ip:						
Name: NRE Holding Corporation				%:	100%			
Name:				<u>%</u> :				
Name:				_%:				
Name:				%:				

A		ER	TIF	ICATE OF LIA	BILI	TY INS	URANC	2/6/2020		MM/DD/Y275
E R	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.									
11	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).									
	DUCER Lockton Companies				CONTA NAME:		/•			
	1185 Avenue of the Americas, S New York NY 10036 646-572-7300	uite 2	2010		PHONE (A/C, N E-MAIL ADDRE	o, Ext):		FAX (A/C, No):	
	040-372-7300						URER(S) AFFO	RDING COVERAGE		NAIC #
					INSURE			nity Insurance Co.		18058
	AdaptHealth, LLC							ance Company		19682
142	122 Mill Road				INSURE	R c : Hartfor	d Underwri	ters Insurance Compa	ny	30104
	Suite A130 Phoenixville PA 19460				INSURE	RD: Twin Ci	ty Fire Insu	arance Company		29459
	Phoemixville PA 19460			-	INSURE	ERE: Covery	S			14160
					INSURE	ERF:				
T IN C	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH		NSUF EMEI AIN,	NT, TERM OR CONDITION	VE BEE OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESP	THE POL	
INSR	TYPE OF INSURANCE	ADDL		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		ITS	
A	X COMMERCIAL GENERAL LIABILITY	N	N	PHPK1982856		5/17/2019	5/17/2020	EACH OCCURRENCE		000,000
	CLAIMS-MADE X OCCUR					- 500 Std	5,1,1,2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$10	
								MED EXP (Any one person)	\$ \$5,0	
								PERSONAL & ADV INJURY	\$ \$1,0	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ \$3,0	000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO	\$ \$3,0	000,000
	OTHER:								\$	
В		N	N	39CSES65401		2/6/2019	2/6/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ \$1,0	000,000
	X ANY AUTO							BODILY INJURY (Per person)	\$ XX	<u>XXXXX</u>
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per acciden	1) \$ XX	XXXXX
	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)		XXXXX
									s XX	XXXXX
A		N	N	PHUB676308		5/17/2019	5/17/2020	EACH OCCURRENCE		000,000
	CLAIMS-MADE							AGGREGATE		000,000
	DED RETENTION S		NI	· · · · · · · · · · · · · · · · · · ·					<u>s XX</u>	XXXXX
C D	AND EMPLOYERS' LIABILITY		N	39WNS65400 39WBRS65402 (WI)		2/6/2019 2/6/2019	2/6/2020 2/6/2020	X PER OTH- STATUTE ER		
	OFFICER/MEMBER EXCLUDED?	N/A		55 (21012017	2/0/2020	E.L. EACH ACCIDENT		00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE		
A	Prof Liab.	N	N	PHPK1982856		5/17/2019	5/17/2020	E.L. DISEASE - POLICY LIMIT \$1M each medical incide		000,000
E	Property			005PA000026190		5/17/2019	5/17/2020 5/17/2020	Limit: \$51,930,048	nvssim Aj	gg
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER. APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED										
CEI	RTIFICATE HOLDER				CANO	ELLATION	See Atta	chment		
	15605799						See Aud	viiitiviit		
	Evidence of Insurance				THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.	CANCELL BE DEL	ed Before Ivered in
	AUTHORIZED REPRESENTATIVE									
ACI	ORD 25 (2016/03)	Th	0. 1.0	OPD name and logo ar	o ro-1-			ORD CORPORATION.	All righ	its reserved.

The ACORD name and logo are registered marks of ACORD

NAMED INSUREDS

AdaptHealth LLC AdaptHealth Holdings LLC Roberts Home Medical, LLC Home Mediservice, LLC TriCounty Medical Equipment and Supply, LLC Royal Medical Supply Inc. **Royal Homestar LLC** First Choice Home Medical Equipment, LLC Americoast Maryland LLC Ocean Home Health Supply LLC Med-Equip, Inc. Health Solutions LLC Ocean Home Health of PA LLC Inspire Medical Equipment & Services, Inc. LMI DME Holdings LLC Medstar Holdings LLC Med Star Surgical & Breathing Equipment Inc. Family Home Medical Supply LLC First Choice DME LLC Royal DME LLC Braden Partners, L.P. Bennett Medical Services LLC **CPAP Solutions, LLC** MedBridge Home Medical LLC Ogles Oxygen, LLC Palmetto Oxygen, LLC PPS HME Holdings LLC SleepEasy Therapeutics, Inc. Sound Oxygen Service LLC Southeast Sleep Holdings, LLC Verus Healthcare, Inc. Verus Healthcare, LLC Cpap2me, Inc. Aircare Home Respiratory, LLC Hometown Home Health, LLC Total Respiratory, LLC PPS HME LLC Clearview Medical Incorporated Associated Healthcare Systems, Inc. Olean General Healthcare Systems, LLC Orbit Medical of Portland, Inc. Home Medical Express, Inc. Gould's Discount Medical, LLC (a Kentucky limited liability company) Med Way Medical, Inc. (a Utah corporation) AdaptHealth Intermediate Holdco LLC AdaptHealth - Missouri LLC (a Missouri limited liability American Ancillaries, Inc. dba AA Medical Choice Medical Healthcare LLC Halprin, Inc. AdaptHealth Patient Care Solutions

V

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 n	naking changes: MP or MW)
Publicly Tradec	Corporation – Pages 1,2,3,4	Partnership - Pages 1,2,3,6	
	aded Corporation - Pages 1,2,3,5	□ Sole Owner – Pages 1,2,3,7	
Please	e check box for type of ownership and con	mplete correct part of the application.	

FACILITY INFORMATION

Facility Name: WP&H,LLC dba Military Medical Supplies				
Physical Address: 1440 S State College Blvd #5H Anaheim CA 92806 (This must be a business address, we cannot issue a license to a home address)				
Mailing Address:	1440 S State College Blvd #	5H Anaheim CA 92806		
City:	State:	Zip Code:		
Telephone: 800-270-	6990	Fax: 800-497	-8856	
E-mail: dcscheidt@mili	itarymedical.us.com	Website:	ww.militarymedical.us.com	
DAYS AND HOUR	S THAT THE FACIL	ITY WILL BE REGU	JLARLY OPERATING	
Mon: 9am to 5pm	Tue: 9am to 5pm	Wed: 9am to 5pm	Thu: <u>9amto 5pm_</u> Fri:	
9am to 5pm	Sat:Closed_to	Sun:Closed to	Holidays: Closed to	
MDEG ADMINIST		ON: Person in char	ge on a daily basis	
Name: David Scheidt	; Owner			
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)				
 Medical Gases** Assistive Equipment Respiratory Equipment** Life-sustaining equipment** Diabetic Supplies The event of an emergency. Provide name and telephone number of Nevada contact. Name: Tricare Assistive Equipment Parenteral and Enteral Equipment** Orthotics and Prosethics Other:				

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider number	ers registered to the business or	its owner:
4503770001 Medicare		
	·····	
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 asso	ociated with any person	
business or health care entity in which MDEG		
dispensed or distributed?		Yes 🗆 No 😡
Are any of the owners health professionals? I	f yes, please list name.	
Practitioner	Name: <u>N/A</u>	
Advanced Practitioner of Nursing	Name: N/A	
Physician's Assistant	Name: <u>N/A</u>	
Physical Therapist	Name: <u>N/A</u>	
 Occupational Therapist 	Name: <u>N/A</u>	
 Registered Nurse 	Name: N/A	
Respiratory Therapist	Name: <u>N/A</u>	

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

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

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	Ø
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	

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

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

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

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

David Scheidt: Owner Print Name of Authorized Person

12/11/2019 Date

Board	Use	Only	
		U ,	

Received: FEB 0 5 2020

Amount: 600.00

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation:	California			
Parent Company if any:	N/A			
Corporation Name: W	P&H,LLC			
Mailing Address: 1440	S State College Blvd	#5H Anaheim CA	92806	ĩ
City:	S1	tate:	Zip:	
Telephone: 800-270-699		Fax: <u>800-49</u>	7-8856	
Contact Person: David	Scheidt			

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

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

a)N/A					
	Name	Address				
ł)					
	Name	Address				
C)					
	Name	Address				
()					
	Name	Address				
1	Provide the number of shares issued by the corporation. N/A					
١	What was the price paid per share? <u>N/A</u>					
١	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

Include with the application for a non-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.

List of officers and directors.

2)

3)

4)

281



December 11, 2019

List of Owners

Owner Name	<u>% Ownership</u>	Address
David Scheidt	49%	Dietrich Dr. Tustin CA 92782
Levy Bynum	51%	Tamarack Way Buena Park CA 90620

State of California Secretary of State

CERTIFICATE OF STATUS

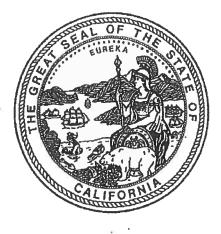
ENTITY NAME: WP&H, LLC

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS: 200208610093 03/25/2002 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 April 22, 2016.

ALEX PADILLA Secretary of State

NP-25 (REV 01/2015)

MMS

ACORD, CERTIFICATE OF LIABILI	TY INSURANCE	DATE (MM/DD/YYYY) 4/9/2019				
PRODUCER The Millward Agency, Inc. 11142 N Highland Blvd #300 Highland , UT 84003	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
Fightend, 01 04000	INSURERS AFFORDING COVERAGE	NAIC#				
WP&H,LLC dba California Medical Supplies, Military Medical	INSURER A: Philadelphia					
Supplies, American Medical Supplies, Cal-Med Hawaii	INSURER B: Markel					
1440 S State College Blvd #5H	INSURER C:					
Anaheim, CA 92806	INSURER D:					
	INSURER E:					
COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L PO	LICY FFEECTIVE POLICY EXPIRATION					

INSR	ADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	3	
Α	GENERAL LIABILITY	51			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	5 5	1000000 1000000
	CLAIMS MADE 🖌 OCCUR	DUDK4066000	04/40/2040	04/40/2020	MED EXP (Any one person)	\$	20000
		PHPK1966200	04/18/2019	04/18/2020	PERSONAL & ADV INJURY	\$	3000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	3000000
A	✓ POLICY PRO- JECT LOC AUTOMOBILE LIABILITY	· · · ·			COMBINED SINGLE LIMIT (Ea accident)	s	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s	
	HIRED AUTOS				BODILY INJURY (Per accident)	s	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY: AGG		
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	s	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
	DEDUCTIBLE				}	\$	
						S S	
в	WORKERS COMPENSATION AND	,			WC STATU- OTH- TORY LIMITS ER		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	MWC012629302	04/18/2019	04/18/2020	E.L. EACH ACCIDENT	s	1000000
	OFFICER/MEMBER EXCLUDED?	WWWC012029302	04/10/2019	04/10/2020	E.L. DISEASE - EA EMPLOYEE	S	1000000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	5	1000000
	OTHER						

Description of operations/Locations/Vehicles/Exclusions added by endorsement/special provisions 99-061 Koaha Way, Suite 203-204 Aiea, HI 96701 This Certificate verifies that coverage is currently in force.

*Except for 10-Day Notice of Cancellation for Non-Payment of Premium.

CERTIFICATE HOLDER	CANCELLATION
National Supplier Clearinghouse	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN
PO Box 100142	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
Columbia, SC 29202-3142	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
	REPRESENTATIVES.
	AUTHORIZED RESENTATIVE
ACORD 25 (2001/08)	© ACORD CORPORATION 1988

WP&H, LLC

Anaheim, CA

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the Home Care Accreditation Program

> July 21, 2017 Accreditation is customarily valid for up to 36 months.

W. Jones, FACHE ard of Commissioners Craj Chair B

1D #365548 Print/Reprint Date: 10/27/2017

NAU, 1 1ac Mark R. Chassin, MD, FACP, MPP, MPH President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care au other services provided in accredited organizations. Information about accredited organizations may be provided directly The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





AMARICAN MEDICAL ASSOCIATION



	нащама	
BUSINESS START DATE: 03/25/2002 STATE OF HAWAII DEPARTMENT OF TAXATION LIGENSE ISSUED FOR THE PRIVILEGE OF ENGAGING IN BUSINESS AND OTHER ACTIVITIES UPON THE CONDITION THAT THE LICENSEE SHALL PAY THE TAXES ACCRUING TO THE STATE OF HAWAII UNDER THE PROVISIONS OF CHAPTER 237, HRS, AS AMENDED. LICENSEE'S ACTIVITIES ARE USTED ON THE ACTIVITIES UPON THE CONDITION CHAPTER 237, HRS, AS AMENDED. LICENSEE'S ACTIVITIES ARE USTED ON THE APPLICATION ON FILE WITH THE DIRECTOR OF TAXATION. GENERAL PAY THIS LICENSE IS NOT TRANSFERABLE. TO BE DISPLAYED CONSPICUOUSLY AT THE PLACE OF BUSINESS FOR WHICH ISSUED. HAWAII TAX ID NUMBER: GE-016-154-0096-01 WP&H, LLC DBA CALMED HAWAII 2850 PAA ST STE 110A HONOLULU HI 96819-4457	The set of the server is th	BUSINESS TAX CERTIFICATE POST GENTIFICATE NA GONEPICUOUS POST.

Ro' Licanco Lattor

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH FOOD AND DRUG BRANCH HOME MEDICAL DEVICE RETAIL LICENSE

WP&H, LLC

DBA: Military Medical Supplies 1440 S. State College Boulevard, Sulta - 5H Anaheim, CA 92806

LICENSE NUMBER: 52978 EXPIRATION DATE: 12/30/2020

Instate Retail Firm

Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the provisions of of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

4W

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.

Wew 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.
EACILITY INFORMATION
Facility Name: Royal Biologics, Inc
Facility Name: <u>Royal Biologics, Inc</u> Physical Address: <u>401</u> Hackensack Ave Suite 604, Hackensack NJ 07601 (This must be a business address, we cannot issue a license to a home address)
Mailing Address: 401 Hackensoch Ave, Suite 604
City: <u>Hackensach</u> State: NJ Zip Code: 07601
Telephone: 201-488-1549 Fax: 270-721-6932
E-mail: udan @royalbiologics.com Website: Royal Biologics.com
DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
$Mon: \frac{8:39 to 4:39}{20 to 4:39} Tue: \frac{8:79 to 4:39}{20 to 4:39} Wed: \frac{8:79 to 4:39}{20 to 4:39} Thu: \frac{8:39 to 4:39}{20 to 4:39} Fri: 100 Sun: Closed Holidays: Closed to 100 Sun: Closed Holidays: Closed Holidays: Sun: Sun: Closed Holidays: Sun: Sun: Sun: Sun: Sun: Sun: Sun: Sun$
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis
Name: Saluatore Leo
TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
 □ Medical Gases** □ Respiratory Equipment** □ Parenteral and Enteral Equipment**
 Respiratory Equipment** Life-sustaining equipment** Orthotics and Prosethics
• 1 1
Diabetic Supplies Other: Bonc Mircon Aspair ation nealles, Flattet Ricon Prom **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 numbers registered to the business or its owner:

None		
	I	<u>_</u>
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 asso business or health care entity in which MDEG dispensed or distributed?		Yes 🗆 No 🗗
Are any of the owners health professionals?	lf 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), shareholder(s) or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes 🗆 No 🖾

This page must be submitted for all types of ownership.

2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes 🗆	No 🖾
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	Yes 🗆	No 😰
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes 🗆	No 🗗
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes 🗆	No 🕅

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

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

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

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

Adam Ferretti Print Name of Authorized Person

04	Dec 2019	
Date		

Board Use Only

Received: FEB 0 5 2020

Amount: <u>500.00</u>

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: New York
Parent Company if any: AR or the pedic Holdings, LLC
Corporation Name: Royal Biclogics, Inc
Mailing Address: 401 Hachen sack Ave, Svite 604
City: Hackensack State: NT Zip: 07601
Telephone: 201 - 488 - 1549 Fax: 270 - 721 - 6932
Contact Person: Adam Ferretti

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

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

5) Provide a copy of the corporation's stock 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.

2)

3)

4)

292

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES ANNUAL REPORT CERTIFICATE

ROYAL BIOLOGICS INC. 0450132116

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for ROYAL BIOLOGICS INC. was submitted on 08/16/2019 for the year: 2019

Registered Agent and Office

SALVATORE LEO 401 Hackensack Ave Suite 604 Hackensack, NJ 07601

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Main Business Address

401 Hackensack Ave Suite 604 Hackensack, NJ 07601

Principal Business Address

401 Hackensack Ave Suite 604 Hackensack, NJ 07601

Officers and Directors

CHIEF EXEC. OFFICER (CEO) SALVATORE LEO 401 Hackensack Ave Suite 604 Hackensack, NJ 07601

PRESIDENT DEMETRIOS SOTEROPOULOS 401 Hackensack Ave Suite 604 Hackensack, NJ 07601

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES ANNUAL REPORT CERTIFICATE

ROYAL BIOLOGICS INC. 0450132116



Certificate Number : 2421570043 Verify this certificate online at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, this 16th day of August, 2019

Slup A Men

Elizabeth Maher Muoio State Treasurer

Royal Biologics, Inc List of Officers and Directors

Salvatore Leo – Chief Executive Officer Demetri Soteropoulos – President Jennifer Hoeffler – VP of Operations Adam Ferretti – Director of Quality



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMAT	IVEL	YUł	K NEGATIVELY AMEND	FXTE	ND OR ALT	ED THE CO	VEDACE AFEODOED	TE HO	T DOLLOUND
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.										
	SUBROGATION IS WAIVED, subjection subjection of the subjection of	ι το τΓ	те те	rms and conditions of the	no noli	rv certain n	oligion move	NAL INSURED provision require an endorsemen	ns or be it. A si	e endorsed. atement on
PRC	DUCER		Cen	incate fiolder in field of s	CONTA)			
	\USER 05 E. Galbraith Rd, Ste 9000				PHONE	o. Ext): 513-93	6-7386	FAX	513-98	4 7000
	ncinnati OH 45236					ss: willis@th			010-90	4-7000
								RDING COVERAGE		NAIC #
					INSURI	RA: CNA Ins			<u> </u>	NAIC #
	ired yal Biologics Inc.	ROYA	BIO-01		INSUR					
Alp	ha Spine Corp.				INSURE	RC:				
	Orthopedic Holdings, LLC 1 Hackensack Avenue Suite 604				INSURE	R D :				
Ha	ckensack NJ 07601				INSURE	RE:				
<u> </u>	VERAGES				INSURE	RF:				
			ATE	NUMBER: 1158835492				REVISION NUMBER:		
Ĉ	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT		THE INSURANCE AFFORD		Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPE		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs.	
Α	X COMMERCIAL GENERAL LIABILITY			6025089857		1/15/2019	1/15/2020	EACH OCCURRENCE	\$ 2,000	000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,0	
								MED EXP (Any one person)	\$ 10,00	
								PERSONAL & ADV INJURY	\$ 2,000	,000
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$ 4,000	,000
								PRODUCTS - COMP/OP AGG	\$ Exclu	ded
A		┥─┤							\$	
~	ANY AUTO			6025089857		1/15/2019	1/15/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
								BODILY INJURY (Per person)	s	
	X HIRED X NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE		
	AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR								\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION S							AGGREGATE	S	
	WORKERS COMPENSATION							PER OTH- STATUTE ER	S	
	AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE									
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						-	E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	s	
A	Products Liability			ADT 6076090275		1/15/2019	1/15/2020	Per Occurrence	\$	0.000
								Aggregate	\$5,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
					-		,	-,		
CEF					CANC	ELLATION				
	For Informational Purposes	only	1		THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.	ANCELLI Be del	ed Before Ivered in
		-		ł	AUTHOR	ZED REPRESEN	TATIVE			
	• • •				~					
	1				O.	M. Wor	nall			

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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: Sleep Management, L.L.C.							
Physical Address: 11801 North Tatum Blvd., Suite 140, Phoenix, AZ 85028 (This must be a business address, we cannot issue a license to a home address)							
Mailing Address: <u>625 E. Kaliste Saloom Road</u>							
City: LafayetteState: LAZip Code:70508							
Telephone: (337) 504-3802 Fax: (337) 504-4409							
E-mail: <u>bstoute@viemed.com</u> Website: <u>www.viemed.com</u>							
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> Fri:_							
<u>9am to 4pm</u> Sat: <u>to</u> Sun: <u>to</u> Holidays: <u>to</u>							
MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis							
Name: Richard Kovacik							
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: Annie Taylor, RRT Assistive Equipment Dassistive Equipment Parenteral and Enteral Equipment** Orthotics and Prosethics Other:							

This page must be submitted for all types of ownership.

2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes 🗆	No 🔳
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	Yes 🗆	No 🗃
4)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Yes 🗆	No 🗊
5)	Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes 🗆	No 🔳

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

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

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

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

Daniel Brett Stoute

Print Name of Authorized Person

Date

Board Use Only

Received: 2-10-2020

Amount: 00.00

Page 3

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION LLC

State of Incorporation: Louisiana		
Parent Company if any: VieMed, Inc.		
Corporation Name: Sleep Manageme		
Mailing Address: 625 E. Kaliste Salo		
City: Lafayette	State: Louisiana _{Zip:} 70508	
Telephone: 337-504-3802	Fax: 337-504-4409	
Contact Person: Brett Stoute		
		-

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	
b)			
	Name	Address	
c)			
	Name	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?
- 5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non-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.

List of officers and directors.

				Clie	ent	¥: 19	9464	54			518VI	EMEINC		
	40	CORD		CER	TI	FI	CA	TE OF LIABI	LIT	Y INSI	URANO	CE [•	M/DD/YYYY) 2020
C B R	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.													
lf th	SUB	ROGATION Is ertificate does	S WA	AIVED, subje	ct to	o the	e tern	FIONAL INSURED, the pol ns and conditions of the p certificate holder in lieu o	policy, of such	certain polic endorseme	cies may requ	. INSURED provisions o uire an endorsement. A	or be er statem	ndorsed. ent on
Мс	PRODUCER CONTACT Kristine LeBlanc CIC,CMIP,CISR McGriff Insurance Services PHONE (A/C, No, Ext): 337 314-8949 FAX (A/C, No): 337-234-0776													
	0 Jo te 5	ohnson Stre	et 51	th Floor					E-MAIL	_{ss:} kristine.	.leblanc@m	cgriffinsurance.com		
		tte, LA 7050	3									FORDING COVERAGE		NAIC #
INSU				·							ark Insurance s Indemnity C			41394
		Viemed,	Inc.,	, Sleep Man	age	eme	nt, L	LC dba			s Indemnity C			25682 25658
		-		ne Sleep De	live	ered	, LL	c	INSURE		s indefinity o	ompany		23030
		202-A N.							INSURE		·	· · · · ·		
		Lafayette	e, LA	70506					INSURE	RF:		· · · · · · · · · · · · · · · · · · ·		
		AGES						NUMBER:				REVISION NUMBER:		
IN CI E)	DICA ERTIF	TED. NOTWIT	HSTA E ISS	NDING ANY I SUED OR MAY	REQ (PE CH	UIRE ERTA POLI	IN, 1 CIES	RANCE LISTED BELOW HAV T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY D BY TI	CONTRACT OF HE POLICIES	R OTHER DOO DESCRIBED F BY PAID CLAI	CUMENT WITH RESPECT	TO WH	ICH THIS
INSR LTR		TYPE OF	INSUR	RANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X	COMMERCIAL G	ENER	AL LIABILITY				D1018G314013		08/01/2019	08/01/2020	EACH OCCURRENCE	s 1,00	0,000
		CLAIMS-MA	DE	X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,00	0,000
					_							MED EXP (Any one person)	s 5,00	0
				001152 052	_							PERSONAL & ADV INJURY	s 1,00	
	24	I'L AGGREGATE L	RO-									GENERAL AGGREGATE	+	0,000
	X	POLICY JE	ECT	LOC								PRODUCTS - COMP/OP AGG	s 3,00 s	0,000
С	_	OMOBILE LIABILI	TΥ					8105N822729		08/01/2019	08/01/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	s s s	0,000
		OWNED AUTOS ONLY HIRED AUTOS ONLY	x	SCHEDULED AUTOS NON-OWNED AUTOS ONLY								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	S S	
A		UMBRELLA LIAE		V		_		118404050000					S	
~	x	EXCESS LIAB	' F	X OCCUR CLAIMS-MA				UM101850236		08/01/2019	08/01/2020	EACH OCCURRENCE		0,000
	~	1.1	ENTIC		DE							AGGREGATE	s 5,00	0,000
в	WOR	KERS COMPENS	ATION	4				UB1L76006A19I2G		08/01/2019	08/01/2020	X PER OTH-	S	
	ANY	EMPLOYERS' LIA PROPRIETOR/PA	RTNE									E.L. EACH ACCIDENT	s 1,00	0.000
	(Мал	CER/MEMBER EX idatory in NH)	CLUU	ED?		N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes DES(s, describe under CRIPTION OF OPE	RATI	ONS below								E.L. DISEASE - POLICY LIMIT	s 1,00	
Α	Pro	fessional Li	ab					D1018G314013		08/01/2019	08/01/2020	Included in GL Limi	ts	
DES	RIPT	ION OF OPERATIO	ONS /	LOCATIONS / VE	HICI	ES /4	COBI	101. Additional Remarks School	lle mav	e attached if m	ore space is recti	irad)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) (See Attached Descriptions)														
CEF	TIFI	CATE HOLDE	ER						CANO	ELLATION				
		Nevada	a Sta mon	ate Board o ate Ranch P			nacy	,	SHO THE	ULD ANY OF	N DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E LICY PROVISIONS.		

AUTHORIZED REPRESENTATIVE

William Quinlan

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Reno, NV 89521

DESCRIPTIONS (Continued from Page 1)

Schedule of Locations: 202-A N. Luke Street, Lafayette LA 70506 202-B N. Luke Street, Lafayette LA 70506 2426 Jake Drive, Suites 1, 2 & 3, Opelousas LA 70570 1192 Long Hollow Pike, Gallatin TN 37066 447 Call Road, Suites 211 & 212, Charleston WV 25312 1902 Corona Road, Suite 101, Columbia MO 65203 6605 Abercorn Street, Suites 107 D&E, Savannah GA 31405 8201 Ranch Boulevard, Suite B-1, Offices 1 & 8, Little Rock AR 72223 16903 Red Oak Drive, Suite 172C, Houston TX 77090 9726 E. 42nd Street, Suites 133 & 135, Tulsa OK 74146 1169 Eastern Parkway, Suite 1259, Louisville KY 40217 11801 N. Tatum Blvd, Suite 140, Phoenix AZ 85028 232 Market Street, Suites 247 & 249, Flowood MS 39232 720 S. Colorado Blvd., Penthouse North, Suite# 1375/1376, Denver CO 80246 11 North Water Street, Suite 10290, Unit #1066/1067, Mobile AL 36602 1414 Eraste Landry Road, Lafayette LA 70506 625 E. Kaliste Saloom Road, Lafayette LA 70508 200 S. Virginia, Suite 829, Reno NV 89501 1050 SW 6th Avenue, Suite 1100, Portland OR 97204 625 E. Kaliste Saloom Road, Suite 200S, Lafayette LA 70508

As Genetary of Plats of the State of Douisiama I do hereby Certify that 高高 NAME OF AND OF AND OF AND OF ô R. Ryle Ardoin SECRETARY OF STATE

SLEEP MANAGEMENT, L.L.C.

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on July 07, 2006,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 29, 2020

Certer &

Georetary of State Web 36222810K



Certificate ID: 11163203#3CF52

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Fillings, Validate a Certificate, then follow the instructions displayed.

Page 1 of 1 on 1/25/2020 11:28:23 AM

Y

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
 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: RedHill Biopharma, Inc.

Physical Address: 8045 Arco Corporate Drive, Suite 200

City Raleigh

_State: NC Zip Code: 27617

Telephone Number: (984) 444-7010

Fax Number: (984) 538-0422

Toll Free Number: (844) 786-9559

E-mail: REL@slsny.com Website: www.redhillbio.com

Facility Manager: Craig Robert Miller

Professional qualifications and experience of facility manager: <u>Hire, train, manage and evaluate the</u> <u>performance of assigned warehouse employees; assign workloads to warehouse workers. Effectively manage</u> orders, adhering to quality and safety standards.Management of the home office and the secure warehouse. <u>Types of licensed outlets or authorized persons firm will serve:</u>

X	Pharmacies	Practitioners	Hospitals	Wholesalers
X	Other: Distributors		·	

Type of Products to be handled or wholesaled by firm:

X	Legend Pharmaceuticals, Supplies or Devices	Hypodermic Devices
		Veterinary Legend Drugs
	Controlled Substances (include copy of DEA)	,
Π	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)	Labeler Code: 57841

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: Cosmo S.P.A		
Address: Lainate, Milan, Italy		
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
A licensee is not required to have a Nevada State Business License, however please provide the number: <u>N/A</u>	ver, 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 🗆 N	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 🗆 N	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 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

1	Craig	I Robe	ert N	liller			
Ī	Print	Name	of A	uthor	ized	Per	son

12 · 5 · 2019 Date

Board Use Only Date Processed: 2-10-2020 Amount: 500	Board Use Only	Date Processed: 2-10.2020	Amount: <u>5</u>	500 -	
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Page 3

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State o	of Incorporation: DE		
Parent	Company if any: RedHill Biopharn	na Ltd	
Mailing	Address: c/o State License Servic	ing	1751 State Route 17A, Suite 3
City: Fl	lorida	_State: <u>NY</u>	Zip: 10921
Teleph	one: (845) 544-2482	_Fax: <u>(845)</u> 544-	2481
Contac	ct Person: Jennifer Schneider		
For any	y corporation non publicly traded,	disclose the follo	wing:
1)	List top 4 persons to whom the sh	ares were issued	by the corporation?
	a) RedHill Biopharma Ltd	21 HaArba	a's Street Tel Aviv, Israel 6473921
	Name	Business A	ddress
	b)		
	Name	Business A	ddress
	c)		
	Name	Business A	ddress
	d)		
	Name	Business A	ddress
~			

- 2) Provide the number of shares issued by the corporation. <u>100% Owned by RedHill Biopharma Ltd</u>
- 3) What was the price paid per share? 100% Sole Owner No Shares Issued

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: <u>N/A</u>

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.



Corporate Address: 8045 Arco Corporate Drive, Suite 200, Rateigh, NC 27617 USA FEIN: 81-5095681 www.redhillbio.com

FACILITY INFORMATION Code	l Address		FDA	DEA	DUNS	VAWD	Phone	Fax
200	8045 Arco Corporate Drive Suite 200 Raleigh, NC 27617 County: Wake County		NIA	N/A - No CS	080638524	N	(984) 444-7010	(984) 538-0422
FACILITY DESIGNATED REPRESENTATIVES Name Address	REPRESENTATIVES Address	Title		Prescribing Authority				
Craig Robert Miller	Colin Hill Ct. Wake Forest, NC 27587-8074	VP, Trade Relations		N				
OWNERSHIP Name	Address	Title	Percent of Ownership	Prescribing Authority				
RedHill Biopharma Ltd	2 HaArba's Street Tel Aviv, 6473921 Israel		100					
LIST OF OFFICERS Name	Address	Title		Prescribing Authority				
David Kai Wasserman	1 V Frank Lloyd Wright Blvd. #1084 Scottsdale, AZ 85260	VP of Compliance	9 9 9	N				
Craig Robert Mitler	Colin Hill Ct. Wake Forest, NC 27587-8074	VP, Trade Relations		No				
REGISTERED AGENT IN Name	REGISTERED AGENT IN ALL APPLICABLE STATES Name							
Incorp Services								
3PLS Name	Address	Title		Prescribing Authority				
Transfer 1 16- California	APDA MALLELLA D							

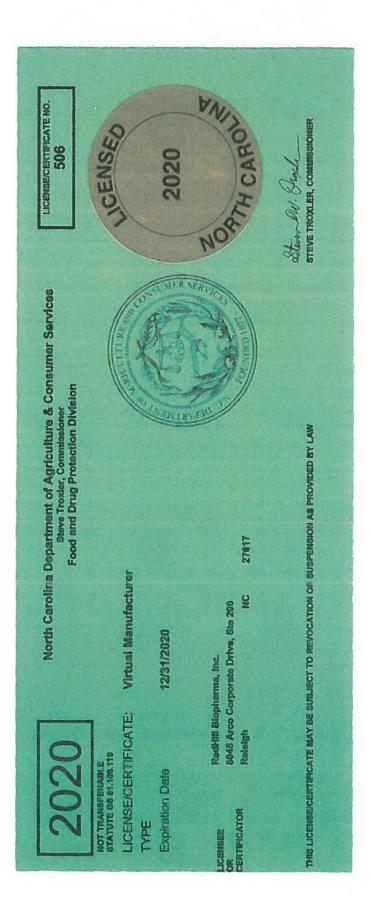
For licensing issues, please contact State License Servicing, LLC (845) 544-2482 REL@slsny.com

4580 Mendenhall Road Memphis, TN 38141

Eversana Life Science Services LLC Company309 Particulars

Page 1 of 1

Home Stat



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01/23/2020

To State licensing,

RedHill Biopharma, Ltd., with DUNS# 533278342 has already been assigned Labeler Code 57841. Please note that the FDA has given guidance that the same labeler code can be used for multiple sites if they are under one company (parent, subsidiary, and/or affiliate). In this case, RedHill Biopharma, Inc. with DUNS# 080638524 is a wholly owned subsidiary of RedHill Biopharma, Ltd., and thus qualifies to use Labeler Code 57841.

The Labeler Code belongs to the company that owns the brand or NDA, which RedHill Biopharma Ltd. does in the case of Talicia. If the company has multiple sites, each site must have its own DUNS number, but may operate under the same Labeler Code. Just to clarify, DUNS are site-specific and labeler codes are company-specific.

Best regards,

Craig Miller

Craig Miller Vice President, Trade Channel RedHill Biopharma, Inc.

REDHILL BIOPHARMA, INC.

- 8045 ARCO CORPORATE DRIVE SUITE 200 RALEIGH, NC 27617
- 984-444-7010
- 🖤 WWW.REDHILLBIO.COM

From:	Reggie Williams (Quality)
To:	Reggie Williams (Ouality)
Subject:	RE: New Labeller code requried for the new product RedHill
Date:	Friday, January 17, 2020 12:46:00 PM
Attachments:	image001.png

Hi Pat,

FDA does not issue site-specific labeler codes anymore. They now want companies to use the same labeler code for multiple sites, subsidiaries, etc.

[Company] with DUNS [xxx] has already been assigned Labeler Code [12345]. Please note that the same labeler code can be used for multiple sites if they are under one company (parent, subsidiary, and/or affiliate). The labeler is usually the company that owns the brand, and the company most likely associated with the LC. If the company has multiple sites, each site must have its own DUNS and FEI number, but may operate under the same Labeler Code (LC). Just to clarify, DUNS and FEI are site-specific and labeler codes are company-specific.

It is acceptable to have the labeler code under the parent company (Ltd.) and market products using Inc.

Regards, Jordan

Reggie Williams, CQA, CQM/OE Vice President, Quality RedHill Biopharma 8045 Arco Corporate Drive, Suite 200 Raleigh, NC 27617 Office: 984-238-2531 Cell: 919-723-7631 rwilliams@redhillus.com

www.redhillbio.com



From: Patricia Anderson <patricia@redhillbio.com>Sent: Thursday, January 16, 2020 1:28 PMTo: Reggie Williams (Quality) <rwilliams@RedHillus.com>

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Q Search

FDA U.S. FOOD & DRUG

- Home / For Industry / FDA Resources for Data Standards / Structured Product Labeling Resources / NDC/NHRIC Labeler Codes

NDC/NHRIC Labeler Codes

🖡 Share 🔰 Tweet in Linkedin 🕿 Email 🗗 Print

Structured Product Labeling	181 De la compara de la compar
Business Entity Identifiers This	$ \begin{bmatrix} 1 & 1 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 &$
Business Operation	AAAAA - A 57841 B C D E F O H -
Business Operation Qualifier	
Code System Object Identifiers	
Combination Product Types	4416 STR12514 A most solved thanking a solved thanking a solved thanking a solved thanking Mitryoo Pharmatice JLII 4416 STR1251 Physical Relevancing LLII. 4416 STR1251 Physical Physical Relevancing Llii a solved than a solved that a solved
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77781 Prompicare Companies Inc. 127782 Bausch & Lomb Incorporated	
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7845 Second Pharma Co., Ltd. 7850 Pharmier Broceuticais LLC	
157857 Shipazhuang Wuyue Pharmaceutical Factory 157858 Haeae B.V.	
57831 Gatena Biopharma, Inc. 157833 Brave Pharmaceuticata, LLC	
12/2894 Jansson Biolecti, Inc.	
27910 Shasun Pharmacoutstats Limited 127811 Hebbel Huari Pharmacoutstal Co.	
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NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION

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

REDHILL BIOPHARMA INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 25th day of January, 2017.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.





Scan to verify online.

Certification# 105901272-1 Reference# 15704017- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of December, 2019.

Elaine I. Marshall

Secretary of State

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. 0766231	a waa af isaa u aan la ah a		
Application/License No.	LICENSE APPLIED FOR		
REDHILL BIOPHARMA, INC.	, doing or intendi	ing to do business a	sa
Applicant/Principal			
pharmaceutical wholesa	ler, whose address for purpose	es of service is	
8045 ARCO CORPORATE DRIVE, S			-, as
	Address of Applicant/Principal		
PRINCIPAL and INTERN	ATIONAL FIDELITY INSURANCE COMPAN	, a	
	Surety Company	,	
corporation organized ur	nder the laws of the state of	NEW JERSEY	
corporation organized a		State of Incorporation	
and authorized to transa	ct a general surety business ir	n the State of	
	or a general earery seemeers		
	for numbers of convice is		
	for purposes of service is		
ONE NEWARK CENTER, 20TH FL			as
	Address of Surety		
SURETY, are held and f	irmly bound unto the State of I	Nevada and to the N	Vevada
State Board of Pharmac	y for the penal sum of ONE HI	UNDRED THOUSA	ND
DOLLARS (\$100.000.00), for which payment we bind	ourselves, our heirs	executors.
	ors and assigns jointly and sev	erally by these pre-	sents This
auministrators, successo	As and assigns jointly and bev	1 2010	
bond term shall become	effective on SEPTEMBER	Data	
	Effective	Uale	

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

APPLICANT/PRINCIPAL REDHILL BLOPHARMA, INC.

Authorized Representative

SIGNED and SEALED in the presence of:

te Herrs

SURETY-COMPANY INTERVATION OMPANY AL FIDELITY INSERT Surety Company's Repres

DAVID C. JOSEPH print name

, Attorney-in-fact

SIGNED and SEALED in the presence of

Witness

Witness

Witness

Countersigned by:

Witness

Nevada Resident Agent

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

LINDA C. SHEFFIELD, CONWAY C, MARSHALL, STEPHEN BEAHM, DAVID C. JOSEPH, JESSICA PALMERI, MARGARET SCHATZMAN, ROXANNE CRAVEN, ANDREA BECKER, CLARK P. FITZ-HUGH, DARLENE A. BORNT, CATHERINE C. KEHOE, KRISTINE DONOVAN, ELIZABETH W. KEARNEY

New Orleans, LA

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 Altorney 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, 2016





Executive Vice President (International Fidelity Insurance Company) and Vice President (Allegheny Casualty Company)

George R. James

before me came the individual who executed the preceding instrument, to me personally known, and, On this 31st day of December 2016 being by me duly swom, 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.

OF NEW JUNIO

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, August 28, 2019

STATE OF NEW JERSEY County of Essex

Maria A. Branco

A00586 International Sureties Ltd

4Z

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 curre	ent 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	

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Kaiser Foundation Hospitals	
Physical Address: 5800 Coliseum Way	
City: Oakland , CA State: CZip (Code: <u>94621</u> Telephone
Number: 510-434-5858 Fax	Number: <u>510-434-5804</u>
Toll Free Number: <u>N/A</u>	
E-mail: perry.lau@kp.org Website: _t	nealthy.kaiserpermanente.org
Facility Manager: Perry Lau	
Professional qualifications and experience of facility distribution and facility management. See attached resume.	manager: Over 15 years of experience in wholesale
Types of licensed outlets or authorized persons firm	will serve:
Pharmacies Practitioners Other:	☑ Hospitals
Type of Products to be handled or wholesaled by firm	<u>n:</u>
 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?	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 \Box No \Box

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Hikma Pharmaceutical	
Address: 401 Industrial Way West, Eatontown, NJ 207724	_
Name: Glaxo Smithkline	
Address: One Franklin Plaza, Philadelphia, PA 19102	
Name: Eli Lilly & Co	
Address: 916 Mutal Savings Building, Pasadena, CA 91101	
Name: Sandoz, Inc.	
Address: 2555 West Midway Blvd., Broomfield, CA 80020	
A licensee is not required to have a Nevada State Business License, however, if you d please provide the number: <u>N/A</u>	0,
 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 □ N 	0 🛛
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?	0 🛛

This page must be submitted for all types of ownership.

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

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

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

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

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

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of periury, 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

Print Name of Authorized Person

11/12/2019 Date

Board Use Only

Date Processed: FEB 0 5 2020

Amount: _500

Page 3

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation: DE				
Paren	t Company if any: <u>N/A</u>				
Mailin	g Address: 5800 Coliseum Way				
City:	Dakland	State	CA	Zip [.]	94621
Telep	hone: 510-434-5858		510-434-5804	15.	
	ct Person: Perry Lau				
For ar	ny corporation non publicly traded, o	disclos	e the following:		
1)	List top 4 persons to whom the sha	ares w	ere issued by t	he c	orporation?
	a) N/A - Registered as a non-profi	t publi	c benefit corpo	ratio	n. No owners/members.
	Name		Business Address		
	b) <u>N/A</u>				
	Name		Business Address	s	
	c) <u>N/A</u>				
	Name		Business Address	s	
	d) <u>N/A</u>				
	Name		Business Address	;	
2)	Provide the number of shares issu	ed by f	he corporation	0	
3)	What was the price paid per share	? 0			

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: <u>N/A</u>

Include with the application for a non publicly traded corporation

List of officers and directors

<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.

Kaiser Foundation Hospitals, Inc. List of Officers

Corporate Officers	Office Address	
Troy Smith, Executive Director, National Warehousing and Logistics	۶ E. Walnut Street Pasadena, CA 91188	
Joseph Montero, Assistant Director, Pharmacy Materials Services	Dalen Street Downey, CA 90242	

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KAISER FOUNDATION HOSPITALS

FILE NUMBER:C0224971FORMATION DATE:02/20/1948TYPE:DOMESTIC NONPROFIT CORPORATIONJURISDICTION:CALIFORNIASTATUS: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:

KAISER FOUNDATION HOSPITALS

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS: C0224971 02/20/1948 DOMESTIC NONPROFIT CORPORATION 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 June 21, 2019.

ALEX PADILLA Secretary of State

JJG

Wholesale Drug

LICENSE NO. WLS 4130 RECEIPT NO. 90790475

> KAISER FOUNDATION HOSPITALS 5800 COLISEUM WAY OAKLAND CA 94621

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

VALID UNTIL MAY 01, 2020

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

03/22/19



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 No070209564	
Application/License No. <u>n/a</u>	
KAISER FOUNDATION HOSPITALS , doing or intending to do business as	a
Applicant/Principal pharmaceutical wholesaler, whose address for purposes of service is	
5800 Coliseum Way Oakland, CA 94621 Address of Applicant/Principal	_, as
PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY , a	
Surety Company	
corporation organized under the laws of the state of Massachusetts	
State of Incorporation	
and authorized to transact a general surety business in the State of	
Nevada, whose address for purposes of service is	
175 Berkeley Street. Boston MA 02116	as
Address of Surety	
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada and to	evada
State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND)
DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, e	xecutors,
administrators, successors and assigns jointly and severally, by these pres	

bond term shall become effective on <u>01/06/2020</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.

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 6th day of January , 20 20 .

APPLICANT/PRINCIPAL

SURETY

LIBERTY MUTUAL INSURANCE COMPANY

COMPANY KAISER FOUNDATION HOSPITALS

Authorized Representative

Surety Company's Representative

Marina Tapia print name

____, Attorney-in-fact

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness ¿Dohna Garcia

WAH Samantha! Fazzini

Countersigned by: Maseria Betsy Jypic

Nevada Resident Agent Marina Betsy Tapia Non-Resident Producer License No.: 884868

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

County of Los Angeles

On <u>JAM 0 6 2020</u> before me, <u>Meghan Hanes, Notary Public</u>, personally appeared <u>Marina Tapia</u> who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/shc/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), 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.

MEGHAN HANES COMM. #2280722 Hotary Public - California Los Angeles County Comm. Expires Mar. 12

WITNESS my hand and official seal.

Signature My Signature of Notary Public



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.

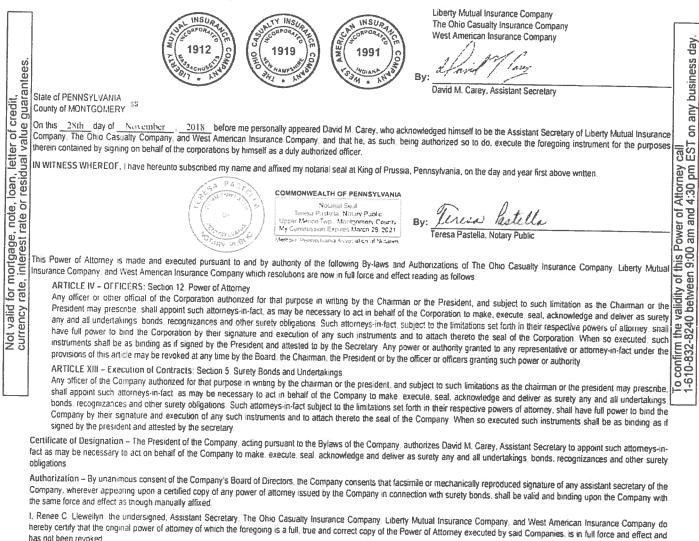
> Liberty Mutual Insurance Company The Ohio Casualty Insurance Company West American Insurance Company

Certificate No: 8198054-024029

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casually 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, <u>B. Aleman,</u> <u>Tracy Aston, Thomas Brangan, Lisa K. Crail, Ashraf Elmasry, Samantha Fazzini, Donna Garcia, Simone Gerhard, April Martinez, Rosa E. Rivas, Paul Rodriguez,</u> Edward C. Spector, Marina Tapia, Nathan Varnold, KD Wapato

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 28th_day of November______2018____



IN TESTIMONY WHEREOF. I have hereunto set my hand and affixed the seals of said Companies this



LMS-12873 LMIC OCIG WAIC Multi Co_062018

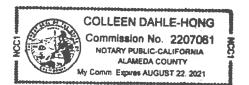
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California County of Alameda)
on January 9,2020	before me, Collern Dalle-Hong, Natary Public.
Date	Here Insert Name and Title of the Officer
personally appeared	David Bell
	Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that (he/she/they executed the same in fis/her/their authorized capacity(jes), and that by fis/her/their signature(s) on the instrument the person(s), 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, Signature of Notary Public

Place Notary Seal Above

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 Novada State Title or Type of Document: Pharmaceut Lag Wh	rence to anot part
Document Date: Effective on Office/2020 Signer(s) Other Than Named Above: NO other St	Number of Pages:
Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other:	Signer's Name: Corporate Officer — Title(s): Partner — C Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Bepresenting:

©2015 National Notary Association - www.NationalNotary.org - 1-800-US NOTARY (1-800-876-6827) Item #5907

MCP ID#1858399

Pharmacy Distribution Center Manager Oakland Pharmacy Distribution Center California Pharmacy Materials Services 5800 Coliseum Way Oakland CA 94621 510-434-5858 (Oakland Office) 8-498-5858 925-294-5560 (Livermore Office) 8-453-5560 E-mail:Perry.Lau@kp.org

Pharmacy Experience

9/09 to Present Pharmacy Distribution Center Manager Oakland Pharmacy Distribution Center Pharmacy Repack Center

Main Responsibility

- Responsible to provide pharmaceutical product and supply distribution service to Northern California Pharmacies, Southern California Downey Distribution Center, National Specialty Drug Pharmacy Program, all Distribution Centers and Pharmacies for Regions Outside of California. OPDC also provide Drug Wholesaler service to Group Health in Seattle Washington, a Non-Kaiser Health Care Partner.
- Lead a high performance operation team consisted of one BOP Licensed Assistant Manager, four BOP Licensed Production Supervisors, one Customer Service Supervisor, two Procurement Specialty Pharmacists, more than 50 Warehousemen, 12 Pharmacy Department Clerks and Procurement Specialists. Operation hours are from 7AM to 2:30AM Sunday to Thursday.
- OPDC maintains in average of \$200 to \$240 Million Pharmacy Inventory as of 2013.
- OPDC completed annual physical inventory in 2009 with variances of -\$345.97, in 2010 with variances of -\$345.97 and in 2012 with variances of +\$25.11.
- OPDC shipped and received drug products for \$40 to \$50 Million monthly in 2012.
- Significant reduction of NCAL Pharmacy and Clinic order claims from 2009 of 0.081% to 2012 of 0.040%.
- Significant reduction of Out of Region Pharmacy and Distribution Centers order claims from 2009 of 0.34% to 2012 of 0.17%.
- OPDC is Board of Pharmacy licensed for California, Oregon, Washington State, Colorado, Mid Atlantic, Hawaii and a Non-Kaiser Health Care Partner, Group Health in Seattle Washington.
- Since 2009, OPDC completed many regulatory visits and inspections including FDA, DEA, OSHA, various State and County inspections with no major deficiencies. Many internal and external SOX audits were also performed with no major deficiencies or recommendation. OPDC completed quarterly internal pharmacy audits with no major deficiencies since 2009. OPDC received full Accreditation of VAWD (Verified-Accredited Wholesaler Distributors) from National Association of Boards of Pharmacy in 2010 which recognized Drug Distribution Centers to meet and exceed Federal and State regulatory compliance standards. We are currently in a process to renew our VAWD as required every 3 years.
- Responsible to monitor local Medical Center Pharmacy and Clinic GRX drug returns and appropriate recharges and credits are completed on time.
- Significant improvement of People Pulse Survey from ~60% in 2009 to ~80% in 2012.

Additional Responsibility – Pharmacy Repack

- Responsible to ensure Kaiser National Drug Repackaging Department to align with National Pharmaceutical Contracting and Strategies for drug contracting programs. Provide service support and product demands for NCAL Outpatient, Inpatient, Consolidated Prescription Pharmacy Service, facility with Local Automation, SCAL Downey Distribution Center and Out of Region Pharmacies.
- Pharmacy Repack maintains Kaiser FDA drug labeler codes and NDC registration, issues unique NDCs for internal produced drug products and products produced by our external contracted repackagers. All contracted repackagers are inspected and audited regularly by Repack Pharmacy Management Team to ensure FDA, DEA and cGMP compliance.
- Pharmacy Repack product catalog includes drug package sizes not available commercially in Outpatient setting, solid and liquid unit dose for Inpatient setting and reverse bulking service for CPP and Facilities with Local Automation. Annual production is between 4 to 5 Million packaging units as of 2012.
- Operations consist of One Repack Manager, One Quality Assurance Pharmacist; two BOP licensed Production Supervisors, One Department Clerk and 20+ Repackagers.
- Pharmacy Repack is CDPH licensed, FDA and DEA registered drug repackaging facility. Since 2006, both FDA and DEA have routinely visited Pharmacy Repack for inspection with no citations or any major deficiencies.
- Pharmacy Repack completed the Regional Internal Audit in 2009. In additional to meet all business, financial and security compliance, Repack Pharmacy complied with all regulatory requirement including Title 21 CFR 201.11 and cGMP compliance with no deficiency.
- Repack currently has met and exceeded Pharmaceutical Industry World Class Overall Equipment Efficiency (OEE) with more than 40% vs. 35% in the Pharmaceutical Manufacturing Industry.
- Significant improvement of People Pulse Survey from ~78% in 2009 to ~98% in 2012.

9/06 to 9/09 Pharmacy Repack Manager Livermore Regional Office (See Above)

4/06 to 8/06

Special Project Manager for National Specialty Drug Pharmacy – Kaiser Daly City Medical Center

- Responsible to lead, design and implement a brand new Specialty Drug Pharmacy in NCAL to currently provide specialty drug service to Kaiser Pharmacies and members nationwide.
- After the project was assigned, Specialty Pharmacy was in operational within only 4 months including pharmacy site selection with TPMG and local Administration support, licensing, workflow and dispensing design, pharmacy system integration, inter-regional accounting setup, product selection planning, service implementation phases, clinical care and drug delivery logistic.
- Responsible to design and implement a new clinical database program which was able to manage confidential patient profile and records, comply with specialty drug FDA and Manufacturer clinical care requirement and risk maps. Worked with IT programmer to complete the database program in 3 months. The database program provided the pathway to Pharmacy Analytical Services for the development of the new Specialty Drug Pharmacy Processing System.
- Developed staffing requirement, hiring of the Pharmacy Manager and supporting staff was completed in 3 months.
- Worked with local Medical Center IT website development team to develop the first Specialty Drug Pharmacy Website using Kaiser Daly City Medical Center Portal.
- Pharmacy officially opened on time as expected in August, 2006.

10/05 to 9/06

CPP Operation Manager – Procurement, Inventory Management and Delivery Services

- Responsible to manage drug inventory procurement and supply, QMSI inventory.
- Responsible to manage drug and expense invoices and timely payment.
- Responsible to work with Pharmacy Finance and Inventory for count preparation, vendor count
 process and logistic, staffing and completion of the annual physical inventory on time with
 minimum variances.
- Responsible to manage A Frame, automated dispensing cell replenishment logistic, sorting system, daily pharmacy delivery tasks, common courier and USPS mail order logistic and service.

- Worked with Kaiser Transportation to ensure timely daily RX delivery to all NCAL pharmacies.
- Initiated and implemented new Sunday delivery in 2006.
- Provided support to extend operating hours for 24 hours production service to meet 24 hours order turnaround time expectation for the pharmacies.

10/06 - 10/07

Design and Complete Outpatient Down Time Database Program

- Responsible to develop Northern California PIMS downtime labeling program to minimize Outpatient Pharmacy service interruption during any PIMS system downtime
- Worked with Regional IT to complete the PIMS downtime labeling program packaging process (MWI SAT Tool) to allow a NCAL pharmacy wide implementation with maintenance free operations and minimum IT support.

9/99 -- 10/05

Pharmacy Service Manager - Fremont Medical Center

- Managed 5 Outpatient Pharmacies and Hospital Discharge Pharmacy.
- Fremont Pharmacies had consistently provided excellence Pharmacy Service which was demonstrated by the Member Patient Satisfaction Score and Pharmacy Satisfaction Survey.
- Responsible to plan and implement local eRX. Worked closely with local TPMG, Administration and local IT Team to provide eRX training support for Fremont Medical Center care providers.
- Fremont Medical Center was consistently one of the highest eRX utilized Medical Center before the implementation of Health Connect.
- Responsible to develop plan, startup logistic and hiring manager and supporting staff to open Fremont Hospital Inpatient Pharmacy to provide new Inpatient Pharmacy Service in Fremont Medical Center.
- Responsible to plan and implementation of to PC to Fax (Pre-CPOE) ordering system and deployment of Pyxis Medstation and Pandora software.
- Worked with Fremont Hospital Administration to plan and implement after hours Pharmacy Services to ensure maximum patient care and satisfaction.
- Participated as one of the Outpatient Pharmacy Management Approving Committee Members to approve new PIMS system upgrades or releases.
- Managed all Fremont Pharmacy Ambulatory Care Service until the transition of the service management to Pharmacy Clinical Operations Manager.

11/04 -- 2009

Regional Pharmacy Managed Workstation Initiative (MWI) Project Manager

- Represented NCAL Pharmacy Division to roll out Managed Workstation Initiative (MWI) for Outpatient, Inpatient and Ambulatory Care Pharmacy NON-PIMS application or programs used for business or operations.
- Responsible to identify and determine if the local pharmacy applications (32 applications) were the candidates or qualified with appropriate conditions to be converted or upgraded in the MWI application database catalog.
- Responsible to approve application conversion and upgrades, determine alternative application for business owners if needed or retired and removed the affected applications from all Kaiser Computer Systems.
- Worked with IT and Contracted Programmers for application conversion, upgrades and UAT to meet Kaiser application system and security standard for long term business use.
- Worked with Regional and local IT to implement updated or new application with minimum or no service impact for the affected pharmacies.

9/00 - 9/01

Fremont Hospital Discharge Pharmacy – New Pharmacy Opening

• Successfully planned and completed all business and regulatory logistics to open New Fremont Discharge Pharmacy to provide discharge pharmacy service for Fremont Hospital patients.

7/99 – 1/00

• Worked as Interim Pharmacy Service Manager to manage 4 Outpatient Pharmacies, Inpatient Pharmacy and Pharmacy Clinical Services until the hiring of the new Outpatient Pharmacy Service Manager and Inpatient Pharmacy Director.

4/99 - 8/99

Member of Pharmacy Automation (1st Robotic Dispensing) Project Team - Oakland Medical Center

 Responsible to work with project team members to plan, identify requirement and implement a new prescription imaging system (Pharmacy 2000 from McKesson) and automated (Robotic-McKesson) prescription dispensing system in the pilot site.

4/98 - 9/98

Team Member Leader of the California Division Pharmacy Improvement Program Team (PIP)

 Responsible to lead NCAL East Bay PIP Team to implement pharmacy best practices to improve outpatient pharmacy services including waiting time, patient care, customer service, OTC sales, pharmacy inventory and cost effective operations.

12/95 -- 9/98 Assistant Pharmacy Service Manager - Oakland Medical Center

Responsible to Manage Oakland Main Hospital and MB Outpatient pharmacy.

9/97 - 1/98

Interim Inpatient Assistant Pharmacy Service Manager - Oakland Medical Center

 Worked as Interim Inpatient Assistant Pharmacy Service Manager to manage 24-hour Inpatient Pharmacy service, Discharge Pharmacy, Pharmacy Ambulatory Care Service including Oncology and Coumadin Clinic. Prepared, participated and passed JACHO review for 1998.

11/94 - 12/95	Outpatient Pharmacist-in-Charge - Walnut Creek Medical Center
11/93 - 11/94	Outpatient Pharmacist-in-Charge - Richmond Medical Center
12/91 - 11/93	Outpatient Staff Pharmacist - Richmond Medical Center
8/91 - 8/92	Outpatient and Inpatient Staff Pharmacist - Santa Teresa Medical Center
8/90 - 8/91	Outpatient and Inpatient Pharmacy Intern - Santa Teresa Medical Center
4/89 - 12/90	Outpatient Pharmacy Intern - Walnut Creek Medical Center

Education

1991-1992 University of California, San Francisco	Pharmacy Residency Program in Geriatric
1988-1991 University of the Pacific, School of Pharmacy	Doctor of Pharmacy
1984-1988 University of Nevada, Reno	Pre-Pharmacv/Business Administration

Professional Development/Training

UCSF Pharmacy Leadership Program	Pharmacy Leadership Institute
2004 CAMP Program	Regional Pharmacy
2000 Microsoft Certified System Engineer (MCSE)	Self-Study

Memberships in Professional Organizations/Community Groups

1988 - present	Member of the California Pharmacists Association
1988 - present	Member of the Kappa Psi Pharmaceutical Professional Fraternity Alumni

References

2005 2006

Lucian Cheng, Pharm D, Regional Pharmacy Service Manager – Regional Office (510)625-3836 Frank Choi, Pharm D, PRN Pharmacy Manager, Kaiser Permanente – Regional Office (510)816-2640 Calvin Wheeler, MD, Pharm D., Physician-in-Charge, Fremont Medical Center - GSAA (510)248-3111

A0734327

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF

KAISER FOUNDATION HOSPITALS

ENDORSED - FILED in the office of the Secretary of State of the State of California

NOV 05 2012

The undersigned certify that:

- 1. They are the President and the Assistant Secretary, respectively, of Kaiser Foundation Hospitals, a California nonprofit public benefit corporation.
- 2. The Articles of Incorporation of this corporation are amended and restated to read in their entirety as follows:

ONE: The name of this corporation is:

KAISER FOUNDATION HOSPITALS

TWO: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes. This corporation elects to be governed by all of the provisions of the Nonprofit Corporation Law effective January 1, 1980, not otherwise applicable to it under Parts 2 and 5 of Division 2 of Title 1 of the Corporations Code of the State of California.

THREE: This corporation is organized and shall at all times be operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), including specifically to improve the health of the communities it serves. Its activities include providing hospital, medical, and surgical care, including emergency services. extended care and home health care for members of the public without regard to the individual's ability to pay and in compliance with all applicable nondiscrimination requirements, including age, sex, race, religion, or national origin; engaging in activities designed to promote the general health of the communities it serves; educating and training medical students, physicians, and other health care professionals, and students in the healing arts; conducting, promoting and encouraging educational and scientific research in medicine and related sciences and medical and nursing education; and supporting the tax-exempt purposes of this corporation and its subsidiaries and of Kaiser Foundation Health Plan, Inc. and its subsidiaries. The corporation shall extend professional staff privileges to practitioners in the community.

1

709158 v1

FOUR: The corporation shall have no members.

FIVE: The corporation's Bylaws shall set forth the number of Directors.

SIX: The corporation's assets are irrevocably dedicated to charitable purposes. The corporation does not and shall not have the power to distribute gains, profits or dividends to its Directors or officers. Under no circumstances shall the corporation engage in any activities not permitted to be undertaken by an organization described in Code Section 501(c)(3). Moreover, the corporation shall not permit any part of its net earnings to inure to the benefit of any Director or officer of the corporation or to any other individual and shall not participate in, or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office. The corporation may compensate Directors and officers for the reasonable value of goods and services that they furnish to the corporation.

Upon the corporation's liquidation or dissolution, the Board of Directors shall, after paying or adequately providing for the corporation's liabilities, distribute the corporation's assets to one or more organizations organized and operated exclusively for charitable purposes meeting the requirements of California Revenue and Taxation Code section 214 and exempt from tax under Code Section 501(c)(3) or any amendment or successor thereto. The corporation's assets may not be distributed so as to inure directly or indirectly to the benefit of any Director or officer of the corporation, or to any other individual, or to any corporation, trust or organization whose net earnings inure to the benefit of any individual.

- 3. The foregoing amendment and restatement of Articles of Incorporation was approved by the Board of Directors of the corporation by unanimous written consent in lieu of a meeting effective October 19, 2012.
- 4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: November 5.2012

Bernard Tyson, President

Victoria Zatkin, Assistant Secretary

2

709158 v1

DATE: November /, 2012



NOV 06 2012

Date: DEBRA BOWEN, Secretary of States

4AA

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>00238</u> 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 1,2,3,8 			
GENERAL INFORMATION to be completed be all types of ownership			
Facility Name: Phoenix Assurance, LLC			
Physical Address: 4750 Pleasant Itill Road			
City: MemphisState: TNZip Code: 38118			
Telephone Number: 901 368 8940 Fax Number: 901 368 8990			
Toll Free Number:			
E-mail: <u>V parts e pa 3pl. COM</u> Website: <u>NWW. pa 3pl. COM</u> Facility Manager: <u>RITA Parts</u>			
Professional qualifications and experience of facility manager: BS Science with Chemistry Minor, 18 years in this facility with Varying owners			
Types of licensed outlets or authorized persons firm will serve:			
Pharmacies Practitioners Hospitals Wholesalers Other: Chinics			
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 in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes \Box No \Box

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: HIKMA PHANMACENTICALS USA INC.	
Address: 4750 Pleasant Hill Rood, Memphis, TN 38118	2
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
A licensee is not required to have a Nevada State Business License, however please provide the number: $\underline{N/A}$	ver, 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(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 [\checkmark
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 noio contendere to any offense federal or state, related to controlled substances?	Yes 🗆	No [7
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 [ন

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.

tarl

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

Rita Parks

Print Name of Authorized Person

11/21/2019

Board Use Only

Date Processed:_____

Amount: <u>500.00</u>

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

Type of Partnership:	General	_	Limited
List names of 4 largest partners and percentage of ownershi	p:		
Name: HILLESY Britt	0	%:	50
Name: Rita Parks	0	%:	50
Name:	0	%:	
Name:	0	%: _	······································
Partnership Name: Phoenix Assurance, LLC			ř
Mailing Address: 4750 Pleasant Itill Roa	c		
City, State Zip Code: Memphis, TN 3811	8		
Telephone Number: 901 308 8940 Fax Number	911 368	899	0
Contact Person: <u>RITA PArks</u>			

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: $\frac{N/h}{N}$

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:

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.

<u>Copy of a bond in an amount of \$100,000.00</u> 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".



Division of Business Services Department of State State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

PHOENIX ASSU	RANCE, LLC	I	November	15, 2019
RITA PARKS				
4750 PLEASANT				
MEMPHIS, TN 3	3118			
Request Type: C	ertificate of Existence/Authorization	Issuance Date	11/15/2019	
Request # 0	338708	Copies Request	ed 1	
	Document Receipt			
Receipt # 0051	8346	Filing	Fee	\$20.00
Payment-Credit C	ard - State Payment Center - CC # 3769579131			\$20.00
Regarding:	Phoenix Assurance, LLC			
	Phoenix Assurance, LLC Limited Liability Company - Domestic	Control #	990901	
Regarding: Filing Type Formation/Qualifi	-	Control #		3
Filing Type	Limited Liability Company - Domestic		10/19/2018	
Filing Type Formation/Qualifie	Limited Liability Company - Domestic ation Date 10/19/2018	Date Formed	10/19/2018	

CERTIFICATE OF EXISTENCE

I, Tre Hargett. Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Phoenix Assurance, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of

 has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business

* has filed the most recent annual report required with this office,

* has appointed a registered agent and registered office in this State,

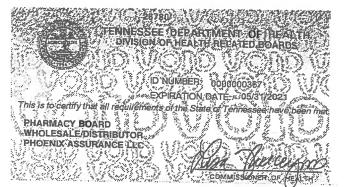
* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed

Je largett Tre Hargett Secretary of State

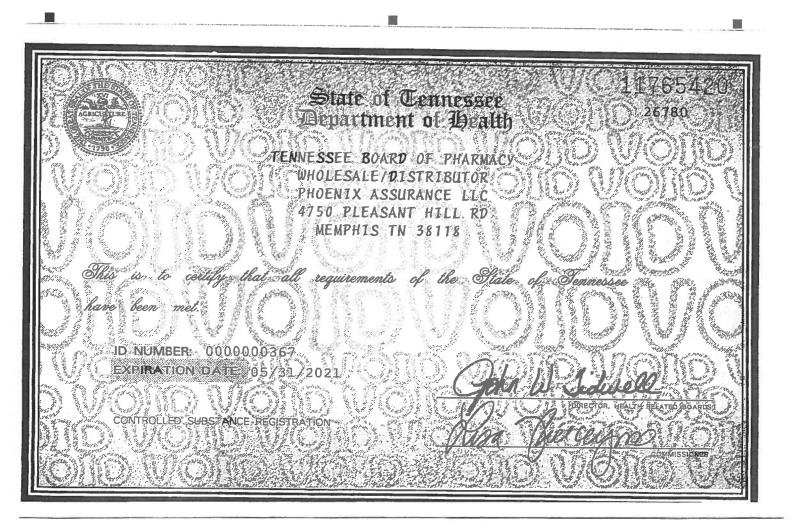
Verification #: 036342632

Processed By Cert Web User

Phone (615) 741-6488 * Fax (615) 741-7310 * Website http://mbear.tn.gov/



RITA PARKS PHOENIX ASSURANCE LLC 4750 PLEASANT HILL RD MEMPHIS TN 38118-7809



9

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope) THIS STUB IS YOUR RECEIPT

> Date: 09/19/2018 Amount: \$ 515.00 Permit #: WH00238

HIKMA PHARMACEUTICALS USA INC. 4750 PLEASANT HILL RD MEMPHIS TN 38118

(ID Card)

NEVADA STATE BOARD OF PHARMACY

> Permit # WH00238 Active

> > IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Wholesaler

Expires: 10/31/2020 STATUS: Active

Permit Type: Wholesaler
Permit #: WH00238

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

NEVADA STATE BOARD OF PHARMACY

A CILLAR

HIKMA PHARMACEUTICALS USA INC.

4750 PLEASANT HILL RD MEMPHIS TN 38118

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

Wholesaler Expires:10/31/2020

HIKMA PHARMACEUTICALS USA INC.

4750 PLEASANT HILL RD

MEMPHIS TN 38118



The National Association of Boards of Pharmacy[®]

hereby awards

Verified-Accredited Wholesale Distributors[®] Accreditation

10

Phoenix Assurance, Z

dba Phoenix Assurance

located at

4750 Pleasant Hill Rd, Memphis, JoN 38118

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 Director/Secretary a lette

October 15, 2018 - October 14, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | WWW.nabp.pharmacy

Facility Name		
State	(All)	>
	Search Res	

Current list of 1 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
Phoenix Assurance, LLC dba Phoenix Assurance	4750 Pleasant Hill Rd	10/15/18
2	Memphis, TN 38118	

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outred 1/6/2020

https://nabp.pharmacy/programs/vawd/vawd-accredited-facilities/

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C 🕯 nabp.phamacy/programs/vawd/vawd-acce	aned-facilities/		
National Association of	BOARDS OF PHARMACY	MEMBER SERVICES	NEWS
Boards of Pharmacy	MEETINGS	INITIATIVES	PUBLI REPOI

Home > Programs > YAWD > VAWD Arr rodlined Facilities List

VAWD-Accredited Facilities List

VAWD	Find a VAWI)-Accredited	l Facility	
Apply			- a define y	
Criteria				
VAWD-Accredited Facilities List	Facility flame			
	State	(AB)	Ŧ	
	1	Seerch Resol		
	Current list	of 2 Verified-Accredit	ed Wholesale D	stributors®
	facilities issed with "Reaco	van nedstation איז		le reaccreditation process
	Facilities issted with "Reaco Nanse			Accreditation process
		eddation in process" remain a	conduced throughout d	Accreditation Dat

TONAL ASSOCIATIO The National Association of Boards of Pharmacy® hereby awards Verified-Accredited Wholesale Distributors® Accreditation 10 Hikma Pharmaceuticals USA, Inc located at 4750 Pleasant Hill Rd, Memphis, TN 38118 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.pharmacw allato October 15, 2018 - October 14, 2021 Carmen A. Catizone, J Kucharle Director Secretary Rahonal Association of Boards of Pharmacy | 1600 Feehanville Drive Mount Prospect, II, 60056 | www.mibp.pharmacy



4750 Pleasant Hill Road Memphis, TN 38118 901-368-8941

www.paSpl.com

Monday, December 16, 2019

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

Re: Application for Out-of-State Wholesaler License – Change of Ownership / Name From: Hikma Pharmaceuticals USA Inc. [License WH00238] To: PHOENIX ASSURANCE, LLC

Dear Board,

I am providing this supplemental letter as clarification to one of the documents that was uploaded with our application for Phoenix Assurance, LLC. This facility was previously Hikma Pharmaceuticals USA Inc. (which was rebranded/formerly known as West-Ward Pharmaceutical Corp).

VAWD Certificate:

The NABP completed the 3-year reaccreditation of this facility September 2019 as well as the Annual Compliance Review in October 28, 2019. The name change to Phoenix Assurance was finalized last week (see attached online verification), but we have not yet received an updated VAWD Reaccreditation Certificate. Upon receipt of the updated VAWD Certificate – to Phoenix Assurance, LLC, we will provide a copy to the board.

Thanks,

Rita Parks Vice President / Managing Partner PHOENIX ASSURANCE, LLC Phone: 901-368-8944 Email: rparks@pa3pl.com

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. _____ 3475060

Application/License NoWH002	238		
PHOENIX ASSURANCE, LLC Applicant/Principal			as a
pharmaceutical wholesaler, whose a 4750 PLEASANT HILL RD	address for purposes of , MEMPHIS, Tennessee, 3811	service is	. as
	olicant/Principal		,
PRINCIPAL, and Sur	eTec Insurance Company	. a	1
	Surety Company	1	L
corporation organized under the law	/s of the state of	Texas	
	Stat	e of Incorporation	
and authorized to transact a genera	I surety business in the S	State of	
-	,		
Nevada, whose address for purpose	as of service is		
CityWest Boulevard,	THE BEELL I BUILD IN DATE DINC	ed States	as
Add	Iress of Surety		
SURETY, are held and firmly bound	unto the State of Nevad	la and to the I	Nevada
State Board of Pharmacy for the per	nal sum of TWENTY-FIV	F THOUSAN	n
DOLLARS (\$25,000.00), for which p	avment we bind oursolu		
administratory, puppersonal and	ayment we bind ourselv	es, our neirs,	executors,
administrators, successors and assi	gns jointly and severally	, by these pre	sents. This
bond term shall become effective on	Jan 13, 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.

POA #: 3810001

SureTec Insurance Company LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint John D. Weisbrot, Melissa L. McDade, Steven M. Varga

its true and dawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Five Hundred Thousand and 00/100 Dollars (\$500,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the CEO, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions: in the

behalf of the Company subject to the following provisions: Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of Indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

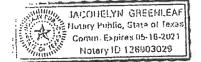
Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seat shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.) 1 Sec.

By:

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its CEO, and its corporate seal to be hereto affixed this 7th day of November, A.D. 2018.

State of Texas County of Harris

On this 7th day of November, A.D. 2018 before me personally came John Knox Jr., to me known, who, being by me duly swom, did depose and say, that he resides in Houston, Texas, that he is CEO of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Jacquelyn Greenleaf, Notary Public My commission expires May 18, 2021

SURETEC INSURANCE COMPANY

John Knoz Jr., CEG

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attomey, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 14th

day of lanua 2020 A.D. M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. 3810001 For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

Fo verify the bond please visit https://www.suretybond.org/validate/?code=ekRZUWAC3DAEJVVUZXXXF55g

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

∑Date___12/30/2019

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 OUT OF STATE WHOLESALE LICENSE (BOARD OF PHARMACY

	PHOENIX ASSURA	NCE, LLC	Nature of Lic 4750 PLEAS	ense SANT HILL RC	DAD MEMPHIS	TN 38118
				or Which License		
		If applicable,	Name Under Wh	ich It Is Now Oper	rated	
1. PERSONAL I				·		
PARKS			RITA		DENELL	
	, RITA POTTS PARKS		First Name		Middle Name	
	laiden Name, Other Nam	e Changes, L	egal or Otherwis	e)		
CR 632			CORINTH		MC 20	P24
Present Residence Add	ress-Street or RFD		City		MS 38 State	
4750 PLEASANT HILL	ROAD	Dates	MEMPHIS		TN 38	•
Present Business Addre PHOENIX ASSURANC	ess CE, LLC	Dates	City		State	
VP / MANAGING PAR Occupation	INER	Dates	05/01/2019 -	PRESENT	Phone: Residence	
		CORINTI	H, ALCORN, MS			
Date of Birth		Place of Bi	rth (City, County,	State)		·
56						FEMALE
Age	Social	Security Numb	per			Sex
BROWN	BROWN	OLIVE		130 lbs	MEDIUM	5' 9"
Color of Eyes	Color of Hair	Complex	ion	Weight	Build	Height
Scars, tattoos or di	stinguishing marks	and/or chai	acteristics	N/A		
Are you a citizen o	f the United States?	Yes 🖾 🛛	No 🗆 🛛 If alier	n, registration	No <u>N</u> /A	
If naturalized, certif	ficate No <u>N/A</u>			Date N//	A	•••••
Place N/A				(If naturaliz	ed, document mi	ust be verified.)
2. MARITAL INF	ORMATION:					
Single 🗆 Marri	ied 🛛 Separate	d 🗆 D	ivorced 🛛	Widowed	Engaged [
					Applicant's initia	
						1 -

Page 1

Α.	Current Marriage	05/17/1984		CORINTH, ALCORN MS		
		Date aiden) MICHAEL SCOTT PAF	RKS	City, County	and State	
	Date of Birt ¹	Place	of Birth CORIN	ITH, MS		•••••
	Resident address	7 CR 632	CORINTH	MS	38834	
		Street	City	State	Zip	
	Telephone: Resider		Business (6	62) 665-2208	8	
	Spouse's employer	ACOSTA	Occupation	PERSONNE	EL MANAGER	
	Address of employer	WEST BONNER ROAD	WAUCONDA	IL	60084	
		Street	City	State	Zip	******
B. Pr	evious Marriages: If e	ver legally separated, divorced,	or annulled, ind	icate below:		

Name of Spouse	Date of Order	Date of Place	Nature of	City
Name of Spouse	or Decree	of Marriage	Action	County and State
N/A				
	·····			
List of name	s current address and	Ltelephone numbers of pro	avious spousos:	
Name	Street	City	State	Zip Telephone
N/A				
•				
3. FAMILY INFORM				
	d Dependents:	-children and adopted chil	drop and also the	following information
Name	Birth Date	Birth Place		nce Address
HANNAH PARKS M	IITCHEI	GERMANTOWN, TN	CR 63	2, CORINTH, MS 38834

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 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 Applicant's initial Page 2 the repayment of the amount owed pursuant to the order.

FAMILY INFORMATION-Continued

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

Name___N/A_____

Address

Contact person

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 decease	ed, list last address and occupation.	
Name (Maiden)	Birth Date	Address	Occupation
Father			
WILLIAM NELSON POTTS		CR 200, CORINTH, MS 38834	RETIRED
Mother			
JUANELL LAMBERT POTTS		CR 200, CORINTH, MS 38834	RETIRED
Father-in-Law			
N/A			
Mother-in-Law			
N/A			
D. Brothers and Sisters: List names, residence addre their respective spouses.	esses, dates of bi	rth and most recent occupations of brothers	s and sisters and
Name (Maiden)	Birth Date	Address	Occupation
SHANNON POTTS HARDWICK		PLANTERS GROVE, BRANDON, M	S PHARMACIST
Spouse KELLY HARDWICK	ac 1951	LANTERS GROVE, BRANDON, M	S ATTORNEY
N/A			
Spouse			
N/A			

Spouse

N/A Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	d Graduate
Grammar School	FARMINGTON ELEMENTARY	FARMINGTON, M		Yes X No
High School	ALCORN CENTRAL H.S.	CORINTH, MS	1974-80	Yes 🖄 No 🗆
College University	UNIVERSITY OF MISSISSIPPI	OXFORD, MS	1980-85	Yes 🖄 No 🗆
Other	N/A			Yes 🗆 No 🗔
	degree obtained, if any BACHEL			
College	or university where obtained UNIV	ENGITE OF MIGON	201771	
				Applicant's initial

Page 3

5 MILITARY INFORMATION:

Α.	Have you ever served in any armed fo	rces? Yes	No 🛛	
	Branch N/A	Date of entry-a	ctive service_N/A	
	Date of separation N/A			
	Rating at separation N/A			
	While in the military service were you e special or general court martial? regardless of where they occurred-fore	ever arrested for an offens Yes □ No □ If ves	se which resulted in sur	mmany action a trial or
В.	Have you registered for the draft?	Yes 🗆 No 🖾		
	CountyN/AState_	N/A	Date registeredN/A	
A.	RESTS, DETENTIONS, LITIGATIONS not convicted.) Have you ever been arrested, detained violation for any reason whatsoever, re Yes I No I If yes, give details in sp	d, charged, indicted or sur egardless of the disposition bace provided below. List	nmoned to answer for a n of the event? (Except all cases without excep	any criminal offense or minor traffic citations.) tion.
Date of A	Arrest Age Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A				
В.	Has a criminal indictment, information of arrested or in which you were named a page 10.	or complaint ever been re as an unindicted co-party?	turned against you, but 'Yes □ No ⊠ Ìf yes	for which you were not furnish details on
C.	Have you ever been questioned or dep	bosed by a city, state, fede	and and a second	oconov commission
D.	or committee? Ves 🗔 No 🕅	•	eral or law enforcement	agency, commission
υ.	or committee? Yes □ No ⊠ Have you ever been subpoenaed to ap commission? Yes □ No ⊠			

- Have you ever had a civil or criminal record expunged or sealed by a court order? Yes

 No F.
- G.
- If yes when? N/A city, county and state N/A Has any member of your family or of your spouse's family ever been convicted of a felony? Yes D No D Η. 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 ******* 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 of leaves without evention, including transfer to a lawsuit.

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

Plaintiff/Defendant or Claimant/Respondent	Court and Date Filed Numb		State Di	sposition/Date
I/A				sposition/Date
associated with	al partnership, business v n it as an owner, officer, d If yes, complete the follo	venture, sole proprietorship or c lirector or partner) been a party owing:	closely held corporation to a lawsuit, arbitration	on (while you v on or bankrup
Name of Entity	Type of E	Entity	Approximate Date(s) of Lawsuit/Arbitration/Bar	f
N/A				
. RESIDENCES:				
st all residences you	have had for the last 25 y	ears:		
onth and Year (From-To)	Street and Number	Citu	244-44	
EB 1993 - PRESENT	CR 632	CityCORINTH	State or Cou MS	nty
			1013	
·····				
			0	\bigcirc
		۵	Applicant's initial(6
			1	Pa

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
MAY 2019 PH	OENIX ASSURANCE, LLC: 4750 PLEASANT HILL RD, MEMPHIS, TN 38118	NOT APPLICABLE
Title	Description of Duties	Name of Supervisor
VP / MANAGING PARTNER	DIRECTOR OF QUALITY / ACTING QUALITY MANAGER	SELF
Month and Year	Name/Mailing Address of Employer/Business HIKMA PHARMACEUTICALS USA INC. (Www.west-ward pharmaceuticals.comp.)	Reason for Leaving
JUNE 2011 - MAY 2019 Title	4750 PLEASANT HILL RD, MEMPHIS, TN 38118	HIKMA CEASED OPERATIONS AT THIS LOCAT
	Description of Duties	Name of Supervisor
SENIOR QUALITY MANAGER	R MANAGEMENT OF QUALITY FUNCTIONS	ASUTOSH SHAH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2004 - MAY 2011	BAXTER HEALTHCARE: 4750 PLEASANT HILL RD, MEMPHIS, TN 38118	BAXTER WAS PURCHASED BY WEST-WARD
Title	Description of Duties	Name of Supervisor
QUALITY MANAGER	MANAGEMENT OF QUALITY FUNCTIONS	CHRIS GLADWELL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001 - 2004	MARIETTA CORPORATION	BETTER OPPORTUNITY
Fitle	Description of Duties	Name of Supervisor
DIRECTOR OF QUALITY	MANAGEMENT OF QUALITY ASSURANCE DEPARTMENT	LISA BRYSON
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000 - 2001	ACT MANUFACTURING, INC.	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
CORP. DIR. OF QUALITY	RESPONSIBLE FOR ESTABLISING UNIFORM CQI SYSTEM	MIKE SMITH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997 - 2000	CCL CUSTOM MFG., INC.: SOUTH THIRD ST., MEMPHIS, TN	5
Title	Description of Duties	HEWLETT - PACKARD CEASED OPERATIONS Name of Supervisor
ASSOC. TECHNICAL DIREC	TOR OF QA MANAGED QUALITY FUNCTIONS	TREY DAVIS
QUALITY ASSURANCE MAR	VAGER MANAGED LABS	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997	OHMEDA PHARMACEUTICAL	BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
QUALITY ASSURANCE SPE	CIALIST FACILITY AUDITS TO INSURE COMPLIANCE W/ COMPANY POLICIE	S WALL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1987 - 1996	SCHERING -PLOUGH HEALTHCARE PRODUCTS	MFG DISCONTINUED AT SITE
Title	Description of Duties	Name of Supervisor
SENIOR QUALITY AUDITOR QUALITY AUDITOR II PRODUCT VERIF TECHNICI	SUPERVISED QUALITY AUDITORS, INSPECTORS & TECHNICIANS AUDITED FINISHED PRODUCTS TO COMPLY WITH AQLS AN QUALITATIVE & CHEMICAL TESTING OF PRODUCTS	GLENN JONES

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

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	<u>employer or emp</u> Where Employed	lovees. Street	City State Zip	Talashara		
	TREY DAVIS		GUM TREE CV, CORDOV/	Telephone Telephone	Years K	
Indine	BAXTER HEALTHCA	Home	MEMPHIS, TN 38118	111 30010	25 YEA	K5
	CATHERINE DAVIS				-	
Name		Home	LLAS POND CV, COLLIER	VILLE, IN 38018	10 YEA	RS
Employer		Business	N/A			
Name	VIRGINIA S. JONES	Home	ALEXANDRIA DR, COLLIE	ERVILLE, TN 38017	10 YEA	RS
Employer		Business	N/A			
Name	SAUNDRA CONKLAN	Home	POPPY HILLS DR, COLLI	ERVILLE, TN 38017	25 YEAF	RS
Employer	BAXTER HEALTHCA	RE Business	MEMPHIS, TN 38118			
Name	GLORIA HUGGINS	Home	E. TH STREET, CORINT	H, MS 38834	40 YEAF	RS
Employer	RETIRED	Business	N/A			
10.	person's deposito If yes, complete ber or Type of Deposit	the following	ox or other such depositor o IA : Location City and Sta			use any other
DOXINGI			UvalutiUty and Sta		norized Users	
	NOT APPLICABLE					
11.	Liquor L Doctor C	awyer Contractor Pilot	, occupational or profession Race horse/race dog own Real estate broker or sale Sports promoter ars held	er Seo sman Bar	state, including but r curities dealer ber/Cosmetologist iner or manager	not limited to Insurance Gaming Educator
	NOT APPLICABLI	E				
PH	Interest in a licens If yes, state type, involved, the nam venture or industr OENIX ASSURANCE, LL 38834. LLC INCORPOR	sed business of when and whe les and addres y. c. 4750 PLEASANT ATED IN TENNESS	, county of state business, or industry OUTSIDE the Si ere and give names and loc as of all partners and the ag HILL RD, MEMPHIS, TN 38118. PAF EE ON 10/19/2019. BUSINESS LICE E TENNESSEE BOARD OF PHARMA	tate of Nevada? Ye cations of the busin gency responsible RTNERS: MYSELF AND F NSES OBTAINED BY ME	es 🖾 No 🗆 nesses in which you for licensing said bu	were siness,
				Applica	ant's initial	Page 7

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13.	 Have you ever appeared before any licensing agency or similar aut any reason whatsoever? Yes □ No ☑ 	hority in or outside the State of Nevada for
14.	14. Have you ever been denied a personal license, permit, certificate o or professional activity? Yes □ No ☑	r registration for a privileged, occupational
If yes I	es to the above, state where, when and for what reason: NOT APPLICABLE	
15.	15. Have you ever been refused a business or industry license or relate participant in any group which has been denied a business or indus suitability?	ed finding of suitability or been a stry license or related finding of Yes □ No 凶
16.	16. Have you or any person with whom you have been a participant in administrative action or proceeding relating to the pharmaceutical in	any group been the subject of an ndustry? Yes 🗌 No 🖾
17.	17. Have you or any person with whom you have been a participant in guilty or entered a plea of nolo contendere to any offense, federal o controlled substances?	any group ever been found guilty, plead or state, related to prescription drugs and/or Yes 囗 No 凶
18.	18. Have you or any person with whom you have been a participant in permit or certificate of registration relating to the pharmaceutical incurs upon voluntary close of a manufacturer	any group ever surrendered a license, lustry voluntarily or otherwise (other than Yes □ No ⊠
19.	19. Do you have any relatives within the fourth degree of consanguinity pharmaceutical or drug related industry?	associated with or employed in the Yes \times No \Box
	SISTER - SHANNON POTTS HARDWICK, PHARMACIST	
		12-1-11-0
	Date of ph	otograph 12/20/19 Applicant's initial 6

	20	•									
	L			•	,	•	e	•	5	2	
	Г	-	e	-	L	л	c	-	c	3	
	۰.		-	~	2	9	~	•	~	۰.	

SS.

.....

COUNTY OF SHELBY

I. –

RITA PARKS , 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

30TH Subscribed and Sworn to before me this...

Public

Votarv

day of DECEMBER, 2019

KIMBERLY J MARTIN



(seal)

Applicant's initial Page 9

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26 ⁻
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Applicant's initial Page 10

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

^{gr}Date____12/30/2019

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 OUT OF STATE WHOLESALE LICENSE (BOARD OF PHARMACY)

Nature of License	
PHOENIX ASSURANCE, LLC, 4750 PLEASANT HILL ROAD, MEMPHIS, TN 38118	
The second state and the second state and the second state and the second state and second st	

Name and Address of Establishment for Which License Is Requested

	If applicable, Name Under Which It Is Now Operated	

1. PERSONAL INFORMATION:

BRITT		HULESY		N/A	
Last Name N/A		First Name		Middle Name	
Alias(es, Nicknames, M	aiden Name, Other Name	Changes, Legal or Otherwi	se)		
272 S. MAIN STREET,	APT. 417	MEMP	HIS	TN 38	103
Present Residence Add	ress-Street or RFD	City		State/2	Zip
4750 PLEASANT HILL	RD, MEMPHIS, TN 38118	Dates JUNE 2011 - I	PRESENT		
Present Business Addre PHOENIX ASSURANC	ess E, LLC	City		State/2	Zip
PRESIDENT / MANAG Occupation	NG PARINER	Dates MAY 1, 2019 -	- PRESENT	Phone:	
occupation				Residence	
				Business 901	-368-8942
Deter of D'all		MEMPHIS, SHELBY COU	·		
Date of Birth		Place of Birth (City, County	y, State)		
52					MALE
Age	Social Se	curity Number			Sex
BROWN	BALD	MEDIUM-DARK	191 SLEN	DER/FIT/MUSCULAR	6' 1"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
	stinguishing marks a	nd/or characteristics	N/A		
Are you a citizen of	f the United States?	Yes 🛛 No 🗆 If alie	en, registration f	No <u>N</u> /A	•••••
If naturalized, certif	icate NoN/A		Date	N/A	
Place	N/A		(If naturalize	ed, document mus	st be verified.)
2. MARITAL INF	ORMATION:				
Single 🖄 Marri	ed 🗆 Separated		Widowed		1/5
				Applicant's initial	
					Pag

A. Current Mai	riage NOT	APPLICA	ABLE			
Spouse's ful	name (Maiden)	Date			City County a	nd State N/A
Date of Birth	N/A		Place	of Birth	N/A	
Resident add	dress N/A			N/A		
	Street			City	State	Zip
Telephone:	Residence	N/A		Business	N/A	
Spouse's em	iployer	N/A		Occupation	N/A	
				N/A		
	Street			City	State	Zip
B. Previous Marri	ages: If ever leg	ally separ	ated, divorced, o	r annulled, indicat	e below:	
	Date of Order		Date of Place	Nature c	of City	/
Name of Spouse	or Decree		of Marriage	Action	Co	unty and State
KAROL MACLIN	04/16/2003		MEMPHIS, TN	DIVORCE	E ME	MPHIS / SHELBY / TN
			and the second states			

Name	Street	ne numbers of pre	State	Zip	Telephone
KAROL MACLIN	·LEETS HARBOR DRIVE	MEMPHIS	TN	38103	
			<u>.</u>		
A. Children and D	ependents:				
A. Children and D List all child	ependents:	and adopted child	dren and give	the following	information:
A. Children and D	ependents: dren. including step-childrer	n and adopted child		the following	
List all child	ependents: dren, including step-childrer Birth Date Birt		Re	sidence Address	

B. Child Support Information:

per Tanu 01/29/2020 Please mark the appropriate response:

X 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

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FAMILY INFORMATION-Continue

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, parentsin-law or legal quardian. If retired or deceased, list last address and occupation

	Name (Maiden)	Birth Date	Address		Occupation
Father					
DOCI	BRITT	UNKNOWN	UNKNOWN		RETIRED
Mother		<u> </u>			
BARB	ARA HUNTER		VANDALE MEMPHIS, TN	DEPT. OF CHIL	DREN'S SERVICES
Father-i	n-Law	······			
	NOT APPLICABLE				
Mother-i	in-Law		······	·	
	NOT APPLICABLE				
D.	Brothers and Sisters: List names, residence and their respective spouses Name (Maiden)	ddresses, dates of	f birth and most recent occup	ations of brother	s and sisters and o
STA			RUBY CREEK CV, MEN	MPHIS TN 38109	
Spouse					REALTOR/BROKER
NOT	APPLICABLE				
Spouse					
NOT	APPLICABLE				
Spouse	- <u>1997.</u>				
NOT	APPLICABLE				<u> </u>
Spouse					

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	HAWKINS MILL	MEMPHIS, TN	1977	Yes X No
High School	TREZEVANT HIGHT SCHOOL	MEMPHIS, TN	1985	Yes No
College University	UNIVERSITY OF MEMPHIS	MEMPHIS, TN	1998	Yes 🗌 No 🛇
Other	NOT APPLICABLE			Yes No D
Type of deg	ree obtained, if any	N/A		
College or u	iniversity where obtained	N/A		
-			Applica	ant's initialPag

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5 MILITARY INFORMATION:

Α.	Have you e	ever served in	n any armed for	ces?	Yes 🕅 No 🗆		
	Branch_U	S. MARINE	CORP	Date d	of entry-active servi	ce	
							BLE
					Serial number		
	While in the special or g	e military ser general court	vice were you e martial?	ver arrested for	an offense which re If ves, furnish de	esulted in s	summary action, a tri ge 10. (List all incide
Β.	Have you r	egistered for	the draft?	Yes 🛛 No 🗆]		
	County	SHELBY	State	TENNESSEE	Date reg	istered	1985
6. A F A.	not convid Have you e	ever been arr	ested, detained	, charged, indic	ed or summoned to	answer fo	r any criminal offens
A.	Have you e violation for Yes ⊡ No	ever been arr r any reason ⊠ If yes, gi	ested, detained whatsoever, re ve details in spa	, charged, indici gardless of the c ace provided be	ed or summoned to disposition of the ev low. List all cases v	o answer fo vent? (Exce without exc	or any criminal offense opt minor traffic citati seption.
A. Date of A	Have you e violation for Yes ⊡ No	ever been arr r any reason	ested, detained whatsoever, re ve details in spa	, charged, indici gardless of the c ace provided be	ed or summoned to disposition of the ev low. List all cases v	o answer fo vent? (Exce without exc	or any criminal offens
	Have you e violation for Yes ⊡ No	ever been arr r any reason ⊠ If yes, gi	ested, detained whatsoever, re ve details in spa	, charged, indici gardless of the c ace provided be	ed or summoned to disposition of the ev low. List all cases v	o answer fo vent? (Exce without exc	or any criminal offense opt minor traffic citati seption.
A. Date of A N/A	Have you e violation for Yes ⊡ No	ever been arr r any reason ⊠ If yes, gi	ested, detained whatsoever, re ve details in spa	, charged, indici gardless of the c ace provided be	ed or summoned to disposition of the ev low. List all cases v	o answer fo vent? (Exce without exc	or any criminal offense opt minor traffic citati seption.
A. Date of A N/A N/A	Have you e violation for Yes D No Arrest Has a crimi arrested or	ever been arr r any reason 🖄 If yes, gi Age	ested, detained whatsoever, re ve details in spa Charge	, charged, indici gardless of the o ace provided be Location-City and	red or summoned to disposition of the evolution of the ev	o answer fo vent? (Exce without exc position/Date	or any criminal offense opt minor traffic citati ception.
A. Date of A N/A N/A N/A	Have you e violation for Yes I No Arrest Has a crimi arrested or page 10. Have you e	ever been arr r any reason	ested, detained whatsoever, re ve details in spa <u>Charge</u> nt, information o were named a estioned or dep	, charged, indict gardless of the o ace provided be Location-City and or complaint eve s an unindicted	red or summoned to disposition of the evolution of the ev	o answer fo vent? (Exce without exc position/Date position/Date	or any criminal offens ept minor traffic citati eption. Arresting Agency
A. Date of A N/A N/A B.	Have you e violation for Yes I No Arrest Has a crimi arrested or page 10. Have you e or committ Have you e	ever been arr r any reason ⊠ If yes, gi Age inal indictmen in which you ever been qua ee? Yes □ ever been sub	ested, detained whatsoever, re ve details in spa <u>Charge</u> nt, information o were named a estioned or dep No ⊠ opoenaed to ap	, charged, indict gardless of the o ace provided be Location-City and or complaint eve s an unindicted osed by a city, s	ed or summoned to disposition of the evolution of the evo	o answer fo vent? (Exce without exc position/Date ainst you, b No ⊠ If ye enforceme	or any criminal offens ept minor traffic citati eption. <u>Arresting Agency</u> out for which you we es. furnish details or
A. Date of A N/A N/A B. C.	Have you e violation for Yes I No Arrest Has a crimi arrested or page 10. Have you e or committ Have you e commission Have you e	Age Age inal indictmen in which you ever been qua ever been sub n? Yes	ested, detained whatsoever, re ve details in spa <u>Charge</u> nt, information o were named a estioned or dep No ⊠ pooenaed to ap lo ⊠	, charged, indict gardless of the o ace provided be Location-City and or complaint eve s an unindicted osed by a city, s pear or testify be	ed or summoned to disposition of the evolution of the evo	ainst you, b No ⊠ If ye enforceme e or county	or any criminal offens ept minor traffic citati eeption. <u>Arresting Agency</u> out for which you we es. furnish details or ent agency, commiss
A. Date of A N/A N/A N/A B. C. D.	Have you e violation for Yes □ No Arrest Has a crimi arrested or page 10. Have you e or committ Have you e commission Have you e Yes □ No Have you e	Age Age Age inal indictmen in which you ever been quo ever been quo ever been sub n? Yes Never been sub n? Yes Never been sub o Sub a civer had a cive	ested, detained whatsoever, re ve details in spa <u>Charge</u> nt, information of a were named a estioned or dep No ⊠ opoenaed to ap lo ⊠ opoenaed to tes vil or criminal re	, charged, indict gardless of the o ace provided be <u>Location-City and</u> or complaint eve s an unindicted osed by a city, s pear or testify bo stify for any civil, cord expunged o	ed or summoned to disposition of the evolution of the evolution of the evolution of the evolution. List all cases of State De State De r been returned aga co-party? Yes D state, federal or law efore a federal, stat criminal or adminis or sealed by a cour	ainst you, b no inst	or any criminal offens ppt minor traffic citati peption. <u>Arresting Agency</u> out for which you we es. furnish details or ent agency, commiss y grand jury, board o ceeding or hearing?

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes 🗆 No 🛛

H. 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				
N/A				
N/A			_	
		Ap	olicant's initial	Page
		Ap	olicant's initial	

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
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 \Box 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
SEPT. 2019 - PRESENT	TENNESSEE STREET	MEMPHIS	TN 38103
FEB. 2015 - SEP. 2019	S. MAIN STREET, APT. 417	MEMPHIS	TN 38103
JAN. 2007 - FEB. 2015	SHOEMAKER COURT, APT. 108	MEMPHIS	TN 38103
MAR. 2003 - JAN. 2007	S. FRONT #217	MEMPHIS	TN 38103
MAY 1999 - MAR. 2003	FOUNTAIN RIVER	MEMPHIS	TN 38120
2000 - 2003	NO RECALL	MEMPHIS	TN
1987 - 2000 - U.S. MARINE CO	RP		

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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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MAY, 2019 PHOENIX	ASSURANCE, LLC: 4750 PLEASANT HILL RD., MEMPHIS, TN 38118	NOT APPLICABLE
Title	Description of Duties	Nor APPEICABLE Name of Supervisor
PRESIDENT/MANAGING PAI		SELF
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1991 - 2018 HIKMA PH	ARMACEUTICALS USA INC. 4750 PLEASANT HILL RD., MEMPHIS, TN 38118	HIKMA CEASED OPERATIONS AT THIS LOCATIO
Title	Description of Duties f/k/a West-Ward Pharmaceutical Corp. f/k/a Baxter Healthcare	Name of Supervisor
ASSOC. DIRECTOR, DISTIRI	JBTION FACILITY MANAGER/OPERATIONS	OMAR
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1985 - 2001	U.S. MARINE CORP	TOUR ENDED
Title	Description of Duties	Name of Supervisor
PETROLEUM ENGINEER / M	ARKSMANSHIP INSTRUCTOR	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
l'itle	Description of Duties	Name of Supervisor
Nonth 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 Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present <u>employer or employees</u>.

employer or em								
Name of Where Employed	Street	City	State	Zip	Teleph	one	Years K	nown
Name RICK FARWELL	Home	MEMPHIS,	TN			3	34 YEA	ARS
Employer SELF EMPLOYED	Business	PYRAMID W	VINE & SPI	RITS, MEMP	HIS, TN			
Name KAREN WALKER	Home	MEMPHIS,	TN		- r o 1.0		5 YE	ARS
Employer AEROTEK	Business	AEROTEK,	MEMPHIS	, TN				
Name AARON HALL	Home	MEMPHIS,	TN				10 Y	EARS
Employer VERIZON	Business	VERIZON,	MEMPHIS,	TN				
Name JOYE MOSBY	Home	MEMPHIS	, TN				15 \	/EARS
Employer MLGW	Business	MLGW, ME	EMPHIS, TI	۷				
Name TIERINY HENDRICKS	Home	MEMPHIS,	TN				14	YEARS
CENTER FOR EMPLO	YMENT OPPORT Business	UNITIES M	EMPHIS, T	N				
person's deposit If yes, complete Box Number or Type of Depos	e the followi		1	City and	State	Authorized Users		<u> </u>
PO BOX 3344		PEABODY P			MEMPHIS, TN		SY BRITT	
Doctor	Lawyer Contractor Pilot	Race h Real e Sports	norse/rad state bro promote	ce dog o oker or s	wner	any state, inclu Securities dea Barber/Cosmo Trainer or ma	aler etologist	not limited to Insurance Gaming Educator
the following: Liquor Doctor Accountant Yes ⊠ No □	Lawyer Contractor Pilot , where and	Race h Real e Sports years held	norse/rad state bro promote	ce dog o oker or s	wner	Securities dea Barber/Cosmo	aler etologist	Insurance Gaming
the following: Liquor Doctor Accountant Yes ⊠ No □ If yes, state type	Lawyer Contractor Pilot , where and <u>65 DESIGNATED</u> pplied for a consed busines , when and vones and add try. ^{50 PLEASANT HI} TENNESSEE ON	Race h Real e Sports years held REPRESENT/ stry, county s or indust vhere and ress of all	orse/rad state bro promoto ATIVE of state try OUTS give nar partners HIS, TN 38 SUSINESS	e dog or oker or s er busines SIDE the mes and and the	wner alesman s, venture or in State of Nevac locations of the agency respon	Securities dea Barber/Cosmo Trainer or ma dustry license or la? Yes I No businesses in v sible for licensin	aler etologist nager r held a fir u vhich you ig said bu	Insurance Gaming Educator nancial were siness,

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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		
I f yes NOT A	to the above, state where, when and for what reason: PPLICALBLE		
15.	Have you ever been refused a business or industry l participant in any group which has been denied a bu suitability?	license or related finding of suitability or been a Isiness or industry license or related finding of Yes □ No II	
16.		a participant in any group been the subject of an narmaceutical industry? Yes □ No ⊠	
17.	Have you or any person with whom you have been a	a participant in any group ever been found guilty, plead fense, federal or state, related to prescription drugs and/o Yes □ No ⊠	
18.	Have you or any person with whom you have been a permit or certificate of registration relating to the pha upon voluntary close of a manufacturer	a participant in any group ever surrendered a license, Irmaceutical industry voluntarily or otherwise (other than Yes □ No ⊠	
19.	Do you have any relatives within the fourth degree of pharmaceutical or drug related industry?	f consanguinity associated with or employed in the Yes □ No 凶	
		522	
••••••			
		the second	
		Date of photograph ^{12/27/2019}	

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SS.

COUNTY OF SHELBY

JUNIT OF

I, <u>HULSEY BRITT</u>, 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 <u>30TH</u> day of DECEMBER, 2019

KIMBERLY J MARTIN



(seal)

Applicant's initial Page 9

<i>f</i>
N AN
/
<i>f</i>
Applicant's initial
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4BB

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 curre	ent 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: Kais	er Foundation Hospitals		
Physical Address:	300 Pullman Street, Admin Building		7
City: Livermore, CA	State: <u>c</u> Zip	Code: <u>94551</u>	Telephone
Number: 925-294-740	Fa	x Number: <u>925-960-7527</u>	,
Toll Free Number:	Ν/Α		
E-mail: derrick.a.lew@l	<p.org td="" website:<=""><td>healthy.kaiserpermanente.or</td><td>g</td></p.org>	healthy.kaiserpermanente.or	g
Facility Manager:	Derrick Lew		
Professional qualifications and experience of facility manager: Over 10 years of experience in wholesale distribution and facility management. See attached resume.			
Types of licensed outlets or authorized persons firm will serve:			
Pharmacies Other:	Practitioners	☑ Hospitals	Wholesalers
Type of Products to be handled or wholesaled by firm:			
□ Poisons or Che	aceuticals, Supplies or Devices micals stances (include copy of DEA)	□ Hypoderr □ Veterinar	nic Devices y Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?	Yes 🗆 No 🖾	
(If yes, provide a copy of the certificate)		
Licensed as Manufacturer by the FDA?	Yes 🗆 No 🛛	
(If yes, provide a copy of your FDA registration)		

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

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Hikma Pharmaceutical	
Address: 401 Industrial Way West, Eatontown, NJ 207724	
Name: Glaxo Smithkline	
Address: One Franklin Plaza, Philadelphia, PA 19102	
Name: Eli Lilly & Co	
Address: 916 Mutal Savings Building, Pasadena, CA 91101	
Name: Sandoz, Inc.	
Address: 2555 West Midway Blvd., Broomfield, CA 80020	
A licensee is not required to have a Nevada State Business License, however please provide the number: <u>N/A</u>	ver, if you do,
 Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? 	Yes 🗆 No 🖾
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?	Yes 🗆 No 🖾

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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 Yes 🗆 No 🖾 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.

I have read all guestions, 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

Print Name of Authorized Person

11/12/2019 Date

Board Use Only

Date Processed:

Amount:

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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Inc	corporation: <u>DE</u>			
Parent Cor	mpany if any: <u>N/A</u>			
Mailing Ad	dress: 300 Pullman Stree	t, Admin Building		
City: Livern	nore	State: CA	Zip: 94621	
		Fax: 925-960-7527		
Contact Pe	erson: Derrick Lew			
For any co	rporation non publicly trad	ed, disclose the following	:	
1) List	top 4 persons to whom the	e shares were issued by t	the corporation?	
a) N	a) N/A - Registered as a non-profit public benefit corporation. No owners/members.			
/	Name	Business Address	ŝ	
b) <u>N</u>	/Α			
	Name	Business, Addres	S	
c) <u>N</u> /		· · · · · · · · · · · · · · · · · · ·		
	Name	Business Addres	S	
d) <u>N</u>				
	Name	Business Address	S	
2) Prov	vide the number of shares	issued by the corporation	n. <u>0</u>	
3) Wha	at was the price paid per s	hare? 0		

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 (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.

Kaiser Foundation Hospitals, Inc. List of Officers

Corporate Officers	Office Address	
Troy Smith, Executive Director, National Warehousing and Logistics	E. Walnut Street Pasadena, CA 91188	
Joseph Montero, Assistant Director, Pharmacy Materials Services	. Dalen Street Downey, CA 90242	

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

KAISER FOUNDATION HOSPITALS

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS: C0224971 02/20/1948 DOMESTIC NONPROFIT CORPORATION 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 31, 2019.

ALEX PADILLA Secretary of State

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DEPAILTMENT OF CONSILMER AFFAIlus	ard of Pharmacy ORIGINAL CERTIFICATE esale Drug Permit
LICENSE NO. WLS 7439	ISSUE DATE JULY 12, 2019
KAISER FOUNDATION HOSPI	
300 PULLMAN ST ADMIN BLDG LIVERMORE CA 94551	
The above is licensed with the State I	Board of Pharmacy as a Corporation.
CORPORATION	
The official status of	this license can be verified at <u>www.pharmacy.ca.gov</u>
PLAC	E RENEWAL LICENSE HERE
VALID UNTIL JULY 01, 2020	RECEIPT NUMBER 00640717
This original license must be	kept for the life of the license and posted in public view.
hereby incensed at the above address,	the Business and Professions Code, the business named above is and is subject to the rules and regulations of the California State Board of Pharmacy.
corporate officer, shareholder (more ti manager or vice president of ope	must be renewed annually on or before the indicated date. Contact cy within 30 days when there is a change of ownership, location, han 10 percent share change), designated representative-in-charge, arations. If you are planning to change location or designated ge, 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 -----

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2/19

10

Derrick Lew, Pharm.D., MBA

300 Pullman St. Bldg A Livermore, CA 94551 (925) 294-7409 derrick.a.lew@kp.org

Education

University of the Pacific-Thomas J. Long School of Pharmacy And Eberhardt School of Business Joint Degree Pharm.D./ MBA Program Stockton, CA

Work Related Experience

March 2009-Present

2006-2009

Kaiser Permanente Foundation Hospitals Pharmacy Repack Manager 300 Pullman St. Unit A Livermore, CA 94551 Manager: Perry Lau (510) 434-5858 Responsibilities:

- Maintain pharmaceutical manufacturing standards according to Title 21, cGMP, FDA, DEA, and CA Department of Public Health. Ensure products are the highest quality and in adequate supply at the Distribution Center.
- Audits: FDA Jun 2011, Oct 2016; DEA Aug 2012, Apr 2015
- Expanded number of SKUs for various product line: unit of use, unit dose, liquid unit dose, and reverse bulk items.
- Capital Equipment: Successfully upgraded and installed equipment Line #1; increased throughput from 30-50 bottles/minute to 100-120 bottles/minute. Maintain current equipment (4 production lines, 2 unit dose workstations, 1 liquid unit dose workstation and 2 reverse bulk workstations) with 10 year capital replenishment plan in place.
- Overall Equipment Effectiveness: Created process to gather and document OEE data as a metric of production efficiency and how to increase production time.
- Unit Base Team: Worked with staff in a Labor Management Partnership to create a process for the UBT team to disseminate information to the entire staff. The UBT team has been assigned projects to increase workflow efficiencies.

CVS/Pharmacy-Pharmacist

515 N State Highway 49 Jackson, CA 95642 Manager: Kathi Erosa (209) 223-2471 Responsibilities:

• Staff pharmacist for a store with script volume of 1400 per week. Review and verify prescription for accuracy and safety. Prescription review includes ensuring the safety of the patients with drug utilization review as complying with State Board of Pharmacy regulations.

Aug 2009-2010

- Answering customer questions and concerns regarding over-the-counter products.
- Lead the pharmacy staff to efficient workflow processes while providing high level of customer service.

Aug 2009 – 2010

2323 West Hammer Lane Stockton, CA 95209 Manager: Harvey Lee (209) 955-1510 Responsibilities:

- Relief staff pharmacist for a store with script volume of 1000 per week. Review and verify prescription for accuracy and safety. Prescription review includes ensuring the safety of the patients with drug utilization review as complying with State Board of Pharmacy regulations.
- Answering customer questions and concerns regarding over-the-counter products.

Licenses, Certificates, Competencies, and Proficiencies

Pharmacist License #62802

Certified Professional

Center for Professional Innovation and Education (CfPIE) – certificate program to demonstrate technical training for Pharmaceutical, Biotech, and Medical Device professionals. Course topics and completion dates below:

Drug Development Process from Concept to Market	Jan 2018
Stability Programs for Determining Product Shelf Life	Oct 2017
Best Practices for an Effective Cleaning Validation Program	Sept 2017
Process Validation for Drugs and Biologics	Jul 2017
Pharmaceutical Root Cause Analysis of Failures and	
Deviations-Developing an Effective CAPA strategy	June 2016

Lean Six Sigma Green Belt Certified

Dec 2016

Cold chain improvement for Pharmacy Distribution Center. Increased compliance and regulatory oversight to cold chain management. Developed process controls such as system validation, MKT excursion analysis, and BMS alerts/responses. Developed contingency plan and response to excursions. Cost avoidance of \$150 million for regulatory compliance.

IQPC Pharmaceutical Traceability Forum May 2016 International Quality & Productivity Center hosted a traceability forum for industry to discuss the Drug Supply Chain Security Act. Topics include GS1 standards, pedigree, aggregation, and solutions for manufacturers and distributors.

FDA

May 2012, Apr 2016

FDA hosted conference to ensure industry compliance, inspection readiness and response to warning letters. It also focused on firm's robustness of its own quality systems,

Raley's-Pharmacist

Exp: Oct 31, 2018

contractor oversight, data integrity/electronic data systems, and corrective action preventative action (CAPA) processes.

cGMP by the Sea Conference Jul 2013, Aug 2014, Aug 2017 Pharma Conference hosts annual conference with current FDA officers covering topics such as supply chain security, registering products appropriately, FDA audit protocol, handling 483 citations, quality management, inspection practices, and adequate training for staff. Current FDA auditors share findings from inspections with pharmaceutical manufacturers.

DEA Annual Conference Apr 2011, Feb/May 2015, May 2016 DEA annual conference with DEA inspectors covering topics such as security, reporting loss-DEA Form 106, ARCOS reporting, CSOS, inspection practices and future status of hydrocodone products and the requirements for Manufacturers and Distributors.

Kaiser Permanente Management Excellence Program Jul 2010 Kaiser Permanente management training program for new managers. Training covered topics such as emotional intelligence, working in Labor Management Partnership environment, and creating effective managers.

Extracurricular Activities

SALUD Outreach

Health FairStockton, CAJan 2013A health fair focused on the Hispanic community. Free health screenings were providedto the community to identify at risk patients. Precept pharmacy interns in healthscreenings: diabetes, hypertension, and hyperlipidemia.

Living Hope Health Fair

Health FairStockton, CAJune 2012, 2013A collaborative community every with the Bread of Life program to provide free health
screenings and general health education to the local community in need. Precept
pharmacy interns in health screenings: diabetes, hypertension, hyperlipidemia, MTM, and
bone density.

Multicultural Health Day

Health FairStockton, CAOct 2010An outreach health fair aimed to provide free health screenings and cultural awareness to
the local community.Precept pharmacy students with health screenings and over-the-
counter education.

A0734327

AMENDED AND RESTATED ARTICLES OF INCORPORATION

<u>OF</u>

KAISER FOUNDATION HOSPITALS

ENDORSED - FILED in the office of the Secretary of State of the State of California

NOV 05 2012

The undersigned certify that:

- 1. They are the President and the Assistant Secretary, respectively, of Kaiser Foundation Hospitals, a California nonprofit public benefit corporation.
- The Articles of Incorporation of this corporation are amended and restated to read in their entirety as follows:

ONE: The name of this corporation is:

KAISER FOUNDATION HOSPITALS

<u>TWO</u>: This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for public and charitable purposes. This corporation elects to be governed by all of the provisions of the Nonprofit Corporation Law effective January 1, 1980, not otherwise applicable to it under Parts 2 and 5 of Division 2 of Title 1 of the Corporations Code of the State of California.

THREE: This corporation is organized and shall at all times be operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), including specifically to improve the health of the communities it serves. Its activities include providing hospital, medical, and surgical care, including emergency services. extended care and home health care for members of the public without regard to the individual's ability to pay and in compliance with all applicable nondiscrimination requirements, including age, sex, race, religion, or national origin; engaging in activities designed to promote the general health of the communities it serves; educating and training medical students, physicians, and other health care professionals, and students in the healing arts; conducting, promoting and encouraging educational and scientific research in medicine and related sciences and medical and nursing education; and supporting the tax-exempt purposes of this corporation and its subsidiaries and of Kaiser Foundation Health Plan. Inc. and its subsidiaries. The corporation shall extend professional staff privileges to practitioners in the community.

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709158 v1

FOUR: The corporation shall have no members.

FIVE: The corporation's Bylaws shall set forth the number of Directors.

SIX: The corporation's assets are irrevocably dedicated to charitable purposes. The corporation does not and shall not have the power to distribute gains, profits or dividends to its Directors or officers. Under no circumstances shall the corporation engage in any activities not permitted to be undertaken by an organization described in Code Section 501(c)(3). Moreover, the corporation shall not permit any part of its net earnings to inure to the benefit of any Director or officer of the corporation or to any other individual and shall not participate in, or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office. The corporation may compensate Directors and officers for the reasonable value of goods and services that they furnish to the corporation.

Upon the corporation's liquidation or dissolution, the Board of Directors shall, after paying or adequately providing for the corporation's liabilities, distribute the corporation's assets to one or more organizations organized and operated exclusively for charitable purposes meeting the requirements of California Revenue and Taxation Code section 214 and exempt from tax under Code Section 501(c)(3) or any amendment or successor thereto. The corporation's assets may not be distributed so as to inure directly or indirectly to the benefit of any Director or officer of the corporation, or to any other individual, or to any corporation, trust or organization whose net earnings inure to the benefit of any individual.

3. The foregoing amendment and restatement of Articles of Incorporation was approved by the Board of Directors of the corporation by unanimous written consent in lieu of a meeting effective October 19, 2012.

4. The corporation has no members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: November 5, 2012

2012

DATE: November

Bernard Tyson, President

Victoria Zatkin, Assistant Secretary

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NOV 06 2012

Data the Bowen DEBRA BOWEN, Secretary of State

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. 070209552	
Application/License No.	
KAISER FOUNDATION HOSPITALS, doing or intending to do business	as a
pharmaceutical wholesaler, whose address for purposes of service is	
300 Pullman St., Admin Building Livermore, CA 94551	. as
Address of Applicant/Principal	
PRINCIPAL, and, a	а
Surety Company	
corporation organized under the laws of the state ofMA	
State of Incorporation	
and authorized to transact a general surety business in the State of	
Nevada, whose address for purposes of service is	
175 Berkeley Street Boston, MA 02116	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 THOUSA	ND
DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs	
administrators, successors and assigns jointly and severally, by these pre-	

bond term shall become effective on <u>10/11/2019</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 this bond has caused it to be executed on this <u>11th</u> day of <u>October</u>, 20 19

APPLICANT/PRINCIPAL KAISER FOUNDATION HOSPITALS

Authorized Representative

SURETY COMPANY COMPANY

Edward C. Spector

Surety Company's Representative

Attorney-in-fact

SIGNED as presence of: FD in the

B. Aleman Witness AprilMartine 55

SIGNED and SEALED in the presence of:

Countersigned by

Nevada Resident Agent Marina Betsy Tapia Non-Resident Producer License No.: 884868

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

County of Los Angeles

On <u>OCT 1 1 2019</u> before me, <u>Tracy Aston</u>, <u>Notary Public</u>, personally appeared <u>Edward C. Spector</u> who proved to me on the basis of satisfactory evidence to be the person(\mathfrak{s}) whose name(\mathfrak{s}) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(\mathfrak{ies}), and that by his/her/their signature(\mathfrak{s}) on the instrument the person(\mathfrak{s}), or the entity upon behalf of which the person(\mathfrak{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 _

Signature of Notary Public



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loan,

note,

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: 8198054-024029

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, B. Aleman, Tracy Aston, Thomas Branigan, Lisa K. Crail, Ashraf Elmasry, Samantha Fazzini, Donna Garcia, Simone Gerhard, April Martinez, Rosa E. Rivas, Paul Rodriguez, Edward C. Spector, Marina Tapia, Nathan Varnold, KD Wapato

all of the city of Los Angeles state of California each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper

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 28th day of November , 2018 .

Liberty Mutual Insurance Company INSU Y INS INSUA The Ohio Casualty Insurance Company West American Insurance Company on any business day 1919 1991 rantees By: David M. Carey, Assistant Secretary State of PENNSYLVANIA lue guai County of MONTGOMERY ss On this 28th day of November , 2018 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 EST Val therein contained by signing on behalf of the corporations by himself as a duly authorized officer. residual 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. Attorney (14:30 pm PAS COMMONWEALTH OF PENNSYLVANIA rate or Notarial Seal Power of / Teresa Pastella, Notary Public 01 Upper Merion Twp., Montgomery County My Commission Expires March 28, 202 mortgage, i e, interest ra eresa Pastella, Notary Publi SYL terest nber, Pennsylvania Association of Notanes ARY PUB 1is F 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 Mutua т Go Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows: validity of the of the of the other other of the other of the other other other of the other o t valid for m rency rate, 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 Not valid currency r President may prescribe, shall appoint such attomeys-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 confirm the vi 10-832-8240 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, 1-61 1-61 shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seat, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary. Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed. I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked. IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this TY INSU INSU INSUR 1919 1991 Bv: Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co_062018

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California)
County of Alameda)
on October 23, 2019	before me, Colleen Dahle-Hong, Notary Public,
Date	Here Insert Name and Title of the Officer
personally appeared	Robert Venema
	Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in the/their authorized capacity(ies), and that by his/ber/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

	COLLEEN DAHL	E-HONG
	Commission No.	2207061
1227	NOTARY PUBLIC-CA	
201.2	My Comm Expires AUGU	

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 Signature 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: Ry Whaleshe	8.101	
Title or Type of Document: Ky Whatesale	Surery Lond	
Document Date:	Number of Pages:	
Signer(s) Other Than Named Above:		
Capacity(ies) Claimed by Signer(s)		
Capacity(ies) Claimed by Signer(s) Signer's Name: Ropert Ven en A	Signer's Name:	
Corporate Officer - Title(s):	Corporate Officer - Title(s)	
Partner – Limited General	Partner – Limited General	
Individual Attorney in Fact	Individual Attorney in Fact	
Trustee Guardian or Conservator	□ Trustee	
Other:	Other:	
Signer Is Representing: KFH	Signer Is Representing:	

C2015 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5907

Kaiser Foundation Hospitals

List of Employees Who Handle Drugs

Kaiser Foundation Hospitals ("KFH") is a virtual distributor. The facility located in Livermore, CA does not house, handle or distribute any drugs. All warehousing and distribution is performed by a licensed Third Party Logistics provider, United Parcel Service (UPS) in several locations within the United States.

Therefore, there are no KFH employees who handle any drugs on a daily basis.

4CC

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.

Interpretended in the second seco	t license number if making changes: PH					
Check box below for type of ownership and complete all required forms. **If LLC use Non Public						
Corporation or Partnership.						
 Publicly Traded Corporation – Pages 1,2,3,10,11a&b Non Publicly Traded Corporation – Pages 1,2,4,10,11a 	□ Partnership - Pages 1,2,6,10,11a&b a&b					
GENERAL INFORMATION to be completed by all	types of ownership					
Pharmacy Name: THE ER AT MC	CARRAN NW					
	MCCARRAN BLVD					
City: <u>RENO</u> State: Zip C	Code: <u>89503</u> Telephone:					
	-343-7519Toll Free Number:					
	EITH, MARSHAL OUHSINC. COM					
Website:						
Managing Pharmagint: KEITH MARCHAI	1 Lissnes Number 11473 V					
Managing Pharmacist: KEITH MARSHALL License Number: 11473 V						
TYPE OF PHARMACY AND	SERVICES PROVIDED					
TYPE OF PHARMACY AND	SERVICES PROVIDED					
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TYPE OF PHARMACY AND Yes/No Image: Comparison of the state of the	SERVICES PROVIDED Yes/No Ø Off-site Cognitive Services Ø Parenteral Ø Parenteral Ø Parenteral (outpatient) Ø Outpatient/Discharge Ø Mail Service Ø Long Term Care					
TYPE OF PHARMACY AND Yes/No Image: Comparison of the state of the	SERVICES PROVIDED Yes/No Ø Off-site Cognitive Services Ø Parenteral Ø Parenteral (outpatient) Ø Outpatient/Discharge Ø Mail Service Ø Long Term Care Ø Sterile Compounding					
TYPE OF PHARMACY AND Yes/No Image: Constraint of the state of the	SERVICES PROVIDED Yes/No Ø Off-site Cognitive Services Ø Parenteral Ø Parenteral (outpatient) Ø Outpatient/Discharge Ø Mail Service Ø Long Term Care Ø Sterile Compounding Ø Non 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 🗹
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.

want Manhut

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

REITH MARSHALL Print Name of Authorized Person

2/10/2020

Board Use Only	Date Processed: FEB 1 3 2020	Amount: 500.00
	Page 2	

Page	2
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APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: _	SPARKS	FAMILY	HOSPITAL	, INC.
Business Name:	NORTHERN	I NEVADA	MEDICAL	CENTER
Current Business	Address: 23	75 EAST	PRATER	WAY
City: SPAR	es	State:	Zip Co	ode: <u>89434</u>
Telephone: 77	5-331-7	2000	Fax: 779	5-356-4932

List any physician shareholders and percentage of ownership.

Name:		%:
Name:	ų.	%:
Name:		%:
Name:		<u>%:</u>

Hours of Operation for the pharmacy:

Monday thru Friday	yam	pm	Saturday	am	pm
Sunday	am	pm	24 Hours	~	

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy FOR Corporations, Partnership or Sole Owners

KEITH MARSHALL Responsible Person of THE ER AT MCCARRAN NW 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

KEITH MARSHALL

2/10/2020 Date

Managing Pharmacist

Pharmacist Name:_	KEITH	MA	2SHA	944	License #: _	11473
Pharmacy Name:	THE	ER	AT	MCCAREAN	NW	

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.

	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?		
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?		Ø
If you marked YES to any of the numbered questions above, please include the following informati	on	
Board Administrative Action: State: Date:		-
And/or Criminal Action: State: Date: Case #: County County Court:		-

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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)
- 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.

Markel

2/10/2020

Pag11b

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

SPARKS FAMILY HOSPITAL, INC.

Entity Number:

C1886-1979

Entity Type:

Domestic Corporation (78)

Entity Status:

Active

Formation Date:

04/06/1979

NV Business ID:

NV19791003372

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2020

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CORPORATION SERVICE COMPANY

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Commercial Registered Agent

NV Business ID:

NV20101844335

Office or Position:

Jurisdiction:

DELAWARE

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703, USA

Email Address:

SOP@CSCGLOBAL.COM

Mailing Address:

Individual with Authority to Act:

GEORGE MASSIH

Contact Phone Number:

Fictitious Website or Domain Name:

PRINCIPAL OFFICE ADDRESS

Address:

Mailing Address:

OFFICER INFORMATION

Name

VIEW HISTORICAL DATA

Title

Title	Name	Address	Last Updated	Status
President	MARVIN PEMBER	S GULPH RD, KING OF PRUSSIA, PA, 19406, USA	04/10/2019	Active
Secretary	MATTHEW D KLEIN	. GULPH ROAD, KING OF PRUSSIA, PA, 19406, USA	04/10/2019	Active
Treasurer	CHERYL K RAMAGANO	S_GULPH RD, KING OF PRUSSIA, PA, 19406, USA	04/10/2019	Active
Director	STEVE FILTON	S GULPH RD, KING OF PRUSSIA, PA, 19406, USA	04/10/2019	Active
Page 1 of	1, records 1 to 4 of 4		3	
CURREN	T SHARES			
Class/Serie	es Type	Share Number V	alue	
		No records to view.		
Number o 2500	of No Par Value Shares:			
Total Auth	norized Capital:			
2,500				
		Filing History Name History	Mergers/Conver	sions

Return to Search Return to Results



Department of Health and Human Services Division of Public and Behavioral Health State of Nevada

> 653-HOS-29 License Number

NORTHERN NEVADA MEDICAL CENTER This Is To Certify That

2375 E PRATER WAY **SPARKS, NV 89434**

Is hereby licensed as a(n)

HOSPITAL

Administrative Code and the standards, rules and regulations adopted by the Board of Health. as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada

Endorsement : PRIMARY STROKE

Bed Information : Medical/Surgical Beds - 76,Medical/Surgical ICU Beds - 12,Rehabilitation Beds - 8,Geriatric

Psychiatric Beds - 28

ALAN OLIVE / Administrator

UNIVERSAL HEALTH SERVICES

Lisa Sherych / Administrator

Facility Type : HOSPITAL

This facility is licensed to provide the following:

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

5 v.

Case No. 19-216-WH

ORDER

Petitioner,

SIMPLOT WESTERN STOCKMEN'S, Wholesaler License No. WH011894,

Respondent.

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, December 4, 2019, in Reno, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent SIMPLOT WESTERN STOCKMEN'S, Wholesaler License No. WH01894, appeared by and through counsel, Gregory A. Brower, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Order.

FINDINGS OF FACT

The Board makes the following findings of fact:

1. At the time of the events set forth herein, Respondent held Wholesaler License WH01894, issued by the Board.

2. On or about May 24, 2019, Respondent was served by written notice with a request to comply with the requirements of NRS 639,500 and submit a current list of Respondent's officers/directors and a fingerprint card from each officer/director with written permission from each officer/director authorizing the Board to forward those fingerprints to the Central Repository for Nevada Records of Criminal History.

3. In response to the May 24, 2019, notice, Respondent voluntarily suspended its Nevada operations and ceased to engage in the business of furnishing drugs in this State pursuant to NRS 639.233.

409

DEC 13 2019

NEVADA STATE BOARD OF PHARMACY

4. On or about October 31, 2019, Respondent was served with the First Amended Notice of Intended Action and Accusation (Accusation) and Notice of Hearing for December 4, 2019, in Reno, Nevada.

5. On or about November 19, 2019, Respondent filed an Answer and Notice of Defense to the Accusation.

6. Respondent in its Answer and at the hearing represented that it has pending an application for accreditation by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors program. Respondent further represented that its parent company, J. R. Simplot Company, plans to effectuate an internal reorganization which will create a new subsidiary Nevada corporation whose officers and directors will have exclusive oversight and control of J.R. Simplot Company's wholesale pharmaceutical business in Nevada. Upon the creation of this subsidiary, it will apply for a new wholesaler's license, and with that application, will provide fingerprint cards for each of its officers and directors in compliance with NRS 639.500.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this Respondent, because at the time of the events herein, Respondent held Wholesaler License No WH01894, issued by the Board.

2. Respondent is subject to the requirements of NRS 639.500 and 21 CFR Part 205.

<u>ORDER</u>

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. This matter is continued pursuant to NRS 639.247(2) for good cause shown subject to the following conditions:

 Respondent shall not engage in the business of furnishing drugs in Nevada pursuant to NRS 639.233 until Respondent complies with the requirements of NRS 639.500; and

 b) Respondent shall within 14 days of the effective date of this Order provide to the Board an affidavit from an authorized representative attesting that Respondent shall continue to suspend its Nevada operations and not engage in the business of furnishing drugs in this State pursuant to NRS 639.233 until Respondent complies with the requirements of NRS 639.500.

2. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Entered this /3th day of December, 2019.

Helen Park, President Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of December 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Simplot Western Stockmens 223 Rodeo Avenue Caldwell, ID 83605

Gregory Brower, Esq. 100 N. City Pkwy., Suite 1600 Las Vegas, NV 89106

M SHIRLEY HUNTING

24A

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane Reno, NV 89509 (775) 850-1440 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 🖸 Ownership Change
(Please provide current license number if making changes: WH)
□ 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
Facility Name: Anutra Medical, Inc.
Physical Address: 1000 Perimeter Park Drive Ste E
Mailing Address: Same
City: MOrrisville State: NC Zip Code: 27500
Telephone: <u>944-208-972</u> Fax: <u>844-208-8721</u>
Toll Free Number:
E-mail: <u>cameron canutramedical.con</u> Website: <u>WWW.</u> anutramedical.com
Facility Manager: KEVIN 0100H
Professional qualifications and experience of facility manager: <u>See attached</u> .
Types of licensed outlets or authorized persons firm will serve:
□ Pharmacies □ Practitioners □ Hospitals □ Wholesalers □ Other:
Type of Products to be handled or wholesaled be firm:
 Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other:

Page 1

(11504

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.)

Licensed as a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration) Yes 🗆 No 🙀

Yes 🗆 No 🎘

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 \Box No D_i

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)	tospira	275 N. Field Dr. LakeForest, IL W	045
	Name	Address	
2)	Business		
	Name	Address	
3)	Business		E.
	Name	Address	
4)	Business		
/	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 🔽 Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 2) 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes D No D 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 D No P

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 D No D

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

Print Name of Authorized Person

Board Use Only

Received: 1-13-16

Date

Amount: \$500-00

15

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DELOWARE
Parent Company if any: <u>NONC</u>
Corporation Name: <u>Anutra Medical</u> , Inc.
Mailing Address: 1000 Perimeter PK. Dr. SteE
city: MOKYISVIIIE State: NC zip: 27500
Telephone: 844-268-8721 Fax: S9MC
Contact Person: CAMERON PERFINS

For any corporation non publicly traded, disclose the following:

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

	a) Dan Davidian Ashland Mill Ct. Paleigh, NC 27407 Name Address
	b) CAMERON PERKINS HUNTSWORTH PI, CAW, NC 2153 Name Address
	c) Harbert Ventures) E. Canyst. 4th Floor Richmond, V7 2209 Name Address
	d) Research Thiangle Investments Frellingwood br. Momisville, NC Name Address 27560
2)	Provide the number of shares issued by the corporation. <u>20,000,000</u>
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 is stock register evidencing the above information

		0182 ×-	trus *		Bogartmant of the first	
	SSN* / DOB	09-19-1975-ABIL	03/31/1273 #			75
	Percentage Of Ownership	4.7292				
		51-51-2	7 9R-6065130			
OFFICER INFORMATION	1 - T	Then there he of char ve Z	610 117 C			
	Title	Ceo	Davidien 005 and Founder		ligits.	
	Officer Name	Cameran L. Perkins	Deniel Buidien 005		*Please provide only the last 4 digits.	



Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION

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

ANUTRA MEDICAL, INC.

a corporation organized under the laws of Delaware was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on the 25th day of November, 2013.

I FURTHER certify that the said corporation's certificate of authority is not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation's certificate of authority is not revoked for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that a certificate of withdrawal has not been issued in the name of the said corporation as of the date of this certificate.





Scan to verify online.

Certification# 97582229-1 Reference# 12768405- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of October, 2015.

Elaire I. Marshall

Secretary of State

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. 41305807	
Application/License No.	
Anutra Medical Inc. Applicant/Principal pharmaceutical wholesaler, whose address for purposes of service is	ss as a
1000 Perimeter Park Drive	. as
Address of Applicant/Principal	, ao
PRINCIPAL, and PLATTE RIVER INSURANCE COMPANY	. a
Surety Company corporation organized under the laws of the state of NEBRASKA	
and authorized to transact a general surety business in the State of	on
Nevada, whose address for purposes of service is POB 5900 MADISON WI 53705-0900	
	as
SURETY, are held and firmly bound unto the State of Nevada and to the State Board of Pharmacy for the penal sum of ONE HUNDRED THOU DOLLARS (\$100,000.00), for which payment we bind ourselves, our he administrators, successors and assigns jointly and severally, by these bond term shall become effective on	SAND eirs, 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:

ž

- (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 ______ day of _______ SEPTEMBER ______ 2016

APPLICANT/PRINCIPAL SURETY COMPANY PLATTE RIVER INSURANCE COMPANY Anutra Medical Inc. Authorized Representative Surety Company's Representative CHAEL K NESCHKE Attorney-in-fact print name SIGNED and SEALED in the presence of: SIGNED and SEALED In the presence of: Witness Witness Witness Countersigned by Nevada Resident Agen

PLATTE RIVER INSURANCE COMPANY POWER OF ATTORNEY

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

-MICHAEL NESCHKE --

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 INSTRUMENTSIN 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 **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"RESOLVED, that the President, and Vice-President, the 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 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 the company; the signature of such officers and the seal of the Corporation may be affixed to 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 Corporation 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 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 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 8th day of January, 2014.

LW hill 8

Richard W. Allen III President Surcty & Fidelity Operations

STATE OF WISCONSIN COUNTY OF DANE

Attest:



PLATTE RIVER INSURANCE COMPANY

41305828

Stephen J. Sills CEO & President

On the 8th day of January, 2014 before me personally came Stephen J. Stills, 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 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.S



Daniel W Knuese

Daniel W. Krueger Notary Public, Danc 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

Alan S. Ogilvie

Alan S. Ogilvie Secretary

THIS DOCUMENT IS NOT VALID UNLESS PRINTED ON GREEN 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. PR-POA (Rev. 11-13)



1000 Perimeter Park Drive, Suite E Research Triangle Park, NC 27560

DETAILED DESCRIPTION OF OPERATIONS Non-Resident Wholesale Drug Distributor

ANUTRA MEDICAL, INC.

1000 Perimeter Park Drive, STE E Morrisville, NC 27560

North Carolina Wholesale Distributor LicenseRegistration No:451Date First Registered:11/6/14Registered through:12/31/15

BUSINESS STRUCTURE

Anutra Medical, Inc. distributes a device for use in dispensing anesthetic to dental and medical professionals. The device consists of 3 parts; the Dispenser, the Cassette and the Syringe (which is 510k Approved as of 1/2015). The dispenser is not obtained via a prescription. The cassette, syringes, Lidocaine and Sodium Bicarbonate are by prescription only.

The Dispenser, Cassette and Syringes are <u>not</u> packaged as a Convenience Kit (per the FDA definition of same), and can be purchased separately. However, as a courtesy to its customers, Anutra Medical, Inc. packages the vials of lidocaine and sodium bicarbonate for use in the Cassette *with* the Cassette when ordered & shipped to customers. Upon order, the Cassette, sealed in a plastic tray, and the lidocaine and the sodium bicarbonate placed in a small, separate box are then combined into one shipping container at the applicant address. All medication used in the Cassette is independent of the Cassette and must be physically inserted into the Cassette when received in the health care providers office.

Lidocaine and Sodium Bicarbonate for use in the Anutra Dispenser System are the <u>only</u> prescription drugs currently stored at, shipped from, or handled by Anutra Medical, Inc. and at this time, Anutra Medical, Inc. operates as a prescription drug/device distributor solely for the Cassette, Syringe, lidocaine and sodium bicarbonate (purchased from Hospira – see below) in units used in the Cassette.

Drug List {Anutra Medical, Inc. only warehouses Lidocaine and Sodium Bicarbonate as indicated above}

Lidocaine HCL 2% and Epinephrine 1:100,000 Injection, USP Vial size: 50 mL NDC: 0409-3182-03 Manufactured By: Hospira @ 275 N Field Dr, Lake Forest, IL 60045



1000 Perimeter Park Drive, Suite E Research Triangle Park, NC 27560

8.4% Sodium Bicarbonate Injection, USP Vial size: 10 mEq (1mEq/mL) NDC: 0409-4916-34 Manufactured By: Hospira @ 275 N Field Dr, Lake Forest, IL 60045

	Name	License Status	License Number	City/State	Original Issue Date	Current Expiration Date	Ever Disciplined
<u>Detail</u>	HOSPIRA INC	ACTIVE	097001415	Lake Forest, IL	04/28/2004	12/31/2016	N
<u>Detail</u>	HOSPIRA INC	ACTIVE	004001961	Lake Forest, IL	09/08/2004	12/31/2016	N
<u>Detail</u>	HOSPIRA INC	ACTIVE	304006757	Lake Forest, IL	09/08/2004	12/31/2016	N

Security System

Guardian, 2 cameras in warehouse, motion sensors in main corporate office area, and door sensors on all doors. They system is monitored by 2 core management personnel via an iPhone app.

Facility photos:

ACORD. CERTIFICATE OF LIABILITY INSURANCE

426 DATE (MM/DD/YYYY) 7/22/2015

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 CEPTIEICATE OF INSUBANCE DOES NOT CONSTRUCT A CONSTRUCT OF ALLER THE COVERAGE AFFORDED BT 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.

The off the booting and the off the off					
IMPORTANT: If the certificate holder is an ADDITIONAL INS the terms and conditions of the policy, certain policies may certificate holder in lieu of such endorsement(s).	SURED, the policy(les) must be endorsed. If SUBROC r require an endorsement. A statement on this certific	ATION IS WAIVED, cate does not confe	subject to r rights to the		
PRODUCER	CONTACT				
Maloy Risk Services	NAME:				
-	PHONE (A/C, No, Ext): 609 987-0221	FAX No. 6	99870449		
Princeton Forrestal Village	E-MAIL	(A/C, NO):			
•	ADDRESS:				
204 Rockingham Row	PRODUCER CUSTOMER ID #:				
Princeton, NJ 08540-7104					
	INSURER(S) AFFORD	NAIC #			
INSURED Anutra Medical, Inc	INSURER A : Sentinel Insurance Com				
3917 Sunset Ridge road	INSURER B :				
Raleigh, NC 27607	INSURER C :				
	INSURER D :				

INSURER E :

	INSURER F :							
-	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:							
E	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.							
INSF L.TR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	COMMERCIAL GENERAL LIABILITY		13SBATI9795	06/16/2015	06/16/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$1,000,000 \$1,000,000 \$10,000 \$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO- POLICY LOC					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,000,000 \$2,000,000 \$	
Α	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		13SBATI9795	06/16/2015	06/16/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$ \$ \$ \$ \$	
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$ 10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		13SBATI9795	06/16/2015	06/16/2016	EACH OCCURRENCE AGGREGATE WC STATU- TORY LIMITS OTH- TORY LIMITS ER	\$5,000,000 \$5,000,000 \$ \$	
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Crime Liability	N/A	10004710705	07/04/0045		E L EACH ACCIDENT E L DISEASE - EA EMPLOYEE E L DISEASE - POLICY LIMIT	s s s	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks S	07/21/2015 Schedule, if more space	Retention	\$100,000 \$100		

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance

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

Ra Malozy . dr.

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ACORD 25 (2009/09) 1 of 1 The ACORD name and logo are registered marks of ACORD #S1001850807171

24B

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 01775 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:	Broughton Pharmaceuticals, LLC
Physical Address:	413 West Montgomery Cross Rd. Suite 204
City: Savannal	State: GA Zip Code: 31406
Telephone Numbe	r: 866-341-0315 Fax Number: 912-201-3775
Toll Free Number:	866-341-0315
E-mail: <u>service@t</u>	roughtonpharma.com Website: Www broughtonpharma.com
Facility Manager:	John Dutch
MBA in Stres	cations and experience of facility manager: BA in Finance + Management, Sic planning, 10t years in pharmaceuticas managing position
lypes of licensed	outlets or authorized persons firm will serve:
⊠ Pharmacies I Other: <u>VA</u> 5	Deractitioners Active Dury Militery, infusion Clinics, Surgical features
Type of Products to	b be handled or wholesaled by firm:
Poisons or Che	aceuticals, Supplies or Devices micals Stances (include copy of DEA)

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 in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes \Box No \boxtimes

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: Mexesson Corporation
Address: 1005 Satellite Blud. Suncher, GA 30024
Name: Horverd Drug Group
Name: Harverd Drug Group Address: 17177 N. Laurer Park Ste. 233 Livonia, MI 48152
Name: HD Smith Wholescle Drug Co.
Name: HD Smith Wholescle Drug Co. Address: 4450 Industrial Dr. Springfierar, IL 62703
Name: Privoty Leclibcare
Address: 1231 East Bentline Ave. NE Grana Repices Mi 49525
A licensee is not required to have a Nevada State Business License, however, if you do,

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			
any interest, ever been denied a license, permit or certificate of			
registration?	Yes	No	X

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?	Vaa		871
Substances :	Yes	NO	N
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

Dutch

Print Name of Authorized Person

Date

9/16/19

Board Use Only

Date Processed:

Amount:

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation:Georgia
Parent Company if any:SL Group, LLC
Mailing Address:413 West Montgomery Cross Rd Suite 204
City: Savannah State: GA Zip: 31406
Telephone: 866-341-0315 Fax: 912-201-3775
Contact Person:John Dutch
For any corporation non-publicly traded, disclose the following:
1) List top 4 persons to whom the shares were issued by the corporation?
a) <u>Broughton Phermeautices Hulolings</u> unit 204 Name Business Address Souch on GA 31404
b) Name Business Address

Business Address

Business Address

NA

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

Provide the number of shares issued by the corporation.

What was the price paid per share?

List of officers and directors

c)

d)

2)

3)

Name

Name

<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.

Broughton Pharmaceuticals:

Name: Broughton Pharmaceuticals, LLC

Name and Title of Each Member:

John Dutch – CEO

Bradley Allen – COO

Kenward Stone - Co-President

Nicholas Leibold – Co-President

Parent: SL Group, LLC

State of Inc.: Georgia



LIST OF EMPLOYEE'S WHO HANDLE DRUGS ON A DAILY BASIS

CAILTYN JOHNSON

LAUREN DEBOCKLER

MOLLY CURRY

Control Number: 0215055

STATE OF GEORGIA

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

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BROUGHTON PHARMACEUTICALS, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

D	ocket Number	:	16278907
D	ate Inc/Auth/File	d:	03/21/2002
Jı	risdiction	:	Georgia
P	rint Date	:	11/07/2018
F	orm Number	:	211

B:1

Brian P. Kemp Secretary of State





GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE

BRAD RAFFENSPERGER

HOME (/)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	BROUGHTON PHARMACEUTICALS, LLC	Control Number:	0215055
Business Type:	Domestic Limited Liability Company	Business Status:	Active/Compliance
Business Purpose:	NONE		
Principal Office Address:	413 West Montgomery Crossroad, ste 204, Savannah, GA, 31406, USA	Date of Formation / Registration Date:	3/21/2002
		Look Americal	

Last Annual Registration Year:

REGISTERED AGENT INFORMATION

Back

State of Formation: Georgia

Registered Agent Name: **Dutch Jr., John Franklin**

Physical Address: 4 Captain Jim Lane, Savannah, GA, 31411, USA

County: Chatham

Filing History Name History

Return to Business Search

Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530, Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: https://sos.ga.gov/ © 2015 PCC Technology Group. All Rights Reserved. Version 5.12.2 **Report a Problem?**



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

GEORGIA BOARD OF PHARMACY

Date Mailed: September 27, 2019

Nevada State Board of Pharmacy 985 Demonte Ranch Pkwy #206 Reno NV 89521

Full Name: Broughton Pharmaceuticals LLC	Date Issued: 04/30/2002
Type of License: Wholesaler Pharmacy	License #: PHWH001676
Obtained By: Transfer	Expiration Date: 06/30/2021
License Status: Active	Highest Degree:
Public Board Orders: none	Profession: Pharmacy
Schools:	

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at <u>https://gadch.mylicense.com/verification/Search.aspx?facility=N</u> to obtain a copy of the board order.



Fange D. Battle

Tanja D. Battle Executive Director Georgia Board of Pharmacy

SURETEC INSURANCE COMPANY

3033 5th Avenue, Suite 300, San Diego, CA 92103

CONTINUATION CERTIFICATE

Bond No.5120440Principal:Broughton Pharmaceuticals, LLCBond Amount:\$100,000Bond Description:Wholesale Pharmaceutical Distributor Bond

Obligee: Nevada State Board of Pharmacy

Gentlemen:

You are hereby notified that the above Bond shall be continued in force for a period effective from

08/01/2019 until 08/01/2020

unless it is cancelled by the surety or otherwise terminated. All other terms and conditions remain unchanged.

The aggregate liability of the surety shall not exceed the amount of this Continuation Certificate. The liability of the surety shall not cumulate by reason of this certificate, any continuation certificate, change rider, endorsement, modification, new bond, reinstatement, reissue, renewal, replacement, or substitution issued in the future.

Signed this 23rd day of July, 2019.

SureTec Insurance Company, Surety

By: where

Michelle M. Herman, Attorney in Fact

24C

WH027

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

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 Ownership Change (Please provide current license number if making changes: WH)					
(i lease provide culterit incense humber it making changes: WH					
 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					
Facility Name: PrimARy Pharmaceulicals, Anc					
Facility Name: <u>Primary Pharmaceulicals</u> , Anc Physical Address: 1019 Government St. Suite E					
Mailing Address: 1019 Government St. SunteE					
City: Ocean Springs State: <u>MS</u> Zip Code: <u>39564</u>					
Telephone: <u>888.574.7366</u> Fax: <u>228.875.5596</u>					
Toll Free Number: 888.574.7366					
E-mail: M/@pimary phormercuticals. con Website: Www.prmarypharmecuticals.con					
E-mail: Mf@pimary phormercuticals.con Website: Www.prmanypharmecuticals.con Facility Manager:Ank Stembo					
Professional qualifications and experience of facility manager: <u>Employed since 2013</u>					
Types of licensed outlets or authorized persons firm will serve:					
Pharmacies DP Practitioners DP Hospitals DP Wholesalers					
Type of Products to be handled or wholesaled be firm:					
 Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other: 					

Page 1

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 a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration) Yes 🗆 No 🕅

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 \Box No \Box

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)	Topky - Barlett,	Tennessee
¥.	Name	Address
2)	Business Gulf Coast Pharmal	unticels, Phis
	Mame 995A NItalstead Rd	Address , Occan Springs MS
3)	Hver Pharmacentic	als - Ocean Spring, MS
	Name ' .	Address 0 7
4)	Business	
/	Name	Address
	Business	

Within the last five (5) years:

- 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)?
- 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?
- 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?

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 Yes 🗆 No 🕅 (other than upon voluntary close of a facility)?

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

FRANK Stumbo

Print Name of Authorized Person

<u>3.11.16</u> Date

Board Use Only Received: 328116 Amount: \$50	00.00
--	-------

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION
State of Incorporation: <u>Mississippi</u>
Parent Company if any:
Corporation Name: _ Primary Pharmacenticity, Inc.
Mailing Address: 1019 Dovernment St. Suite E
City: Ocean Springs State: <u>MS</u> Zip: <u>39564</u>
Telephone: 228.872.1167 Fax: 228.872.1169
Contact Person: FRANK Stumber Operations Unhager

For any corporation non publicly traded, disclose the following:

6

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

	a) Darket Patchey Name	1019 Governmentsh Address	Ste E, Occar Spice	39564
	b)			_
	Name	Address		
	c)			
	Name	Address		
	d)			
	Name	Address	5	
2)	Provide the number of share	s issued by the corporation.	0	
3)	What was the price paid per	share?	O	<u> </u>
4)	What date did the corporation	n actually receive the cash as	ssets?	,
5)	Provide a copy of the corpor	ation's stock register evidenci	ng the above inform	ation

442



ALL AND FURTHER

111111111

1019 Government Street, Suite E, Ocean Springs, MS 39564 phone 877,337.0682 fax 877.337.0683 web primarypharmaceuticals.com

Primary Pharmaceuticals Organizational Chart

Darrell Ritchey – Owner & President (Sole Officer) Frank Stumbo – Operations Manager Darrell Ritchey Incorporator

2

.

1019 Government Street, Suite E Ocean Springs, MS 39564



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 20th day of November, 2015, the State of Mississippi issued a Charter/ Certificate of Authority to

PRIMARY PHARMACEUTICALS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said PRIMARY PHARMACEUTICALS, INC. is in good standing at this time.

Given under my hand and seal of office the 11th day of March, 2016

Nosemann, 11.

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16021112 Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx

F0001

Fee: \$ 50

2015427961



Business ID: 1080076 Filed: 11/20/2015 08:56 AM C. Delbert Hosemann, Jr. Secretary of State

Delbert Hosemann Secretary of State

P.O. BOX 136 JACKSON, MS 39205-0136

TELEPHONE: (601) 359-1633

Articles of Incorporation

Business Information

Business Type: Profit Corporation Business Name: PRIMARY PHARMACEUTICALS, INC. Business Email: primaryrx@cs.com Period of Duration: Perpetual

NAICS Code/Nature of Business

424210 - Drugs and Druggists' Sundries Merchant Wholesalers

Registered Agent

Name:	Business Filings International, Inc.		
Address:	645 Lakeland East Drive, Suite 101		
	Flowood, MS 39232		

Stock Information

Classes:	No. of Shares:	Shares Issued:
Common	2000	0

Signature

The undersigned certifies that:

1) he/she has notified the above-named registered agent of this appointment;

2) he/she has provided the agent an address for the company, and;

3) the agent has agreed to serve as registered agent for this company

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day 11/20/2015.

Name:

Address:





1019 Government Street, Suite E, Ocean Springs, MS 39564 phone 877.337.0682 fax 877.337.0683 web primarypharmaceuticals.com

PRESIDENT: OPERATIONS MANAGER:

BILLING/SHIPPING ADDRESS:

PHONE: FAX:

<u>EMAIL:</u> WEBSITE:

TAX ID: DUN & BRADSTREET: NAICS: CAGE CODE: HIN#: DIBBS: SAM/CCR VENDOR NUMBER:

MS BOARD PF PHARMACY LICENSE NUMBER: ISSUED: EXPIRATION DATE:

STATE OF INCORPORATION:

BANKING INFORMATION:

Darrell Ritchey Frank Stumbo

1019 Government St. Suite E Ocean Springs, MS 39564

(877) 337-0682 (877) 337-0683

info@primarypharmaceuticals.com www.primarypharmaceuticals.com

20-2613311 06-612-6126 424210 78JF1 J5VBXM00 78JF101 066126126

11690/6.1

10/09/2012 12/31/2017

Mississippi

Wells Fargo Bank 1702 Bienville Blvd. Ocean Springs, MS 39564 228.872.2911

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane Reno, NV 89509 (775) 850-1440 Fax: (775) 850-1444

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PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB12289500020

Application/License No.

PRIMARY PHARMACEUTICALS, INC. Applicant/Principal pharmaceutical wholesaler, whose address for purposes of service is

 1019 GOVERNMENT ST., OCEAN SPRINGS, MS 39564
 , as

 Address of Applicant/Principal
 , a

 PRINCIPAL, and PIIILADELPHIA INDEMNITY INSURANCE COMPANY
 , a

 Surety Company
 , a

 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 231 ST. ASAPH'S RD., SUITE 100, BALA CYNWYD, PA 19004

Address of Surety

as

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
 - (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 20TH day of JANUARY 2016

APPLICANT/PRINCIPAL PRIMARY PHARMACEUZ

Authorized Representative

SURETY COMPANY PHILADELPHIA INDEMNITY INSUDANCE COMPANY

Surety Company's Repres entative

the presence of:

DAVID C. JOSEPH , Attorney-in-fact

SIGNED and SEALED in the presence

Witness

Witness

Witnes Witness

Countersigned by

NA

Nevada Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY 231 St Asaph's Rd., 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 Clark Fitz-Hugh, Conway C Marshall, Elizabeth Schott, Linda C Sheffield, Darlene A Bornt, Catherine C Kehoe, Emily G Lapeyre, David C Joseph, Jessica Palmeri, Kristine Donovan, Stephen Beahm and Candice Gros of Global Surety, LLC, 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 \$25,000,000.

This Power of Attorney is granted and is signed and scaled by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY at a meeting duly called the 1st day of July, 2011.

RESOLVED:

That the Board of Directors hereby authorizes the President or any Vice President of the Company to: (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:

and the second second

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 biding upon the Company in the future with the 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 10TH DAY OF JUNE 2013.



Robert D. O'Leary Jr., President & CEO Philadelphia Indemnity Insurance Company

On this 10th day of June 2013, 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.

COMMONWEALTH OF PENNSYLVANIA Noratini Seal Kimberty A. Kassleski, Notary Public Lower Herino Tiko, Mantpatherty Councy My Commission Earles Dec. 18, 2016 NEMBER, PRAFYLVANIA ASSOCIATION OF NOTABLES	Notary Public		-
(Notary Seal)	residing at	Bala Cynwyd. PA	
(Notary Seal)	My commission expires	December 18, 2016	0

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do herby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 10TH day of June 2013 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



(Seal)

Edward Sayago, Corporate Secretary PHILADELPHIA INDEMNITY INSURANCE COMPANY

	2.55 		
STREET + ADPAR	is duby permitted as a:	Permit Holder: Stumbo, Frank Devices	ank Ramiel Executive Director 1 Jackson, MS 39211
Board of Pharman	Primary Pharmaceuticals, Inc	10:19E Government Street Ocean Springs, Mississippi 39564 r / Manufacturer of Human Prescriptions and/or Devices	<pre>cmut is not transferable or assignable.</pre>
A REAL PROPERTY OF MILES STATE	This is to certify that	Permit No.: 11690/6.1 Oce Wholesaler / Manufa	Maued: 10/9/2012 Maneured: 1/1/2016 Ecopina: 12/31/2017 Mississippi Board of Pharmacy Phone: 60

FRANK STUMBO 7 Maple Drive Ocean Springs. MS 39564

Email: frank@primarypharmaceuticals.com

OBJECTIVE

I want a position that will allow me to expand my written and interpersonal communication skills through written and oral correspondence, as well as develop my leadership and managerial abilities in the business field.

EDUCATION

School of Communication, University of South Alabama, Mobile, AL B.A., Communication in a Print Journalism track W/ English minor GPA: 3.66

WORK EXPERIENCE

• Primary Pharmaceuticals, Inc. Ocean Springs, MS - November 2013 to present

Operations Manager: Manager the day-to-day operations of Primary Pharmaceuticals including, but not limited to, intake and inspection of product, QuickBooks bill entry and invoicing for outgoing product. Oversaw the company's move from Mobile, AL to Ocean Springs, MS in November 2013.

• Gulf Coast Pharmaceuticals Plus, Inc., Ocean Springs, MS - November 2010 to October 2013 Assistant Operations Manager: Assisted Operations Manager in the day-to-day operations of Gulf Coast Pharmaceuticals Plus including, but not limited to, intake and inspection of product, QuickBooks bill entry and invoicing for outgoing product. Created and managed Gulf Coast Pharmaceuticals Plus' call list and in-house past due invoice collection program.

• The Gazette Newspaper, Ocean Springs, MS - August 2009 to October 2010

Managing Editor: Conducted all editorial and managerial duties for the Gazette weekly newspaper; including interviews, reporting, writing and editing. Developed lasting contacts in the political and business community in Ocean Springs and the surrounding area, and worked with the community to expand the readership of the paper to more than 1,200 subscribers in less than a year.

OUALIFICATIONS

• Excellent written and oral communication skills learned through on the job experience interviewing subject matter experts in their respected fields and relaying that to the layperson through the written word.

• Experience in obtaining sources, researching information and conducting interviews in person, over the phone and email.

• Fluent in numerous business and communication computer programs such as Microsoft office, Photoshop, Quark Express, NewsEdit Pro and other related programs.

MILITARY EXPERIENCE

Three years in the 1st Battalion, 75th Ranger Regiment (SOF) as an Airborne Ranger; held positions ranging from rifleman to team leader

One year tour of duty with the 1st Battalion, 155th Infantry Division, Brigade Combat Team, in Iskandariyah, Iraq; held positions as an entry team leader and vehicle commander on combat patrols throughout 2005. Earned the Combat Infantry Badge for engaging enemy combatants.

24D

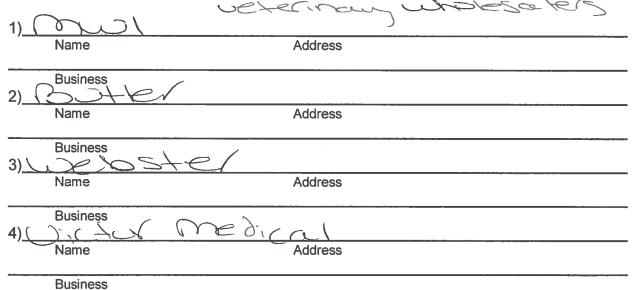
A54 NE DA STATE BOARD OF PHA. JACY 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440 APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE \$500.00 Fee made payable to: Nevada State Board of Pharmacy (non-refundable and not transferable money order or cashier's check only) Application must be printed legibly 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 Ownership Change (Please provide current license number if making changes: WH)
 Publicly Traded Corporation – Pages 1,2,3,4 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 Abbott Laboratories Inc. Facility Name:
Mailing Address: Abbott Laboratorics Inc. 100 Abbott Park Rd, D-AHTZ, Blag APLEC City: Abbott Park, IL LEDOLOG State: TL Zip Code: LEDOLOG
City: <u>Abbott Park</u> State: <u><u><u>TL</u></u> Zip Code: <u>100064</u> Telephone: <u>847-935-9197</u> Fax: <u>847-938-2141</u></u>
Toll Free Number: <u>N/A</u> E-mail: <u>denise.stollenwerk@abbott.com</u> Website: <u>NrWW.abbott.com</u> Facility Manager: <u>Denisestollenue</u> (K
Professional qualifications and experience of facility manager: <u>Supported</u>
Types of licensed outlets or authorized persons firm will serve:
□ Other:
 ☑ Legend Pharmaceuticals, Supplies or Devices □ Poisons or Chemicals ☑ Controlled Substances (include copy of DEA) √ □ Other:
+ applied corresponded Page 1 Delight a with forward Page 1 When rece 62173

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.), henved applied fear - mapel 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 \Box No \Box

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.



Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 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)?	st Yes [□ No	
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	st Yes [⊐ No	
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	st Yes [⊐ No	

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

Print Name of Authorized Person

Date

Board Use Only Received:	JAN 15 2013	Amount: <u>500.00</u>	Sec. 14
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OWNERSHIP IS A PUBLICLY TRADED CORPORATION					
State of Incorporation:					
Parent Company if any:		12			
Corporation Name:100 Abbott Park Rd					
D-AH72 Bldg. AP6C Mailing Address:Abbott Park, IL 60064					
City:					
Telephone: <u>847-935-914</u>	17 Fax: _	847-938-2741			
Contact Person: Denise St	follenwerk				
Owners	hip Information – Cor	mplete Section 1 or 2			
<u>Do not use N/A i</u>	<u>n this section – Secti</u>	ion 1 or 2 must be completed.			
Section 1: List the corporation (Name and percentage of owne	•	olders:			
1. No personowns 5%	or more.	%:			
2		<u>.</u>			

457

Ζ.	%:
3.	 %:
4.	%:

<u>Section 2:</u> 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:

Stock Exchange:

Include with the application for a publicly traded corporation

List of officers and directors. attached

<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.

Abbott Laboratories Inc.

DELEGATION OF AUTHORITY

I, Azita Saleki-Gerhardt, authorize Maureen Bryson and Robert Nevens, Domestic Distribution Operations, to sign license applications for Abbott Laboratories Inc. Distribution Center in Abbott Park, II, the Abbott Laboratories manufacturing locations in North Chicago, II, and the public warehouses contracted by Abbott.

ZIAUGIZ

Azita Saleki-Gerhardt Vice President Pharmaceuticals Manufacturing & Supply

Abbott Laboratories Inc. Corporate Officers - May 2012

Title

Name Miles D. White **Richard W. Ashlev** Oliver Bohuon John M. Capek Thomas C. Freyman Holger A. Liepmann Edward L. Michael Laura J. Schumacher Thomas F. Chen Carlos Alban Stephen R. Fussell Robert B. Hance Azita Saleki-Gerhardt John M. Leonard Heather L. Mason James V. Mazzo Donald V. Patton Jr. Michael J. Warmuth **Carols Alban** Greg E. Arnsdorf Catherine V. Babington Michael G. Beatrice William J. Chase Jaime Contreras Thomas J. Dee Charles D. Foltz Robert B. Ford Robert E. Funck John F. Ginascol Honey Lynn Goldberg Cecilia L. Kimberlin Zahirali A. Lavji Elaine R. Leavenworth Steven J. Lichter Greg W. Linder Santiago Luque Sean E. Murphy Corlis D. Murray D. Stafford O'Kelly Ramachandran Rajamanickam John R. Schilling AJ J. Shoultz **Preston T. Simmons** James P. Sullivan Eugene Sun John B. Thomas Glenn S. Warner Jeffrey Ryan Stewart Benjamin Oosterbaan John A. Berry Chadwick Munz Paul D. Yasger Assistant Secretary

Chairman of the Board and CEO **Executive Vice President, Corporate Development Executive Vice President, Pharmaceuticals Executive Vice President, Medical Devices** Executive Vice President, Finance & CFO **Executive Vice President, Nutritional Products Executive Vice President, Diagnostic Products** Executive Vice President, General Counsel and Secretary Senior Vice President, International Nutrition Senior Vice President, International Pharmaceuticals Senior Vice President, Human Resources Senior Vice President, Vascular Senior Vice President, Pharmaceuticals, Manufacturing and Supply Senior Vice President, Pharmaceuticals, Research and Development Senior Vice President, Diabetes Care Senior Vice President, Abbott Medical Optics Senior Vice President, US Nutrition Senior Vice President, Diagnostics Vice President, Pharmaceuticals, Western Europe and Canada Vice President, Point of Care Diagnostics Vice President, Public Affairs Vice President, Corporate Regulatory and Quality Science Vice President, Treasurer Vice President, Diagnostics, Global Commercial Operations Vice President, Controller International Pharmaceuticals Vice President, Vascular Products Operations Vice President, Diabetes Care, Commercial Operations Vice President, Internal Audit Vice President, Supply Chain, Nutrition Vice President, Associate General Counsel, Corporate Transactions Vice President, Abbott Quality and Regulatory Vice President, Pharmaceuticals, International Marketing Vice President, Government Affairs Vice President, Pharmaceuticals, Manufacturing Vice President, Controller Vice President, Pharmaceuticals, Latin America Vice President, Licensing and Business Development Vice President, Corporate Engineering Services Vice President, Molecular Diagnostics Vice President, Nutrition, Pacific, Asia, and Africa Vice President, Sales and Marketing, US Pharmaceutical Operations Vice President, Taxes Vice President, Information Technology Vice President, Pharmaceuticals Discovery Vice President, Pharmaceuticals Clinical Development Vice President, Investor Relations Vice President, Strategic Initiatives, Pharmaceutical Products Group Vice President, Proprietary Pharmaceuticals US Assistant Treasurer Assistant Secretary Assistant Secretary







CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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, **ABBOTT LABORATORIES INC.**, 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 8, 1997, and is in good standing in this state.



Electronic Certificate Certificate Number: C20121220-3468 You may verify this electronic 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 December 20, 2012.

' Lou Ma

ROSS MILLER Secretary of State



Abbott Laboratories

January 7, 2013

Enclosed in an application for a wholesaler license located in the State of Illinois. VAWD accreditation has been applied for. VAWD inspected this location on November 28, 2012. We are currently awaiting the issuance of the VAWD certificate. We will forward a copy of this certificate as soon as it is received.

If there are any questions, please call me at 847-935-9197.

Sincerely, , Jutt.

Denise Stollenwerk Sr. Distribution Analyst

24E

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440 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 (Please provide current license number if making changes: WH <u>01450</u>)				
 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				
Facility Name: <u>Reliance Wholesale, Inc.</u>				
Physical Address: 9325 Cordova Park Road				
Mailing Address: 50me				
City: Cordova State: TN Zip Code: 38018				
Telephone: 866 901-755-9761 Fax: 901-755-9973				
Toll Free Number: 866 - 210 - 1591				
E-mail: trespretion cenw.com Website: www.religncenw.com				
Facility Manager: Amresh Narine				
Professional qualifications and experience of facility manager: <u>Scc attached</u>				
Types of licensed outlets or authorized persons firm will serve:				
Pharmacies Practitioners Hospitals Wholesalers Other:				
Type of Products to be handled or wholesaled be 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.)



Licensed as a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration) Yes 🗆 No 🗹

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 \Box 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)	Sac	Attatchel List	
/	Name	Address	
2)	Business		
-/	Name	Address	
3)	Business		
5)_	Name	Address	
4)	Business		
۹)	Name	Address	
	Business		

Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 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)?	st Yes 🗆 No 🗹
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	st Yes 🗆 No 🗹
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	st Yes 🗆 No 🗹

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?

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

Print Name of Authorized Person

-	-	_	_
_	- 2		

Board Use Only	Received:	9/19/13	Amount:	\$ 500.00

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation:
Parent Company if any:
Corporation Name: Reliance Wholesale INC.
Mailing Address: 13967 Sed 119 Ave
City: State: Zip: Zip:
Telephone: 866-210-1591 Fax: 305 574 7775
Contact Person: Tose Trespaticios V.P.

For any corporation non publicly traded, disclose the following:

2)

3)

4)

5)

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

a) See attached.	
Name	Address
b)	
Name	Address
c)	
Name	Address
d)	
Name	Address
Provide the number of shares issued by	/ the corporation.
What was the price paid per share?	Nla
What date did the corporation actually	receive the cash assets?
Provide a copy of the corporation's stor	ck register evidencing the above information





JOSE TRESPALACIOS

Duration Term:

Perpetual

Business County: SHELBY COUNTY

STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

13967 SW 119 AVE MIAMI, FL 33186 **Request Type: Certificate of Existence/Authorization** Issuance Date: 09/10/2013 Request #: 0107905 Copies Requested: **Document Receipt** Receipt #: 1151168 Filing Fee: \$22.25 Payment-Credit Card - State Payment Center - CC #: 152069317 \$22.25 **Regarding: RELIANCE WHOLESALE, INC.** Filing Type: **Corporation For-Profit - Domestic** Control # : 501651 Formation/Qualification Date: 09/02/2005 Date Formed: 09/09/2005 Status: Active Formation Locale: TENNESSEE

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RELIANCE WHOLESALE, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent corporation annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Inactive Date:

Verification #: 004264426

Processed By: Cert Web User

Phone 615-741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/

September 10, 2013

Vendor Name / Manufacturers Highlighted	City	State	Zip Code
ABO Pharmaceuticals	San Diego	CA	92126
Advanced Medical Sales	San Clemente	CA	92672
Bell Medical Services, Inc.	Marlboro	NJ	07746
Biopharm Solutions Inc.	Vista	CA	92081
Carolina Pharmaceuticals, Inc.	Savannah	GA	31406
Central Pharmacy Supply	Springfield	KY	40069
Chirhoclin	Burtonsville	MD	20866
D & H Wholesale Medical, Inc.	Ruston	LA	71270
DTR Medical	Hanover	NJ	7936
Fagron US	St. Paul	MN	55120
Harford Health Services	Bel Air	MD	21014
Harrison Healthcare Inc.	Baltimore	MD	21218
Hope Pharmaceuticals	Scottsdale	AZ	85260
InSource	Bastian	VA	24314
Investigational Drug Delivery, LLC	Woodbridge	NC	07095
Kentucky Pharma Partners	Campbellsville	KY	42718
KY Meds, Inc	Louisville	КҮ	40243
LETCO	Chicago	IL	60686
Lifeline Pharmaceuticals LLC	Miami	FL	33126
Masters RX	Fairfield	ОН	45011
McKesson	Cincinati	ОН	45263
MD Pharmaceutical Supply	Hanover	PA	17331
Medical Specialties Distributors	Stoughton	MA	02072
Mercer Medical	Kent	WA	98031
Merck Sharp & Dohme Corp.	West Point	PA	19486
Mr Unlimited	BRENHAM	ТХ	77833
Novartis Vaccines	Lincoln	NE	68517
Pharmacy Supply, Inc.	West Palm Beach	FL	33414
Premium Health Services	Columbia	MD	21045
PSS - FL	Orlando	FL	32824
PSS - TN	Memphis	TN	38141
Real Value Products Corp DBA Hospital Pha	ri San Antonio	ТХ	78218
Sanofi Pasteur	Swiftwater	PA	18370
The Compounding Center	Scottsdale	AZ	85266
The Harvard Drug Group	Livonia	MI	48150
Top RX	Bartlett	TN	38133
Vital Healthcare LLC	Savannah	GA	31415
VRC Medical Services	Allentown	PA	18106
Wasatch RX LLC	South Jordan	UT	84095

To: Board of Pharmacy

From: Reliance Wholesale Inc. a Tennessee Corporation EIN 20-3460248 Private- Minority owned Small Business- No parent company.

Re: Shareholders and Corporate officers Phone # - 866-210-1591 fax 305-574-7775

Effective Date: 10/01/2013

Officer/Director

Josue Navarro- 5 DOB- 6 Title- President / CEO Home address / phone sw 94 terr Miami, FL 33176 7

1

Shareholder

Navarro Family Trust - EIN-90-6254760 Stock Ownership 60% Trustee- John G. Admire Ponce De Leon Blvd. # 320 Coral Gables, FL 33134 3 john.admire@sullivanadmire.com

Shareholder/ Officer /Director Jose Trespalacios-DOB-

Title – Vice President / Secretary *Stock ownership* – 40% *Home address / phone* sw 104 st Pinecrest, FL 33156 2-3198 tres@reliancemw.com

Business Address – Corporate Office 13967 SW 119 ave, Miami, FL 33186 866-210-1591

RELIANCE WHOLESALE, INC. DIRECTORS AND SHAREHOLDERS' MEETING MINUTES September 4, 2013

DIRECTORS PRESENT

Josue Navarro Jose Trespalacios

OFFICERS PRESENT

Josue Navarro Jose Trespalacios

QUORUM PRESENT

Pursuant to Reliance Wholesale, Inc.'s corporate documents, Mr. Jose Trespalacios, as officer, director and shareholder, confirmed that a quorum of directors and shareholders was present and that consideration of new business was appropriately noticed so that consideration of stock transfer between Pamela Navarro and the Navarro Family Trust could be properly considered and voted upon.

DISCUSSION AND REPORTS

Mr. Trespalacios and Mr. Navarro discussed the proposed transfer of stock ownership between Pamela Navarro and the Navarro Family Trust and all issues related thereto were considered. After due consideration of the proposed transfer of stock from Pamela Navarro to the Navarro Family Trust was discussed, a motion was proposed by Jose Trespalacios that the ownership transfer be approved. The motion passed unanimously and it was directed that a corporate Resolution be prepared delineating the transfer of ownership between Pamela Navarro and the Navarro Family Trust to take effect on October 1, 2013.

RESOLUTION UNANIMOUSLY APPROVED

The motion to approve transfer of stock was unanimously voted upon and accepted by all Directors and Shareholders.

The Corporate Books and Records will be appropriately amended to indicate that the resolution unanimously passed and that all appropriate documentation necessary to effectuate the transfer of ownership of stock between Pamela Navarro and the Navarro Family Trust will be properly prepared and accepted.

CERTIFICATION OF SECRETARY

The above minutes of Reliance Wholesale, Inc.'s of the meeting held on September 4, 2013 accurately reflect the contents of the meeting.

Dose Trespalacios 13 Dated:

UNANIMOUS CONSENT RESOLUTION OF DIRECTORS OF RELIANCE WHOLESALE, INC.

We, the undersigned, being all of the Directors of Reliance Wholesale, Inc., a Tennessee corporation (the "Corporation"), hereby consent to, approve and adopt the following resolution taken following a meeting of the Directors and Shareholders of the Corporation and in furtherance thereof hereby direct this Unanimous Written Consent to be filed with the Minute Book of the Corporation:

RESOLVED, that all shares of stock previously owned by Pamela Navarro (sixty (60) shares in total) previously standing in her name on the books and records of the Corporation and represented by Stock Certificates Number 2 and Number 4 are hereby approved as transferred to the Navarro Family Trust.

FURTHER RESOLVED, all rights, title, interests and powers previously held by Pamela Navarro are accepted, ratified and transferred to the Navarro Family Trust as of October 1, 2013 without any further requirement by the Corporation.

IN WITNESS WHEREOF, the undersigned Directors have hereto executed this Unanimous Written Consent effective as of the 1st day of October, 2013.

Pham?

løsue Navarro

Trespalacios

「「「「「「「 Contraction of the second Second. ID NUMBER: 000002377 EXPIRATION DATE: 09/30/2014 deen meet to costily that all MANUFACTURER/WHOLESALER/DISTRIBUTOR TENNESSEE BOARD OF PHARMACY 28 - 47 1 . . 9325 CORDOVA PARK ROAD RELIANCE WHOLESALE INC. - 44 requirements of the CORDOVA TH 35018 ennessee State of Formessee 日本が町町はよ - PARTH BF LATER BEARTEN Ren) in the state of the



California State Board of Pharmacy 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834 Phone (916) 574-7900 Fax (916) 574-8618 www.pharmacy.ca.gov

STATE AND CONSUMERS AFFAIRS AGENCY DEPARTMENT OF CONSUMER AFFAIRS GOVERNOR EDMUND G. BROWN

LICENSE VERIFICATION

INSTRUCTIONS: This form is to be completed by the licensing authority in each state where you are licensed. The form must be completed even if the license is no longer current or active. Please return the state verified form with your application.

TO BE COMPLETED BY APPLICANT

(Please print or type)					
Name of Applicant			Telèphone Number		
Reliance Wholesale INC.		(866)210 1591			
Address (Street and Number)	City		State	Zip Code	
9325 COrDOVA PARK ROAD CORS		DOVA	TN	38018	
Title of License		License Number	Issue Date	Exp. Date	
Wholesaler Distributor		2377	2005	9 30 201	

TO BE COMPLETED BY STATE BOARD OFFICE VERIFYING LICENSURE

The person listed above has applied for a wholesale license in California. Before further consideration is given this application, we would appreciate your assistance in completing the information requested below. Upon completion of this form, please return it to the applicant for submission with the application.

LICENSURE VERIFICATION PROVIDED BY THE STATE OF

Name		License Number
Kollance Wholes Ale, Ful.		2377
Type of License Issued:	Date License Issued	Exp. Date of License
Manufacturer/wholesAle/Distributor	11/28/2000	5 9/30/2014
License Status:		
Active I Inactive D Other I If other, please	e explain:	

Has the licensee been found guilty of any violation for which disciplinary action was taken? Yes 🔲 No 🖃

If disciplinary action has been taken against this licensee, please provide this office with all the available documentation regarding the action.



Date

ennessee



PHONE: 1 866 210 1591 9325 Cordova Park Road Cordova, TN 38018

www.reliancemw.com

9/6/13

To: Nevada Board of Pharmacy

From: Reliance Wholesale Inc.

Re: Change of Ownership Notification for Permit # WH01450

Dear Board,

Please see attached documentation updating the ownership of one 60% shareholder of Reliance Wholesale Inc. effective 10/1/13. No other changes will occur to the ongoing business structure of corporation or licensed facility.

.

Please do not hesitate to contact us for any additional information. (866-210-1591)

Sincerely,

Jose Trespalacios VP

LAW OFFICES MCLUSKEY & McDONALD PROFESSIONAL ASSOCIATION

THE BARRISTER BUILDING 8821 S.W. 69th COURT MIAMI, FLORIDA 33156

John W. McLuskey Writer's Ext: 228 Email: jmcl@mmlawmiami.com TELEPHONE (305) 662-6160 FACSIMILE (305) 662-6164

February 28, 2013

Nevada State Board of Pharmacy 431 W Plumb Ln. Reno, NV 89509 Via Federal Express

> Re: Licensing Requirement due to pending transfer of stock ownership in **Reliance Wholesale, Inc. License No: WHO1450** Our File No: 9600-0003

To Whom It May Concern:

Please allow this letter to formally advise that due to a divorce proceeding involving two of the principals of Reliance Wholesale, Inc., a pending change in the company's stock ownership will be occurring in the future.

Please note that Mr & Mrs. Navarro have sought a dissolution of their marriage and Mrs. Pamela Navarro's ownership interest in the company, Reliance Wholesale, Inc., is pending transfer to Mr. Josue Navarro, who currently serves as President and CEO of Reliance Wholesale Inc. Please advise if the letter is sufficient for the Board to delete Mrs. Pamela Navarro's name as an owner and include Mr. Josue Navarro as the sole registered owner of the Navarro stock. As such, Reliance Wholesale, Inc.'s new formal ownership percentages will be as follows:

40% JOSE TRESPALACIOS (No Change) 60% JOSUE NAVARRO (formerly this stock was owned by Pam Navarro)

Should you require additional information, please contact me. If not, please accept this letter as the company's formal notice of the pending change in ownership.



 Nevada State Board of armacy February 28, 2013
 Page 2

Thank you.

Very truly yours,

MCLOSKEY & McDONALD, P.A. John W. McLuskey For The Firm

JWM/mr Via Federal Express



Fidelity and Deposit Company of Maryland

1600 McConnor Parkway, 10th Floor, Surety Intake Center, Schaumburg, IL 60173

Bond No. LPM8891607

NOTICE OF CANCELLATION

Date: MAY 4, 2011

NV State Board of Pharmacy 555 Double Eagle Court #1100 Reno NV 89521

The undersigned Surety upon a certain Bond in your favor as follows:

Principal: Reliance Wholesale, Inc.

Bond No: LPM8891607

License No:

Amount of Coverage: \$ 100,000

Effective Date: 07/15/2007

hereby notifies you that it desires to cancel and does hereby cancel said bond as an entirety. Such cancellation to become effective at Thirty (30) days from receipt of this letter. It shall be presumed that you receive this letter within five (5) days of this notice. <u>Please send written confirmation of this notice to the address below</u>.

This notice is given to you in accordance with the cancellation provision contained in said bond.

Pamela D. Washington

, Attorney-in-Fact

Fidelity and Deposit Company of Maryland trading as Zurich North America Surety Attn: Surety Service Center 1600 McConnor Parkway 10th Floor, Surety Intake Center Schaumburg IL 60173

CC: INSOURCE, INC. PO BOX 561567 MIAMI FL 332561567

> Reliance Wholesale, Inc. 894 N. Germantown Pkwy. #2 Cordova TN 38018





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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. 5111001

Application/License No. 6401450

Reliance Wholes		ling to do business as	s a
Applicant/Princ	•		
pharmaceutical wholes	saler, whose address for purpos	ses of service is	
93	25 Cordova Park Road Cordova, TN 331	86	, as
	Address of Applicant/Principal		
PRINCIPAL, and	SureTec Insurance Compa	any , a	
	Surety Company		
corporation organized	under the laws of the state of	Texas	
		State of Incorporation	
and authorized to tran	sact a general surety business i	in the State of	
Nevada, whose addre	ss for purposes of service is		
,	2 Echo Lane, Suite 450 Houston, TX 770)24	as
	Address of Surety		
SURETY, are held and	d firmly bound unto the State of	Nevada and to the N	evada
	acy for the penal sum of ONE H		
	00), for which payment we bind	-	
administrators, succes	sors and assigns jointly and se	verally, by these pres	ents. This
bond term shall becon	ne effective on July 15, 2011		
	······································	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.

Q

THIS BOND is subject to the following conditions:

Bond No. 5111001

- (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 April 27th day of 2011

APPLICANT/PRINCIPA SURETY COMPANY Reliance Wholesale Inc. SureTec Insurance Company Authorized Representative lleana M. Bauza print name SIGNED and SEALED in the presence of: Witness Witness

Witness

Surety Company's Representative Attorney-in-fact

SIGNED and SEALED in the presence of:

signed by:

ada Resident Agent Non Resident Agent New William L. Parker

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SureTec Insurance Company LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Ileana M. Bauza

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal:Reliance Wholesale, Inc.Obligee:Nevada State Board of PharmacyAmount:\$ 100,000.00

SS:

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20^{th} of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 3rd day of September, A.D. 2010.

State of Texas County of Harris



SURETEC INSURANCE COMPANY President ín Knox

On this 3rd day of September, A.D. 2010 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument: that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so atfixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



acquely Maldonado, Notary Public

My commission expires May 18, 2013

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this _	day of	April , _	2011	_, A.D.
	Dag D	A.	A +	
	11.15	unt 1	Seax	0
	M. Brent Beat	y, Assistant Secre	tary	V

Any instrument issued in excess of the penalty stated above is totally void and without any validity. For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.



PHONE: 1 866 210 1591 9325 Cordova Park Road Cordova, TN 38018 www.reliancemw.com

11/10/2010

Nevada State Board of Pharmacy 431 West Plumb Lane Reno, NV 89509 P# 775-850-1440 F# 775-850-1444

RE: Reliance Wholesale, Inc. Registration No. WH01450 Change of Location/Address

To Whom It May Concern:

Please be advised that Reliance Wholesale, Inc will be relocating from 894 North Germantown Parkway Suite# 2 Cordova, TN 38018 to 9325 Cordova Park Road Cordova, TN 38018, move will take place by November 15, 2010.

Please accept this letter as official notification to the Nevada State Board of Pharmacy of our move. Please update our Registration No. WH01450 expiration 10/31/2012.

If you should have any questions or concerns, please give us a call at 866-210-1591.

Sincerely.

Jose Trespalacios e President

cc: Nevada State Board of Pharmacy Jose Trespalacios Danna Hammac





Neuada State Rivard of Alarmany



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131 V/, Plands Lank Heno, Novinua 85609 1775) 850-1440 - FAX (775) 550-144 Doninyatov If any information is not correct in only free reference. Pharmacy at (775) 853-1440 or FAX (775) 870-1447

WHOLESALER CERTIFICATE OF REGISTRATION

This registration is not transferable

Post in a conspicuous place.

RELIANCE WHOLESALE INC

DEA # Schedules, none

Registration Number - WH01450

Registration Status. Active

Registration Expires. October 31, 2012

Fee Paul

\$ 500 00

RELIANCE WHOLESALE INC 894 N GERMANTOWN PKWY #2 CORDOVA TN 38018 24F

WH62487

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

 We 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

 Publicly Traded Corporation – Pages 1,2,3,5,6

GENERAL INFORMATION to be completed be all types of ownership

....

Facility Name: Salus Medical, LLC				
Physical Address: 2202 West Lone Ca	actus Drive			
City: Phoenix				
Telephone Number:888-566-3778				
Toll Free Number:				
E-mail: compliance.salusmedical@gmail.com	<u>we</u> l	bsite:	my days	
Facility Manager: Hernan Alvarez				
Professional qualifications and experie		/ manager:		
Types of licensed outlets or authorized	persons firm	<u>n will serve:</u>		
Pharmacies Practition Other:	ners	Hospital	s 🗹 Who	blesalers
Type of Products to be handled or who	lesaled by fir	<u>m:</u>		
 Legend Pharmaceuticals, Supplies Poisons or Chemicals Controlled Substances (include cop Other: 			lypodermic Devic eterinary Legenc	

Page 1

101519

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 in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes D No C

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: ACL DOICKAGING
Address: 777 Schwab Rd, Hatfield, PA 19440
Name: Blu Phgimaceuticals Address: 301 Robey St, Franklin, ICV 42134
Name: Capital wholege Drug + Co. Address: 873 williams ave, Columbus, OH 43212
Name: MHC Medical Products Address: "1930 Kemper Springs Dr. Cincinnati, DH 45240
A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number:

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 D 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 🕅

Page 2

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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 I No I

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 D 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

<u>Не</u>	man Alva	nez			
Print	Name	of A	uthori	ized	Person

4-25-2018

Board Use Only

Date Processed:

Amount: \$ 500,∞

Page 3

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Acizona	
Parent Company if any: <u>N/A</u>	
Mailing Address: 2202 West Lone Cactus Drive, Sutte 15	
City: _ Procnix _ State: <u>AC</u> Zip: <u>85027</u>	
Telephone: <u> </u>	
Contact Person: Harnan Alvarez	-

490

For any corporation non publicly traded, disclose the following:

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

a) Hernan Alvarez	2202 W. Love (ar	the Drive ste 15 phonix 1
Name	Business Address	the Drike Ste 15, Menux. 1 8502
b) Joel Cline 2202 Name		No Sute 15, Phomix, AZ 8502
c)		
Name	Business Address	
d)		
Name	Business Address	
Provide the number of shares issu	ed by the corporation. <u>N</u>	1A

3) What was the price paid per share? __N/Q__

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: $\underline{N/n}$

Include with the application for a non publicly traded corporation

List of officers and directors

2)

<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.

Page 5

10/20/2017

https://azbop.igovsolution.com/ilems/PersonLicensing/Main_Info.aspx?pid=104482





ARIZONA STATE BOARD OF PHARMACY P.O. Box 18520 Phoenix, AZ 85005 http://www.azpharmacy.gov

602-771-ASBP (2727) FAX: 602-771-2749

Wholesaler/Full Service

PERMIT NO W002679

Issued to : HERNAN H. ALVAREZ 2202 W LONE CACTUS DRIVE 15 PHOENIX, AZ 85027 EXPIRES 10/31/2019 SALUS MEDICAL, LLC. 2202 W LONE CACTUS DRIVE 15 PHOENIX, AZ 85027 Receipt Date: 10/04/2017 Receipt Number: 201711384 Receipt Amount \$: 1000.00

EXECUTIVE DIRECTOR

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



WALLET CARD

NAME : HERNAN H. ALVAREZ LICENSE NUMBER : W002679 EXPIRES : 10/31/2019

http://www.azpharmacy.gov

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

Important Information

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

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

• You are required by law to notify the Board of any home address and/or employment change within 10 business days

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

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.

• Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

STATE OF ARIZONA

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Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

SALUS MEDICAL, LLC

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 21st day of May 2012.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 19th day of April, 2016, A. D.



Executive Director **Jerich**

av: 1414960

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. \$918-7140

FG1 :

Application/License No.

Salus Medical I	doing of intoridin	g to do business a	as a
Applicant/Principa	31		
pharmaceutical wholesa	aler, whose address for purposes	s of service is	
2202 W Lone (Cactus Drive, Suite 15, PHOENIX, Arizo	па, 85027	. as
	Address of Applicant/Principal		
PRINCIPAL, and	Washington International Insurance	Company , a	
	Surety Company		
corporation organized u	nder the laws of the state of	Illinois	
		State of Incorporation	
and authorized to transa	act a general surety business in	the State of	
Nevada, whose address	s for purposes of service is		
1450 American carle,	Suite 1100 SCHAUMBURG Illinois 601	73 United States	_as
	Address of Surety		
SURE IY, are held and	firmly bound unto the State of Ne	evada and to the N	levada
State Board of Pharmac	y for the penal sum of ONE HUI	NDRED THOUSAN	ND

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 <u>May 01, 2018</u>.

Eliconte 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.

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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 ______, and _____, 20__18_.

APPLICANT/PRINCIPAL Salus Medica LLC

SURETY COMPANY Washington International Insurance Company

to the h

494

Surety Company's Representative

John D. Weisbrot , Attorney-in-fact

SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Witne

SIGNED and

Coul

levada Resident Agent



- - 21

WASHINGTON INTERNATIONAL INSURANCE COMPANY 1450 American Lane, Sulta 1100, Schaumburg, IL. 60173 847/273-1231, FAX: 847-273-8408, 600/338-0763

WASHINGTON INTERNATIONAL INSURANCE COMPANY A New Hampshire Corporation

495

.

BALANCE SHEET AS OF DECEMBER 31, 2017 (Statutory Basis)

Valuation of securities on National Association of Insurance Commissioner Basis

ASSETS		LIABILITIES	
Cash Bonds Other Invested Assets Other Admitted Assets TOTAL ADMITTED ASSETS	7,062,686 91,672,993 0 5,076,373 103,612,252	Reserve for Unearned Premiums Reserve for Losses and Loss Adjustment Expenses Funds Withheld Taxas and Other Liabilities Surplus TOTAL LIABILITIES & POLICYHOLDERS' SURPLUS	5,310 2,690,478 7,506,012 11,171,499 82,438,953 103,812,252

The undersigned, being duty swom, says: That he is Senior Vice President of Washington International Insurance Company, Overland Park, Kansas that said company is a corporation duty organized, existing by virtue of the Laws of the State of New Hampshire and that said Company has also complied with and is duty qualified to act as Surely under the Act of Congress approved; July 1947 6 U.S.C. sec. 8-13; 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.

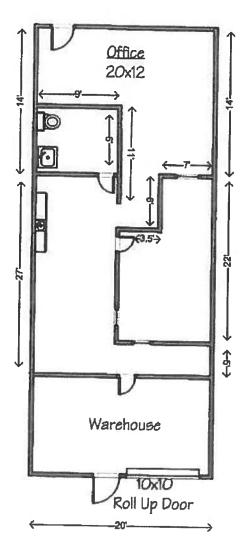
Michael A. Ito, Senior Vice President WASHINGTON INTERNATIONAL INSURANCE COMPANY

Subscribed and sworn before me, this 30th day of March, 2018

1.1 Notary Public

OFFICIAL SEAL M. KENNY Notary Public - State of Blinois My Commission Expires 12/04/2021

2501 WEST BEHREND Suite F75 +/-1,400 SF





DISCLAIMER (FLOOR PLAN):

Note: All scale, characteristics, dimensions and square footages indicated are approximate. Actual dimensions are to be field-verified.

Hernan Alvarez

Business address: 2501 Behrend Drive Suite 75, Phoenix, AZ, 85027 Home address: 3 LW. Kings Ave, Phoenix, AZ 85053 Business phone number: 888-566-3778 Residence phone number: 6 Social Security Number: 1 Date of birth:

Joel Cline

Business address: 2501 Behrend Drive Suite 75, Phoenix, AZ, 85027 Home address: Leiand Way Apt : Los Angeles, CA 90028 Business phone number: 888-566-3778 Residence phone number: Social Security Number: Date of birth:

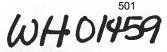
Customer List

NAME	CITY	STATE
BAMMEL MED RX	HOUSTON	ТХ
BIG TEX PHARMACY LLC	HOUSTON	ТХ
COCHRAN WHOLESALE	MONROE	GA
DE'ANGELO PHARMACY	LAPORTE	GT
EMPIRICAL PHARMACY LLC	HOUSTON	TX
FALCON PHARMACY OF TEXAS, INC.	HOUSTON	TX
FARMACIA MORENO	PONCE	PR
FIRST CHOICE PHARMACY	HOUSTON	TX
GILLTOP PHARMACY LLC	HOUSTON	TX
GOLDEN USA PHARMACY	HOUSTON	ТХ
GULFBANK PHARMACY	HOUSTON	ТХ
HEALTH AND WELLNESS PHARMACY	HOUSTON	ТХ
JOHN E. HENSLER MD	PHOENIX	AZ
KASE RX PHARMACY	HOUSTON	TX
KEYSTONE PHARMACY	HOUSTON	TX
KHARISMA PHARMACY	HOUSTON	TX
KPLAN PHARMACY LLC	HOUSTON	TX
LINCOLN PHARMACY INC	HOUSTON	TX
LLC WHOLESALE SUPPLY, LLC	TEMPE	AZ
MAINSTREAM PHARMACY	HOUSTON	
MARTIN SURGICAL SUPPLY COMPANY	HOUSTON	TX
MR UNLIMITED LLC	BRENHAM	ТХ
OCENIE DRUG EMPORIUM	HOUSTON	
PROFESSIONAL OFFICE & MEDICAL SUPPLY,	HUNTINGDON	
INC	VALLEY	PA
PROPHARMA DISTRIBUTION	WESTMINSTER	со
RALLY, INC	HOUSTON	ТХ
RED OAK PHARMACY	HOUSTON	ТХ
RX INFINITY MEDICAL LLC	HOUSTON	ТХ
S.A. HALE JR., M.D.	LUBBOCK	ТХ
SILVERIDGE PHARMACY, INC.	HOUSTON	ТХ
SPG PHARMACY CARE	HOUSTON	TX
THE COMPOUNDING CENTER, INC.	SCOTTSDALE	AZ
TRICARE PHARMACY	HOUSTON	TX
TRUECARE ALLIED PHARMACY	HOUSTON	TX
VITA RX CORPORATION	COLUMBUS	GA
VITAL HEALTHCARE LLC	SAVANNAH	GA
WESLEY PHARMACAL CO	IVYLAND	PA
YOUR PHARMACY, INC.	HOUSTON	TX

Vendor List

NAME	СІТҮ	STAT E
AK MEDICAL	MEMPHIS	TN
ANDA, INC.	WESTON	FL
BLU PHARMACEUTICALS	FRANKLIN	КҮ
BLUPAX PHARMACEUTICALS,		
LLC	EDISON	NJ
CAPITAL WHOLESALE DRUG &		
со	COLUMBUS	ОН
	MARYLAND	
EMED MEDICAL PRODUCTS	HEIGHTS	MO
HARRIS PHARMACEUTICALS	FORT MYERS	FL
INDEPENDENT		
PHARMACEUTICALS	WEST CHESTER	ОН
INSOURCE INC.	BASTIAN	VA
MAYNE PHARMACEUTICAL, INC.	CHARLOTTE	NC
MHC MEDICAL PRODUCTS	FAIRFIELD	ОН
R&S NORTHEAST	PHILADELPHIA	PA
RICHIE PHARMACAL LLC	GLASGOW	КҮ
SOLCO HEALTHCARE US, LLC	CRANBURY	NJ
TIME-CAP LABS	FARMINGDALE	NY
TOP RX, LLC	BARTLETT	TN
X-GEN PHARMACEUTICAL, INC.	BIG FLATS	NY

24G



NEVADA STATE BOARD OF PHARMACY 555 Double Eagle Court #1100 • Reno, NV 89521 • (775) 850-1440 APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (non-refundable and not transferable) Application must be typed or printed legibly

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 🛛		Name Change se number if making changes: W	н
FACILITY INFORMATION		5-10-1755S	
Facility Name: <u>Strategic Pharmaceutical</u>	Solutions, Inc. d/b	o/a VetSource	
Physical Address: 17044 NE Sandy Blvd.	Portland, OR 97230		
Mailing Address: 17044 NE Sandy Blvd.		C starting and a starting a	
City: Portland	_ State: _OR	_ Zip Code: 97230	
Telephone Number: 503-802-7400	Fax Numbe	er: <u>1-877-330-6337</u>	
E-mail: twest@spsmeds.com			
Facility Manager: Thomas Earle West III			
Professional qualifications and experience			e)
 Pharmacies Practitioners Other <u>Veterinarians</u> 	Hospitals	D Wholesalers	
Type of Products to be handled or whole	saled by firm		
 Legend Pharmaceuticals, Supplies of Poisons or Chemicals Controlled Substances (include copy Other Prepackaged/Repackaged medicat 	of DEA certificate)	 Hypodermic Device Veterinary Legend 	
Board Use Only			
Received Chec	k Number	Amount _ <u>_500</u>	7.00
FPinfile			WH01450

OWNERSHIP IS A CORPORATION

State of Incorporation: Oregon
Parent Company if any: N/A
Corporation Name: Strategic Pharmaceutical Solutions, Inc. d/b/a VetSource
Mailing Address: 17044 NE Sandy Blvd.
City, State and Zip: Portland, OR 97230
Telephone Number: 503-802-7400 Fax Number: 1-877-330-6337
License Contact Person: Thomas Earle West III
Professional Compliance Contact Person: Thomas Earle West III
Name and title of each officer and director (Use separate sheet if necessary)
Officer or director name Officer or director title
David Charles Laurance/ President Thomas Alan Friar/ Executive Vice President-Secretary
Thomas Earle West III/VP of Operations Kurt Douglas Green/ VP Chief Information Officer

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Ownership Information – Complete Section 1 or 2 DO NOT USE N/A IN THIS SECTION. SECTION 1 or 2 MUST BE COMPLETED.

Section 1: List the corporations four largest shareholders:

(Name, professional degree, occupation, address, city, state, zip and percentage of ownership)

Name		<u>Percentage</u>	
a)	David Charles Laurance,President	51%	_
	17044 NE Sandy Blvd. Portland, OR 97230		
b)	Thomas Alan Friar, Certified Public Accountant, Executive VP - Secretary	21%	
	17044 NE Sandy Blvd. Portland, OR 97230		
c)			
d)			

<u>Section 2:</u> If any 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 Securities and Exchange Commission, the registration number issued, and the exchange at which the stock is being traded.

Date of Incorpora	tion: <u>N/A</u>	
Registration Num	ber Issued: N/A	
Stock Exchange:	N/A	

If the publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes \square No \square If yes, list the persons, their address and their business names.

a) See	attached officer list	a state of the second	way the set of	
	Name	Address		
		କ	14	
	Business			
b)				
	Name	Address	to vestore.	
	Business			
c)			the first states	
u n	Name	Address		
	Business			
d)	autority of the second	and the second		
/	Name	Address		
	Business			

Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were administered, prescribed, dispensed or distributed? Yes 🛛 No 🗆 If yes, list the persons, their address and their business names.

a) See	attached resume	es			
	Name		Address	each iser way har mes	
	Business			1	
b)					
~)	Name	18	Address		
	Business	д. —			
c)					
•)	Name		Address		
	Business				

Within the last five (5) years:

1)	Has the firm or any owner(s), shareholder(s) any interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?	Yes	No	
3)	Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	Yes	No	
4)	Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any 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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Signature of corporation officer

David Charles Laurance/ President Print or Type name and title



9 SW 32nd Ave Portland,Oregon 97219

tomw@spsmeds.com

Thomas E. West

2007-Present Vetsource Portland,OR Vice President of Pharmacy Operations

Experience

Current

2002-2007 Preferred Pharmaceutical Services Portland,OR General Manager

Founded and led a \$22 million national company of 32 employees from inception to sale to a large public company. Full responsibility for P & L, personnel and operations with accountability to Board. Continued as General Manager through successful consolidation.

2000–2002 Evergreen Pharmacy, Inc Portland, OR Manager of Pharmacy Operations

Operational leadership of \$25 million company with over 100 employees and regional services. Reorganized, reduced costs, stabilized payroll, implemented modern operations, installed new computer and operating system, reorganized delivery, initiated quality improvement program

1997–2000 Evergreen Pharmacy, Inc Portland, OR Pharmacy Consultant

Clinical services and consulting for over 1400 residents in seventeen facilities. Establish services for 15 new accounts including disease state management, formulary management, quality improvement, program development and clinical education.

1992–1997 Legacy Infusion Service Portland, OR

Clinical Pharmacist

Coordinate all aspects of home infusion/hospice pharmaceutical care, consultation with prescribers, case management, operations leadership, scheduling, clean room operations.

1981–1989 Oregon Health Sciences Univ. Portland, OR Assistant Pharmacy Director

Develop clinical services program, plan and implement decentral drug distribution program at University Hospital, establish accredited residency, implement quality management, develop and coordinate clinical pharmacy education program.

1979–1991 Oregon State Univ. Corvallis, OR

Assistant Professor of Pharmacy

Establish and staff decentral education program with medical university, adult medicine clinical practice, curriculum design, education and training grants, clinical services development, chief investigator of clinical research, program administration.

Education 1990-1995 Portland State University Portland, OR Doctoral candidate in systems science with medical sociology major. 1991 University of Michigan Ann Arbor, MI Summer post-graduate program in epidemiology and clinical research. 1966-1972 Purdue University W. Lafayette, IN Clinical degree (M.S.) in pharmacy practice. Accredited residency in Hospital Pharmacy. Pharmacy adult medicine and patient education pioneer. Interests Teaching, Sports, Photography, adventure travel, technology. Available upon request. References

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Corporate Officer Information

First Officer				
Name: David Charles Laurance				
Title: President				
Business Address:	ss Address: 17044 NE Sandy Blvd. Portland, OR 97230			
Stock Ownership %:	51.00%			

Second Officer			
Name: Thomas Alan Friar			
Title: Executive Vice President-Secretary			
Business Address: 17044 NE Sandy Blvd. Portland, OR 97230			
Stock Ownership %:	21.00%		

Third Officer			
Name: Mark Gregory Colvin			
Title:			
Business Address: 17044 NE Sandy Blvd. Portland, OR 97230			
Stock Ownership %:	16.50%		

Fourth Officer				
Name: Kurt Douglas Green				
Title: Vice President-Chief Information Officer				
Business Address: 17044 NE Sandy Blvd. Portland, OR 97230				
Stock Ownership %:	0.00%			

Fifth Officer			
Name: Thomas Earle West III			
Title: Vice President of Operations			
Business Address: 17044 NE Sandy Blvd. Portland, OR 97230			
Stock Ownership %:	0.00%		





Oregon Board of Pharmacy Portland State Office Building 800 NE Oregon Street, Suite 150 Portland, OR 97232 Phone: (971) 673-0001 Fax: (971) 673-0002 E-Mail: pharmacy.board@state.or.us Web: www.oregon.gov/Pharmacy

October 1, 2007

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

I hereby certify that Strategic Pharmaceutical Solutions Inc dba: Vetsource, located at 17044 **NE Sandy Blvd Portland, OR 97230** was issued an Oregon Wholesalers With Prescription Registration, license number W1-0003046 on 08/16/2007. This license expires on 09/30/2008 and has an Active status.

There are no Board Orders against this licensee unless there is a certified copy of the Board Order accompanying this letter.

Sincerely, Courtney Frank Licensing Representative

Board Orders: NONE

ORS 676.175(1) A health professional regulatory board shall keep confidential and not disclose to the public any information obtained by the board as part of an investigation of a licensee or applicant, including complainants concerning licensees or applicants.

(A notice of proposed disciplinary action or final order issued by the Board is a matter of public record.)

24H

WEVADA STATE BOARD OF PHARMACY

WH0155

431 W Plumb Lane • Reno, NV 89509 • (775) 850-1440 APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (**non-refundable** and **not transferable**) Application must be typed or printed legibly

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 (Please provide current license number if making changes: WH
FACILITY INFORMATION	
Facility Name:Victor Inst	ruments Inc. DBA Victor Medical Company
Physical Address: 50 Bunsen	
Mailing Address:	
City:	State: Zip Code: 92618
Telephone Number: 949-788-0330	Fax Number: 949-585-9146
E-mail:dknea@victormedi	cal.com
Facility Manager: Dennis Knew	a
Professional qualifications and experie of Victor Medical for 29 y	nce of facility manager: <u>I have been an employe</u> e ears. I became General Manager in 1993.I am f Pharmacy as the Designated Representative-
In-Charge for Victor Medic	
Types of licensed outlets or authorized	
□ Pharmacies □ Practitioners ☑ OtherVeterinary Clini	□ Hospitals □ Wholesalers cs and Hospitals
Type of Products to be handled or who	blesaled by firm
 Legend Pharmaceuticals, Supplies Poisons or Chemicals Controlled Substances (include cop Other 	☑ Veterinary Legend Drugs
Board Use Only	
Received <u>5-26-09</u> Ch	eck Number <u>50064</u> Amount <u>500.00</u>
FP	65 135- 50448 791

5		511
OWNERSHIP IS A CORPO. ATION	\bigcirc	
State of Incorporation:	I.A.	
Parent Company if any:		
Corporation Name: VICTOR Inst.	uments, Inc	. <u> </u>
Mailing Address: P.O. Pox 115	50	
City, State and Zip: LAKE Serest	, CA 92609	
Telephone Number: (949) 1788-0330	Fax Number: (<u>949) 58</u>	5-9146
License Contact Person: Dennis Kne	a	
Professional Compliance Contact Person:	(Same	
Name and title of each officer and director	(Use separate sheet if necessary)	
Officer or director name	Officer or director title	
Jonald Louchios	RESIDIT	
John S. Liscomb	Y. PhesiDent	
-FRANCES S. LOUCHIOS	SecredApy-Theasur n-Complete Section 1 or 2	e R
DO NOT USE N/A IN THIS SECTION.	<u>SECTION 1 or 2 MUST BE COM</u>	PLETED.
Section 1: List the corporations four larges (Name, professional degree, occupation, address, o	t snarenoiders: city, state, zip and percentage of owne	ership)
Name		Percentage
a) Abnald Louchios, Pres	· · · · · · · · · · · · · · · · · · ·	40 %
- Asiliman 22, LAGUNA		70 10
b) Christopher Louctios 5		·
Win de la Plata, Ocer	WSIDE, CA92050	2090
0) SPANCES S. LOUCHIDS		
	, Orean Side CAG2050	1096
d) Victor Instruments. Inc		· · · · · · · · · · · · · · · · · · ·
Bunden Erwine,	CA 92618	30 %

.'

<u>Section 2:</u> If any 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 Securities and Exchange Commission, the registration number issued, and the exchange at which the stock is being traded.

Date of Incorporation:
Registration Number Issued:
Stock Exchange:

If the publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

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 \Box No 🕅 If yes, list the persons, their address and their business names.

a)	age on the south first of	the second state in the second state of the	A STREET IN
	Name	Address	
	Business	with the simulation in the second	an the state of the
b)			
~/	Name	Address	Fisher, Sub-
<u> </u>	Business		an out the second
c)			
-/	Name	Address	
	Business		
d)	Store man letters in		en de la comença de la
	Name	Address	
	Business		

Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were administered, prescribed, dispensed or distributed? Yes \Box No \Box If yes, list the persons, their address and their business names.

a)							
/	Name		Address				
	Business			den n	1.1.1		
b)							
	Name		Address				
	Business					a de la come	
c)							
/	Name	*	Address			122	7: 4
	Business			<u>.</u>			

Within the last five (5) years.

- Has the firm or any owner(s), shareholder(s) any interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?
- Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?
 Yes □ No ℃
- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any 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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Signature of corporation officer Date

uction

Secrotary

treasuran

513

Yes 🗆 No

Yes D No X

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. MS3834841

Application/License No.

Victor Instruments, Inc	, doing or intending to do business	as a
Applicant/Principal		
pharmaceutical wholesaler, whose	address for purposes of service is	
50 Bunsen, Irvine, CA 92618		, as
Address of Ap;	plicant/Prir cipat	
PRINCIPAL, and <u>Great American</u>	Insurance Company Surety Company	a
corporation organized under the law	vs of the state of Ohio	
,	State of Incorporation	
and authorized to transact a genera	il surety business in the State of	
Nevada, whose address for purpose	as of service is	
Nevada, whose address for purpose		
950 Tower Lane, Ste. 340, Foster Cit	ty. CA 94404	as
Add	dress of Surety	
SURETY, are held and firmly bound	I unto the State of Nevada and to the I nal sum of ONE HUNDRED THOUSA	Nevada .ND
State Doard of I harmady for the per	payment we bind ourselves, our heirs	3
DOLLARS (\$100,000.00), for which	payment we bind ourserves, our nene	9g 1 - 48a - a - a -
executors, administrators, successo	ors and assigns jointly and severally, b	y triese
presents. This bond term shall becc	ome effective on June 27, 2008	
proportion the sound setting setting	Effective Data	
	to Devined Statutes (NDS) 630 515 re	

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 Apolicant/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

NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND ~ 1 OF 2

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 27th day of June 20<u>08</u>__.

SURETY COMPANY APPLICANT/PRINCIP Suret Authorized F resentative ompany Greg Kapphahn print name SIGNED and SEALED in the presence of: SEALED in the presence of: SIGNED and Witness Witness Erika Berumen **Jackie Williams** Witness Witness

Countersigned by:

esentative

Attorney-in-fact

Nevada Resident Agent

NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND -- 2 OF 2

515

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 580 WALNUT 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

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 attorneyin-fact, for it and in its name, place and stead to execute in 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 Limit of Power GREGORY C. KAPPHAHN BOTH OF BOTH MIKE HERNANDEZ LOS ALTOS, \$75,000,000.00 CALIFORNIA

This Power of Attorney revokes all previous powers issued in 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 26th day of, FEBRUARY , 2008.

Attest

STATE OF OHIO, COUNTY OF HAMILTON - SS:

DAVID C. KITCHIN (513-369-3811)

GREAT AMERICAN INSURANCE COMPANY

On this 26th day of FEBRUARY , 2008, 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 the 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.

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 March 1, 1993.

RESOLVED. That the Division President, the several Division Vice Presidents and 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 or 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, RONALD C. HAYES, 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 March 1, 1993 have not been revoked and are now in full force and effect.

Signed and sealed this 8th day of, July , 2008

516

No. 0 13844

Address

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

VICTOR INSTRUMENTS, INC.

FILE NUMBER:C0721512FORMATION DATE:08/30/1974TYPE:DOMESTIC CORPORATIONJURISDICTION:CALIFORNIASTATUS:ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, 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.



NP-25 (REV 1/2007)

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 06, 2009.

DEBRA BOWEN Secretary of State

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440 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 curre	ent license number if making changes: WH01618			
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:	X-GEN Pharmaceuticals	s, Inc.				
Physical Address:	300 Daniel Zenker Di	rive	· · · · · · · · · · · · · · · · · · ·			
City: <u>Horseheads</u>		State	NY	Zip (Code: _	14845
Telephone Number:	607-562-2700		Fax Number:	607-5	62-2760	
Toll Free Number:	N/A					
E-mail: XGP@slsny.com Website: www.x-gen.us						
Facility Manager:	Facility Manager: James Baileys					
Director of Operations	Professional qualifications and experience of facility manager: Director of Operations at X-GEN Pharmaceuticals. Please see attached Resume for experience. Types of licensed outlets or authorized persons firm will serve:					
Image: Manufacturers and Distributors. Image: Manufacturers and 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? (If yes, provide a copy of the certificate)	Yes 🗌 No 🗵
Licensed as Manufacturer by the FDA?	Yes 🗵 No 🗆
(If yes, provide a copy of your FDA registration)	FDA Establishment Number: 3005548067

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 \Box No \boxtimes

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:	Cardinal Health (NLC)		
Address:	5595 Commerce Center Dr., Groveport, OH 43125		
Name:	AmerisourceBergen		
Address:	227 Washington St, Conshohocken, PA 19428		
Name:	McKesson		
Address:	10 Hudson Crossing, Montgomery, NY 12549		
Name:	Morris & Dickson Co., LLC	·····	
Address:	1776 Woodstead Ct. #125, The Woodlands, TX 77380		
	e is not required to have a Nevada State Business License, howe ovide the number:N/A	ver, if you o	do,
Within the	last five (5) years:		
any intere	e corporation, any owner(s), shareholder(s) or partner(s) with st, ever been charged, or convicted of a felony or gross nor (including by way of a guilty plea or no contest plea)?	Yes 🗆 N	lo 🕅
	e corporation, any owner(s), shareholder(s) or partner(s) with st, ever been denied a license, permit or certificate of n?	Yes 🗆 N	lo 🛛

520

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	R	No	F 1
site fine of proceeding rotating to the pharmaceutoar industry:	103		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	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	\boxtimes

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

Christine Cannon Print Name of Authorized Person

Date

Board Use Only

Date Processed: _

Amount: \$500,00

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

4

Date of Incorporation:

Registration number issued:

Stock Exchange: _____

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.

522

N/A

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State	of Incorporation:	New York						
	t Company if any:				11 - A.	2-12		
Mailin	g Address: X-GE	EN Pharmaceuticals	s, Inc., C/O S	tate Licen	se Servicing			
	Florida							
	none: 845-544-							
	ct Person:							
For ar	y corporation non	publicly traded, o	disclose th	e followir	ng:			
1)	List top 4 persons	to whom the sh	ares were	issued by	y the corp	oration?		
	a) <u>Susan Badia</u> Name		0 Daniel Zen	ker Drive, ness Addre		s, NY 14845		
	b) Jay Robin Lil Name		0 Daniel Zen	ker Drive, ness Addr		s, NY 14845		
	Inditio	5	Dusi	iess Auui	633			
	c) Catherine A.		0 Daniel Zer	iker Drive,	Horsehead	s, NY 14845		
	Name	9	Busi	ness Addr	ess			
	d)							
	Name	9	Busi	ness Addro	ess			
2)	Provide the number	er of shares issu	led by the	corporati	on	N/A		
3)	What was the pric	e paid per share	?	N/A				
	ada husiness licen	se is not require	d howeve	r if tho w	holosalar	has a Nover	da bucin	000

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.

Include with the application for a non publicly traded corporation continued

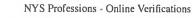
***If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Please provide a copy of your VAWD certification.

***If you are a FDA registered manufacturer, fingerprints, list of employees and bond are not required. Please provide a copy of your FDA registration.

<u>Complete two (2) sets of fingerprints</u> 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.

<u>Copy of a bond in an amount of \$100,000.00</u> 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".







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Office of the Professions

Verification Searches

NYSED.gov

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 *

03/05/2018

Type : MANUFACTURER Legal Name : X-GEN PHARMACEUTICALS INC. Trade Name : Street Address : 300 DANIEL ZENKER DR HORSEHEADS, NY 14845-0000

Registration No: 027525 Date First Registered : 01/23/06 Registration Begins: 01/01/18 Registered through: 12/31/20 Supervisor : PARK RICHARD C Establishment_Status : ACTIVE Successor : NONE

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

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







From: Christine Cannon christinec II slany com &

Subject: X-GEN Pharmaceuticals, Inc. - Notice of Change of Designated Representative and Share Distribution

Date: January 26, 2018 at 3:58 PM To: pharmacy 1 pharmacy is gov

IMPORTANT NOTICE



State License Servicing, Inc.

1751 State Route 17A, Suite 3, Flonda, NY 10921 (845) 544-2482 Office, (845) 544-2481 Fax

Date: January 26, 2018 To: Nevada State Board of Pharmacy Re: X-GEN Pharmaceuticals, Inc., 300 Daniel Zenker Drive, Horseheads, NY 14845, Permit #: WH01618

Dear Licensing Authority:

State License Servicing, Inc. represents X-GEN Pharmaceuticals, Inc. in the servicing of their state licenses. This letter shall serve as notice that effective immediately, R.C. Park will be removed as the Designated Representative at the Horseheads, NY facility located at 300 Daniel Zenker Drive, Horseheads, NY 14845 and replaced by James Baileys. Please see James Bailey's contact information is as follows:

Phone: (607) 562-2700 E-mail: <u>jbaileys@x-gen.us</u>

As well, please let your files reflect that there will be a shift of share ownership between the licensee owners on or about January 15, 2108. There has been no change in control or tax identification numbers with this recent change. Since the control has not changed and you should already have each owner's individual information on file, please advise if the board considers this a change of ownership and will require any filings or additional documentation with the change of shares between the existing owners.

The revised Ownership listing for X-GEN Pharmaceuticals, Inc. is as follows:

Susan Badia – President and CEO: Old % - 33.3%, New % - 60% J. Robin Liles - Chief Operating Officer: Old % - 33.3%, New % - 25% Catherine Liles - Chief Administrative Officer and Treasurer: Old % - 33.3%, New % - 15%

If you need any additional information, please feel free to call or e-mail me at the address below.

Kind Regards,

Jennifer Schneider V.P. Client Services (845) 544-2482 ext 207 jennifers@slsny.com

Contracts, etc. 2018, etc. 2018

Click Here to Respond to this Email

10/27/16, 1:20 PM



Nevada State Board of Pharmacy

Logon

License Details

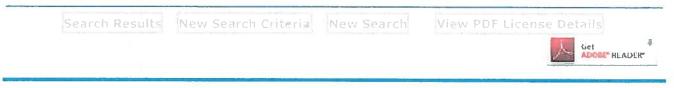
Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: WH01618		Current Date: 10/27/2016 10:18 AM
Name:	X-GEN PHARMACEUT	ICALS, INC.
License Type:	WH	
License Status:	Active	
Expiry Date:	10/31/2018	
1st License Date:	03/08/2010	
Disciplinary Status:	None	
Addresses	and the second	
Main Address	Address	300 DANIEL ZENKER DR
		HORSEHEADS, NY
		CHEMUNG
		14845
	Phone Number:	607-562-2700

shunting@pharmacy.nv.gov or at (800) 364-2081.



Company particulizers

www.x-gen.us

Corporate Address: 300 Daniel Zenker Drive, Horseheads, NY 14845 USA Description: Own Label Manufacturer and Distributor of Legend and OTC Drugs FEIN: 81-0602472

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X-GEN Pharmaceuticals, Inc.



Drug Labeler Code: 39822 Incorporation State: NY Incorporation Date: 3/12/2003

FACILITY INFORMATION Code	Address		FDA	DEA	DUNS	VAWD	Phone	Fax
HHN	300 Daniel Zenker Drive Horseheads, NY 14845 County: Chemung		3005548067 N/A	N/A	790169531	No	(607) 562-2700 (607) 562-2760	(607) 562-2760
FACILITY DESIGNATED REPRESENTATIVES Name Address	REPRESENTATIVES Address	Title		Prescribing Authority				
James Baileys	Jewett Hill Road Apalachin, NY 13732	Director of Operations						
OWNERSHIP Name	Address	Title	Percent of Ownership	Prescribing Authority				
Susan E. Badia	York Court worthport , NY 11768	President and CEO	60					
J. Robin Liles	Woodland Way r dinted Post, NY 14870	Vice President	25					
Catherine A. Liles	Noodland Way Painted Post, NY 14870	Corporate Treasurer	15					
LIST OF OFFICERS Name	Address	Title		Prescribing Authority				

Disciplinary History: AL 2013, CO 2009, AL 2015, MD 2013, ME 2011, MI 2014, MT 2012, IL 2011, OH 2017

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Catherine A. Liles

Susan E. Badia J. Robin Liles

Woodland Way Painted Post, NY 14870

Vice President

President and CEO

Corporate Treasurer

Woodland Way Painted Post, NY 14870 /ork Court Northport , NY 11768

REGISTERED AGENT IN ALL APPLICABLE STATES Name

Incorp Services, Inc.

YORK
NEW
HE UNIVERSITY OF THE STATE OF NEW EDUCATION DEPARTMENT
E

NEW YORK STATE BOARD OF PHARMACY



2018-20

NAME OF SUPERVISOR RICHARD C. PARK

THIS IS TO CERTIFY

X-GEN PHARMACEUTICALS INC. 300 DANIEL ZENKER DR HORSEHEADS, NY 14845

is duly recorded as a

REGISTERED MANUFACTURER OF DRUGS AND/OR DEVICES

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

CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JANUARY, 2018. CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF DECEMBER, 2020. THIS (THIS

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

027525



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/7TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRA-TION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

ID LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESS-DATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGIS-TRATION 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 REGISTRA-TION SITE)

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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 x-gen

<u>CSVExcel</u> Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
X-GEN Pharmaceuticals, Inc.	3005548067	790169531	ANALYSIS,	300 Daniel Zenker Drive, Horseheads, New York (NY)	12/31/2018

States (USA)

Showing 1 to 1 of 1 entries <u>Previous1Next</u> Data Current through: Monday, Apr 23, 2018

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of X-GEN PHARMACEUTICALS, INC. was filed on 03/12/2003, 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.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of March two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

201803160332 88



ORGANIZATIONAL CHART

Catherine A. Liles 15% Owner Jay Robin Liles 25% Owner



Susan Badia 60% Owner

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X-GEN PHARMACEUTICALS, INC.

JAMES D. BAILEYS

Jewett Hill Rd Apalachin, NY 13732

PROFESSIONAL SUMMARY

Highly motivated success driven professional

- Diverse experience in business administration, budget management, operations and personnel development.
- Finance Management and Program Performance Management expertise on high profile, dynamic programs.
- A proven record of driving increased efficiency, productivity and quality, while simultaneously managing diverse teams to business rhythm success.
- Outstanding organizational, interpersonal, motivational, training, and presentation skills.
- Analytical, Versatile, Articulate and Diligent.

CORE COMPETENCIES

- Financial Analysis and Earned Value Management
- Contract Management
- Risk and Customer Management
- Personnel training and development
- Program Manager Certification

PROFESSIONAL EXPERIENCE

X-GEN PHARMACEUTICALS - BIG FLATS, NEW YORK

Director of Operations

January 2010 --

Responsible for strategic planning and oversight of all activities related to the production, distribution and marketing of X-GEN's products in compliance with quality and; ensuring operational efficiency, work quality, effective service and costeffective management of resources.

- Responsible for development, implementation, management and evaluation of marketing strategies to achieve the business goals and objectives.
- Responsible for development, evaluation, approval and directing implementation of manufacturing strategies to balance critical manufacturing resources with customer demand, to maintain optimal inventory levels to meet the business goals and objectives of the company.
- Responsible for negotiating and managing pricing and supply terms with contract manufacturing partners and raw material suppliers.
- Responsible for development, implementation, management and evaluation of distribution strategies to optimize supply chain inventories of wholesale trading partners.
- Responsible for the functional performance and develops, recommends and implements adjustments to ensure strong operational efficiencies and achievement of performance related goals for the following operational functions: Contracts, Medicaid and State Licensing, Facilities Management, Information Technology -Network Administration, Logistics Management, Customer Service, and Reception.

Kesume

LOCKHEED MARTIN SYSTEMS INTEGRATION - OWEGO, NEW YORK AUGUST 1999 - AUGUST 2009

Program Performance Management Manager

Responsible for the management of the business office performance personnel across all Development and Production Programs within the Naval Helicopters Organization, including the \$1.1 billion MH-60R Multiyear Program. Established and implemented a standardized business rhythm across all programs, eliminating the need for specialized training. Implemented core earned value management, financial analysis and budget oversight allowing for cross program comparisons and metrics. A member of the Site Steering Committee for Financial tools reform.

- Responsible for financial analysis, program schedule analysis, Program budget oversight and audit.
- Earned Value implementation and oversight across the organization
- Responsible for training, mentoring and career development planning of personnel.
- MH-60R helicopter Platform Electronic Support Measures subsystem Program Manager.

Program Manager-Electronic Support Measures

Integrated Product Team Lead for the integration Electronic Support Measures (ESM) subsystem onto the MH-60R helicopter.

- Primary customer interface for subsystem issue resolution and new business opportunities.
- Responsible as the financial analyst for overall cost and schedule accountability of the ESM subsystem. .
- Program Manager for the integration of the Development improvements of the ESM into a Production ready • solution for 254 MH-60R helicopters.
- Honors Night Award recipient in 2007, Building Customer Relationships. •

Multi Functional Financial Analyst

Program Financial analyst and Cost Proposal Manager on various Naval and Postal programs and proposals, including contract negotiations and settlement. Developed a tool for comparison of budget versus resource expenditure, now utilized site wide for resource planning and forecasting.

- Lead financial analyst and Cost Manager on the MH-60R Replan Program and proposal throughout negotiations and contract award, valued at \$153 million.
- Deputy Program Manager in charge of performance management, budget and schedule analysis and cost containment.
- Direct customer interface for cost and resource issue resolution. •
- Recipient of the Company Achievement Award for cost proposal management on the Integrated Data Systems proposal and \$15 million contract award.

May 2005 - October 2008

August 1999 - May 2005

1

October 2008 - August 2009

JAMES D. BAILEYS

Jewett Hill Rd Apalachin, NY 13732

ADDITIONAL EMPLOYMENT HISTORY Avco Financial Services - ITHACA, NEW YORK

Senior Manager

October 1981 – August 1999

Responsible for the management of a consumer loan office with a staff of four, servicing home loans, personal loans and retail financing, including collections, foreclosures and repossessions.

- Developed and managed a network of eleven retail business partners
- Increased receivable base twofold
- Reduced loan losses to .56% versus company standard of 2.0%
- Three-time Circle of Excellence Award Recipient

EDUCATION

Elmira College, Bachelor of Science, Business Administration

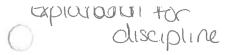
SECURITY CLEARANCE

US Department of Defense - Secret (expired)

REFERENCES

Available upon request





ORDER OF SUSPENSION OR REVOCATION

. . . .

536

J. Robin Liles- Discipline 2011

PART 2

IOWA BOARD OF PHARMACY

I, J. Robin Liles was convicted of DWI on November 10, 2011 in violation of New York State law section 1192.2. This is a misdemeanor violation under this section of law in the State of New York.

I have provided the Court Order of Suspension or Revocation and my Abstract of Driving Record from the NYS Department of Motor Vehicles as further Information.

I completed all required conditions by the court.

J Robin Liles Altdiles

NILES, JAY R Runner sted Street Address			Ticket Suther (1)	Thale Ferale
HOCDLAND WAY			CL42027X8P	
189	State	Itp Code	Criver License #	
PACHTED POST	377	16870	388740628	
Judge Mers		-2011 1	+15-2013	Cherk if Youthful Offende
RCBERT N COLS JR			the back of this income	
CONT N COLS 28 Court Code //en	icle Claps (definition		the back of this form	
COURT N COLE IN			the back of this form	
CONT N COLS 28 Court Code //en	icle Claps (definition		ite betk of this form)	

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Rentaice Date Bovesher 10, 2011. This order will be effective on Movesher 30, 2013, because of your conviction of a vallation of Subdivision 2, of Section 133 of the Vehigle and Traffic Law

PROBATICN/CONDITIONAL DISCHARGE A present convicted of a vibilitien of VTE 1132 (s) (s) or (b) semalted we are stere 12/18/19 must be recented to a conditional distancy or presention and the informatilation and use of the interfect device A presence out or inditional (TTE-1132() or (3) semalted on are stere T//18/19 and whe is semamed on or after 8/15/10 must be settended to e unditional (Interfect present) and the interfect device

is witoriel sentenced to. Troubling - If sentenced to protein how long is the estance?]} years]} years [[Concilical Elastrys - 12 sec]miced to conditional discharge. Saw long is the sentences]]; year]} years

Must the metarin result of barlies before adjoint for a linears (only adjoint of exceed to products). The other adjoint adjoint and the linear of the linear of the linear of the linear of the linear line

LICENSE SURRENDER - Kas the poterist surrendered his/her license	
Wes We will you have not turned in your driver litense to the court, you must turn it in to the Dept of Moto If you turn it a temporary litense, you must also turn in your photo litening when you receive it.	r Venieles,

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EXECUTIVE DEPUTY COMMISSIONER OF MOTOR VEHICLES

P.O. Box 445 * Big Flats, NY 14814 * Phone: 607-562-2700 * Fax: 607-562-2760 * www.x-gen.us

To Whom It May Coacern

N GFN Pharmaceuticals inadvertently inverhooked its obligation to register as an out-of-state wholesale distributor of prescription drugs in Colorado after that duty was imposed in June of 2006, as did approximately 100 of due out of state voloostate structures. When addised of its corror, Ne GFN promptly registered and paid the assessed fine, As of Lebruary 26, 2009, X GFN Pharmaceuticals has been registered in Colorado, wholesaler license W110-7499. On February 26, 2009, discipline was boll imposed and completed - As of February 20, 2009, X-GEN holds an "Active" license registration without limitations in Colorado. See attached weekpage. "Company information, All Licensing Lypes", X-GFN Pharmaceuticals, Inc. Colorado Beard of Pharmacy.

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STATE OF ILLINOIS DRFARTMENT OF FINARCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION) of the State of Illinois, Complainant

٧.

X-GEN PHARMACEUTICALS, INC. Respondent

NOTICE

TO: I-GEN PHARMACEUTICALS, INC. 300 DANIEL ZENKER DRIVE HORSEHEADS, NY 14845

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION of the State of Illinois

BY: Clerk for the Department

All inquiries should be Directed to: Chicago Offica - 312-814-4504 Springfield Offi⊂e - 217-785-0820 STATE OF ILLINOIS)
COUNTY OF SANGAMON)

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the lilinois Code of Civil Procedure, the undersigned Certifies that I caused copies of the attached NOTICE AND CONSENT OR ONDER, to be deposited in the United States mult, by certified mail at 320 W. Washington, Springfield, lilinois 62786, before 5:00 p.m. with proper postage prepaid on the 29th day of November, 2011 to all parties at the addresses listed on the attached documents.

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AFFIANT AFFIANT

STATE OF ILLINOIS

) No. 2011-07604

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL AND FINANCIAL) REGULATION, DIVISION OF PROFESSIONAL REGULATION) of the State of Illinois, Complainant]

v. X-Gen Pharmaceuticals, Inc. License No. 004-002948,

CONSENT ORDER

Resnundent

The Illinois Department of Financial and Professional Regulation, Division of Professional Regulation (hereinaher "the Department") by Mary H. Skeglund, its attorney, and X-Gen Pharmaceuticu's. Inc., Resonder, agree to the following

STIPULATIONS

X Gen Pharmaceuticals, Inc is licensed as a Drug Distributor in the State of Illineis. holding license N0 004 003948. At all times material to the matter set forth in this Consent Order, the Illinois Department of Financial and Professional Regulation or its predecessor, the Department of Prefessional Regulation of the State of Illinois had jurisdiction over the subject matter and parties to this Consent Order

The Respondent self-reported that it was Reprimanded the State of Maine for operating a wholesale drug distribution business without an active license.

It is stipulated that the Department of Professional Regulation of the State of Illinois has jurisdiction over the subject matter and of the parties in this case.

CONDITIONS

WHEREFORE, the Department, through Mary H. Skoglund, its attorney, and X-Gen Pharmaceuticals, Inc., Resondent, auree.

> A The Department, through Mary II. Skoglund, its attorney, and the Pharmacy Board of the Department of Professional Regulation of the State of Illinois, recommends to the Director of

the Department of Professional Regulation, that the Certificate of Registration, License No. 004.002948 of X-Gen Pharmaceuticals, Inc. be Renrimanded

B1 This Consent Order shall become effective immediately upon signing and approval by the Director of the Division of Professional Regulation of the Illinois

Department of Financial and Professional Regulation.

DIVISION OF PROFESSIONAL REGULATION of the State of Illinois

DATE ----

10-31-11 DAIE

Nurry W Skoglund Atomey for the Department Atomey for the Department C Gen Pharms-euticals, I.e. Respondent's Representative

11-4-11 DATE

Member Illinois Board of Phannacy

THIS CONSENT ORDER IS APPROVED IN FELL DATED THIS JAN DAY OF WELL . 20 11

ILLINOIS DEPARTMENT OF FINANCIAL AND

PROLESSIONAL REGULATION OF THE STATE OF HELINOIS, BRENT F. ADAMS, SECRETARY

QIVISION OF PROFESSIONAL REGULATION Stewart DRECTOR

Case No 2011-07604

License No 004-002948



STATE OT MAIN DEPARTMENT OF PAOFESSIONAL AND FINANCIAL RECL. ATION DFALE OF LICENNING & REPORTS HOARD FINANACY COPPLIMIT AND INVESTIGATION AS STATE HOULS STATION AC 4333-0015

Maine-2011

Anne L. Head, Esq Contentssorter Gerald na L. Batta

July 15, 2011

X-Gen Pharmacouticals, Inc Attn: Jay Liles 300 Daniel Zenker Drive Horseheads NY 14845

RE: 2011-PHA-7245 Pending License # WH70001817 Dear Mr. Liles

Dear VIT LIJES

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

At this time the \$1580.00 fine payment has not been received. Upon receipt of fine payment the pending license will be issued. Please send payment or the required documents directly to me. Please include in your correspondence the complaint number that appears above.

If you have any questions, please feel free to contact this office.

Sincerely Kelly L. McJaughlin Sr Consus (emzil kelly I mclaughlin Gmank gov) шIJ sumer Assistant Specialist

Enclosure

 Carrie Carriey, Assistant Attorney Getteral Geraldine L. Betts, Board Administrator Thomas Avery, Chief Field Investigator Jeffrey Frankel, OLR Stuff Attorney

Licensing (207)634-2078 Meta Receptoriss (207)624-8613

Partie de sectes fans Binstiller gesteldes de la costeger Dif de lucation de la caste Anne en martanan Avente Gaspiner Maine

Fas US7924-9637

COVENANTS

6 X-Gen admits to practicing as a Wholesale Pharmacy in Maine without being licensed by the Board, in violation of 12 M.R.S. § 13771(1), and that this violation is a ground for the denial of the application for Wholesale Pharmacy licensure parsuant to 10 M.R.S. § 8003(5-A)(A)(4).

7 As a condition of licensure and for conduct admitted in paragraph 6 abuve and as a saliction

for the violation, X. Gen agrees to do the following

A Accept a REPRIMAND from the Board

- D Upon execution of this Consent Agreement, pay in CIVIL PENALTY in the amount of une thousand five hundred eighty dollars (\$1,580.00) calculated at \$1.500.00 for the first violation and \$1.00 for each additional violation; and
- C CEASE performing services for which filennaire as a Whelesale Pharmacy is required until the Board has approved the X-Gen's application for licensize as a Whelesale Pharmacy and the above CIVIE PENALTY is paid in full.
- 8. Upon receipt of this executed Consent Agreement, the Board will not deny X-Gen's

application on the basis of the conduct admitted to in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 11.

9. The Attorney General and the Board agree that no further agency or legal action will be taken against X-Gen's license based on the specific violations admitted to herein, except in the event that X-Ger does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

- 10 The Consent Agreement is not subject to appeal
- 1 The Consent Agreement is not subject to amendment except by written agreement of all

parties.

12 The Consent Agreement is a public document within the meaning of 1 M R.5 § 402, et seq

STATE OF MAINE BOARD OF PHARMACY

In re: X-Gen Pharmaceuticals Inc. Complaint No. 2011-PHA-7245

CONSENT AGREEMENT

PARTIES

This document is a Consent Agreement ("the Consent Agreement") regarding the pending Wholesale Pharmacy license for X-Gen Pharmaceuticals Inc. ("X-Gen"). The parties to the Consent Agreement are, X. Gen, the Maine Board of Pharmacy ("the Board"), and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S § 8001(5-A)(C) STATEMENT OF FACTS

 On July 13, 2010, Board staff received an application from X-Gen to become licensed as a Manufacturer.

2 On October 18, 2010, X-Gen amended its application for licensure from Manufacturer to Wholesale Pharmacy.

2 X-Gen was not previously licensed by the Board in the State of Maine.

3 On April 12, 2910, X-Gen submitted information to the Board staff indicating that in the years 2006 through 2009, it had shipped 81 prescriptions into the State of Maine without being licensed.

4. At its meeting on April 7, 2011, the Board reviewed the above-mentioned information. The information revealed that in the years 2006-2009, X-Gen had been operating as a Wholesale Pharmacy in the State of Maine without being properly licensed. Based on this information, the Board voted to preliminarily deny X-Gen's application to become licensed as a Wholesale Pharmacy.

5. In lies of the license derial, the Board also voted to offer X-Gen this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin. Board Clerk, Board of Pharmapy, 35 State House Station, Augusta, Maine 04333 by July 27, 2011, the preliminary denial of X-Gen's application for licensure as a Mail Order Pharmapy will become final

33 X-Gen understands that the execution of the Consent Agreement is completely voluntary and that she has the right to consult with an attorney before signing the Consent Agreement.

14. X Gen schnowledges by signature hereto of an authorized representative that it has read this Context Agreement, that is has had an opportunity to consult with an anomey before executing this Censent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For X Gen Pharmaceuticals Inc

Dated 7-1 2011

Date: 711311

Dated 7-3-11

E' Bodia BADIA PPESIDENT JUSAN E VICE PRESIDENT

UE L. CARNEY ssistant Attorney General

ä



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Montana-2012

Anjeareste 2 Lindio Special Assistant Attorney Generas DEPARTMENT OF LABOR AND INDUSTRY Business Standards Division 301 South Park P O Box 200513 Helena, MT 559520-0513 (466) 841-2318

BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA

IN THE MATTER OF THE PROPOSED DISCIPLINARY TREATMENT OF THE LICENSE OF X-Gen Pharmaceutica's, Inc. Wholesale Drug Distributor, License No 2732

Case Ne 2012 PHA LIC 4 NOTICE OF PROPOSED BOARD ACTION AND OPPORTUNITY FOR HEARING

TO J Robin Liles Person In-Charge X Gen Pharmaceutica's Inc 300 Daniel Zenker Drive Horseheads NY 14845

PLEASE TAKE NOTICE

 The State of Montana Board of Pharmacy (Board), has considered the complaint filed against X-Gen Pharmaceuticals, Inc. (Licensee) and has voted to initiate disciplinary action against X-Gen Pharmaceuticals, Inc. pursuant to its authority under §§37-1-131 and 37-1-136, Mont. Code Ann.

2 During a Screening Panel meeting on January 20, 2012 the Screening Panel of the Board reviewed all documentation regarding the above action and determined that

Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmiceuticals, Inc. 2012-PHA-LIC-4

ORIGINAL

there is reasonable cause to no leve that Licensee wolked one or more of the statutes or rules relevant to wholesate drug distributors in Montana

3 Accordingly the Screening Panel directed that this Notice be served upon Licensee pursuant to Mont. Code Ann. §37-1-306

FACT ASSERTIONS

 At all times relevant to these proceedings, Licensee was a licensed wholesale drug distributor, holding license number 2732, issued by the Montana Board of Pharmacy on January 19, 2010.

2 On July 27: 2011 a board-generated complaint was filed against the Licensee because their License had been disciplined by another state board for operating a wholesale drug distribution business without an active license.

3 On October 28, 2011 a letter was sent to the Licensee at the Screening Panel s request asking whether or not shipments have been made into the state of Montaria

4 On November 15, 2011 the Licensee responded that the following were shipped into Montana.

2007	2 Units	\$34 50	Nystat-Rx 50mu/bchie
2008	3 units	\$372.00	Streptomycin for Injection USP 1gm/vial x 10
2009	1 unit 1	\$17.25	Nystat Rx 50mu/bottle
	20 units	\$560.00	Colistimethate for Injection USP 150mg/viai
	4 units	S104 00	Progesterone Wettable 25gm/bottle
	50 units	\$562.50	Polymyxin B for Injection USP
5 Th	e Board rece	ived a respon	se to the complaint from Jennifer Schneider, VP

to are company non-period sing and non-perioder sconeder 1

Client Services explaining that in 2009 the company was overwhelmed with the

Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmace its als, Inc., 2012 PHA LIC-4

Page 1

Increasing state icensing regulations. She states that X-Gen received disciplinary action from Colorado and at that time they well unaware that certain states into which they were shipping required licensing. They performed a gap analysis and immediately applied to all applicable states.

C The antians referred to above directly relate to the propriety of the practice or fitness to practice as a Wholesale Drug Distributor in the state of Montana

CONCLUSIONS OF LAW

 The information contained in the fact assertions here n indicates that X-Gen Pharmaceuticals line has committed unprofessional conduct.

- 2 The violations of law committed by Licensee are as follows
- A Violation of Mont. Code Ann. §37-1-316 (18):

It is unprofessional conduct for a iconsec or license sopil cant governed by this chapter to engage in conduct that does not meet the generally accessed standards of practice.

8 Violation of Mont. Code Ann. §37-7-604(1):

A person or distribution outlet may not act as a wholesale drug distributor without first obtaining a license from the board and paying the license fee

C Violation of Mont. Code Ann. §37-7-605(1);

An out-of-state wholesale drug distributor may not conduct business in this state without first obtaining a license from the board and paying the I cense fee established by the board

D Violation of ARM 24.174.2301 (1)(a):

The board defines "unprofessional conduct as including engaging in any

Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 3

activity which violates state and federal stat itss and rules governing, the practice of pharmacr,

3 As a result of the above information, the Buard 4 Spreening Panel heard the above matter idetermined that there is reasonable cause to believe that X-Gen Pharmaceuticals line has violated a statute or rule justifying disciplinary sanctions to be imposed against their Montana Idense and so moved to serve them with this formal Notice of Proposed Board Action and Oppixiturity for Hearing.

UNIFORM PROFESSIONAL LICENSING AND REGULATION PROCEDURE You are advised that the law provides

37-1-309 Notice - request for hearing (1) If a reasonable cause determination is made pursuant to 37-1-301 that a violation of this part has occurred a notice must be prepared by neutriment legal staff and served on the alleged violator. The notice may be served by cartified mail to the current address on file with the board or by other means authorized by the Montana Rules of Crivit Procedure. The notice may not allege a violation of a particular statute rule or standard unless the board or the board is screening panel. If one has been established, has made a written determination that there are reastinable grounds to believe that the particular statute rule or standard has been violated.

 $\label{eq:constant} (2) ~~ A ~~ \text{licensee or license applicant shall give the board the licensees or applicant's current address and any change of address within 30 days of the change$

(3) The notice must state that the licensee or license applicant may request a hearing to contest the charge or charges. A request for a hearing must be in writing and

Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc. 2012 PHA-LIC-4

Page F

received in the offices of the department within 20 days after the licensee's receipt of the notice. Failure to request a hearing constitutes a default on the charge or charges, and the board may enter a decision on the basis of the facts available to it 37-1-312. Sanctions – stay –costs –stipulations. (1) Upon a decision that a licensee or ticense applicant has violated this part or is unable to practice with reasonable skill and safety due to a physical or mental condition or upon stipulation of the parties as provided in subsection (3), the board may issue an order providing for one or any combination of the following sanctions

(a) revocation of the I cense

(b) suspension of the license for a fixed or indefinite term

- (c) restriction or kmitation of the practice
- (d) satisfactory completion of a specific program of remedial education or treatment

(e) monitoring of the practice by a supervisor approved by the disciplining authority

- (f) censure or reprimand, either public or private.
- (g) compliance with conditions of probation for a designated period of time

(h) payment of a fine not to exceed \$1 000 for each violation. Fines must be deposited in the state general fund

(i) denial of a license application

receipt of this notice

(j) refund of costs and fees billed to and collected from a consumer

(2) A sanction may be totally or partly stayed by the board . To determine which

sanctions are appropriate, the board shall first consider the sanctions that are necessary

to protect or compensate the public Only after the determination has been made may

If X-Gen Finant accuticals, Inc. wants to have a nearing and the observen ty tucontest the proposed action, a written request for hearing must be sent to Booky

Carter, Compliance Supervisor, Business Standards Division, Department of Labor and

request must be received in the offices of the Department within twenty (20) days after

Anjearghe C. Lindle <u>Landie</u> Department Counsel Montana Board of Pharmacy

DATED this 7th day of Electronic 2012

Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 5

the board consider and include in the order any requirements designed to rehabilitate the licensee or license applicant

(3) The licensee or license applicant may enter into a stipulated agreement resolving potential or pending charges that includes one or more of the sanctions in this section. The stipulation is an informal disposition for the purposes of 2-4-603.

(4) A Ecensee shall surrender a suspended or revoked license to the board within 24 hours after receiving notification of the suspension or revocation by mailing it or delivering it personally to the board.

2-4-631(3). Licenses. Whenever notice is required no revocation suspension, annulment withdrawal or amendment of any license is lawful unless the agency gave notice by mail to the licensee of facts or conduct which warrant the intended action. If the

agency finds that public health safety or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined

STATEMENT OF RIGHTS

X-Gen Pharmaceuticals. Inc. is entitled to a hearing on the proposed discipline against the license of X-Gen Pharmaceuticals. Inc. before an impartial Hearing Examiner appointed by the Department of Labor and Industry as provided in the Montana Administrative Procedure Act Mont. Code Ann. §2-4-601 et seq. and §37-1-121 X-Gon Pharmaceuticals. Inc. has a right to be represented by an attorney at such hearing and during related proceedings.

Nutice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 6

CERTIFICATE OF SERVICE

File raby certify that on the $\frac{S_{\rm c}^{\rm LH}}{S_{\rm c}}$ day of $\frac{S_{\rm c}^{\rm LH}}{S_{\rm c}}$ ($s_{\rm c}^{\rm c}$, $s_{\rm c}^{\rm c}$, 2012 Fisewed a true and activate copy of the foregoing NOTICE OF PROPOSED BOARD ACTION AND OPPORTUNITY FOR HEARING try confided United States mail certified number

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J Robin Lies Person-In-Charge X-Gen Pharmaceuticals Inc 300 Daniel Zenker Drive Horscheads NY 14845

Notice of Proposed Board Action and Upportunity for Hearing X-Gen Pharmaceuticals, Inc. 2012 PHA LIC 4

Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc. 2012-PHA-LIC-4

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Anjeanette C Lindle Angearette C Londe Special Assistant Attorney General DEPARTMENT OF LABOR & INDUSTRY Office of Legal Services 301 South Park Avenue PO Bax 200513 Heima MT 56520-0513 Heima MT 56520-0513 Telephone (406) 841-2318 Fax (405) 541-2313

BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the License of Case No. 2012-PHA-LIC-4 X-GEN PHARMACEUTICALS, INC. REQUEST FOR ENTRY OF DEFAULT Wholesale Drug Distributor, License No. 2732

TO THE BOARD OF PHARMACY

Pursuant to Mont. Code Ann. § 37-1-309(3). please enter the (lefault of Respondent/Licensee, XiGen Pharmaceuticals, Inc. with respect to the Notice of Proposed Board A Jron and Or portunity for Hearing filed and served in the above entitled matter for failure to request a hearing within twenty days of service to request in writing a hearing, as appears from the repord and accompanying documentation

DATED this Phi day of March 2012

Anjean de C. L. ndie Legal Counsel ounsel tent of Labor and Industry

Request For Entry Of Default Ince X Gen Pharmaceutoais Inc. Case No. 2012 PHA-LIC 4

BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA

In the Malter of the Proposed Disciplinary Treatment of the License of Case No. 2012 PHA-LIC-4

X-GEN PHARMACEUTICALS, INC.

AFFIDAVIT OF SUSAN C. PETERS Wholesate Drug Distributor, License No. 2732

State of Mintana 3.5 Lewis & Clark County

ESLsan C. Peters, being first duty sworn, depose and say as follows. Lam a chizen of the United States, over the age of eighteen years, a resident of

Lewis and Clark County, Montana, by profession an employee of the Montaina Department of Labor and Industry | Department | and Legal Secretary for the Office #Legal Services

2. Fam familiar with the procedural history of this case and have personal knowledge of the same

3 On February 13, 2012, the Department duly served Respondent/Licensee X-Gen Pharmaceuticals Inc. by Certified Mail receipt # 7303 1010 0000 9235 1116 with a Notice of Proposed Board Action and Opportunity for Hearing, Case No. 2012/PHA-LIC-4. The Notice provided a statement of rights which contained a specific notice to Respondent/Licenses that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy. More than twenty days have bassed since service of the Notice and no request for hearing has been received

4 Upon information and belief. I state that X-Gen Pharmaceuticals. Inc. is not now an incompetent person or minor and was not such when the instant action was commenced

Affidavit of Susan C. Peters In re X. Ger Pharmaceubcais. Inc.; Case No. 2012/PHA L.C.4.

further that k Gen Pharmaceuticals $(m_{\rm eff})$ and mow a memoer of the military or navel services of the United States, nor has it been a member thereof within sic months preceding commencement of this art on

DATED IN S 19 Uay of Marcin 2012

Scand Pelan

State of Montana Lewis & Clark County

This Affidavit was signed and swom to before mellia Notary Public for the state of Montanal on this Littleday of March 2012 by Susan C. Peters, known to me to raithe persion whose name is subscribed to within this instrument, and exercited the same

\$1

IN VATNESS WHEREOF I have hereunic set my hand and affixed my seal the day and year first written above



Notary Public for the state of Montanay Lewis and Clark County

Affidavit of Susan C. Peters In le X Gen Pharmaceutoals Inc. Case No. 2012/PH4/LIC-4

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing REQUEST FOR ENTRY OF DEFAULT and AFFIDAVIT OF SUSAN C PETERS by U.S. mail postage

prepaid upon the following parties addressed as follows

J Robin Liles Person-In-Charge X-Gen Pharmaceuticals, Inc 300 Daniel Zenker Drive Horseheads, NY 14845

Board of Pharmacy 301 South Park Avenue PO Box 200513 Helena, MT 59620-0513 DATED this 101 day of March 2012

Department of Labor and Industry

Affidavit of Susan C. Peters in re X-Gen Pharmaceuticals Inc. Case No 2012 PHA tro-4

CERTIFICATE OF SERVICE

I certify that I served a true and accurate copy of the foregoing ENTRY OF DEFAULT

by U.S. mail postage prepaid upon the Licensee at the following address

J. Robin Lifes Person-In Charge A. Gen Pharmaceuticals (inc 300 Daniel Zenker Drive Hordeheads NY (14845)

And by hand delivery upon Department Counsel Anjeanette C. Lindie

ngeenete U Lodie Social Assistant Attorney General DEPARTMENT OF LAECR AND INDUSTRY Office of Legal Services 30' Souln Park Avenue PO Box 200513 Heiena MT 59620-0513

DATED this DOTH day of March 2012

ector Canta

Entry of Default In re X-Gen Pharmaceuticals Inc. Case No 2012/PH4-LIC-4

BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the License of X-GEN PHARMACEUTICALS, INC. Wholesale Drug Distributor, License No. 2732

Case No 2012-PHA-LIC-4

ENTRY OF DEFAULT

On February 13, 2012, X-Gen Pharmaceutica's Inc. Respondent/Licensee in the above-enLifed action, was duly served with the Notice of Proposed Board Action and Opportunity for Hearing Case No 2012-PHA LIC-4 The Notice provided a statement of nghts which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the junsdiction of the Baard of Pharmacy. More than twenty days have bassed since service of the Notice and no request for hearing has been received. The Department requested entry of default on March 19 2012

IT IS THEREFORE ORDERED that the default of the Respondent Licensee is untered for failure to request a hearing. For purposes of this order, the fact assertions contained in the Notice issued in the above-entitled matter are hereby adopted as the findings of fact and the conclusions of said Notice are adopted as the conclusions of law

A final order providing for disposition of this matter will be subsequently antered DATED this 2011 day of March 2012

Becky Center Becky Carter Compliance Unit Supervisor Department of Labor and Industry

Entry of Default in te X-Gen Pharmaceuticals Inc. Case No. 2012-PITA LIC-4

BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the License of Case No. 2012 PHALC-4

X-GEN PHARMACEUTICALS INC. FINAL ORDER OF DEFAULT Wholesale Drug Distributor, License No. 2732

On February 13, 2012, a Nitike of Proposed Board Action and Opportunity for Hearing was served on X-Gen Pharmaceutica's incl. Respondent/Licensee in the accue entitled action by Centified Mail receipt # 1803 1010 0000 9239 1116 The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a writer request for a hearing within twenty days of the date on which it received the Notice in inter to preserve its light to chattenge the proposed action under the lurisdiction of the Board of Pharmacy

More than twenty days have bassed since service of the Notice and no request for hearing has been received. Accordingly, and upon the request of Department counsel on March 19, 2012, a default was entered

For purposes of this order, the fact assertions and conclusions contained in the Notice of Projected Board Action and Opportunity for Hearing issued in the above-entitled matter are hereby acopted by the Board and fully incorporated into this final order as the findings of fact and the conclusions of law

Based upon X-Gen Pharmaceuticals linc's default for failing to request a hearing and the information presently before the Board including the aforementioned findings of fact and conclusions of law the Board enters the following

Final Order of Default In TeX Gen Pharmaceuticals Inc. Case No. 2012 PHA UC-I

sanctions that are necessary to protect and compensate the public. Having considered the concerns of the public and the rehabilitation of the licensee.

THE BOARD ENTERS THE FOLLOWING ORDER

A Licensee shall pay an acministrative fine in the amount of THREE THOUSAND DOLLARS (\$3,000,00). Licensee shall pay by certified check or money order, made payable to the Montana Board of Pharmacy, P.O. Box 200513. Helena, Montana 59620-0513 within 30 days of the date of the Final Order, and not before, to be deposited in the state special revenue fund pursulant to 37-7/324. MCA

B Licensee shall ensure that in the future it will not operate as a wholesa'e drug distribution unless it has on active license.

C Licensee shall review and follow all Montana laws and rules regarding wholesale drug distributors

DATED this 13_ day of _____ 2012 Presiding Officer

CERTIFICATE OF SERVICE

I cert fy that I served a true and accurate copy of the foregoing FINAL ORDER OF

 $\ensuremath{\textit{DEFAULT}}$ by U S (mail, postage prepaid) upon the Licensee addressed as follows

J. Robin Liles Person-In-Charge X-Gen Pharmaceut.cals. Inc 300 Daniel Zenker Drive Horseheads. NY: (4845

And by hand delivery upon Department Coursel

Anjeanette C. Lindie Special Assistant Atomey General DEPARTINENT OF LABOR AND INDUSTRY Office of Legal Services 301 South Park Avenue PO Box 200513 Helena, MT 59520-C513

DATED INIS 1 Gay of COPIL 2012 Midi J. Bais Department of Labor and Industry

Final Order of Default In In X. Gen Pharmaceuticals Inc. Case No. 2012 PHA LIC 4

Case No. 2012 PHA LICI4

Montana Department of LABOR & INDUSTRY Business Standards Division

4

April 17, 2012

J ROBIN LILES PERSON IN CHARGE X GEN PHARMACEUTICALS INC 300 DANIEL ZENKER DRIVE HORSEHEADS NY 14845

RE Complaint =PHA-2012-LIC-4

Dear Mr. Lifes

The above-referenced complaint was recently reviewed by the Adjudication Panel of the Board of Pharmacy. The panel entered a Final Order, a copy of which is endored. This disciplinary action is a permanent matter of public recent

Be advised that you are responsible for understanding and complying with this order. As per MCA 37-1-316 (8), failure to comply with a term, cendit on, or limitation of a license by final order of a board is a violation of statute which may result in further disciplinary action.

If you have any questions, please contact me directly.

Sincarely, Vick Bair, Compliance Specialist (406) 641-2357 phone (406) 841-2357 and (406) 841-2353 (a) ybair @mt.goy

Encli Final Order

(b) SOUTH PARK (*P O, BOX 200513 * HTTPXA MT 59620 0813 EXC 4060 5442,5563 (*P) 0406 444 (*P) (*P) 0406 444 (*P) (*P) 040 444 (*P) (*P) 041 (*P) 041 (*P) (*P) 041 (*P) 041 (*P) 044 K Final Order of Default In the X Gen Pharmaceutice 5 Inc. Case No. 2012 PHA UC-4

Alabama - 2013

IN THE MATTER OF:

X-GEN PHARMACEUTICALS, INC.

Manufacturer/Wholesaler/ Distributor Permit No. 193818 BEFORE THE ALABAMA STATE BOARD OF PHARMACY

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against X-Gen Pharmaceuticals, Inc. (hereinafter referred to as "X-Gen") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as Exhibit "A."

Pursuant to <u>Code of Alabama</u> (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows.

1 The Board finds that X-Gen violated the provisions of law based on the conduct set forth in all Counts of the Statement.

2 X-Gen shall pay to the Board an administrative fine in the amount of Two Thousand Five Hundred dollars (\$2,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and X-Gen shall not attempt to discharge the same in any bankruptcy proceeding.

 X-Gen expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled

Page 1 of 3

Substances Act, including but not limited to the <u>Code of Alabama</u> (1975), §34-23-34 and §34-23-92(12), <u>Code of Alabama</u> (1975), §41-22-12 and §40-22-20 and <u>Code of Alabama</u> (1975), § 20-2-50 <u>et sea</u>, and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judiclal review X-Gen further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to <u>Code of Alabama</u> (1975), §41-22-18

4. By execution of this Consent Order, X-Gen hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

 X-Gen agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license

6 X-Gen acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same X-Gen acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

Page 2 of 3

Maryland-2013

IN THE MATTER OF		BEFORE THE
X-GEN PHARMACEUTICALS		MARYLAND STATE
Respondent Distributor	•	BOARD OF PHARMACY
Permit Number: D02937		Case Number: PI-13-059/13-459
* * * 4 *	CONSE	ENT ORDER

On August 21, 2013, the Maryland State Board of Pharmacy (the "Board") charged X-GEN PHARMACEUTICALS (the "Respondent-Distributor") Permit Number D02937, under the Maryland Pharmacy Act (the "Act"), Md. Health Occ. Code Ann ("H.O.") §§ 12-101 *et seq.* (2009 Repl Vol. & 2012 Supp.)

The pertinent provisions of the Act are as follow

H.O. § 12-6C-03. Permit required.

(a) Wholesale Distributor – A wholesale distributor shall hold a permit issued by the Board before the wholesale distributor engages in wholesale distribution in the State.

H.O. § 12-6C-11. Violations; penalties.

(a) Fine - (1) If a person knowingly violates any provision of this subtitle or any regulation adopted under this subtitle, the Board may impose a fine not to exceed \$500,000

The Board further charges the Respondent Distributor with violating the following

provision of the Boards regulations - Code Md Regs. § 10, tit 34 22 00 et seg -

Licensing of Wholesale Prescription Drug or Device Distributors.

10.34.22.05 - Violations and Penalties.

A After a hearing held under Health Occupations Article, § 12-601, Annotated Code of Maryland, the Board may deny, suspend, revoke, or place on probation a permit holder, reprimand a permit holder, or impose a fine if the permit holder. DONE this the 27 day of Normber 2013.

X-Gen Pharmaceuticals, Inc Bedi kinn

X-Gen

Wender 2013 DONE this the

ALABAMA STATE BOARD OF PHARMACY

6tunl ames S Ward Hs Attorne

WARD & WILSON, LLC 2100 Southbridge Parkway Suite 580 Birmingham Alabama 35209 (205) 871-5404

Page 3 of 3

(4) Is disciplined by a licensing or disciplinary authority of any state or country or disciplined by a court of any state or country. for an act that would constitute a ground for Board acton against a wholesate distributor permit holder under § A or B of this regulation;]?

FINDINGS OF FACT

1. The Respondent Distributor is localed in Horseheads, New York

- 2 The Respondent Distributor was initially licensed as a wholesale distributor in the State of Maryland on December 8, 2009. The Respondent Distributor's permit is currently active and is scheduled to expire on May 31, 2015. The Board received information that prior to the issuance of the Respondent-Distributor's permit, the Respondent-Distributor operated as a wholesale distributor in Maryland.
- 3 The Board subsequently initiated an investigation
- 4 The Board's investigation revealed that from January through December 2008, the Respondent Distributor shipped drugs without a Maryland permit primarily to a wholesale distributor, but also to several hospitals and pharmacies located in Maryland. The drugs included, but were not limited to antibiotics, anti-bacterials, ant/ungals and steroids.
- 5 In 2008, the value of the drugs the Respondent-Distributor sold to these entities is approximately \$1,674, 816.
- 6. From January through November 2009, the Respondent-Distributor shipped drugs without a Maryland permit to a wholesale distributor, several hospitals and pharmacies located in Maryland. The drugs included but were not limited to antibiotics, anti-bacterials, antifungals and

* Section A of the regulation lists prohibited activities. Section B excepts one activity as prohibited

steroids

- 7 In 2009, the value of the drugs the Respondent-Distributor sold to these entities is approximately \$1,496,312
- 8 The Respondent-Distributor has been disciplined by pharmacy boards in several other states for distributing prescription drugs in those states when not registered to do so
 - a Colorado effective February 5, 2009, the Respondent Distributor was issued a Cease and Desist Order for distributor was issued a Cease and Desist Order for distributor greecription drugs in Colorado in December 2008 in the absence of registration. Effective February 24, 2009, the Respondent Distributor entered into a Final Agency Order under the terms of which it agreed to pay a fine of \$5,750,
 - b Maine Effective July 13, 2011, the Respondent Distributor entered into a Consent Order in which it admitted that it had practiced as a wholesale pharmacy in Maine without being licensed by the Maine Board of Pharmacy Specifically, from 2006 through 2009 the Respondent Distributar had shipped 81 preser ptions into Maine without being licensed to do so. The Respondent-Distributor agreed to pay a civil penalty of \$1 580.

c Illinois - effective November 29, 2011, the Illinois Board reprimanded the Respondent-Distributor based on

3

ORDERED that the Respondent-Distributor shall comply with the Maryland Pharmacy Act and all laws statutos and regulations pertaining to the practice of pharmacy, and it is further.

ORDERED that the Respondent-Distributor's failure to comply with any of the conditions of this Consont Older shall be considered a violation of this Consent Order, and it is further

ORDERED that if the Respondent-Distributor violates any of the conditions of this Consent Order, the Board in its discretion, after notice and an opportunity for a show cause flearing before the Board, may impose any other disciplinary sanction for with the Board may flave imposed including an additional monetary fine, and it is further

ORDERED that the effective date of this Consent Order is that date that this signed by the Board, and it is further

ORDERED that this document constitutes a formal disciplinary action of the Maryland Board of Pharmacy and is therefore a public document for purposes of public disclosure, pursuant to Md. State Govt Code Ann. §§ 10-611 *et seq.* (Repl Vol. 2009 & Supp. 2012)

5

Lenna Israbian-Jamgochian, Pharm.D. President Maryland Board of Pharmacy Maine's discipline for unlicensed wholesale drug distribution: d Montana – on February 7, 2012, the Montana Board filed a "Notice of Board Action and Opportunity for Hearing" against the Respondent-Distributor, alleging that in 2007, 2008 and 2009, the Respondent-Distributor had shipped several units of drugs to Montana prior to being licensed in that state. Effective April 17, 2012, the Montana Board issued a Final Order of Default in which it noted that the Respondent-Distributor had not requested a hearing in the matter and ordered the Respondent-Distributor to pay an administrative fine of \$3,000

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that the Respondent Distributor violated H O § 12-6C-03(a)

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is by a majority of the quorum of the Board considering this case.

ORDERED that the Respondent-Distributor is reprimanded, and it is further

ORDERED that within 90 days of the effective date of the Consent Order, the Respondent-Distributor shall pay a monetary fine of \$30,000, to be paid in full to the Board by tiertified or bank guaranteed check made payable to the Maryland State Board of Pharmacy, and it is further

> CONSENT OF SUSAN BADIA, PRESIDENT OF X.GEN PHARMACEUTICALS

I, Susan Badia, President of X-Gen Pharmaceuticals, acknowledge that I am represented by course, and have consulted with course, before entering this Consent Order. By this Consent and for the purpose of resolving the scues raised by the Board I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony to call witnesses on my own behalf, and to all other substantive and procedural protections provided by the law. If agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to init ate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that I might have filed after any such hearing.

I sign this Consent Order after having an opportunity to consult with coursel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of the Consent Order.

6

<u>id s Inglisers</u> Date

Budi Isan Badia President X-Gen Pharmaceuticals Respondent Distribut

Reviewed by: Attorney for Respondent-Distilbutor



Ohio- 2014 OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, OH 43215-6126 -Jaw Operanty Exployer and Server Periden 614/466-4143 E.H.41L exerc 2 bon state-oh-us FAX: 614/752-4836

 TEL
 614/466-4143
 E-M4HL
 esce@bop.state.oh.us
 E-MX
 614/752-4834

 T11
 IDD
 Use the Obio Relay Service 1-800/750-0750
 URL
 http://www.pharmacy.philo.gov

NOTICE OF OPPORTUNITY FOR HEARING

June 25, 2014



X-Gen Pharmaceuticals, Inc. c/o Richard C. Park 300 Daniel Zenker Drive Horseheads, NY 14845

> Re. Ohio Wholesale Distributor of Dangerous Drugs License No. Wholesaler of Controlled Substance License No. 01-2037200

Dear Mr. Park

YOU ARE HEREBY NOTIFIED that, in accordance with the provisions of Chapters 119, and 4729, of the Ohio Revised Code, the Ohio State Board of Pharmacy will determine whether or not to take action against X-Gen Pharmaceuticals, Inc.'s license. Prior to any such action, Name is entitled to a hearing before the State Board of Pharmacy on the basis of the following allegations:

- (1) Records of the Board of Pharmacy indicate that you are the president and responsible person at X-Gen Pharmaceuticals, Inc., Ohio Wholesale Distributor of Dangerous Drugs License No. 01-2037200, pursuant to Sections 4729. of the Ohio Revised Code within the meaning of Section 4729.56 of the Ohio Revised Code.
- the meaning of Section 4729.56 of the Ohio Revised Code.
 (2) On or about May 11, 2012, X-Gen Pharmaceuticals, Inc. ("X-Gen"), knowingly made a false statement with purpose to secure the issuance of a license or registration, to wit On its 2012 renewal application filed with the Ohio State Board of Pharmacy for licensure as a Wholesale Distributor of Dangerous Drugs ("WDDD"), X-Gen answered "yes" to the legal question. "Within the last 18 months has the responsible person or owner(s), or any officer of the corporation, been the subject of disciplinary action by any state or federal agency? X-Gen disclosed that the Montana Board of Pharmacy took disciplinary action against it on or about April 17, 2012, however, X-Gen failed to disclose that it also had been disciplined in the previous 18 months by the Malne Board of Pharmacy and the Illinois Board of Pharmacy. An investigation by Ohio State Board of Pharmacy Genetical that the Montana Board of Pharmacy took disciplinary action against X-Gen based on the disciplinary action at the against X-Gen based on the disciplinary action at C-G. (A.G. Pharmacy Cault, April 13, 2012, See also In the Matter of Normacy, Case No 2012-PHA-IIC-4, Final Order of DeFault, April 13, 2012, See also In the Matter of the

X-Gen Pharmaceuticals, Inc c/o Richard C. Park Page 3 Notice of Opportunity

> violating any federal, state, or local drug law, any provision of Chapter 4729 , or Chapter 2925, 3715, or 3719, of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.

For these reasons, the State Board of Pharmacy will determine whether to take action pursuant to Section 4729.56 of the Ohio Revised Code.

YOU ARE HEREBY ADVISED that Section 4729.56 of the Ohio Revised Code provides in pertinent part

(A) In accordance with Chapter 119 of the Ohio Revised Code, the board of pharmacy may suspend, revoke or refuse to renew any registration certificate issued to a wholesale distributor of dangeroux drugs pursuant to section 4729.52 of the Revised Code or may impose a monetary penalty of forfeiture not to exceed in seventy any fine designated under the Revised Code for a similar offense or one Inousand dollars if the acts committed are not classified as an offense by the Revised Code for any of the following causes.

 Making any false material statements in an application for registration as a wholesale distributor of dangerous drugs.

(2) Violating any federal, state, or local drug law, any provision of this chapter or Chapter 2925., 3715., or 3719., of the Revised Code, or any rule of the board

(3) A conviction of a felony;

(4) Ceasing to satisfy the qualifications for registration under section 4729-53 of the Revised Code or the rules of the board

YOU ARE FURTHER NOTIFIED that "Revoke", as used in Chapters 3719, and 4729, of the Revised Code, means to take action against a license rendering such license void and such license may not be reissued. "Revoke" is an action that is permanent against the license and licensee. Orio Administrative Code, 4729-901[E]

YOU ARE FURTHER NOTIFIED in accordance with the provisions of Chapters 119, and 4729, of the Ohio Revised Code, that you are entitled to a hearing before the Ohio State Board of Pharmacy, if you request such a hearing within thirty (30) days of the time of the mailing of this notice.

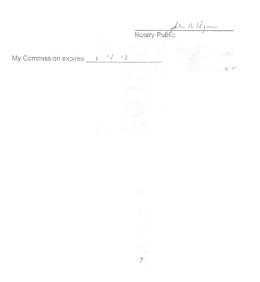
IF YOU DESIRE A HEARING, such request shall be mailed to the State Board of Pharmacy, 77 South High Street, Room 1702, Columbus, Ohio 43215-6126 YOUR REQUEST MUST BE IN WRITING, AND MUST BE RECEIVED IN THE OFFICE OF THE OHIO STATE BOARD OF PHARMACY ON OR PRIOR TO THE THRITEH 1(0°) DAY FOLLOVING THE MAILING DATE OF THIS NOTICE. You may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you

STATE OF _______

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I HEREBY CERTIFY that on this <u>J</u> <u>u</u> day of <u>J</u>, <u>unveb</u> 2013, before me, a Notary Public of the foregoing State and City/County personally appeared Susan Badia, President, X-Gen Pharmaceutcals and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal



X Gen Pharmaceutica's, Inc c/o Richard C Park Page 2 Notice of Opportunity

Cen 53 000 for shipping drugs into Montana from 2007-2009 prior to becoming a litensed wholesaler in Montana In 2010. The Vaine Board of Pharmacy took disciplirary action against X-Gen in July 2011 based on information X-Gen provided to the Vaine Board Pharmacy that revealed that between 2006 and 2009 X-Gen operated a wholesale drug distribution business and shipped prescriptions into Maine without being licensed to do so. In re X-Gen Pharmacytics, Inc., Maine Board of Pharmacy, Complianti No 2011 PHA-7245, Consent Agreement, July 13, 2011. X-Gen was reprimanded by the Maine Board of Pharmacy and ordered to pay 51,580. X-Cen set reported its discipline in Maine to the Illinois Board of Pharmacy, Which resulted in X-Gen being reprimanded by the Illinois Board of Pharmacy, Which resulted in X-Gen being reprimanded by the Illinois Board of Pharmacy, Nich resulted in X-Gen being reprimanded by the Illinois Board of Pharmacy, Department of Financial and Professional Regulation, Division of Professional Regulation, v. X-Gen Pharmaceutic al, Int., Department of Professional Regulation of the State of Illinois, Case No. 2011 07604, Consent Order, November 25, 2011. Such conduct, if proven constitutes hav ing been disciplined by a professional Regulation of the State and Fulfinois, Case No. 2011 07604, Consent Order, November 25, 2011. Such conduct, if proven constitutes hav use Code, and further, if proven, constitutes maining a false material statement in an application for registration as a Wholesale Distributor of Dangerous Drugs within the meaning of Section 4729.56 of the Oho Revised Code.

- (3) On or between 2007 and 2009 X Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wrt. X Gen provided Enancial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X Gen's wholesale constraints and acturer license was not issued and effective in Ohio until March 1, 2010, X Gen sold wholesale SD pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2007. Such conduct, if proven, constitutes violating any federal, state, or local drug law, any provision of Chapter 4729, or Chapter 2925, 3715, or 3719 of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.
- [4] On of Setween 2007 and 2009 X-Gen Pharmaceuticals, Inc ["X-Gen"], sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit X-Gen provided financial information to a Specialist with the Chio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010. X-Gen sold wholesale S0 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2008. Such conduct, if proven, constitutes violating any federal, state, or local drug Jaw, any provision of Chapter 4729, or Chapter 2925, 3715., or J.719. of the Revised Code, or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.
- (5) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specalist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,565 in calendar year 2009. Such conduct, if proven, constitutes

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the thirdleth (30°) day following the mailing of this notice, the Ohio State Board of Pharmacy, upon consideration of the aforementioned allegations against you, may take action without such a hearing.

BY ORDER OF THE STATE BOARD OF PHARMACY

Kyle W. Parker, M.B.A., R.Ph. Executive Director

KWP/Ijp (Case No. 2013-1974) Registered Mail / Return Recept RE 946 607 750 US

c Charlssa D Payer, Assistant Attorney General



SUSAN ALVERSON D P A R Ph. Erscuttive Secretarv 111 Vilage Street Birmingham, AL 33242 (205) 881-3280 (205) 881-3330 Fax www.albop.com ALABAMA BOARD OF PHARMACY

May 27, 2015

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RMACY <u>MEMBERS 2015</u> DAN MCCONAGHY R Ph President 11M MRTIN, PharmD. Vice President BUDDY BUNCH, R Ph. Toresutor

DAVID DARBY, R Ph. DONNA C. YEATMAN, R.Ph.

AL - 2015

X-GEN PHARMACEUTICALS, INC. 300 Daniel Zenker Drive Horseheads, New York 14845

RE: BOARD ASSESSED PENALTY May 27, 2015

To Whom It May Concern:

Enclosed you will find a <u>FINAL ORDER</u> resulting from your hearing before the Board. While the entire order is important, 1 particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the <u>date</u> of the Final Order and not the <u>date</u> of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a <u>STATEMENT OF CHARGES</u> and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Susan 1. alourson

Susan P. Alverson Secretary Cc: Jim Ward, Attorney-at-Law

IN THE MATTER OF X-GEN PHARMACEUTICALS, INC. Manufacturer³Wholesafer/ Distributor Permit Number 193818 BLFORE THE AF ABAMA STATE BOARD OF PHARMACY

FINAL ORDER

On May 12, 2015, this cause came before the Alahama State Board of Pharmacy thereinatier also referred to as the "Board"), on a Complaint against X-Gen Pharmaceuticals, Inc. thereinatter also referred to as the "Respondent"), and evidence having been adduced therein, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

 The Respondent is a manufacturer wholesafer distributor and was issued permit multiplex103818 by the Board

 The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. David C. Jamieson, Fsq. and Mr. Alex R. Hirschfield, Esq. at the hearing. (Board's Exhibit One)

3. The Respondent made no objection to the timeliness of the Notice of Hearing

4 The Maryland State Board of Pharmacy issued a Consent Order in Case Number PI-13-059 13-459 whereby the Respondent was ordered to pay a monetary fine of Thirty Thousand (\$30,000,00) Dollars based on the Respondent shipping drugs into the state of Maryland without a permit to do so. (Board's Exhibit One)

5 On October 7, 2014 the State of Michigan Department of Licensing and Regulatory

Page 1 of 3

Affairs, Bureau of Health Care Services in Complaint Number 53-13-13130 issued a Consent Order with the Respondent whereby, among other things, the Respondent was fined in the amount of Six Thousand (\$6,000.00) Dollars. (Board's Exhibit One)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12,

2 The Respondent was properly notified of the charges, the Respondent was represented by counsel.

- 3. The Respondent made no objection to the uneliness of the Notice of Hearing.
- The Respondent made no objection to the specificity of the Statement of Charges. 4

The Respondent's permit as a manufacturer wholesaler distributor in the State of 5. Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the Consent Order entered by the Maryland State Board of Pharmacy on September 16, 2013.

6. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alahama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule $680\ \mathrm{X}{\cdot}2\ 23{\cdot}2$ (k) (2) based upon the entry of the Consent Order by the Michigan Board of Pharmacy on December 10, 2014.

Page 2 of 3

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Sincerely,

cc.

Carla Preston Case Manager

Investigative Team

VT - 2016

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State of Vermont Office of the Secretary of State	phone] 802-828-3555 tax] 802-828-2389	James C. Condos, Secretary of State Christopher D. Winters, Deputy Secretary	RICK SNIGER	STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS	SHITL . FE
Office of Professional Regulation Investigative Division 39 Main Street, 3rd Flour	www.sec.state.vt.us	Colin R, Benjamin, Director	30VE9908	LANSNG	385
Montpel,et. VT 05620-3402 Aarch 11, 2015			November 9-2	1017	
-Gen Pharmaceuticals, Inc. TTENTION: R.C. Park 00 Daneil Zenkar Drive Ioneheads,N.Y 14845-1014			X. Gen Pharms 300 Damei Zer Horseheads - 5	%eiDrwe IY 14945	
ocket No 2016-146			Re File No :	3-16-144053	
Indential No. 039.0058649			Dear Licensee		
Dear Mr Park.	an investgation into your pri	ofessional conduct based on the	Code You m	Administrative Complaint (Complaint) charging you with violation(s) is ust respond to this Complaint <u>IN WRITING WITHIN 30 DAYS</u> fit you fail to do so the Complaint will be sent to your Board's Disciplin so a senction	rom the date y
disciplinary actions reported on your discipline occurred and request a attention within forty-five (45) day	renewal application Please certified copy of the Board	acontact the state in which the	In your written Fleath Code lo	responsel please provide intomation demonstrating your compilar explaining your conduct. Also, please select CIVE of the following	the with the Pul three options
The following investigative process v - An Investigative Team will be	assigned;		• <u>Requir</u> Board	at a settlement. Your written lesponse and a copy of the Complain member who will recembered a projected settlement.	n will be ser ti
. To close the case without disc	review the data and make c	at on is deemed necessary	me to p	st a compliance conference. This is an optional, informal opport resent evidence or information not contained in your written respon- rent. Use the enclosed form to request a compliance conference.	lunity to meet v ise for purposes
 To pursue disciplinary action. 			· Reque	st a formal administrative hearing. At a formal administri	alive hearing
This process typically takes a few r act on the Investigative Team's reco	mmendation		Decisio	strative law judge will receive evidence, take testimony, and issum in as to whether a violation of the Public Health Code has occurred. T In be sent to the DSC for consideration in making the final decision	ue a Proposal The hearing rec
Complaint investigations focus on the practice of the profession, and the fi warranted, range from warnings to r	itness of the licensee to prac	mplaint, the laws governing the tice. Disciplinary actions, when		y of these options you must respond IN WRITING WITHIN 30 DAY:	-
Formal chames beautions and disc	alinary actions are public. Ho	wever the investigative process is	You may obtai Department du	n legal representation at your expense. If you have any questions, i ring normal business hours at the direct line listed below	please contact
entrely confidential by law All futur above if this case is closed without	t charges, neither the compla	int nor the investigation will be made	Sincerely		
public. If charges are filed, you mu attorney must file a Notice of Appel	st Ne an answer within 20 da Irance.	ys. Ir you nine an attorney. Utb	Shannon Wa Regulation Sec	unliaugh Analysi don	
If you have any questions, please f email at coria preston@sec string vt.	eel free to contact me at (80) 45_	2) 828-2875 or via	Bureau of Profe	essional Licensing 35-1755 / Fax (517) 241-9230	

Enclosures

BUREAU OF PROFESSIONAL LICENSING 511 V/ OTTAWA + P O BOX 30510 + LANSING MICHIGAN 45509 www.michigan.gov/bpl

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows

1. The Respondent is also ORDFRED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars, said fine shall be paid within sivity (60) days of the date of this ORDER; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONL and ORDERFD, this 25 day of May 2015

Dan C Mills W. Mr. Dan C. McConaghy, R. Ph., President Alabama State Board of Pharmacy

Copies to Mr. David C. Jamieson, Fsq. Mr. Alev, R. Hirschfield, Esq. Ms. Mitzl Ellenburg, Director of Operations Ms. Patty Wright, Case Coordinator Mr. James S. Ward, Esq. Mr. Vance L. Alevander, Esq.

Page 3 of 3

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STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF PROFESSIONAL LICENSING BOARD OF PHARMACY DISCIPLINARY SUBCOMMITTEE

in the Matter of

X-GEN PHARMACEUTICALS INC License No 53 06 002964, Respondent.

File No 53-16-144053

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affans, by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent as follows

1 The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 of seg. Pursuant to MCL 333.7311, MCL 333.15226 and MCL 333.1768 the Board © Disciplinary Subcontriptite is empowered to discipline persons for violations of the Public Health Code

2 Respondent is currently locensed as a monufacturer/wholesaler pharmacy in the state of Much gon. Respondent's address of record with the Department is Horseheads. New York

3 On June 25, 2014, the State of Ohio Board of Pharmacy (Ohio Board) issued a Notice of Opportunity for Hearing (Complaint) against Respondent. The Complaint alleged in part, that on or between 2007 and 2009, Respondent sold Administrative Complaint First Io.5 11:614-0031 wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs. A copy of the Complaint, marked Exhibit A, is attached and incorporated.

4 On September 23, 2014 under füle number 53-13-131300 a First Superseding Administrative Complaint was executed against Respondent based on Respondent having its license or federal registration limited suspended, or revoked, or subjected to any other criminal civil, or administrative penalty in the states of Colorado, Maine Tunois, Montana, Maryland and Alabama. In resolution on December 10, 2014, the Beard's Disciplinary Subcommittee executed a Consent Order and Stipulation, which fined Respondent 56 060 00. On February 8, 2015, Respondent paid the 56,000 00 fine.

5 On January 9 2017, in resolution of the June 25 2014 Complaint the Ohio Board executed a Settlement Agreement with the State of Ohio Board of Pharmacy (Settlement Agreement), which ordered Respondent to pay a \$4,000.00 moretary penalty. A copy of the Settlement Agreement, marked Exhibit B is attached and incorporated.

6 Respondent failed to notify the Department of the June 25, 2014 Compliant in the state of Ohio alleging violations of Onio's pharmacy laws within 30 days of knowledge of the Compliant

Administrative Complaint File No. 53-15-144053

Page 2 of 4

COUNTI

The actions as set forth above, evidence a phormacy, manufacturer or who esale distributor that has had its license or federal registration limited suspended, or reveived or been subject to any other criminal civil or administrative penalty. In violation of MCL 333 17768(2)(d)

COUNTI

Respondent a conduct, as set forth above, evidences a failure to notify the Department of a complaint filed by another state in which the pharmacy is licensed for violations of that state is pharmacy laws, with n 30 days of knowledge of the corruptoint, contrary to MCL 333 177483(5). In violation of MCL 333 17798(3)

This Complaint is based upon files and records maintained by the Department and the attached <u>Afficant of Terri Schrauben</u>.

RESPONDENT IS NOTIFIED that oursuant to MCL 333 (6231,8) Respondent has 30 days from the date of receipt of this Comptaint to answer this Comptaint in writing and to show comptiance with all lawful requirements for idensure Respondent shall submit the response to the Bureau of Professional Licensing Department of Licensing and Regulatory Affairs, PIO Box 30670 Lansing, MI 48909 Respondents failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333 16231(9).

11/8 / 2017 Dated _____

ezon/Acting Dir

Attachments



X-Gen Pharmaceuticals, Inc c/o Richard C. Park 300 Daniel Zenker Drive Horseheads, NY 14845

OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, OH 43215-6126 -bow Cypenery Employee on Series Privace-

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 614/752-4836

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 1, se the Obio Risky Service
 1-800-750
 URL, http://www.pharmacy.oh/o.gov

NOTICE OF OPPORTUNITY FOR HEARING

June 25, 2014



Re: Ohio Wholesale Distributor of Dangerous Drugs License No. Wholesaler of Controlled Substance License No. 01-2037200

Dear Mr. Park

VOU ARE HEREBY NOTIFIED that, in accordance with the provisions of Chapters 1.19, and 4729, of the Ohlo Revised Code, the Ohlo State Board of Pharmacy will determine whether in not to take action against X-Gen Pharmaceuticals, Inc's litense. Prior to any such action, Name is entitled to a hearing before the State Board of Pharmacy on the basis of the following allegations:

- Records of the Board of Pharmacy indicate that you are the president and responsible person at X Gen Pharmaceuticals, Inc. Ohio Wholesale Distributor of Dangerous Drugs License No. 01-2037200, pursuant to Sections 4720, of the Ohio Revised Code within the meaning of Section 4729.56 of the Ohio Revised Code.
- the meaning of Section 4729.956 of the Ohio Revised Code. (2) Cn or about May 11, 2012, X Gen Pharmaceuticals, Inc ("X-Gen"), knowingly made a false starsment with purpose to secure the issuance of a license or registration, to wit, On its 2012 renewal application filed with the Ohio State Board of Pharmacy for Incensure as a Wholesale Distributor of Dangerous Drugs ("WDDD). X-Gen answered "yes" to the legal question: "Within the last 18 months has the responsible person or owners(s), or any officer of the corporation, been the subject of disciplinary actions by any state or federal agency." X Gen disc osed that the Montana Board of Pharmacy toto disciplinary action against it on or about April 72, 2012, however, X-Gen failed to disclose that it also had been disciplined in the previous 13 months by the Maine Board of Pharmacy and the Hinois Board of Pharmacy. An investigation by Dho State Board of Pharmacy Specialist nevealed that the Montana Board of Pharmacy to No State Board of Pharmacy (See Dased on the disciplinary action in received frem the Coorado Board of Pharmacy. In 2009. Inc. Inc. Matter, of the Pupposed Disciplinary Tregiment of Ink License of Nacen Pharmacy (Inc. Montane Board of Pharmacy, Case No. 2012; Pha-Hic-4, Frand Order of Default, April 13, 2012; See diss lin Inthe Matters of the Linauthorsed and Unavivil, Disribution of Pharmacy, Case Io, 2009; 2759, Stabulatter and Final Agency Order, Rebruary 20, 2009. The Montana Board of Pharmacy Kined X-

eximent A page 1 of 4

C-Cen Pharmaceuticals, Inc. c/o Richard C. Park Page 3 Notifie of Opportunity

> violating any federal, state, or local drug law, any provision of Chapter 4729 , or Chapter 2925., 3715., or 3719. of the Revised Code, or any rule of the board, within the meaning µf Section 4729.56 of the Ohio Revised Code

For these reasons, the State Board of Pharmacy will determine whether to take action pursuant to Section 4729-55 of the Olivo Revised Code

YOU ARE HEREBY ADVISED that Section 4729.56 of the Ohio Revised Code provides in pertinent part

(A) In accordance with Chapter 115 of the Ohio Revised Code, the board of pharmacy may sushend, revolva, or refuse to renew any registration certificate issued to a wholesale distributor of dangerous drugs pursuant to section 4729.52 of the Revised Code or may impose a monatary penalty of forfeitter and to exceed in severity any fine designated under the Revised Dode for a similar offense or one thousand dollars if the acts committed are not classified as an offense by the Revised Code for any of the following causes

 Making any false material statements in an application for registration as a wholesale distributor of dangerous drugs.

Violating any federal, state, or local orug law, any provision of this chapter or Chapter 2925., 3715., or 3719., of the Revised Code, or any rule of the board.

(3) A conviction of a felony

(4) Ceasing to satisfy the qualifications for registration under section 4729.53 of the Revised Code or the rules of the board

YOU ARE FURTHER NOTIFIED that "Revoke", as used in Chapters 3719, and 4729, of the Revised Code, means to take action against a license rendering such license wold and such license may not be relissued. "Revoke" is an action that is permanent against the license and licensee Ohio Administrative Code, 4729-9 01(5).

YOU ARE FURTHER NOTIFIED, in accordance with the provisions of Chapters 113 and 4723 of the Ohio Revised Code, that you are entitled to a hearing before the Ohio State Board of Pharmacy, if you request such a hearing within thirty (30) days of the time of the mailing of this notice.

IF YOU DESIRE A HEARING, such request shall be mailed to the State Board of Pharmacy, 77 South righ Street, Room 1702, Columbus, Ohio 43215-6125, YOUR REQUEST MUST BE IN WRITNG, AND MUST BE RECEIVED IN THE OFFICE OF THE OHIO STATE BOARD OF PHARMACY ON OA PRIOR TO THE THIRTIETH (30°1 DAY FOLLOWING THE MAILING DATE OF THIS NOTICE YOU may appear at such hearing in person, by your attorney, or by such other representative as is permitted to practice before the agency, or you may present your position, arguments or contentions in writing and, at this hearing, you may also present evidence and examine any witnesses appearing for and against you

EXHIBIT A 1929 3 14

X-Gen Pharmaceuticals, Inc c/o Richard C. Park Page 2 Notice of Opportunity

> Gen 53,000 for shipping drugs into Montana from 2007-2009 prior to becoming a licensed wholesaler in Montana in 2010. The Maine Board of Pharmacy took disciplinary action against X Gen in July 2011 based on information X-Gen previded to the Maine Board Pharmacy that revealed that between 2006 and 2009 X-Gen operated a wholesale drug distrubution business and shipped prescriptions into Maine without be ing licensed to do so. In: *nex X_Gen Pharmace*(1162), Im, Maine Board of Pharmacy, Complant No. 2011-PHA-7245, Consent Agreement, July 13, 2011. X Gen was reprimanded by the Maine Board of Pharmacy and ordered to pay 51;500 X Cen selfreported its discipline in Maine to the Illinois Board of Pharmacy, which resulted in X Gen being reprimanded by the Illinois Board of Pharmacy. <u>Desartment of Flauncial ard Prefestional Reaulation Division of Prefessional Resultation v. X-Gen Pharmacettic (a). Ins. <u>Desartment of Professional Resultation v. X-Gen Pharmacettic</u> (a). Inst. <u>Desartment of Professional Resultation v. X-Gen Pharmacettic</u> (a). Inst. <u>Desartment of Professional Resultation</u>, of the State of Jillinois, Case Ho 2011 07604, Consent Order, Nevember 29, 2011. Such conduct, If proven, constitutes hav ling been disciplined by a professional Resultation of Line 3229-19 of the Oho Administra twe Code, and Further, If proven, constitutes making a faise material statement in an application for registration as a Wholestel Distributor of Dangerous Drugs within the meaning of Section 4729.56 of the Ohio Revised Code.</u>

(3) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. (X-Gen'), sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacry that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010. X Cen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1.553,566 to 22,331.565 in it falendar year 2007. Such conduct, if preven, constitutes violating any federal, state, or local drug law; any provision of Chapter 4729, or Chapter 2325, 3715, or 3719, of the Revised Code; or any rule of the board, within the meaning of Section 4729.56 of the Ohio Revised Code.

- (4) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. ("X-Gen"), sold whilesale pharmaceuticals to customers in Chio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmary that revealed that, although X-Gen's wholesale manufacturer license was not issued and effective in Ohio until March 1, 2010, X-Gen sold x-holesale 50 pharmaceutivals to customers in Ohio with total sales ranging from \$1,553,566 ib \$2,331,565 in calendar year 2008. Such conduct, if proven, constitutes violating any federal, state, or local drug law, any provision of Chapter 4725., or Chapter 2925., 3715., or 3719., or the Revised Code, or any rule of the board, within the meaning of Section 4729 \$5 of the Ohio Revised Code.
- (5) On or between 2007 and 2009 X-Gen Pharmaceuticals, Inc. (X-Gen], sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangerous Drugs, to wit: X-Gen provided financial information to a Specialist with the Ohio State Board of Pharmacy that revealed that, although X-Gen's wholesale manufacturer lifense was not issued and effective in Ohio until March 1, 2010, X-Gen sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging from \$1,553,566 to \$2,331,555 in calendar year 2005. Such conduct, if proven, constitutes

EVHIBIT A DOGO Z of 4

Gen Pharmarcuticals, Inc.
 c/o Richard C. Park
 Page 4
 Notice of Opportunity

YOU ARE FURTHER ADVISED that if there is no request for such a hearing received by the Board on or prior to the thirteelh (304) cay following the mailing of this notice, the Ohio State Bland of Plarmary, upon consideration of the aforementioned allegations against you, may take action is tool such a hearing.

BY ORDER OF THE STATE BOARD OF FHARMACY

Vie W Parker, M B.A., R.Ph Executive Director

RM.P.1,5 Date No. 2013 974. Registered Malti Return Receipt RD 946 607 200 US

c Tha Issa O. Payer: Assista it Attorney General

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Hurt 'n Specimel Ale Plent ne finnger	Not K. Salari Barringe		
OHIC		 Kight Pharmaceutichts Inc. agrees to distribute Cammon Pleas, Frank in County, Chuo The parties waive any right and/or riam they mil teers? 	
SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BY IN THE MATTER OF: CASE 40.	0ARD OF PHARMACY	 The provipines of the Amended Order calling for subject to the provisions of the Agreed Entry of D 	i payment of \$4.000 mometary peraity are strutsel attached herero as Attacement 8
K Gen Pharmaceuticels, Inc	ense No 01 7037200	 Upon proof of this Sottlemant Agroament having Phar mateuticals, inc., Paul Glorglatini, shall evina Agreed Entry of Dismissal attached heveto as Atta 	I to the Court for signature and Fing the
Ry III ou attors of the part instruction of the and only Beand of Pharmody (Bo and stree parties) agree to the following presentent to the Board is A 2016 as a set of the terminity is Gen Pharmationstatic Langton (Brite Instruction Langto, One Garney is In (ECV Set)	dual entres Center data é taxes ?	5 K. Gin Thurmatsukas, K. Jinz, whiles an inspirate a Section 119,12 of the Neuland Could Win With CSL WHEREOF, the durates for the Agrotoment neu- tralized also achieves the counterprocessors (www. their duras achieves the counterprocessors) was	
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the Thio Revised Codo To deg of Fast #2 is removed	1.567055 - 4723-30-01	Alex Partitiela, Alter we for Respondent 4-rv 5011-2016	
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CONCLUSIONS OF LAW

Sum conduct as set forth in each pailagraph (2), (3), and (4) of the Findings of Fact each constitutes a violation of Section 4729 56(A)(2) of the Ohio Revised Code, violating any federal, state, or local drug Jaw, any provision of this chapter or Chapter 2923 , 3715 , or 3710 of the Revised Code, or any rule of the board.

DECISION OF THE BOARD

Pursuant to Section 47.89 S5 of the Olivo Revised Code, and alter consideration of the record as a whole, the State Board of Phartmacy hereby imposes a monetary penalty of S1 000 on X-Gen Phartmaceut cals, incl and payment in full adde no "stor man timery days from the effect ce date of this Order. The remittance should be made payable to the "Treasure, State of Onlin" and malef with the enclosed from to the State Board of Pharmacy. 77 South High Streer, 17th Fuor, Columbus, Ohio 43213-6126

X-Gen Pharmaneuticals, Incliminst report any new distipline or discipline obtained within the preseding 18 munths on future license renewals or as otherwise provided in Table or law

Mr. Wittmoved for Conclusions of Law, Ms. Marchail seconded the motion. Motion passed (Aye. 7/Na7-0)

Ms. Ma chal moved for Action of the Board. Mr. Passarume seconded the motion. Motion passed (Aye:77/14y-0) 50.0RDERED.

It is hereby certified by this Board that the above language is a copy of the Order entered whom to journal in the case.

BY ORDER OF THE STATE BOARD OF PHARMACY

DROLH MARL D & FFFECTIVE January 17, 2017 6th tin Esq. Executive Director

SVVS/Ha

CMRRR 7005 0390 0001 8570 9433

EXHER B PAR 5 d 5

Upon checking the Department's records relative to Michigan licensure, Affiant learned that Respondent Pharmacy currently holds an active license in the state of Michigan

Affant has not been notified by Respondent Pharmacy of the June 25 2014. Complaint in the state of Ohio, within 30 days of the date of the Complaint

Lin Schmuber

Subscribed and swoin to before me this 13th day of Lepten Wer 2017

marka A Dali Blanka A Daty Notary Public County of Ingham My commission expires July 8, 2020

BIANKA A. DALY NOTARY FUBLIC - STATE OF MICHIGAN COUNTY OF INGHAM IN TENTIOR EXPRESSION

In the Matter of

STATE OF MICHIGAN

COUNTY OF INGHAM

X-GEN PHARMACEUTICALS INC License Number 53-06-002964

) 55

File Number 53-16 144053

AFFIDAVIT OF TERRI SCHRAUBEN

Terri Schrauben (Alffant), who after first being duly sworn and upon oath, states on information and belief as follows

Affiant is a Department Analyst in the Investigations and Inspections Division Bureau of Professional Licensing, Department of Licensing & Regulatory Affairs (Department) and in this capacity is responsible for obtaining certified copies of records of final adverse administrative actions taken by other states against health professionals licensed to practice a health profession in the state of Michigan.

On February 13, 2017. Affant received certified records of administrative action indicating that X-Gen Pharmaceuticals. Inc. (Respondent Pharmacy) was the recipient of a Notice of Opportunity for Hearing (Complaint) dated June 25, 2014.

Affidavit File Number 53-16-144053

Page 1 of 2

COMPLIANCE CONFERENCE REQUEST

Please note: If you do not desire a compliance conference in person or by telephone, completion of this form is NOT required.

Even if you complete and return this form, you still MUST submit a WRITTEN response to the <u>Format Complaint</u>.

Name		le 200 scolas santa mayo gr. 1	File Nur	nber
Address				
Preferred Contact N	umber(s)			e/day to call
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Return address Department of Licensing and Regulatory Affairs Bureau of Professional Licensing Regulaton Section 611 W. Otawa Street P O Box 30670 Lansing MI 48909-8170

5W 144053

Franklin County Ohio Clerk of Counts of the Common Pleas- 2017 Jan 23 4:23 PM-16CV005818

OH - 2017

IN THE COURT OF COMMON PLEAS FRANKLIN COUNTY, OHIO

X-GEN PHARMACEUTICALS, INC.,

Appellant,

v STATE OF OHIO BOARD OF PHARMACY,

Appellee

Judge Holbrook Magistrate Watters

Case No 16-CV-5818

AGREED ENTRY OF DISMISSAL

By stipulation of the parties and pursuant to their settlement agreement, the Court hereby orders as follows

1 X-Gen Pharmaceuticals, Inc. having deposited \$4,000 with the clerk of court as security, the clerk of court is hereby ordered to release said security in said amount to the Board of Pharmacy in the form of a check made payable to "Treasurer, State of Ohio " The check may be mailed addressed to "Steven R Kochheiser, Assistant Attorney General, 30 East Broad Street, 26th Floor, Columbus, OH 43215 "

2. This Agreed Entry of Dismissal shall serve for all purposes as proof of payment by N-Gen Pharmaceuticals, Inc. of the \$4,000 penalty imposed by the State of Ohio Board of Pharmacy in this matter.

3 This case is dismissed with prejudice

IT IS SO ORDERED

Franklin County Ohio Clerk of Courts of the Common Pleas- 2017 Jan 23 4:23 PM-16CV005818

Franklin County Court of Common Pleas

Date:	01-23-2017
Case Title:	X GEN PHARMACTUTICALS INC. A S-OBIO STATE BOARD PHARMACY
Case Number:	160% 005818
Type:	DISMISS M = AGREED ORDER

It Is So Ordered.

Muchal Phillel

s Judge Michael J. Holbrook

Electronically signed on 2017-Jan-23 page 3 of 3

Franklin County Ohio Clerk of Courts of the Common Pleas- 2017 Jan 23 4:23 PM-18CV005818

So stipulated and agreed:

COUNSEL FOR APPELLANT X-GEN PHARMACEUTICALS, INC.

s/ Alex R. Hirschfield (PHV-5941-2016) The Hirschfield Law Group, 11 C 205 20th Street North, Suite 200 Birmingham, Alabama 35203 Phone 205-536-7828 E-mail Alex@HirschfieldLawGroup.com Fax 205-536-7827

s/ Paul Giorgianni (0064806) Giorgianni Law LLC 1538 Arlington Avenue Columbus, Ohio 43212-2710 Phone: 614-205-5550 E-mail Paul@GiorgianniLaw com Fax 614-481-8242

COUNSEL FOR APPELI EE OHIO STATE BOARD OF PHARMACY

/s/ Steven R. Kochheiser (0088058) Assistant Attorney General Michael DeWine Ohio Attorney General 30 East Broad Street, 26th Floor Columbus, Ohio 43215 Phone: 614-466-8600 E-mail: Steven.Kochheiser@OhioAttorneyGeneral gov Fax 866-441-4738

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Franklin County Ohio Clerk of Courts of the Common Pleas- 2017 Jan 23 4 23 PM-16CV005818

Court Disposition

Case Number 16CV005818

Case Style X-GEN PHARMACEUTICALS INC -VS- OHIO STATE BOARD PHARMACY

Case Terminated 07 - Settled/dismissed prior to Trial

Final Appealable Order No

REED REAT 1/4/17 MAL IL 2017

STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF PROFESSIONAL REGULATION

ν.) plainant, }) No. 2017-02629	17 117	
X-GEN PHARMACEUTICALS INC)		
License No. 004 002948 Resp	ondent)		
	OF PRELIMINARY HEARING	1. Io. 3	
TO X-GEN PHARMACEUTICA RICHARD C PARK 100 Danuel Zenker Dr	LS INC	34	

300 Daniel Zenker Dr Horseheads, NY 14845-1014

PLEASE TAKE NOTICE that on <u>12/11</u>, 2017, at 1:00 p.m., you are directed to appear before the Administrative Law Jedge of the Division of Professional Regulation of the Department of Financial and Professional Regulation of the State of Illinois, located at 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601, at which time a hearing date will be set. You are requested to then and there present any and all routine motions you may wish to have heard regarding the charges contained in the attached Complaint. Any motions presented on the above date should be served on the Adjudcative Servese Duri of the Department of Financial and Professional Regulation, Division of Professional Regulation, 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601 at least three (3) business days in advance of the scheduled hearing advance of the scheduled hearing

Your appearance on the scheduled date and time is mandatory and your failure to so appear may result in the selection of a hearing date in your absence, unless a continuance has been secured in advance. Your appearance may be made personally or through counsel

It is required that you file a written ANSWER UNDER OATH AND UNDER PENALTY OF PERJURY to the attached Complaint under oath with the Department of Professional Regulation within (20) days of the date this Notice was mailed. The answer shauld address each numbered paragraph of the Complaint. The answer shall be signed under oath and your signature must be verified by a notary public who affixes the nettary seal to the document. For each paragraph, the Answer should either:

- admit the allegation in the paragraph
 b) deny the allegation in the paragraph, or
 state under oath that you have insufficient information with which to admit or deny the allegation in the paragraph

PLEASE BE ADVISED that the failure to file a verified Answer may subject you to being held in default. If you are held in default, the Board will assume the allegation to be true and will issue a recommendation based upon those facts without a hearing being held. These 1

STATE OF ILLINOIS SS: 2017-02629 COUNTY OF COOK

UNDER PENALTY OF PERJURY, as previded by law, Section 3-109 of the Blinois Code of Civil Procedure, the undersigned certifies that I caused the attached Notice Preliminary Hearing and Complaint to be deposited in the United States mailbox located at 100 West Randolph Street, Chicago, Illinois 60601, and by mailing same by certified mail at 100 West Randolph Street, Chicago, Illinois, 60601, with proper postage prepaid to the parties at the addresses listed above, prior to 5.00 p.m. on the _____ day of NOVEWAREY_____2017



Cert. Mail No. 1011 3500 0003 4943 2604

proceedings are held pursuant to the jurisdiction granted to the Department to investigate complaints and to bring this action pursuant to 20 III. Comp. Stat. 2105-15(a)(5) and 223 III Comp. Stat. 60/36 (2006 as amended).

RULES OF PRACTICE IN ADMINISTRATIVE HEARINGS IN THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION AND BEFORE COMMITTEES OR BOARDS OF SAID DEPARTMENT AS WELL AS PRACTICE ACTS AND RULES MAY BL FOUND AT http://www.idfpr.com/dor/default.asp.

PLEASE BE ADVISED THAT YOU WILL HAVE TO SHOW A STATE ISSUED PHOTO IDENTIFICATION AND GO THROUGH A METAL DETECTOR IN ORDER TO GAIN ACCESS TO THE BUILDING.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION OF THE STATE OF ILLINOIS DIVISION OF PROFESSIONAL REGULATION

Вv Frank Lamas

Chief of Health-Related Prosecutions

Brandon R. Them. Department of Financial and Professional Regulation Division of Professional Regulation 100 W. Randolph St., Suite 9 300 Chicago, IL 66601 312/314-1601 312-814-1693 branden themgi illnesis gav Enf ID 2017/02629 Respondents X-Cen Pharmaceuticals Inc. 091/002648

STATE OF ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION DIVISION OF PROFESSIONAL REGULATION

2

DEPAREMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, Cu Contpla.nant. v. A-GEN PHARMACEUTICALS INC License No. 004 002948 Responden

No. 2017-02629

COMPLAINT

NOW COMES THE DIVISION OF PROFESSIONAL REGULATION of the

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of

Illinois ("Department"), by its Chief of Health-Related Prosecutions. Frank Lamas, and as its

Complaint against X-GEN PHARMACEUTICALS INC., Respondent, complains as follows

COUNT I SISTER STATE D SCIPLINE IN OHIO

- 1 X-Gen Pharmaceuticals Inc. (hereinafter "Respondent") is presently the holder of a wholesafe drug distributor license in the State of Illinois, License Number 004/002948, issued by the Department Respondent's license is currently ACTIVE
- 2. At all times herein relevant to this Complaint, the Department of Financial and Professional Regulation had the legal authority and jurisdiction to investigate complaints and to bring this action pursuant to the Ulinois Wholesale Drug Distribution Licensing Act, 225 II CS 129/1 et seq . (heremafter "Act") and the Rales adopted by the Department in furtherance thereof, 68 III Admin Code \$ 1510.10 et seu
- 2. Respondent was previously disciplined in the State of Illinois in Illinois Department of Financial and Professional Regulation Consent Order 2011-07604 Respondent's Illinois Wholesale Drug Distribution License, license number 004 002948, was reprimanded due to a sister state discipline

in the State of Maine Respondent's discipline in the State of Maine was a reprimand for operating a wholesale drug distribution business without an active license

- 4 Respendent is the holder of a Wholesale Distributor of Dangerous Drugs License in the State of Ohio, License Number 01-2037200
- 5 On or about January 17, 2017, Respondent was disciplined in the State of Ohio, Ohio Board of Pharmacy case number 2013-1974.
- 6 On or about January 17, 2017, Respondent's discipline in Olito Board of Pharmacy case number 2013-1974 imposed a monetary penalty of four thousand dollars (\$4,000.00).
- [] On or about January 17, 2017, Respondent's Whole Distributor of Dangemus Drugs License in the State of Ohio was disciplined for engaging in the following acts
 - a On or between 2007 and 2009, Respondent sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangetous Drugs, to wit Respondent provided financial information to a specificat with the Ohio State Deard of Pharmacy that revealed that, although Respectident's wholesale manufacturer literace was not issues and effective in Ohio antil March 1, 2010, Respondent sold wholesale 50 pharmaceuticals to customers in Ohio with total sales ranging frem \$1,553,556 to \$2,111,565 in calendar year 2007
 - b. On or between 2007 and 2009, Respondent sold wholesale pharmaceuticals to customers in Ohio without being registered as a Wholesale Distributor of Dangernus Druga, to wit Respondent provided fill-actual information to a specialistic wholesale manufacturer license was not issues and effective in Ohio until March 1: 2010, Respondent sold wholesale 59 pharmaceuticals to customers in Ohio with total sales rangelig from \$1,583.556 to \$2,331.565 in calendar year 2005.
 - On or herween 2007 and 2009, Respondent sold wholesale pharmaceuticals to customern in Ohio without being registered as a Wholesale Distributor of Dargerous Drugs, to with the solution of the solution of

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Itranden R., Thom Department of Financial and Professional Regulation Devision of Professional Regulation 190 W. Randolph St., Suite 9-300 Thiago, H. (2001) 112-814-1600 remular: hom giffsons gev arf. Ho. 2017 (2022) Repredents — Voice Plearmaceum als Inc., 674 602543

- Respondent has failed to comply with all applicable state and local regulations by failing to comply with all regulations in the State of Ohio.
- Respondent has engaged in the unlicensed practice of Wholesale Drug Distribution by distributing wholesale pharmaceuticals to customers in the State of Onio without an Ohio Wholesale Distributor of Dangerous Drugs license.
- 10. Respondent has received discipline by another U.S. Jurisdiction where at least one of the grounds for the discipline is the same to these set for in the Act by receiving a discipline in the State of Obio for engaging in unlicensed practice in the State of Obio and failing to comply with all applicable regulations in the State of Obio.
- 11. The foregoing acts or omissions are in violation of 68 III. Admin. Code 1510.50(i), 225 II CS 120/26, and 225 ILCS 120.55(a)(1) and (5)
- 12 The foregoing acts or omissions are groundly for discipline pursuant to 225 ILCS 120-55(a)(1) and (5).

WHIREFORE, based on the foregling allegations, the ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION, by Frank Lamas, Chief of Health-Related Prosecutions, prays that the Wholesale Drug Distributor license of Respondent X-Cen Pharmaceuticals Inc., No. 004.002948, he suspended, revoked, or otherwise disciplined and that Respondent be fined an amount of \$10,000 in accordance with the Wholesale Drug Distribution Act.

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DEPARIMENT OF FINANCIAL AND PROPESSIONAL REGULATION, DIVISION OF PROPESSIONAL REGULATION, DIVISION OF Illinois By: Frank Larlas Chief of Health-Related Prosecutions

LIMITED POWER OF ATTORNEY of X-Gen Pharmaceuticals, Inc. BE IT KNOWN, that, with principal offices at 300 Daniel Zenker Drive, Horseheads, NY 14845 in the capacity of , has made and appointed, and by these presents does make and appoint Christine Cannon of State License Servicing Inc., 1751 State Rte. 17A, Suite 3, Florida, NY 10921, true and lawful attorncy-in-fact for her and in her name, place and stead, for the following specific and limited purposes only: Application, servicing and renewals of all state licenses, permits, business licenses, foreign qualifications, and drug and device product registrations required for X-Gen Pharmaceuticals, Inc. to operate as a manufacturer and/or wholesale distributor in all states, as required. This Power of Attorney specifically precludes and limits State License Servicing Inc.'s power and authority from receiving, answering or defending any complaint or disciplinary action against by any state or federal authority, but giving and X-Gen Pharmaceuticals, Inc. granting said attorney, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (set out herein) as fully, to all intents and purposes, as might or could be done if I were personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney 🗹 does 🗌 does not name State License Servicing Inc as

Representative Agent in Pucrto Rico on behalf of X-Gen Pharmaceuticals, Inc. to act in the capacity of representative agent as defined by Puerto Rico law. State License Servicing will act as a liaison only in Puerto Rico, at no time will have possession of any drugs, and will file and process paperwork only.

IN WITNESS WHEREOF, I have hereunto set my hand and seal

this 29 M day of November 2017

State of NY County of CHEMUNG

State of NEW York My Commission Expires

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produced

J. WIRW LILES

The foregoing instrument subscribed and swom to before me this 2224 day of Noverser . 20 17 by

who is personally known by me or who has as identification

(SEAL)

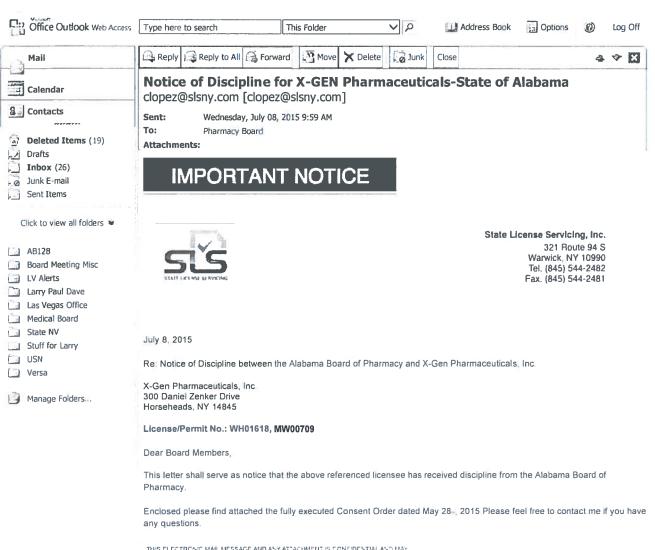
Date: 12/1/12

Accepted: Christine Cannon, Attorney-in-Fact

RATLE

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Notice of Discipline for X-GEN Pharmaceuticals-State of Alabama - Outlook Web Acces... Page 1 of 2



THIS ELECTRENIC MAIL MESSAGE AND ANY ATTACHMENT IS CONFIDENTIAL AND MAY CONTAIN LEGALLY PRIVILEGED INFORMATION INTENDED DRUY FOR THE USE OF THE INDIVIDUAL OF INVOLVED A MAY ADD VIET TO THE USE OF THE USE OF THE USE OF INFORMATION INTENDED DRUY FOR THE USE OF THE USE OF THE USE OF THE USE OF INFORMATION INTENDED TO THE USE OF THE

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SUSAN ALVERSON D.P.A., R.Ph. Executive Secretarv

> 111 Village Street Birmingham, AL 35242

(205) 981-2280 (205) 981-2330 Fax www.albop.com





X-GEN PHARMACEUTICALS, INC. 300 Daniel Zenker Drive Horseheads, New York 14845

RE: BOARD ASSESSED PENALTY May 27, 2015

To Whom It May Concern:

Enclosed you will find a <u>FINAL ORDER</u> resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the <u>date</u> of the Final Order and not the <u>date</u> of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a <u>STATEMENT OF CHARGES</u> and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Summer Alouron

Susan P. Alverson Secretary Cc: Jim Ward, Attorney-at-Law

MEMBERS 2015

DAN McCONAGHY R.Ph. President

TIM MARTIN, PharmD. Vice-President

BUDDY BUNCH, R.Ph. Treasurer

DAVID DARBY, R.Ph.

DONNA C. YEATMAN, R.Ph.

IN THE MATTER OF: X-GEN PHARMACEUTICALS, INC.

Manufacturer/Wholesaler/ Distributor Permit Number 193818

BEFORE THE ALABAMA STATE BOARD OF PHARMACY

FINAL ORDER

On May 12, 2015, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against X-Gen Pharmaceuticals, Inc. (hereinafter also referred to as the "Respondent"), and evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a manufacturer/wholesaler/distributor and was issued permit number 193818 by the Board.

2. The Respondent was notified of the charges as amended; the Respondent was represented by counsel, Mr. David C. Jamieson, Esq. and Mr. Alex R. Hirschfield, Esq. at the hearing. (Board's Exhibit One)

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. The Maryland State Board of Pharmacy issued a Consent Order in Case Number PI-13-059/13-459 whereby the Respondent was ordered to pay a monetary fine of Thirty Thousand (\$30,000.00) Dollars based on the Respondent shipping drugs into the state of Maryland without a permit to do so. (Board's Exhibit One)

5. On October 7, 2014 the State of Michigan Department of Licensing and Regulatory

Page 1 of 3

Affairs, Bureau of Health Care Services in Complaint Number 53-13-13130 issued a Consent Order with the Respondent whereby, among other things, the Respondent was fined in the amount of Six Thousand (\$6,000.00) Dollars. (Board's Exhibit One)

1 . .

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction in this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-92 (12) and § 41-22-12.

2. The Respondent was properly notified of the charges; the Respondent was represented by counsel.

3. The Respondent made no objection to the timeliness of the Notice of Hearing.

4. The Respondent made no objection to the specificity of the Statement of Charges.

5. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the Consent Order entered by the Maryland State Board of Pharmacy on September 16, 2013.

6. The Respondent's permit as a manufacturer/wholesaler/distributor in the State of Alabama is due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23-2 (k) (2) based upon the entry of the Consent Order by the Michigan Board of Pharmacy on December 10, 2014.

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Page 2 of 3

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent is also ORDERED to pay to the Board an administrative fine of Two Thousand (\$2,000.00) Dollars; said fine shall be paid within sixty (60) days of the date of this ORDER; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this 28th day of May 2015.

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Jan C Millory

Mr. Dan C. McConaghy, R. Ph., President Alabama State Board of Pharmacy

Copies to: Mr. David C. Jamieson, Esq. Mr. Alex R. Hirschfield, Esq. Ms. Mitzi Ellenburg, Director of Operations Ms. Patty Wright, Case Coordinator Mr. James S. Ward, Esq. Mr. Vance L. Alexander, Esq.

Page 3 of 3



STATE LICENSE SERVICING, LLC 321 Route 94 South Warwick, NY 10990 Tel. 845/544-2482 Fax. 845/544-2481 statelicenseservicing.com

April 30, 2012

toto To: CIC

Re: Licensee, X-Gen Pharmaceuticals, Inc. License Number: WHO1618

Dear Credentialing Board:

Further to our letter dated December 5, 2011, advising you that the licensee was reprimanded by Illinois as a result of a previous disciplinary actions in Maine and Colorado, please be advised that Montana has also imposed further discipline on X-Gen Pharmaceuticals.

Please find attached for your files a copy of the most recent action imposed by Montana. X-gen has agreed to pay a \$3000.00 administrative fine to close this matter. I am attaching a copy of the docket for your file.

Sincerely,

JENNIFER SCHNEIDER VP, Client Services





STATE LICENSE SERVICING, LLC 321 Route 94 South Warwick, NY 10990 Tel. 845/544-2482 Fax. 845/544-2481 statelicenseservicing.com

December 5, 2011

To:

Re: X-Gen Pharmaceuticals, Inc.

License Number: _____

Dear Credentialing Board:

We had previously noticed you of a final disciplinary order from the state of Maine for X-Gen Pharmaceuticals, Inc. In response to this action, Illinois has reprimanded X-Gen Pharmaceuticals. Please refer to the attached. This letter shall serve as notice.

X-GEN inadvertently overlooked its obligation to register as an out-of-state wholesale distributor of prescription drugs in Colorado after that duty was imposed in June of 2006, as did approximately 100 other out of state wholesalers. When advised of its error, X-GEN promptly registered and paid the assessed fine. As of February 26, 2009, X-GEN Pharmaceuticals has been registered in Colorado, wholesaler license WHO-7499. On February 26,2009, discipline was both imposed and completed. As of February 26, 2009, X-GEN N-GEN holds an "Active" license/registration without limitations in Colorado.

After receiving the sanction from Colorado, X-GEN sought out State License Servicing to complete its licensing portfolio and to reach full compliance in all states. When applying to Maine, X-GEN shared with Maine that it had shipped into their state before applying for licensure, as it was unaware that it needed a license to distribute into this state before the Colorado action and consulting with SLS. This resulted in a fine paid the State of Maine of \$1,500.00 plus one dollar for each shipment, totaling \$1,580.00.

X-GEN has been a model client of State License Servicing and has from our fist conversation been fully committed to state compliance.

Sincerely,

JENNIFER SCHNEIDER VP, Client Services

5. The Board ri Client Services explain Notice of Proposed Boar X-Gen Pharmaceuticals,		
5. The Board r Client Services explain	-tunity for Hearing -4 Page 1	Notice of Proposed Board Action and Opportunity for Hearing X.Con Pharmaceuticals Inc. 2012. PHA-LIC-4
	of the Board reviewed all documentation regarding the above action and determined that	of the Board reviewed all documentation re
50 inte	During a Screening Panel meeting on January 20, 2012, the Screening Panel	During a Screening Panel meeti
4 units	m.	§§37-1-131 and 37-1-136, Mont. Code Ann.
20 units	disciplinary action against X-Gen Pharmaceuticals, Inc. pursuant to its authority under	lisciplinary action against X-Gen Pharmac
2009 1 unit	complaint filed against X-Gen Pharmaceuticals, Inc. (Licensee) and has voted to initiate	complaint filed against X-Gen Pharmaceut
2008 3 units	The State of Montana Board of Pharmacy (Board), has considered the	1. The State of Montana Board of
2007 2 Units		PLEASE TAKE NOTICE:
shipped into Montana:		Horseheads, NY 14845
4. On Novemb		X-Gen Pharmaceuticals, Inc. 300 Daniel Zenker Drive
request asking whethe		Person-In-Charge
3. On October		
wholesale drug distrib) OPPORTUNITY FOR HEARING	License No. 2732.
because their license	NOTICE OF PROPOSED	A-Gen Pharmaceuticals, Inc.,
2. On July 27,	Case No. 2012-PHA-LIC-4	IN THE MATTER OF THE PROPOSED
on January 19, 2010.		
drug distributor, holdin	STATE OF MONTANA	STATE C
1. At all times	BEFORE THE BOARD OF PHARMACY	BEFORE THE BO
Licensee pursuant to		(406) 841-2318
3. Accordingly		P.O. Box 200513
rules relevant to whole	IRY	ULPARIMENT OF LABOR AND INDUSTRY Business Standards Division
there is reasonable ca		Anjeanette C, Lindle Special Assistant Attorney General

, reasonable cause to believe that Licensee violated one or more of the statutes or

es relevant to wholesale drug distributers in Montana.

 Accordingly, the Screening Panel directed that this Notice be served upon tensee pursuant to Mont. Code Ann. §37-1-309.

FACT ASSERTIONS

 At all times relevant to these proceedings, Licensee was a licensed wholesale drug distributor, holding license number 2732, issued by the Montana Board of Pharmacy on January 19, 2010.

2. On July 27, 2011 a board-generated complaint was filed against the Licensee ecause their license had been disciplined by another state board for operating a holesale drug distribution business without an active license.

 On October 28, 2011 a letter was sent to the Licensee at the Screening Panel's request asking whether or not shipments have been made into the state of Montana.

4. On November 15, 2011 the Licensee responded that the following were

2007	2007 2 Units	\$34.50	Nystat-Rx 50mu/bottle
2008	2008 3 units	\$372 00	Streptomycin for Injection USP 1gm/vial x 10
2009	2009 1 unit	\$17.25	Nystat-Rx 50mu/bottle
	20 units	\$560.00	Colistimethate for Injection USP 150mg/vial
	4 units	\$104.00	Progesterone Wettable 25gm/bottle
	50 units	\$562.50	Polymyxin B for Injection USP

5. The Board received a response to the complaint from Jennifer Schneider, VP,

ant Services explaining that in 2009 the company was overwhelmed with the

otice of Proposed Board Action and Opportunity for Hearing Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 2



Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 3

Page 4

 of the notice. Failure to request a hearing constitutes a default on the charge or charges, and the board may enter a decision on the basis of the facts available to it. 37-1-312. Sanctions staycostsstipulations. (1) Upon a decision that a licensee or license applicant has violated this part or is unable to practice with reasonable skill and safely due to a physical or mental condition or upon stipulation of the parties as provided in subsection (3), the board may issue an order providing for one or any combination of the following sanctions: (a) revocation of the license; (b) suspension of the license for a fixed or indefinite term, (c) restriction or limitation of a specific program of remedial education or treatment; (d) satisfactory completion of a specific program of remedial education or treatment; (e) monitoring of the practice by a supervisor approved by the disciplining authority. (f) censure or reprimand, either public or private; (g) compliance with conditions of probation for a designated period of time; (h) payment of a fine not to exceed \$1,000 for each violation. Fines must be deposited in the state general fund.
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Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4 Page 5

> the board consider and include in the order any requirements designed to rehabilitate the licensee or license applicant.

(3) The licensee or license applicant may enter into a stipulated agreement resolving potential or pending charges that includes one or more of the sanctions in this section. The stipulation is an informal disposition for the purposes of 2-4-603.

(4) A licensee shall surrender a suspended or revoked license to the board within 24 hours after receiving notification of the suspension or revocation by mailing it or delivering it personally to the board.

2.4-631(3). Licenses. Whenever notice is required, no revocation, suspension, annulment, withdrawal, or amendment of any license is lawful unless the agency gave notice by mail to the licensee of facts or conduct which warrant the intended action. If the agency finds that public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined.

STATEMENT OF RIGHTS

X-Gen Pharmaceuticals, Inc. is entitled to a hearing on the proposed discipline against the license of X-Gen Pharmaceuticals, Inc. before an impartial Hearing Examiner appointed by the Department of Labor and Industry as provided in the Montana Administrative Procedure Act-Mont. Code Ann. §2-4-601, et seq., and §37-1-121. X-Gen Pharmaceuticals, Inc. has a right to be represented by an attorney at such hearing and during related proceedings.

Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4

Page 6

Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4 contest the proposed action, a written request for hearing must be sent to Becky receipt of this notice. request must be received in the offices of the Department within twenty (20) days after Industry, 301 South Park, P.O. Box 200513, Helena, Montana 59620-0513. This Carter, Compliance Supervisor, Business Standards Division, Department of Labor and DATED this 7th day of February If X-Gen Pharmaceuticals, Inc. wants to have a hearing and the opportunity to Department Counsel Montana Board of Pharmacy Anjean angite C. Lindle __, 2012. undle Notice of Proposed Board Action and Opportunity for Hearing X-Gen Pharmaceuticals, Inc., 2012-PHA-LIC-4 the Licensee addressed as follows: OPPORTUNITY FOR HEARING by certified United States mail, certified number and accurate copy of the foregoing NOTICE OF PROPOSED BOARD ACTION AND 1005 1010000 9239 /11 6 J. Robin Liles Person-In-Charge X-Gen Pharmaceuticals, Inc. 300 Daniel Zenker Drive Horseheads, NY 14845 I hereby certify that on the Stranged day of Cleff Jucary 2012, I served a true CERTIFICATE OF SERVICE Queran (Lasters , postage prepaid, upon

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Page 8

12 PS Form 3891, Hubbary 2004 3 (5) Opiniand Anum Roomer 1001 - PH AM remains 418 If the state of th UNITED STATES POSSAL SERVICE R. 137 144 ŧ. J. Robin Liles Person-In-Charge X-Gen Pharmaceuticals, Inc. 300 Daniel Zenker Drive Article Addressed to: Case # Horseheads, NY 14845 Sender, Please print your name, address, and ZIP+4 in this box * 2012-PHA-LIC-4 9111 4624 0000 0101 E004 I.I.I.J.J.M.M.M.M.M.J.I.M.M.M.M.B.J.M DEPT OF LABOR AND INDUSTRY PO BOX 200513 13 FEB 2012 PBB 3 1 HELENA MT 59620-0513 LEGAL UNIT A NUTRE i Convignity has
 Conversion of the conver Sametra And the second s 2XX 1 C. Date of Deliver 1. 12 ۰.



BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA

In the Matter of the Proposed Disciplinary Treatment of the License of	Case No. 2012-PHA-LIC-4
X-GEN PHARMACEUTICALS, INC.,	
Wholesale Drug Distributor, License No. 2732	REQUEST FOR ENTRY OF DEFAULT
TO: THE BOARD OF PHARMACY	
Pursuant to Mont, Code Ann. § 37-1-309(3), please enter the default of	(3), please enter the default of

appears from the record and accompanying documentation. failure to request a hearing within twenty days of service to request in writing a hearing, as Board Action and Opportunity for Hearing filed and served in the above-entitled matter, for Respondent/Licensee, X-Gen Pharmaceuticals, Inc. with respect to the Notice of Proposed

DATED this day of March, 2012.

El mille

Anjeanette C. Lindle Legal Counsel Department of Labor and Industry

Request For Entry Of Default In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4

Affidavit of Susan C. Peters In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4	4. Upon information and belief, I state that X-Gen Pharmaceuticals, Inc. is not now an incompetent person or minor and was not such when the instant action was commenced;	under the jurisdiction of the Board of Pharmacy. More than twenty days have passed since service of the Notice and no request for hearing has been received	provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action	 On February 13, 2012, the Department duly served Respondent/Licensee X-Gen Pharmaceuticals, Inc. by Certified Mail receipt # 7003 1010 0000 9239 1116, with a Natice of Proposed Board Action and Opportunity for Hearing, Case No. 2012-PHA-LIC-4. The Notice 	 1 am familiar with the procedural history of this case and have personal knowledge of the same. 	 Susan C. Peters, being first duly sworn, depose and say as follows: I am a citizen of the United States, over the age of eighteen years, a resident of Lewis and Clark County, Montana, by profession an employee of the Montana Department of Labor and Industry, (Department), and Legal Secretary for the Office of Legal Services. 	State of Montana) Lewis & Clark County)	X-GEN PHARMACEUTICALS, INC., Wholesale Drug Distributor, License No. 2732.	In the Matter of the Proposed Disciplinary Treatment of the License of	BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA
Affidavit of Susan C. Peters In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4				SEAL O SEAL O Montrover Montrover Montrover State of Montang My Commean Banes December 3, 2013 December 3, 2013		This Affidavit was signed and sworn to before me, a Notary Public for the state of Montana, on this CHUC day of March. 2012, by Susan C. Peters, known to me to be the person whose name is subscribed to within this instrument, and executed the same. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day	State of Montana ss Lewis & Clark County	Susan C. Peters	DATED this 19 day of March, 2012	further, that X-Gen Pharmaceuticals, Inc. is not now a member of the military or naval services of the United States, nor has it been a member thereof within six months preceding commencement of this action

Affidavit of Susan C. Peters In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4 prepaid, upon the following parties addressed as follows. ENTRY OF DEFAULT and AFFIDAVIT OF SUSAN C. PETERS by U.S. mail, postage DATED this 19 day of March, 2012. 301 South Park Avenue PO Box 200513 Helena, MT 59620-0513 Person-In-Charge X-Gen Pharmaceuticals, Inc. 300 Daniel Zenker Drive Horseheads, NY 14845 Board of Pharmacy J. Robin Liles I certify that I served a true and accurate copy of the foregoing REQUEST FOR CERTIFICATE OF SERVICE Department of Labor and Industry Susan C. Sellis ω Entry of Default In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4 conclusions of said Notice are adopted as the conclusions of law 2012 Notice issued in the above-entitled matter are hereby adopted as the findings of fact and the for failure to request a hearing. For purposes of this order, the fact assertions contained in the for hearing has been received. The Department requested entry of default on March 19, of Pharmacy. More than twenty days have passed since service of the Notice and no request order to preserve its right to challenge the proposed action under the jurisdiction of the Board a written request for a hearing within twenty days of the date on which it received the Notice in rights which contained a specific notice to Respondent/Licensee that it was required to submit Opportunity for Hearing, Case No. 2012-PHA-LIC-4. The Notice provided a statement of above-entitled action, was duly served with the Notice of Proposed Board Action and Wholesale Drug Distributor, License No. 2732. In the Matter of the Proposed Disciplinary Treatment of the License of X-GEN PHARMACEUTICALS, INC., DATED this 20THday of March, 2012 A final order providing for disposition of this matter will be subsequently entered. IT IS THEREFORE ORDERED that the default of the Respondent/Licensee is entered On February 13, 2012, X-Gen Pharmaceuticals, Inc., Respondent/Licensee in the BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA Becky Carter Compliance Unit Supervisor Department of Labor and Industry Case No. 2012-PHA-LIC-4 ENTRY OF DEFAULT 4 -

Entry of Default In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4		DATED this DOTH day of March, 2012 Beck Carter Department of Labor and Industry	And by hand delivery upon Department Counsel: Anjeanette C. Lindle Special Assistant Attorney General DEPARTMENT OF LABOR AND INDUSTRY Office of Legal Services 301 South Park Avenue PO Box 200513 Helena, MT 59620-0513	J. Robin Liles Person-In-Charge X-Gen Pharmaceuticals, Inc. 300 Daniel Zenker Drive Horseheads, NY 14845	CERTIFICATE OF SERVICE I certify that I served a true and accurate copy of the foregoing ENTRY OF DEFAULT by U.S. mail, postage prepaid, upon the Licensee at the following address:
Final Order of Default In re X-Gen Pharmsceutrcals, Inc. Case No. 2012-PHA-LIC-4	 hearing has been received. Accordingly, and upon the request of Department counsel on March 19, 2012, a default was entered. For purposes of this order, the fact assertions and conclusions contained in the Notice of Proposed Board Action and Opportunity for Hearing issued in the above-entitled matter are hereby adopted by the Board and fully incorporated into this final order as the findings of fact and the conclusions of law. Based upon X-Gen Pharmaceuticals, Inc.'s default for failing to request a hearing and the information presently before the Board, including the aforementioned findings of fact and conclusions of law, the Board enters the following: 	written request for a hearing within twenty days of the date on which it received the Notice in order to preserve its right to challenge the proposed action under the jurisdiction of the Board of Pharmacy More than twenty days have passed since service of the Notice and no request for	On February 13, 2012, a <i>Natice of Proposed Board Action and Opportunity for Hearing</i> was served on X-Gen Pharmaceuticals, Inc., Respondent/Licensee in the above-entitled action, by Certified Mail receipt # 7003 1010 0000 9239 1116. The Notice provided a statement of rights which contained a specific notice to Respondent/Licensee that it was required to submit a	In the Matter of the Proposed Disciplinary Treatment of the License of X-GEN PHARMACEUTICALS, INC. Wholesale Drug Distributor, License No. 2732	BEFORE THE BOARD OF PHARMACY DEPARTMENT OF LABOR AND INDUSTRY STATE OF MONTANA

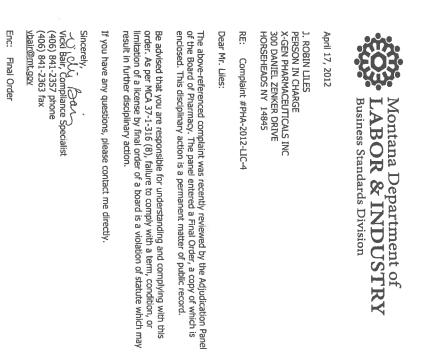
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Final Order of Default In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4	Board of Pharmacy	 days of the date of the Final Urder, and not before, to be deposited in the state special revenue fund pursuant to 37-7-324, MCA. B. Licensee shall ensure that in the future it will not operate as a wholesale drug distributor unless it has an active license. C. Licensee shall review and follow all Montana laws and rules regarding wholesale drug distributors DATED this <u>13</u> day of <u>App 11</u>, 2012. 	sanctions that are necessary to protect and compensate the public. Having considered the concerns of the public, and the rehabilitation of the licensee, THE BOARD ENTERS THE FOLLOWING ORDER A. Licensee shall pay an administrative fine in the amount of THREE THOUSAND DOLLARS (\$3,000.00). Licensee shall pay by certified check or money order, made payable to the Montana Board of Pharmacy, P.O. Box 200513, Helena, Montana, 59620-0513, within 30 days of the date of the Final Order, and not helpen in the elemensited in the state special revenue	As required by Mont. Code Ann §37-1-312(2), the Board has first considered the
Final Order of Default In re X-Gen Pharmaceuticals, Inc., Case No. 2012-PHA-LIC-4		Anjeanette C. Lindle Special Assistant Attorney General DEPARTMENT OF LABOR AND INDUSTRY Office of Legal Services 301 South Park Avenue PO Box 200513 Helena, MT 59620-0513 DA TED this day of (Up n.1	I certify that I served a true and accurate copy of the foregoing <i>FINAL ORDER OF</i> <i>DEFAULT</i> by U.S. mail, postage prepaid, upon the Licensee addressed as follows: J. Robin Liles Person-In-Charge X-Gen Pharmaceuticals, Inc. 300 Daniel Zenker Drive Horseheads, NY 14845 And by hand delivery upon Department Counsel	CERTIFICATE OF SERVICE

573



301 SOUTH PARK • P.O. BOX 200513 • HELENA MT 59620-0513 FAX (406) 841-2363 TTD (406) 444-0532 "AN EQUAL OPPORTUNITY EMPLOYER"



July 21, 2011 Nevada State Boald of Phalmaey 431 West Plumb Lane Reno, NN 89509

RE: X-Gen Pharmaceuticals, Inc. License #: WHO1618 MW00709

Dear Board Members,

Please be advised that the above referenced Licensee recently entered into a consent agreement with The Maine Board of Pharmacy.

X-Gen Pharmaceuticals, Inc. came to us in 2009 as they were overwhelmed with the state licensing regulations. They were unaware that certain states into which they were shipping required licensing, we immediately applied to all applicable states. We had disclosed to Maine that shipments had been made from 2006-2009. This disciplinary action results from this unlicensed shipping activity.

If you have any questions please do not hesitate to contact me. I thank you for your prompt attention to this matter.

Kind Regards,

Angela Morrison





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Paul R. LePage Governor STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION OFFICE OF LICENSING & REGISTRATION BOARD OF PHARMACY COMPLAINTS AND INVESTIGATION 35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

Anne L, Head, Esq. Commissioner Geraldine L. Betts

July 15, 2011

X-Gen Pharmaceuticals, Inc. Attn: Jay Liles 300 Daniel Zenker Drive Horseheads NY 14845

RE: 2011-PHA-7245 Pending License #: WH70001817

Dear Mr. Liles:

Please find enclosed a copy of the fully-executed consent agreement made by you, the Board of Pharmacy, and the Department of Attorney General in this matter.

At this time the \$1580.00 fine payment has not been received. Upon receipt of fine payment the pending license will be issued. Please send payment or the required documents directly to me. Please include in your correspondence the complaint number that appears above.

If you have any questions, please feel free to contact this office.

Sincerely, Kellv/L laughlin

Kelly/L. McLaughlin/Sr. Consumer Assistant Specialist (email:kelly.l.mclaughlin@maine.gdv)

Enclosure

c: Carrie Carney, Assistant Attorney General Geraldine L. Betts, Board Administrator Thomas Avery, Chief Field Investigator Jeffrey Frankel, OLR Staff Attorney

Licensing (207)624-8579 Main Receptionist (207)624-8603 Hearing Impaired/TTY 1-888-577-6690 PRINTED ON RECYCLED PAPER www.maine.gov/professionallicensing Office Location: Gardiner Annex

76 NORTHERN AVENUE, GARDINER, MAINE

<u>Geraldine.L.Betts@maine.gov</u> Direct Line: (207)624-8625 Fax: (207)624-8637

Fax: (207)62

STATE OF MAINE BOARD OF PHARMACY

In re: X-Gen Pharmaceuticals Inc. Complaint No. 2011-PHA-7245 CONSENT AGREEMENT

PARTIES

)

This document is a Consent Agreement ("the Consent Agreement") regarding the pending Wholesale Pharmacy license for X-Gen Pharmaceuticals Inc. ("X-Gen"). The parties to the Consent Agreement are: X-Gen; the Maine Board of Pharmacy ("the Board"); and the State of Maine Office of Attorney General ("the Attorney General"). The Consent Agreement is entered into pursuant to 10 M.R.S § 8003(5-A)(C).

STATEMENT OF FACTS

 On July 13, 2010, Board staff received an application from X-Gen to become licensed as a Manufacturer.

 On October 18, 2010, X-Gen amended its application for licensure from Manufacturer to Wholesale Pharmacy.

2. X-Gen was not previously licensed by the Board in the State of Maine.

3. On April 12, 2010, X-Gen submitted information to the Board staff indicating that in the years 2006 through 2009, it had shipped 81 prescriptions into the State of Maine without being licensed.

4. At its meeting on April 7, 2011, the Board reviewed the above-mentioned information. The information revealed that in the years 2006-2009, X-Gen had been operating as a Wholesale Pharmacy in the State of Maine without being properly licensed. Based on this information, the Board voted to preliminarily deny X-Gen's application to become licensed as a Wholesale Pharmacy.

5. In lieu of the license denial, the Board also voted to offer X-Gen this Consent Agreement. Absent requesting, in writing, a hearing regarding the appeal of the preliminary denial within thirty days of receipt of the Notice of Preliminary Denial, and absent acceptance of this Consent Agreement by signing and dating it and returning it to Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by **July 27, 2011**, the preliminary denial of X-Gen's application for licensure as a Mail Order Pharmacy will become final.

COVENANTS

6. X-Gen admits to practicing as a Wholesale Pharmacy in Maine without being licensed by the Board, in violation of 32 M.R.S. § 13731(1), and that this violation is a ground for the denial of the application for Wholesale Pharmacy licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(4).

7. As a condition of licensure and for conduct admitted in paragraph 6 above and as a sanction for the violation, X-Gen agrees to do the following:

A. Accept a REPRIMAND from the Board;

- B. Upon execution of this Consent Agreement, pay a CIVIL PENALTY in the amount of one thousand five hundred eighty dollars (\$1,580.00) calculated at \$1,500.00 for the first violation and \$1.00 for each additional violation; and
- C. CEASE performing services for which licensure as a Wholesale Pharmacy is required until the Board has approved the X-Gen's application for licensure as a Wholesale Pharmacy and the above CIVIL PENALTY is paid in full.

8. Upon receipt of this executed Consent Agreement, the Board will not deny X-Gen's application on the basis of the conduct admitted to in paragraph 6 and will approve the application consistent with the provisions of Board Rules chapter 11.

9. The Attorney General and the Board agree that no further agency or legal action will be taken against X-Gen's license based on the specific violations admitted to herein, except in the event that X-Gen does not comply fully with the terms of the Consent Agreement. Any violation of the Consent Agreement will be a ground for discipline by the Board.

10. The Consent Agreement is not subject to appeal.

11. The Consent Agreement is not subject to amendment except by written agreement of all parties.

12. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.

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13. X-Gen understands that the execution of the Consent Agreement is completely voluntary and that she has the right to consult with an attorney before signing the Consent Agreement.

14. X-Gen acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that is has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For X-Gen Pharmaceuticals Inc.:

Dated: 7-1-2011

1311 Dated:

7-13-11 Dated:

Signature of Authorized Representative

JAN E. BAOJA PRESIDENT Print Name and Title DANA J. HUNTER JR., R.Ph., VICE PRESIDENT

Board of Pharmacy

CARRIE L. CARNEY

Assistant Attorney General

579

24J

WH02395

581

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane Reno, NV 89509 (775) 850-1440 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.

Image Ownership Change (Please provide current license number if making changes: WH)
 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
Facility Name: Brothers Healthcare, Inc.
Physical Address: 4130 Flatrock Dr. Suite 150 Riverside, CA 92505
Mailing Address: 11705 Slate Ave Suite 200
City: <u>riverside</u> State: <u>CA</u> Zip Code: <u>92505</u>
Telephone: (909) 328 - 4375 Fax: (877) 276 - 5991
Toll Free Number: (800) 291 - 1089
E-mail: scott c@brothersheatthrare.com Website: www.brothersheatthrare.com
Facility Manager: Scott Carthey
Professional qualifications and experience of facility manager: <u>D.I.C.</u>
Types of licensed outlets or authorized persons firm will serve:
☑ Pharmacies □ Practitioners □ Hospitals □ Wholesalers □ Other:
Type of Products to be handled or wholesaled be firm:
 Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other:

FP

Page 1

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 D 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 \Box No \square

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 <u>) Phillip Bridges</u> Name	W. Striker Ave Sacramento, CA 95834 Address
Amerisource Bergen Business	
2) <u>Gabriela Filip</u> Name	Lakeside Drive Bannockburn, 11 60015 Address
Baxalta Business 3) Phillip Bridges Name	W. Striker Ave Sacramento, CA 95834 Address
<u>Shire</u> Business 4) <u>Pam Wiltz</u> Name BioCare	South Potter Road Tempe, AZ 85282 Address
Business	

Within the last five (5) years:

- 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
 Yes No
- 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?

APPLICATION FOR OUT-OF-STATE 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.

) Corta (withey

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

Scott Carthey Print Name of Authorized Person

10/09/117

Date

Board Use Only

Received:

Amount: ______ 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: California	
Parent Company if any:NIA	-
Corporation Name: Brothers Health	care, Inc.
Mailing Address: 11705 Slate Ave	Suite 200
City: <u>Piverside</u>	State: <u>CA</u> Zip: <u>92505</u>
Telephone: <u>(אור) 337-6789</u>	Fax: (877)276-5991
Contact Person: Scott Carthey	

For any corporation non publicly traded, disclose the following:

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

a)_	<u>Scott</u> Carthey Name	Azure Ln Huntington Beach, CA 92646 Address
b)_	Kevin Shaughnessy Name	La Nita St Highland, CA 923960 Address
c)	Name	Address
d)	Name	Address

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

3) What was the price paid per share? <u>None | 2er0</u>

4) What date did the corporation actually receive the cash assets? <u>11-29-2007</u>

5) Provide a copy of the corporation is stock register evidencing the above information (attached)

RECORD OF CERTIFICATES ISSUED AND TRANSFERRED

RĚCIÊV TO CHERTINICATE STORATURE DÂTE

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope) THIS STUB IS YOUR RECEIPT

> Date: 11/26/2018 Amount: \$ 772.50 Permit #: WH02395

BROTHERS HEALTHCARE, INC. 4130 FLATROCK DR #150 RIVERSIDE CA 92505

(ID Card)



Permit # WH02395 Active Wholesaler Expires:10/31/2020 BROTHERS HEALTHCARE, INC. 4130 FLATROCK DR #150 RIVERSIDE CA 92505

Trim ID Card to fit your wallet

Permit Type: Wholesaler Permit #: WH02395 IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS

Cut Here



Expires: 10/31/2020 STATUS: Active

BROTHERS HEALTHCARE, INC. 4130 FLATROCK DR #150 RIVERSIDE CA 92505

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

Business Renewal Application BROTHERS HEALTHCARE, INC.

		BROTHERS HEALTHCAR	E, ING.	
		Business Information		
Name of Business :	BROTHERS HEALT	HCARE INC.		
Physical Address :	N			
Street :	4130 FLATROCK D	R #150		
City :	RIVERSIDE	Country : United States	 State : California 	
		Country : United States	 State : California 	
Zip :	92505			
Business Phone :	(877) 567-5001			
Email Address :	wholesale@brothers	shealthcar		
	Nevad	a Business License Information - Chec	k appropriate answer	
I DO NOT have a Nevada				
I HAVE APPLIED for a No	evada Business Licen	se with the Nevada Secretary of State in Compli	ance with provisions of NRS Chapter 76 and	f my application is pending,
I have a Nevada Busines:	s License number ass	igned by the Secretary of State in compliance wi	th the provisions of NRS Chapter 76789066	
Name or	n Business License :	Brothers Healthcare, Inc.		
1	Business License # :	NV20181773094		
		Legal Information		
rested or convicted of a felo	ny or misdemeanor ir		-	🔾 Yes 🖲 No
rested or convicted of a felo Since your last renewal or r	ny or misdemeanor ir recent licensure has a		-	Yes ● NoYes ● No
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Application Fees : 500 Convenience fee : 22.5 587



588

Brothers Healthcare, Inc. Officers and Directors

Scott Carthey Co-President/Officer License Number: 19832 C Azure Lane Huntington Beach, CA 92648

Kevin Shaughnessy Co-President/Officer License Number: 20786 ´La Nita Street Highland, CA 92643

BONDED BY BLOOD

BROTHERS HEALTHCARE | 11705 SLATE AVE. STE. 200, RIVERSIDE, CA 92505 | 800.291.1089 | BROTHERSHEALTHCARE.COM



Brothers Healthcare, Inc. Drug Handlers

Scott Carthey Co-President/Officer License Number: 19832 Azure Lane Huntington Beach, CA 92648

Kevin Shaughnessy Co-President/Officer License Number: 20786 La Nita Street Highland, CA 92643

Jennifer Arnold Officer License Number: 21952 Mickelson Way Murrieta, CA 92563

a.,

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BONDED BY BLOOD

BROTHERS HEALTHCARE | 11705 SLATE AVE. STE. 200, RIVERSIDE, CA 92505 | 800.291.1089 | BROTHERSHEALTHCARE.COM

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. 1149783

Application/License No. B4649084

Brothers Healthcare, Inc _____, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is <u>11705 Slate Ave Ste</u> 200, Riverside, CA 92505 as

Address of Applicant/Principal

PRINCIPAL, and <u>Lexon Insurance Company</u>

Surety Company

corporation organized under the laws of the state of _____ California

State of Incorporation

_ a

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

10002 Shelbyville Rd. Ste 100, Lewisville, KY 40223-2979 as SURETY, are Address of Surety

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

11/1/2017 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

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Janean Craig, Michelle Newman, Nancy Dahl, Sue Robbins, LeAnn Kelly, Pamela Brandt its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1⁵¹ day of July, 2003 as follows.

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$1,000,000.00. One Million dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 5th day of August, 2015.

LEXON INSURANCE COMPANY

LX-311005

David E. Campbell President

ACKNOWLEDGEMENT

BY

On this 5th day of August, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument: that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



	_
AMY TAYLOR	
Notary Public- State of Tennestee	
Davidson County	
My Commission Excires 07-08-19	

BY Amy avlor Notan Public

CERTIFICATE

I, the undersigned, Assistant Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signéd and Seal at Mount Juliet, Tennessee this Dr. Day of UD, , 20



ΈRΥ Andrew Smith

Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

2 of 3

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 _____ day of

, 20

APPLICANT/PRINCIPAL

Authorized Representative

SIGNED and SEALED in the presence of

Witness

Witness

esentative Attorney-in-fact print name

SIGNED and SEAL ED in the presence of

signed by Nevada Resident Agent

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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

State of California

County of Riverside

On October 20 2017 before me, J. Smith, Notary Public (Here insert name and title of the officer

personally appeared Scott Carthy Kevinshauphussy who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/(ney)executed the same in his/her(their)authorized capacity ((es)), and that by his/her(their signature(s) on the instrument the person(s), 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.

Notary Public Signature

(Notary Public Seal)

COMM. #2183637 NOTARY PUBLIC - CALIFORNIA **RIVERSIDE COUNT** My Comm. Expires March 16, 2021

The pair are present that the pair sector and the pair defendence in the pair of the pair

ADDITIONAL OPTIONAL INFORMATION This form complies with current California statutes regarding notary wording and. DESCRIPTION OF THE ATTACHED DOCUMENT if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary Indemnily Honeme lane (Title or description of attached document) State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which (Title or description of attached document continued) must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her Number of Pages ____ Document Date い つ つ つ つ commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. CAPACITY CLAIMED BY THE SIGNER he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this □ Individual (s) information may lead to rejection of document recording. □ Corporate Officer The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a (Title) sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of Partner(s) the county clerk. Attorney-in-Fact Additional information is not required but could help to ensure this Trustee(s) acknowledgment is not misused or attached to a different document. • Indicate title or type of attached document, number of pages and date. Other _ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document with a staple. Www.WataryClasses.com 300-07049965

Carlos Alternation

INDEMNITY AGREEMENT

The undersigned Applicant(s) and Indemnitor(s), (hereinafter referred to as "Indemnitors") hereby certify that the forgoing declarations made and answers given are the truth without reservation, and are made for the purpose of inducing Lexon Insurance Company and/or Bond Safeguard Insurance Company, its affiliates, parent and subsidiaries, individually and collectively called Lexon Surety Group (hereinafter referred to as "Surety") to execute a certain bond(s) or undertaking(s) herein applied for, and all subsequent renewal, continuation or increase of the same or any bond(s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond(s)" or "undertaking(s)" as herein used.

If Surety shall execute or procure the execution of the bond(s) applied for, which bond(s) are hereby referred to and made a part of this agreement, the undersigned, in consideration thereof, jointly and severally covenant and agree with the Surety as follows:

1. Surety may, at its sole discretion, deny, pay, compromise, defend or appeal any claim or suit against the Bond(s). An itemized statement of or sworn voucher from Surety attesting to the loss shall be prima facie evidence of the loss. Indemnitor(s) expressly waive notice of any claim or demand against the Bond(s) or information provided to the Surety;

 Until full performance of the obligation(s) and exonerations of the Bond(s), satisfactory to it has been obtained, Surety may freely access, examine and copy Indemnitor's books, records, credit reports, financial statements, bank account records, accounts or any other financial records of any form ("hereinafter known as "Records"). Indemnitor(s) authorize third parties in possession of these records to furnish to Surety any information requested in connection with any transaction;
 The Indemnitor(s) shall pay the premiums and renewal premiums for each Bond issued hereunder, inclusive of initial, fully earned, premium and all subsequent renewals, extensions or modifications until the Surety has received written legal evidence, satisfactory to the Surety, of its discharge from any and all such Bond(s) and all liability related thereto;

4. The Indemnitor(s) agree to fully indemnify the Surety and to defend and save it harmless from any and all losses incurred as a result of the issuance of the Bond(s), including, but not limited to interest, costs, attorneys fees, incurred by the Surety by reason of any claims against the Surety under any such Bond(s) issued by Surety;

5. If Surety establishes a reserve account, the Indemnitor(s) shall immediately upon demand provide Surety with collateral acceptable to Surety equal to the reserve set and any future reserve increases, whether or not Surety has yet made a payment or incurred a loss, or at any given point that Surety determines collateralization is required for any reason. Surety may retain the collateral until all actual and potential claims and losses of any type against the Bond(s) are exonerated and all loss is fully reimbursed;

6. Indemnitor(s), and each of them, hereby irrevocably appoints Surety, or its designee, as his, her or its attorney-in-fact with the right and power, but not the obligation, to exercise all of the rights assigned to Surety under this agreement and to make, execute and deliver any and all additional contracts, instruments, assignments, documents or papers (including, but not limited to, the endorsement of checks or other instruments payable to Principal or any Indemnitor representing payment of monies) deemed necessary and proper by Surety in order to give full effect to the intent and meaning of the assignments or rights contained herein. It is expressly agreed that this power-of-attorney is coupled with the interest of Surety in receiving the indemnification from Indemnitor(s). Indemnitor(s) hereby ratify all acts by Surety or its designee as attorney-in-fact; and,

7. A facsimile, photocopy, electronic or optical reproduction shall be fully admissible in a court of law with the same force and effect as the original.

IN TESTIMONY WHEREOF, the undersigned have hereto se	et their hands and seal this 20 th day of October , 20 17	
Signed, Sealed and Delivered in the presence of;	Scott Carthey	
Attest or Witness	Signature and Title	
ADDITIONAL INDEMNITORS (Please give home address	s and type or print name of each indemnitor below signature	
Attest or Witness	Signature:Indemnit	
	Print: KENIN SHAUGANESSY SS#: 555-43	-9435
Attest or Witness	Address LA NITA ST HIGHLAND, CI	12346
	Signature:Indemnit	or
Attest or Witness	Print: SS#:	
	Address:	
Attest or Witness	Signature:Indemnit	or
FRAUD WARNING	Print:	
ANY PERSON. WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY, FILES AN APPLICATION FOR INSURANCE CONTAINING	Address:	
ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO,	Signature:Indemnit	or
COMMITS A FRAUDULENT ACT, WHICH IS A CRIME.	Print:	
	Address:	



BROTHERS HEALTHCARE INC 7857 LA NITA ST HIGHLAND CA 92346

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	GT
548539	7964

Nov 30, 2007

Page 1 of 1

Notification of Fee Schedule Change	
The Following Fee Will Be Effective November 1, 2007.	
ATM Transactions At Non-Arrowhead/CO-OP Locations* Withdrawals** \$1.50 each Transfers, Balance Inquiries FREE	•
 Additional fees may be charged by the owner/operator of the ATM of will be disclosed at the time of transaction. ** This fee is only charged when using non Arrowhead Credit Union A CO-OP ATM locations. Arrowhead Credit Union ATMs and all CO-OP A are Free to Arrowhead Credit Union members. For a list of FREE ATM visit our website at www.arrowheadcu.org 	TMs or Non
11/28/2007 Beginning Balance Basic Business 1 Deposits and Other Additions +	
Deposits and Other Additions + O Checks and Other Deductions	0.00 10,000.00 0.00
1 Deposits and Other Additions 0 Checks and Other Deductions 1/30/2007 Ending Balance 3 Days in Statement Period	10,000.00 0.00
Deposits and Other Additions + O Checks and Other Deductions	10,000.00 0.00 10,000.00
1 Deposits and Other Additions 0 Checks and Other Deductions 1/30/2007 Ending Balance 3 Days in Statement Period Deposits and Other additions to your account	10,000.00 0.00

End of Statement

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BROTHERS HEALTHCARE, INC.

FILE NUMBER:C3027893FORMATION DATE:10/17/2007TYPE:DOMESTIC CORPORATIONJURISDICTION:CALIFORNIASTATUS: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 July 14, 2017.

ALEX PADILLA Secretary of State

NP-25 (REV 01/2015)

MKK

STATE OF CALIFORNIA	Board of Pharmacy
DEPARTMENT OF CONSUMER AFFAIRS	ORIGINAL CERTIFICATE
W	holesale Drug Permit
LICENSE NO. WLS 7155	ISSUE DATE SEPTEMBER 29, 2017
BROTHERS WHOLESALE	
4130 FLAT ROCK DR #150 RIVERSIDE CA 92505	State Board of Pharmacy as a compared
RIVERSIDE CA 92505	State Board of Pharmacy as a Corporation. EXEMPTEE IN CHARGE
RIVERSIDE CA 92505 The above is licensed with the CORPORATION	
RIVERSIDE CA 92505 The above is licensed with the CORPORATION	
RIVERSIDE CA 92505 The above is licensed with the CORPORATION	
RIVERSIDE CA 92505 The above is licensed with the CORPORATION	

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 01, 2018

3/17

5/17

RECEIPT NUMBER 00609649

A THE CONTRACTOR AND A

597

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 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, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, 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

24K

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope) THIS STUB IS YOUR RECEIPT

> Date: 08/28/2018 Amount: \$ 635.00 License #: WH02472

DIRECT SUCCESS PHARMACY DEPARTMENT 1710 Highway 34 Farmingdale NJ 07727

(ID Card)



License #

WH02472 Active Wholesaler Expires:10/31/2020 DIRECT SUCCESS PHARMACY DEPARTMENT 1710 Highway 34 Farmingdale NJ 07727

Trim ID Card to fit your wallet

IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS

Cut Here



Expires: 10/31/2020 STATUS: Active

License Type: Wholesaler License #: WH02472

Managing Pharmacist :

DIRECT SUCCESS PHARMACY DEPARTMENT 1710 Highway 34 Farmingdale NJ 07727

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 05/07/2019.

24L

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440 APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (**non-refundable** and **not transferable**) Application must be printed legibly

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 <u>X</u> Ownership Change (Please provide curre	Name Change Location Change nt license number if making changes: WH)
GENERAL INFORMATION	
Facility Name: Real Value Products Corporation d/b/a Ho	ospital Pharmaceutical Consulting
Physical Address: 5100 Commerce Way, San Antonio, Texas	5 78218
Mailing Address: 5100 Commerce Way	
City: San Antonio Sta	te: <u>TX</u> Zip Code: <u>78218</u>
Telephone Number: 210-979-3399	Fax Number: 210-979-3398
Toll Free Number:	
E-mail: randy@hospitalpharmacyconsulting.com	Website: www.hospitalpharmacyconsulting.com
Facility Manager: Rafael Jesus Menchaca	
Professional qualifications and experience of Corporation d/b/a Hospital Pharmaceutical Consulting from 8/2011 thru c	facility manager: Director Of Distribution for Real Value Products
from 8/2004 thru 8/2011 (Rafael Menchaca has over 7 years working in the dis Types of licensed outlets or authorized person	tribution of Pharmaceutical products), see attached resume
⊠ Pharmacies ⊠ Practitioners	⊠ Hospitals ⊠ Wholesalers
Type of Products to be handled or wholesaled	<u>l:</u>
 Legend Pharmaceuticals, Supplies or Devi Poisons or Chemicals Controlled Substances (include copy of DE Other: OTC, Vitamins, Injectables, Liquids(Orals), Ophthalmic, I 	A) A Veterinary Legend Drugs
Licensed as a Manufacturer by the FDA? D registration.	Yes
Board Use Only	
Received OV 2 1 2011 Check Number:	<u>СС</u> Amount: <u>500.</u> ∞
FP	age 1 - 2011 58565

OWNERSHIP IS A CORPORATION

State of Incorporation: _	Texas					
Parent Company if any:	N/A					
Corporation Name:	Real Value Products Corp	oration dba H	ospital Pharmace	utical Cor	nsulting	
Mailing Address:	5100 Commerce Way					
City: San Antonio		State: _	rx	Zip:	78218	····
Telephone: 210-979-3399		Fa	X: 210-979-3398	3		
License Contact Person:	I. Randall Chudnow					
Professional Compliance	Contact Person	Rafael Jes	us Menchaca			

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

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

1.	Shalimar Dalal Maakar	%:	100
2.		%:	
3.		%:	••••
4.		%:	

<u>Section 2:</u> 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: _____ Stock Exchange: _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

N/A

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes □ No ⊠ If yes, list the persons, their address and their business names.

a)			
,	Name	Address	
 b)	Business		
~/	Name	Address	
c)	Business		
/	Name	Address	
d)	Business		······
/	Name	Address	
	Business		

2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were sold, dispensed or distributed? Yes □ No ⊠ If yes, list the persons, their address and their business names.

a)			
	Name	Address	
b)	Business		
U)	Name	Address	
	Business		
-/	Name	Address	
	Business		
/	Name	Address	·······
	Business		

Page 3 - 2011

Within the last five (5) years:

- Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?
 Yes □ No ⊠
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?
 Yes I No III
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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.

Signature of owner or executive officer

I. Randall Chudnow / V.P. V.P. Finance and Operations

Print or Type name and title

604

* 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.

REAL VALUE PRODUCTS CORP / HOSPITAL PHARMACEUTICAL CONSULTING 5100 COMMERCE WAY SAN ANTONIO TX 78218



TEXAS DEPARTMENT OF STATE HEALTH SERVICES REGULATORY LICENSING UNIT



REAL VALUE PRODUCTS CORP DBA HOSPITAL PHARMACEUTICAL CONSULTING 5100 COMMERCE WAY SAN ANTONIO, TX 78218

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 # 1000757 Expires: September 19, 2013

Commissioner

NON-TRANSFERABLE

<u>Nevada</u>

List of Employees Who Handle Drugs

1. Harry Abolafia

2. Rafael Menchaca

3. Mike Van Winkle

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. NV 57700

Application/License No.

Real Value Products dba Hospital Pharmaceutical Consulting

	, doing or intend	ina to do busi	ness as a
Applicant/Prin	cipal	-	
5100 Commerce, Suite 5100	aler, whose address for purposes o	of service is	
San Antonio, TX 78218			, as
PRINCIPAL, and	Address of Applicant/Principal Merchants Bonding Company (Mut	ual)	, a
corporation organized u	Surety Company Inder the laws of the state of	Iowa	
and authorized to transa	act a general surety business in the	State of Incorporati State of	on
Nevada, whose address	s for purposes of service is) Fleur Drive, Des Moines, Iowa 50321		as
State Board of Pharmad	Address of Surety firmly bound unto the State of Nev cy for the penal sum of <u>One Hundred 1</u> .000.00), for which payment we bir	housand Dollars	
executors, administrato	m shall become effective on <u>No</u>	and severally	, by these
WHEREAS, the provision	ons of Nevada Revised Statutes (N	IRS) 839.515	require

that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of <u>\$100,000.00</u> 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 peroids for which said Applicant/Principal

NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND - 1 OF 2

LP 2079 NV (9/06)

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 limitiations 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.

APPLICANT/PRINCIPAL SURETY COMPANY Real Value Products dba Hospital Pharmaceutical Consulting Merchants Bonding Company (Mutual) Authorized Representative Surery Company's Representative Greg LeJune Attorney-in-fact

SIGNED and SEALED in the presence of

SIGNED and SEALED in the presence of:

print name

Witness

Countersigned by:

Nevada Resident Agent

NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND - 2 OF 2



Know All Persons By These Presents, that the MERCHANTS BONDING COMPANY (MUTUAL), a corporation duly organized under the laws of the State of Iowa, and having its principal office in the City of Des Moines, County of Polk, State of Iowa, hath made, constituted and appointed, and does by these presents make, constitute and appoint Greg LeJune

of San Antonio and State of TEXAS its true and lawful Attorney-in-Fact, with full power and authority hereby conferred in its name, place and stead, to sign, execute, acknowledge and deliver in its behalf as surety any and all bonds, undertakings, recognizances or other written obligations in the nature thereof, subject to the limitation that any such instrument shall not exceed the amount of:

TEN MILLION (\$10,000,000.00) DOLLARS

and to bind the MERCHANTS BONDING COMPANY (MUTUAL) thereby as fully and to the same extent as if such bond or undertaking was signed by the duly authorized officers of the MERCHANTS BONDING COMPANY (MUTUAL), and all the acts of said Attorney-in-Fact, pursuant to the authority herein given, are hereby ratified and confirmed.

This Power-of-Attorney is made and executed pursuant to and by authority of the following By-Laws adopted by the Board of Directors of the MERCHANTS BONDING COMPANY (MUTUAL) on April 23, 2011.

ARTICLE VI, SECTION 1(c) - The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof.

ARTICLE VI, SECTION 1(d) - The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission 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 fixed.

In Witness Whereof, MERCHANTS BONDING COMPANY (MUTUAL) has caused these presents to be signed by its President and its corporate seal to be hereto affixed, this 16th day of $\Lambda pril$, 2010.



By Larry Taylo

MERCHANTS BONDING COMPANY (MUTUAL)

President

STATE OF IOWA COUNTY OF POLK ss.

On this 16th day of April , 2010 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL), the corporation described in the foregoing instrument, and that the seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal at the City of Des Moines, Iowa, the day and year first above written.



Notary Public, Polk County, Iowa

STATE OF IOWA COUNTY OF POLK ss.

I, William Warner, Jr., Secretary of the MERCHANTS BONDING COMPANY (MUTUAL), do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said MERCHANTS BONDING COMPANY (MUTUAL), which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Company on this 27th day of December , 2011 .



William Warner Jr.

POA 0005 (9/11)

SureTec Insurance Company

1330 Post Oak Blvd., Suite 1100 Houston, TX 77056

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

91 7199 9991 7031 0355 6046

CANCELLATION NOTICE -

Bond Number: 5127245 Principal: Real Value Products DBA Hospital Pharmaceutical Consulting Bond Amount: \$ 100,000.00 Bond Description: Pharmaceutical Wholesale Distributor

You are hereby notified that the above referenced Bond is herby cancelled effective November 4, 2011 in accordance w ith its terms and conditions.

Signed this _____ 4th ____ day of _____ January , 2012 .

SureTec Insurance Company

By: Misty Wet Representative

Bond has been replaced by another surety company

Catto & Catto, LLP 217 E. Houston Street, Suite 100 San Antonio, TX 78205-1801

Real Value Products DBA Hospital Pharmaceutical Consulting 4310 West Avenue San Antonio, TX 78213

JAN - 6 2012

24M

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope) THIS STUB IS YOUR RECEIPT

> Date: 03/26/2019 Amount: License #: WH02493

JAMS Rx Coconut Creek 4811 Lyons Technology Pkwy #23 & 24 & 25 Coconut Creek FL 33073

(ID Card)



License #

WH02493 Active

Trim ID Card to fit your wallet

Expires: 10/31/2020 JAMS Rx Coconut Creek 4811 Lyons Technology Pkwy #23 & 24 & 25 Coconut Creek FL 33073

Wholesaler

IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS

Cut Here



Expires: 10/31/2020 STATUS: Active

License Type: Wholesaler License #: WH02493

Managing Pharmacist :

JAMS Rx Coconut Creek 4811 Lyons Technology Pkwy #23 & 24 & 25 Coconut Creek FL 33073

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 03/26/2019.

Pharmacy Board

From: Sent: To:	Amy Bizzarro <amy@petebizzarro.com> Tuesday, March 12, 2019 9:43 AM</amy@petebizzarro.com>
Subject:	Pharmacy Board re: License WHO2493 updates
Attachments:	jams dba lic.pdf; JamsRx - Coconut Creek - Publication (00640724).pdf; JAMSRX - COCONUT CREEK - FL - registration dba- 567040-15-2 (00639079).pdf

To Whom This May Concern,

Our current Nevada State board of pharmacy license number is WHO2493.

We are registered as Jams Wholesale Distribution Services LLC.

Our DBA is now JamsRx-Coconut Creek. Can you please change our name on our license.

Also, we have added suite 25 to our address. It is the same location, but just an addition. We have not moved or changed ownership.

The new license should read:

JamsRx-Coconut Creek

4811 Lyons Technology Parkway

Unit 23-25

Coconut Creek, Fl 33073

Please let me know how I can get a copy of our new license reflecting these changes.

Thank you

Amy Bizzarro

954-422-1332

AMY BIZZARRO 954.422.1332 / 888.570.JAMS (5267) | 18 866.542.8544 | 94811 Lyons Technology Pkwy, Units 23 – 25 | Coconut Creek, FL 33073 www.jamsrx.com



JAMS Wholesale Distribution Services, LLC, Coconut Creek, FL Facility has earned VAWD accreditation.

NOTE: The information contained in this electronic message may be confidential information and is intended for the sole use of the intended recipient. Any use, distribution, transmission, or forwarding of information contained in this email by persons who are not intended recipients may be a violation of law and is strictly prohibited. If you are not the intended recipient, please contact the sender and delete all copies.

3/8/2019

3:28:35 PM 3/8/2019

Licensee Details

Licensee Information	
Name:	JAMS WHOLESALE DISTRIBUTION SERVICES LLC (Primary Name)
	JAMSRX - COCONUT CREEK (DBA Name)
Main Address:	4811 LYONS TECHNOLOGY PARKWAY UNIT 23 AND 24 COCONUT CREEK Florida 33073
County:	BROWARD
License Mailing:	
LicenseLocation:	4811 LYONS TECHNOLOGY PARKWAY
	UNIT 23, 24 AND 25
County:	COCONUT CREEK FL 33073
County.	BROWARD
License Information	
License Type:	Prescription Drug Wholesale Distributor
Rank:	Rx Drug Whisir
License Number:	2220188
Status:	Current
Licensure Date:	12/07/2010
Expires:	12/31/2019
Special Qualifications Limited Liability Corporation	Qualification Effective
Secondary Wholesaler	10/20/2011

Alternate Names

View Related License Information View License Complaint

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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https://www.myfloridalicense.com/LicenseDetail.asp?SID=&id=A9825F74219CFF8B63FECF07A78F6D53

BROWARD DAILY BUSINESS REVIEW

Published Daily except Saturday, Sunday and Logal Holidays Ft. Laudendale, Broward County, Florida

STATE OF FLORIDA COUNTY OF BROWARD:

Before the undersigned authority personally appeared GUERLINE WILLIAMS, who on oath says that he or she is the LEGAL CLERK, of the Broward Dally Business Review f/k/a Broward Review, a dally (except Saturday, Sunday and Legal Holidays) newspaper, published at Fort Lauderdale, in Broward County, Florida; that the attached copy of advertisement, being a Legal Advertisement of Notice in the matter of

FIGTITIOUS NAME LAW PURSUANT TO SECTION

BES DO, FLORIDA, STATUTES INCTICE IS HEREBY GIVEN that

the undersigned, desiring to engage in business under the Fictitious Name of JAMSRX - COCONVT-CREEK twith a phyling address of 1 4811 Lyons Fechnology Pkwy.

the sta

rd County Intends to r

1110 19-31/00003720468

Unit 23-25, Coconut Cree and a principal soffice located in

ate Divictorpe defense Dates Which FRALE DIST.

SERVICES, LLC

NOTICE UNDER FICTITIOUS NAME LAW JAMSRX - COCONUT CREEK

In the XXXX Court, was published in said newspaper in the issues of

01/11/2019

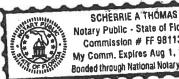
Affiant further says that the said Broward Daily Business

Review is a newspaper published at Fort Lauderdale, in said Broward County, Florida and that the said newspaper has heretofore been continuously published in said Broward County, Florida each day (except Saturday, Sunday and Legal Holidays) and has been entered as second class mail matter at the post office in Fort Lauderdale in said Broward County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he or she has neither paid nor proth ed any person, firm or corporation any discount, rebate commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

rom to and subscribed before me this 8

May of MANUARY, A.D. 2019 (SEAL)

GUERLINE WILLIAMS personally known to me



Notary Public - State of Florida Commission # FF 981132 My Comm. Expires Aug 1, 2020 Bonded through National Notary Assn.



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2019

JAMSRX - COCONUT CREEK 4811 LYONS TECHNOLOGY PARKWAY UNIT 23-25 COCONUT CREEK, FL 33073

Subject: JAMSRX - COCONUT CREEK

REGISTRATION NUMBER: G1900002722

This will acknowledge the filing of the above fictitious name registration which was registered on January 7, 2019. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

If the mailing address of this business changes, please notify this office in writing, or through the link provided on our website www.sunbiz.org for Address & FEI/EIN Changes. Please reference the original registration number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Kathy Ashton Reinstatement Section Division of Corporations

Letter No. 919A00000467

Account number: I2000000195 Account charged: 50.00

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

	APPLI Note: Ad	CATION FOR REGISTRATION OF FICTITIOUS NAME knowledgments/certificates will be sent to the address in Section 1 only.	FILED	
		JamsRx - Coconut Creek Fictitious Name to be Registered (see Instructions for certain prohibilied words, abbreviations and designations)	2019 JAN -7 AM 8: 52	
n 1	2.	4811 Lyons Technology Parkway, Units 23-25	SECRETARY OF STATE TALLAHASSEE, FL	
Section 1	3.	Coconut Creek Florida 33073 City Stata 21p Florida County of principal place of business: Broward 21p	G1900002722	
	4.	(see instructions if more than one county) FEI Number of Business: <u>27</u> ,2397597	This space for office use only	
	A.	Registrant if individual(s): (Use an attachment if necessary):		
	1.	Less Fact M.s. 2. Less Address Address	Firet M.L	
7	8.	Chy State Ztp Chy Registrant if other than an Individual(e): (Use an attachment if necessary):	Stalo Zip	
Section		IAMS Wholesale Distribution Services, LLC 2. Entity Name 4811 Lyons Technology Parkway, Units 23-25		
:		Address Address Address Address Coconut Creek Florida 33073 City Stele Zip City City	State Zip	
		Florida Document Number: L10000041645 Florida Document N FEI Number: 27-2397597 FEI Number:	umber:	
		O Applied for O Not Applicable O Applied fo	r O Not Applicable	
Section 3				
_	FOR CANCELLATIONS, COMPLETE THIS SECTION 4 ONLY: FOR FICTITIOUS NAME REGISTRATION CHANGE, COMPLETE SECTIONS 1 THROUGH 4:			
Section 4	I (we) the undersigned, hereby cancel the fictitious name, which was			
8	registered on and assigned registration number			
l	Signature of	Ragistrant Whose Registration is Being Cancelled Date Bignature of Registrant Whose Registration	n is Seing Cancelled Date	
		Mark the applicable boxes Certificate of Status - \$10	Certified Copy - \$30	

NON-REFUNDABLE PROCESSING FEE: \$50

CR4E001 (11/17)

120

24N

NEVADA STATE BOARD OF PHARMACY

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

WHOP 188 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.

Vew Wholesaler Ownership Change (Please provide current license number if making changes: WH)				
 Publicly Traded Corporation – Pages 1,2,3,4 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				
Facility Name: LIFELINE PHARMACEUTICALS, LLC				
Physical Address: 1301 NW 84 AVE, SUITE 101, MIAMI, FE 33126				
Mailing Address: 1301 NW 84 ANE SUITE 101				
City: MIAMI State: FL Zip Code: 33126				
Telephone: 305 643 8841 Fax: 305 643 6929				
Toll Free Number:				
E-mail: COMPLIANCE @ LIFELINEPHAM Website: LIFELINEPHARM. COM				
Facility Manager: RICK NIELSEN				
Professional qualifications and experience of facility manager: <u>RESUME ATTACHED</u>				
Types of licensed outlets or authorized persons firm will serve:				
Practitioners Hospitals Wholesalers				
Type of Products to be handled or wholesaled be firm:				
 Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Hypodermic Devices Veterinary Legend Drugs 				
X Other: OVER-THE-COUNTER MEDICATION, SUNDRIES				
_				

Page 1

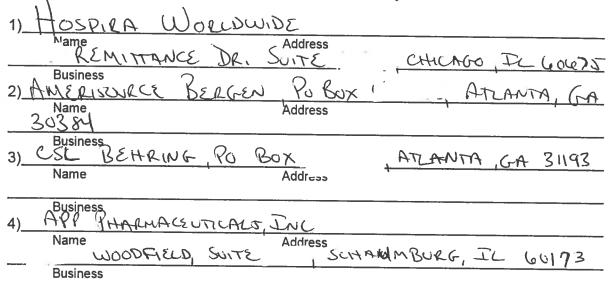
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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 a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration)	Yes 🛛 No 🕅

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 \square No X

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.



Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at leas 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a quilty place or powertest place)?	
	guilty plea or no contest plea)?	Yes 🗆 No 🗙
2)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest or partners with any interest, ever been denied a license,	ist
	permit or certificate of registration?	Yes 🗆 No 🕅
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the	st
	pharmaceutical industry?	

APPLICATION FOR OUT-OF-STATE 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)?

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

Print Name of Authorized Person

Date

Board Use Only

Received: ________

\$500.00 Amount:

Page 3

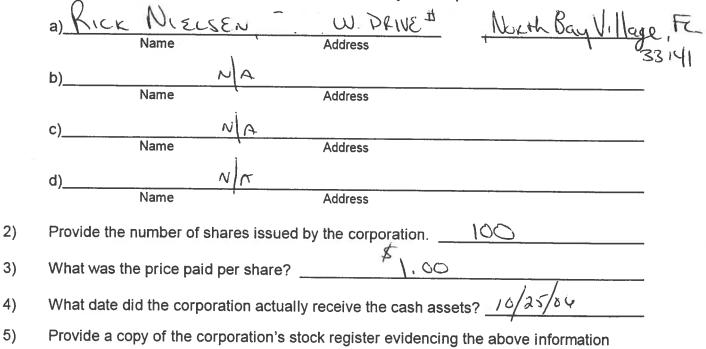
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: FLORIDA
Parent Company if any:NIA
CORPORATION NAME: LIFELINE PHARMACEUTICALS, LLC
Mailing Address: 1301 NW & AVE, SUITE 101
City: MIAMI State: FC Zip: 33126
Telephone: 305-643-8841 Fax: 305-643-6929
Contact Person: RICK NIELSEN

For any corporation non publicly traded, disclose the following:

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



Rick Nielsen, President/CEO* *Sole corporate officer.

Employees Who Handle Drugs Daily

Al Oviedo Carlos Zenon Ernesto Rojas Hurchell Greenaway Tony Caceres

State of Florida Department of State

I certify from the records of this office that LIFELINE PHARMACEUTICALS LLC, is a limited liability company organized under the laws of the State of Florida, filed on October 25, 2006.

The document number of this company is L06000103800.

I further certify that said company has paid all fees due this office through December 31, 2014, that its most recent annual report was filed on February 19, 2014, and its status is active.

> Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twentieth day of February, 2014



Ken Detron Secretary of State

Authentication ID: CU5895459835

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

https://efile.sunbiz.org/certauthver.html

Corporate Stock Register for

Lifeline Pharmaceuticals, LLC

Total # of Shares Issued: ______ Total Number of Shareholders: ______

Dete	01 1 11 17					
Date	Shareholder Name	Address		Phone	# of shares	Price per
						share
10/25/04	RICK NIELSEN	7904 W. DRIVE -	III IIII	2 51 15 02/1		
10/25/00	MICK NIELSEN	1709 W. DRIVE	10/7	3056438841	100	\$100
/ .						
					~	
				0		
	$\bigcirc \bigcirc \bigcirc \bigcirc \frown \frown$	=				
Signature	: Juller (ab	Date	10/25/06		
~ ·Briatal 0			_ Date			
Print Nan	ne: KICK NIE	LSEN	T141.	IC/25/06 TRES.DENIT/	1050	
I THE INAL		. LJLFV	1 itle:	1125.02011		

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company

LIFELINE PHARMACEUTICALS LLC

Filing Information

Document Number	L06000103800
FEI/EIN Number	134346626
Date Filed	10/25/2006
State	FL
Status	ACTIVE

Principal Address

1301 NW 84TH AVE #101 MIAMI, FL 33126

Changed: 02/09/2012

Mailing Address

1301 NW 84TH AVE #101 MIAMI, FL 33126

Changed: 02/09/2012

Registered Agent Name & Address

NIELSEN, RICK 1301 NW 84TH AVENUE SUITE 101 MIAMI, FL 33126

Address Changed: 11/08/2011

Authorized Person(s) Detail

Name & Address

Title MGRM

NIELSEN, RICK 1301 NW 84TH AVE #101 MIAMI, FL 33126

Annual Reports

Report Year	Filed Date
2012	02/09/2012
2013	01/08/2013
2014	02/19/2014

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Document Images			I
02/19/2014 ANNUAL REPORT	View image in PDF format		
01/08/2013 ANNUAL REPORT	View image in PDF format		
02/09/2012 ANNUAL REPORT	View image in PDF format		
11/08/2011 Reg. Agent Change	View image in PDF format		
01/07/2011 ANNUAL REPORT	View image in PDF format		
02/16/2010 ANNUAL REPORT	View image in PDF format		
04/15/2009 ANNUAL REPORT	View image in PDF format		
01/03/2008 ANNUAL REPORT	View image in PDF format		
07/19/2007 ANNUAL REPORT	View image in PDF format		
10/25/2006 Florida Limited Liability	View image in PDF format		
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	State of Florida, Department of State		

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(Requestor's Name) (Address) (Address)		1
(City/State/Zip/Phone #)	10/25/0601042025 **155.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: // // // // // // // // // // // // //	THE PROVED FILED FLORIDA	

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LAZARUS CORPORATE FILING SERVICE		
3320 SW 87 TH AVENUE		
MIAMI, FL 33165 (305) 552-5973		
a di	Office Use Only	
CORPORATION NAME(S) & DOCUMENT NUM		
LIFELINE MARMACENT	ICAS LLC SECTION	ŝ)
	Document #)	i.
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(Corporation Name) (1	Document #)	
3(Corporation Name)		
	Document #)	
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CR2E031(7/97)	EXAMINEL 5 MILLAIS	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN AGOST 25 PH 1:02

ARTICLE I - Name:

1

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

Mailing Address:

NW 7tH Street NW 7tH Street Suite

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Rick Nielsen Name Florida street address (PO. Box NOT acceptable) Florida FL 33126 City, State, and Zip

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

NG / M

Title:

Rick

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

en

Typed or printed name of signee

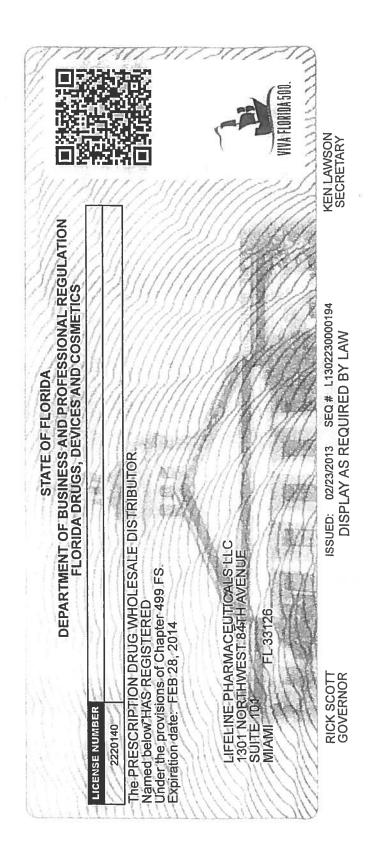
Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2



10:27:54 AM 2/20/2014

Licensee Details

Licensure Date:

Expires:

Election Details	
Licensee Information	
Name:	LIFELINE PHARMACEUTICALS LLC (Primary Name)
	(DBA Name)
Main Address:	1301 NORTHWEST 84TH AVENUE
	SUITE 101
County:	MIAMI Florida 33126
county.	DADE
License Mailing:	
LicenseLocation:	1301 NORTHWEST 84TH AVENUE
	SUITE 101 MIAMI FL 33126
County:	DADE
councy.	DADE
License Information	
License information	
License Type:	Prescription Drug Wholesale Distributor
Rank:	Rx Drug Whisir
License Number:	2220140
Status:	Current, Renewal in Process

02/08/2007

02/28/2014

Special QualificationsQualification EffectiveRenewal certificate print
failure01/04/2011Limited Liability
Corporation08/04/2009

View Related License Information View License Complaint

1940 North Monroe Street, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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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. 106082255	
Application/License No.	
Lifeline Pharmaceuticals LLC , doing or intending to do business	
Applicant/Principal	uou
pharmaceutical wholesaler, whose address for purposes of service is	
1301 NW 84th Avenue, #101, Miami, FL 33126	, as
Address of Applicant/Principal	
PRINCIPAL, and Travelers Casualty & Surety Company of America	а
corporation organized under the laws of the state of <u>Connecticut</u>	
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 to the	
State Board of Pharmacy for the penal sum of ONE HUNDRED THOUS	
DOLLARS (\$100,000.00), for which payment we bind ourselves, our hei	
administrators, successors and assigns jointly and severally, by these pr	esents. This
bond term shall become effective on <u>May 20, 2014</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 this bond has caused it to be executed on this _____ day of _____ April ____, 2014 ____

APPLICANT/PRINCIPAL

SIGNED and SE

Authorized Representative

SURETY COMPANY Travelers Casualty & Surety Company of America

Surety Company's Representative

Gary Paul Santarcangelo , Attorney-in-fact

and SEALE the presence of:

Witness

Countersianed Nevada Resident Agent

Jose Manuel Sardinas Non-Resident Agent



POWER OF ATTORNEY

Farmington Casualty Company

Fidelity and Guaranty Insurance Company Fidelity and Guaranty Insurance Underwriters, Inc. St. Paul Fire and Marine Insurance Company St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company **Travelers Casualty and Surety Company** Travelers Casualty and Surety Company of America **United States Fidelity and Guaranty Company**

Attorney-In Fact No. 216586

Certificate No. 003165825

KNOW ALL MEN BY THESE PRESENTS: That St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Jeffrey C. Samas, Melvin L. Shapanka and Gary Paul Santarcangelo

of the City of _____ Coconut Grove___ ... State of Elorida_ , their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, 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.

The authority granted hereunder to sign, execute, seal and acknowledge any individual bond, recognizance, conditional undertaking, and other writing obligatory in the nature thereof is limited to the sum of FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS per bond.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 6th August 2009 day of

> **Farmington Casualty Company Fidelity and Guaranty Insurance Company** Fidelity and Guaranty Insurance Underwriters, Inc. St. Paul Fire and Marine Insurance Company St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company **Travelers Casualty and Surety Company Travelers Casualty and Surety Company of America** United States Fidelity and Guaranty Company



State of Connecticut City of Hartford ss.

On this the 6th _ day of August 2009

, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters.

Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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, 2011.



ne C.J

ice President

58440-4-09 Printed in U.S.A.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the Jority of the following resolutions adopted by the Boards dectors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America. and United States Fidelity and Guaranty 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 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, Kori M, Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwritets, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty 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 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 ______ day of ______ 20 ____

.

Kori M. Johanson/Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.



SureTec Insurance Company

1330 Post Oak Blvd., Suite 1100 Houston, TX 77056

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

91 7199 9991 7033 6853 9938

CANCELLATION NOTICE —

Bond Number:5162322Principal:Lifeline Pharmaceuticals LLCBond Amount:\$ 100,000.00Bond Description:Pharmaceutical Wholesale Distributor

You are hereby notified that the above referenced Bond is cancelled effective

May 19, 2014 in accordance with its terms and conditions.

Signed this _____ 4th ____ day of _____ February _____, 2014 _.

SureTec Insurance Company

By: Representative

InSource, Inc. South Dadeland Boulevard Floor Miami, FL 33156

Lifeline Pharmaceuticals LLC 1301 NW 84 Ave, # 101 Miami, FL 33126



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. 5162322

Application/License No.

Lifeline Pharmaceu Applicant/Princi		doing or intending	to do business	s as a
pharmaceutical wholes	,	ress for purposes	of service is	
•	301 NW 84 Ave, # 10			. as
	Address of Applicar			, uo
PRINCIPAL, and		ec Insurance Company		а
	(Surety Company	/	
corporation organized	under the laws c	of the state of	Texas	
. 0			State of Incorporation	·····
and authorized to trans	sact a general su	rety business in t	he State of	
	U	•		
Nevada, whose addres	ss for purposes of	of service is		
		Houston, TX 770	56	as
		of Surety		
SURETY, are held and	l firmly bound un	to the State of Ne	vada and to the	e Nevada
State Board of Pharma	*			
DOLLARS (\$100,000.0	· · · · ·			
	· · · ·	4	,	
administrators, succes	U I		ally, by these p	resents. This
bond term shall becom	ie effective on _	May 20, 2013		
			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:

Bond No. 5162322

- (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 ^{20th} day of May 2013

APPLICANT/PRINCIPAL SURETY COMPANY Lifeline Pharmaceuticals LLC ire/Tec Insurance Company Authorized Representative Surety Company's Representative William L. Parker Attorney-in-fact print name SIGNED and SEALED in the presence of: SIGNED and SEALED in the presence of: Witness Witness Witness Witness/ Countersigned by: Nevada Resident Agent Wi/lliam L. Parker, Nevada Non-Resident Agent

SureTec Insurance Company LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

William L. Parker

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Lifeline Pharmaceuticals LLC Obligee: Nevada State Board of Pharmacy Amount: \$ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

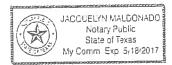
Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20^{th} of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 21st day of March, A.D. 2013.

State of Texas County of Harris

On this 21st day of March, A.D. 2013 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



SS:

SURETEC INSURANCE-COMPANY

John Knox Jr., President

Jacquelyn Maldonado, Notary Public My commission expires May 18, 2017

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas	s this20th	day of	May	, / 2013	, A D
		m	100	7	
		M Brent B	Beaty, Assistant	Secretary	
		M. DICHCD	reaty, Assistant	Secretary	

Any instrument issued in excess of the penalty stated above is totally void and without any validity. For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/29/2018 Amount: \$ 500.00 License #: WH02513

Lifeline Pharmaceuticals 2 5800 Gulf Tech Dr Ocean Springs MS 39564

(ID Card)



License # WH02513 Active Wholesaler Expires:10/31/2020 Lifeline Pharmaceuticals 2 5800 Gulf Tech Dr Ocean Springs MS 39564

Trim ID Card to fit your wallet

IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS

Cut Here



Expires: 10/31/2020 STATUS: Active

License Type: Wholesaler License #: WH02513

Lifeline Pharmaceuticals 2 5800 Gulf Tech Dr Ocean Springs MS 39564

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 12/18/2018.

24P

NEVADA STATE BOARD OF PHARMACY 555 Double Eagle Court #1100 • Reno, NV 89521 • (775) 850-1440 APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE CORPORATION

FEE \$500.00 (**non-refundable** and **not transferable**) Application must be printed legibly

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 (Please provide current license number if making changes: WH
FACILITY INFORMATION	
Facility Name: LC Who	DESALE
Physical Address: 1514 W	TODD Dr #BIOI
Mailing Address: SAME	
City: Tempe	State: AZ Zip Code: 85283
Telephone Number: 480 - 49	1-4700 Fax Number: 4-80-4911-4701
Facility Manager: Hoss Fi	EROZE
Is facility manager a registered pl	harmacist in Nevada? <u>NO</u> License Number:
Professional qualifications and ex MANAGER FOR 13	xperience of facility manager if not a pharmacist:
Types of licensed outlets or author Pharmacies Practitioners Other	Hospitals Wholesalers
Type of Products to be handled o	r wholesaled by firm
Legend Pharmaceuticals, Supplie Hypodermic Devices <u></u> Poisc Controlled Substances (include D	es or Devices Prophylactic Products ons or Chemicals Veterinary Legend Drugs DEA certificate) Other WHO 1274
Board Use Only	00mjiou
Received DEC 2 3 2004	Check Number 494 Amount 500.

OWNERSHIP IS A CORPORATION

State of Incorporation: APLIZONA	
Parent Company if any:	
Corporation Name: LLC WHOLESALE	3
Mailing Address: 1514 W. TODDD2 # B	101
City, State and Zip: Tempe, Az. 852	83
Telephone Number: 480-491-4700	
License Contact Person: JIM UVANAV	AGE
Professional Compliance Contact Person:Chy	ris Kaniski
Name and title of each officer and director (Use	separate sheet if necessary)
Officer or director name Offic	er or director title
JIM LIVANAVAGE	PRESIDENT
MIKE COHN	VICE - PRESIDENT

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List the corporations four largest shareholders:

Mana

(Name, professional degree, occupation, address, city, state, zip and percentage of ownership)

If any 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 Securities and Exchange Commission, the registration number issued, and the exchange at which the stock is being traded.

Name	Percentage
a) JIM LIVANAVAGE	90%
w. Todd Tempe, Arc	85283
b) MIKE COHN	10%
W. Todd Tempe, AZ	- 85283
c)	
d)	

If the publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes □ No ⊠ If yes, list the persons, their address and their business names.

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a)			
	Name	Address	
	Business		
b)			
/	Name	Address	
	Business		
c)			
	Name	Address	
	Business		
d)			
	Name	Address	
	Business		

2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were administered, prescribed, dispensed or distributed? Yes □ No ⊠ If yes, list the persons, their address and their business names.

a)			
	Name	Address	
	Business		
b)			
/	Name	Address	
	Business		
c)			
/	Name	Address	
	Business		

Within the last five (5) years:

3)	Has the firm or any owner(s), shareholder(s) any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Yes	No	R
4)	Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?	Yes	No	X
5)	Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	Yes	No	\bowtie
6)	Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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	\mathbf{A}
7)	Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Yes	No	X

If the answer to any question 3 through 7 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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Signature of corporation officer

17/2004

Wanara Type name and title

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Nevada State Board of Pharmacy

555 DOUBLE EAGLE COURT • SUITE 1100 • RENO, NEVADA 89511-8991 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444 E-mail: pharmacy@govmail.state.nv.us • Web Page www.state.nv.us/pharmacy/

WHOLESALER LICENSE VERIFICATION

Return completed form to requesting firm or Nevada State Board of Pharmacy

1. Business Name: LLC WholeSALE
2. Address: (Street, City, State, Zip) 1514 W. TODD Dr #BIOI Tempe, Az 85283
3. Corporate Name (If different from Business Name)
 4. I hereby authorize the <u>AZ BOARD OF Pharmacy</u> to furnish to the Nevada State Board of Pharmacy, the information requested below. 5. Signature of Applicant
DO NOT WRITE BELOW THIS LINE THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION
License Number: License Status: Date License Issued: Date License Expires:
W0250Active12-5-199010-31-06Has this license been encumbered in any way?Type of Encumbrance: (if any)YesNoRevokedSurrenderedYesNoProbationPlease attach copies of any pertinent legal documents.
i i i i i i i i i i i i i i i i i i i
USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of relating to drug samples, wholesale distribution of controlled substances	or retail drug distributi ? (If yes, explain)	on, or	Yes No
Has the applicant furnished any fals applications made in connection with	e or fraudulent materia th drug manufacturing	al in any or_	
distribution? (if yes, explain)			Yes No
Have any inspections of the application	nt resulted in deficient	ratings?	
(If yes, explain)		wa Ta	Yes No
Has applicant met all licensing requi	irements of your state?	>	
(If no, explain)			Yes No
Signature of State Official:	Title:	State:	Date:
Sugama Pellewson	Ressiro.		İ
(Include state seal)	assistant	Manie	1-6-05

LLC WHOLESALE

March 20, 2008

Phone: (480) 491-4700 Fax: (480) 491-4711 1514 W. Todd, Suite B-101 Tempe, AZ 85283

Nevada State Board of Pharmacy 555 Double Eagle Court, Suite 1100 Reno, Nevada 89521

Re: Changing of Company name

To Whom It May Concern,

Our company, LLC Wholesale, currently has a Wholesale License #WH01279 with the Nevada State Board of Pharmacy. We want to notify you that we are doing a corporate name change to Integrated Health Care, LLC. There is no ownership change and no change of address.

It would be greatly appreciated if you could issue us a new license containing our new corporate name.

Please feel free to contact me at your convenience if you have any questions. Thank you for your assistance.

New Company--

Integrated Health Care, LLC 1514 W. Todd Dr., Suite B101 Tempe, Arizona 85283

(480) 491-4700 (480) 491-4701 fax

Sincerely,

James Livanavage President

Jim Livanavage President/C.E.O.

LLC WHOLESALE

Phone: (480) 491-4700 Fax: (480) 491-4711 E-mail: livanavage@yahoo.com

1514 W. Todd, Suite B-101 Tempe, AZ 85283



MAR 3 1 2008

8/31/2	2006					16027878	- 128	3427	
NI	555 Dou	uble Eagle Co WHC for the peri REI	urt #1100 - F DLESALER R od of Novemb NEWAL FEE:	DARD Reno, NV 8952 ENEWAL APPI er 1, 2006 to O \$500.00 PER L . 2006 - FEE \$	1-2957 - (77 .ICATION ctober 31, 200 .ICENSE)8	Y		
	Make	check or mon	ey order payal	ole to: Nevada	State Board of	Pharmacy			
WH01279	LLC Wholes Hoss Feroz 1514 W Too Tempe, AZ	e dd Dr #B101			<u>Include a</u> Phone: DEA: Manage	a list of corporate ((480) 491-4700 r:		(480) 491-	-4701
Since our last Pharm 1) have have r	not 📈 be	en diagnosed	or treated for	any mental illn	ess, including	er(s), thereof: alcohol or substanc of the essential fun			
1) have have in the have in the have have have have have have have ha	not 🛛 be		uspended, rev			eted or pending. se disciplined, inclu	ding priv	vate	
1) have 🗌 have	not 🖉 be	en charged, a	arrested, or co	nvicted of a fel	ony or misdem	eanor.			
lf you checked "hav	e" to question	ns 2, 3, or 4 al	oove, please ii	nclude the follo	wing information	on:			
Board Administrativ and/or Criminal Action:	e Action:	State: State:	Date: Date:		Case	····.			

Court

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Warnings:

List: Misc:

Nevada has no grace period. All applications postmarked by the United States Postal Service after October 31 will be assessed a late fee.

County

Any applications sent in without being 100% complete will be returned and not considered received until they arrive at the board office with complete information.

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury,

SIGNATURE	22		9/17/06	
Office Use Only Received	0CT 3 0 2005 Check #	Anorem and a second sec	772 Amount	5
FP:	८त्वि ।			



Nevada State Board of Pharmacy 431 W. Plumb Lane Reno, NV 89509 (775) 850-1440 (775) 850-1444 Fax

6/10/10

To Whom It May Concern:

I'd like to update the name and address on our license (# WH01279).

Please change from: Integrated Health Care, LLC 1514 W. Todd Dr, Ste# B101 Tempe, AZ 85283

To: LLC Wholesale Supply, LLC W. Drake Dr, Ste 10 Tempe, AZ 85283

Please contact me with any questions or if anymore information is needed. I enclosed a copy of our Arizona Wholesaler License for reference.

Thank you,

Jaime Hale LLC Wholesale Supply, LLC 'W Drake Dr, Ste 102 Tempe, AZ 85283

JAIME HALE

JUN 1 4 2010

Administration

1829 W Drake Dr. Tempe, AZ 85283 Phone 480 491 4700 Fax 480 491 4701 regulatory@llewholesale.com



W. Drake D., Suite 102 | Tempe, AZ 85283



ARIZONA STATE BOARD OF PHARMACY 1700 W. Washington St. Suite 250 Phoenix, AZ 85007 http://www.azpharmacy.gov	602-771-ASBP (2727) FAX: 602-771-2749
WHOLESALER FULL SERVICE PERMIT NO. W000250 10/31/2010	Receipt Date 09/30/2008 Receipt No. 138315 Receipt Amount \$ 1,000.00
Issued to LLC Wholesale 1829 W. Drake Dr, Stc. 102 -1829 W. Drake I Tempe AZ 85283 Tempe AZ 8528 The holder of the license/permit number printed above is authorized to conduct business according to the classification specified, pursuant to A.R.S. 32-1908(A).	,
ARIZONA STATE BOARD OF PHARMACY 1700 W. Washington St. Suite 250 Phoenix, AZ 85007 602-771-ASBP (2727) FAX: 602-771-2749 WALLET CARD	
NAME LLC Wholesale PERMIT NO. W000250 EXPIRES 10/31/2010	
http://www.azphannacy.gov	

Arizona State Board of Pharmacy

602-771-ASBP (2727)

IMPORTANT INFORMATION

<u>ATTN: PERMITTEE</u>

1. OWNERSHIP CHANGE - MUST NOTIFY BOARD OFFICE OF CHANGE OF OWNERSHIP WITHIN 10 DAYS. 2. ADDRESS - CHANGE OF LOCATION ADDRESS OR IF YOU OPEN A NEW LOCATION - CONTACT BOARD FOR INSTRUCTIONS.

ATTN: LICENSEE

1. RECEIPT/LICENSE SHALL BE AVAILABLE FOR INSPECTION DURING BUSINESS HOURS.

2. EMPLOYMENT - MUST NOTIFY BOARD OFFICE OF CHANGE OF EMPLOYMENT WITHIN 10 DAYS.

3. HOME ADDRESS - MUST NOTIFY BOARD OFFICE OF CHANGE OF ADDRESS WITHIN 10 DAYS.

4. CERTIFICATE FOR RELIEF WORK AVAILABLE FOR \$10.00.

LOST RECEIPT/PERMIT/LICENSE

REPLACEMENT MUST BE OBTAINED FROM BOARD OFFICE FOR \$10.00

24Q

	. Robio	Y HEALTH SUPPLIER COR		the second s
		Business Information		
Name of Business :	PRODIGY HEALTH SUPPLIER	RCORPORATION		
Mailing Address :				
Street :	9417 Brodie Lane]
City :	Austin	Country : United States	State : Texas	×
Zip :	78748			
	Select	if the Physical Address is same as the Mail	ing Address	
Physical Address :				
Street :	9417 Brodie Lane			
City :	Austin	Country : United States	State : Texas	V
Zip :	78748			
Business Phone :	(512) 693-4376			
Email Address :	Laura@Prodigyhealth.com			
I DO NOT have a Nevada	Nevada Busine a Business license number.	ss License Information - Check ap	propriate answer	
 I HAVE APPLIED for a N I have a Nevada Busines Name a 	a Business license number. levada Business License with the	ess License Information - Check ap	with provisions of NRS Chapter 76 an	
 I HAVE APPLIED for a N I have a Nevada Busines Name a 	a Business license number. levada Business License with the is License number assigned by th of Business License :	Nevada Secretary of State in Compliance	with provisions of NRS Chapter 76 an	
 I HAVE APPLIED for a N I have a Nevada Busines Name of 1. Since your last renewal or 	a Business license number. levada Business License with the is License number assigned by th of Business License : Business License # :	Nevada Secretary of State in Compliance the Secretary of State in compliance with the Legal Information shareholder, partners with any interest or th	with provisions of NRS Chapter 76 an provisions of NRS Chapter 76789066	
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Payment Method	Credit / Debit Card	
Application Fees	500	
Convenience fee	15	
Late Fees	0	
Total Fees :	515	
Reference Number :	61312044591	
InvoiceDate :	09/28/2018	
Pa	aid	
		ay and Submit









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.....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 - WHOLESALER

For the period of November 1, 2016 to October 31, 2018 Money Order ONLY (NO BUSINESS CHECKS, NO PERSONAL CHECKS, NO CASH) \$500.00 (postmarked on or before 10/31/2016) OR \$750.00 (postmarked after 10/31/2016) Please make any changes to name or address next to the old information

LICENSE: WH01706 PRODIGY HEALTH SUPPLIER CORPORATION 9417 BRODIE LN, Austin, TX 78748

RENEW BY MAIL

1. Complete ALL sections on this form

2. Sign and date this form

3. Send MO with this form (do NOT staple)

4. Mail original form/payment to address above

5. NO COPIES

6. NO SIGNATURE STAMPS ACCEPTED

RENEW ONLINE

1. Go to http://bop.nv.gov

 Click "Applications " then, "License Renewal", Follow instructions
 Use: USER ID: LAURAS@PHSCORPORATION.COM PASSWORD: *******

<u>*New Users:</u> once logged in, when asked for OLD password, use the above password, then change

Section 1: Since your <u>last renewal</u> or recent licensure has any owner, shareholder, partner with any interest or the corporation: (Fill in completely) Yes No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....

 $\langle OR \rangle$

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?.....

If you marked YES to any of the questions above, include the following information & a letter of explanation:

Board Administrative Action:		State	Date:	C	ase #:	
Stipulati	m	Consent.	Idaho	4 26 2014	BOP-16-05	0
Criminal	State	Drow	Date:	Case #:	County	Court
Action:		- /	1			

Section 2: CAUTIONS

(A.) Nevada has no grace period. All applications postmarked by the US Postal Service after October 31, 2016 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee.

(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.

(C.) For non-VAWD or publicly traded licensees, NOTE: Your organization is REQUIRED to maintain a CURRENT surety bond. By signing below, you certify that the bond is current.

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 Net that I have read this a	vada Statute to faisify this application. I certify that	application and conctions all statements made are true	will be imposed for misrepresentation. I hereby certify e and correct.
Original Signature:	11		Date: 10, 6, 2016
	/		

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BEFORE THE BOARD OF PHARMACY

STATE OF IDAHO

)

In the Matter of the License of:

PRODIGY HEALTH SUPPLIER CORP., License No. W15338,

Respondent.

Case No. BOP-16-050

STIPULATION AND CONSENT ORDER

WHEREAS, information has been received by the Idaho State Board of Pharmacy that constitutes sufficient grounds for the initiation of an administrative action against Respondent Prodigy Health Supplier Corp.; and

WHEREAS, the parties wish to expeditiously settle this matter in lieu of proceeding to an administrative hearing before the Board; now, therefore,

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms:

A. JURISDICTION OF THE BOARD

1. The Board may regulate the practice of pharmacy in the State of Idaho in accordance with title 54, chapter 17, Idaho Code. The Board is further empowered by title 37, chapter 27, Idaho Code, to administer the regulating provisions of the Uniform Controlled Substances Act in the State of Idaho.

2. Respondent is a wholesale distributor licensee of the Idaho State Board of Pharmacy and holds Wholesale Distributor License No. W15338. Respondent's license is subject to the provisions of title 54, chapter 17, Idaho Code, title 37, chapter 27 Idaho Code, and the Board's rules promulgated at IDAPA 27.01.01, *et seq*.

B. STIPULATED FACTS

1. Prodigy Health Suppliers Corp. failed to renew its wholesale distributor license on July 1, 2015. Board staff received reinstatement applications from Prodigy on February 3, 2016.

2. Board records indicate that Prodigy supplied medications to Bingham Memorial Hospital during the time frame it had no active license.

3. Respondent and the Board agree that the foregoing facts, if proven, would constitute violations of the following:

a. Idaho Code § 54-1726(a) (the Board may suspend, revoke or restrict the license or registration of any person, upon one or more of the following grounds . . . unprofessional conduct as defined by Board rule);

b. IDAPA 27.01.01.501 (the Board may suspend, revoke or restrict the registration of an individual on one or more of the grounds provided in Idaho Code § 54-1726);

c. Idaho Code § 54-1726(f) (the Board may suspend, revoke or restrict the license or registration of any person, upon one or more of the following grounds being found by the Board to be in violation of any of the provisions of this chapter, chapter 27, title 37, or rules adopted pursuant to either chapter);

d. Idaho Administrative Code § 27.01.01.017.03 (failure to timely renew)

e. Idaho Code § 54-1729.

4. Respondent, in lieu of proceeding with a formal disciplinary hearing, hereby agrees the Board may enter a final order against its license and registration as set forth in Section C below.

C. STIPULATED PENALTIES

1. It is agreed that Respondent shall pay a \$2000.00 fine for the violations outlined above, in Section B. This fine shall be due to the Board of Pharmacy within 180 days of the date this Order is signed.

2. Failure to comply with any of the terms of this Stipulation and Consent Order may result in additional action being taken against Respondent's retail pharmacy license.

D. COMPLIANCE WITH STIPULATION AND CONSENT ORDER

1. The Board has authority to enforce compliance with the terms and conditions of this Stipulation. By signing this Stipulation, Respondent waives its ability to challenge the Board's lack of authority to enforce compliance on appeal to a district court. If there is reason to believe Respondent has violated any of the terms or conditions of this Stipulation, the Executive Director of the Board shall file an administrative complaint, setting forth the allegations of non-compliance and notifying Respondent, and its attorney, if applicable, that Respondent may request a hearing regarding the allegations of non-compliance. If Respondent does not request a hearing on the administrative complaint, any allegations of non-compliance will be deemed admitted).

2. If Respondent fails to comply with this Stipulation, Respondent's license may be subject to further discipline, up to and including suspension or revocation. Therefore, the Board retains jurisdiction over this proceeding until all matters are finally resolved as set forth in this Stipulation. Any action taken by the Board to enforce compliance with this Stipulation shall be in accordance with this section.

3. Any additional costs and/or attorney fees incurred by the Board in any enforcement action shall be the sole responsibility of Respondent.

E. ACKNOWLEDGMENTS AND WAIVER OF RIGHTS

I, Prodigy Health Supplier Corp. by affixing its signature hereto, acknowledge the following:

1. I have read and admit to the foregoing allegations stated above in Section B. I understand these allegations constitute cause for disciplinary terms upon my license and registration. I agree the Board has jurisdiction to proceed in this matter with my consent as indicated by my signature hereto.

2. I have read the above Stipulation fully and have had the opportunity to discuss it with legal counsel. I understand that by its terms I am waiving certain rights provided to me under Idaho law.

3. I understand I have, among others, the right to: a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to so testify myself; the right to reconsideration; the right to appeal this matter to district court; and all rights provided by the Idaho Administrative Procedure Act and the laws and rules governing the practice of pharmacy in Idaho. I hereby freely and voluntarily waive these rights, without further process, in order to enter into this Stipulation as a resolution of the allegations contained herein.

4. I understand that in signing this Stipulation I am enabling the Board to impose disciplinary terms upon my license, as set forth in Section C, without further process.

5. I understand the Board may approve this Stipulation as proposed, approve it subject to specified changes, or reject it. I understand that, if approved as proposed, the Board will issue an Order on this Stipulation according to the aforementioned terms, and I hereby agree to the above Stipulation for settlement. I understand that if the Board approves this Stipulation subject to changes, and those changes are acceptable to me, the Stipulation will take effect and an order STIPULATION AND CONSENT ORDER - 4 modifying the terms of the Stipulation will be issued. If the changes are unacceptable to me or the Board rejects this Stipulation, this Stipulation will be of no effect and admissions in this Stipulation and negotiations preceding the signing of this Stipulation will not be admissible at any subsequent disciplinary hearing.

6. In the event this Stipulation is rejected by the Board or any changes proposed by the Board are not accepted by me, I waive any right I may have to challenge the Board's impartiality to hear the allegations in any subsequent administrative complaint based on the fact that the Board has considered and rejected this Stipulation.

7. I understand the Board shall have the right to make full disclosure of this Stipulation and subsequent Order to any state, agency or individual requesting information subject to any applicable provisions of the Idaho Public Records Act, title 9, chapter 3, Idaho Code.

8. I understand this Stipulation and Consent Order is the resolution of a contested case and is a **public record**.

9. This Stipulation contains the entire agreement between the parties, and Respondent is not relying on any other agreement or representation of any kind, verbal or otherwise.

10. This Stipulation shall be presented to the Board with a recommendation for approval from the Executive Director for the Board and the Deputy Attorney General responsible for prosecution before the Board at the next regularly scheduled meeting of the Board.

11. Except for Paragraph E.6., which becomes effective when Respondent signs this Stipulation, this Stipulation shall not become effective until it has been approved by a majority of the Board and a Board member signs the attached Order.

DATED this $\frac{41}{6}$ day of May, 2016.

Ty Dishman, Designated Representative Respondent

I concur in this stipulation and order and recommend that the Board adopt it.

DATED this 22 day of April, 2016.

STATE OF IDAHO OFFICE OF THE ATTORNEY GENERAL Carl J. Withroe

Deputy Attorney General

I also concur in this stipulation and order and recommend the Board adopt the same. DATED this 26^{μ} day of April, 2016.

IDAHO STATE BOARD OF PHARMACY

lley . Cedar By:

Alex J. Adams, PharmD, MPH Executive Director

ORDER

Pursuant to Idaho Code § 54-1728 and § 37-2718, the Board of Pharmacy hereby accepts the terms and conditions of the foregoing Stipulation and Consent Order and it is hereby ordered that Respondent comply with said terms and conditions.

DATED this 3 day of August, 2016.

Kris Jonas, PharmD Board Chair

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope) THIS STUB IS YOUR RECEIPT

> Date: 09/28/2018 Amount: \$ 515.00 Permit #: WH01706

PRODIGY HEALTH SUPPLIER CORPORATION 9417 Brodie Lane Austin TX 78748

(ID Card)



Permit # WH01706 Active Wholesaler Expires:10/31/2020 PRODIGY HEALTH SUPPLIER CORPORATION 9417 Brodie Lane Austin TX 78748

IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Permit Type: Wholesaler Permit #: WH01706



Expires: 10/31/2020 STATUS: Active

PRODIGY HEALTH SUPPLIER CORPORATION 9417 Brodie Lane Austin TX 78748

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

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NEVADA STATE BOARD OF PHARMACY

WH02095 431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440 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 Ownership Change (Please provide current license number if making changes: WH)
□ Publicly Traded Corporation – Pages 1,2,3,4 ☑ 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. LLC
GENERAL INFORMATION
Facility Name: ProPharma Distribution, LLC
Physical Address: 6531 West 56th Avenue, Suite 31, Arvada, Colorado 80002
Mailing Address: 3157 Zuni Street, Denver, Colorado 80211
City: Arvada State: CO Zip Code: 80002
Telephone: (303) 305-8253 Fax: N/A
Toll Free Number: N/A
E-mail: lellis@propharmadistribution.com Website: www.propharmadistribution.com
Facility Manager: Levi Ellis
Professional qualifications and experience of facility manager:
Types of licensed outlets or authorized persons firm will serve:
Pharmacies Practitioners Hospitals Undersalers
Type of Products to be handled or wholesaled be firm:
 Legend Pharmaceuticals, Supplies or Devices Poisons or Chemicals Controlled Substances (include copy of DEA) Other:

84324

Page 1

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.)

Licensed as a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration) Yes 🗆 No 🗙 Yes 🗆 No 🗙

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) N/A - this is a new wholesale dis		
Name	Address	
Business		
2) Name	Address	
Business 3)		
Name	Address	<u> </u>
Business		······
Name	Address	
Business		

Within the last five (5) years:

permit or certificate of registration?

2)

- 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)?
 - 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,
 - 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 OUT-OF-STATE 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?
- 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)?

If the answer to question if 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

Received: _3/11/15

Levi Ellis

Print Name of Authorized Person

Board Use Only

Page 3

Amount: 500.00

2015

Yes 🗆 No 🕅

APPLICATION FOR OUT-OF-STATE W	HOLESALER LICE	NSE
OWNERSHIP IS A NON-PUBLICY TRA State of Incorporation: State of Colora	DED CORPORATIO	IN (Limited Liability
State of Incorporation: State of Colora	do	Company)
Parent Company if any:N/A		
Corporation Name: ProPharma Distrib	oution, LLC	
Mailing Address: 3157 Zuni Street		
City: Denver	State: CO	Zip: 80211
Telephone: (303) 305-8253	Fax: N/A	ib
Contact Person: Levi Ellis		

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For any corporation non publicly traded, disclose the following:

2)

3)

4)

5)

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

a) Levi Ellis	3157 Zuni Street, Denver, Colorado 80211
Name	Address
b)	
Name	Address
c)	
Name	Address
d)	
Name	Address
Provide the number of shares	issued by the corporation. $N/A - LLC$
What was the price paid per s	
What date did the corporation	actually receive the cash assets? N/A
Provide a copy of the corporat	tion's stock register evidencing the above information
	and the state of t

PROPHARMA DISTRIBUTION, LLC – ATTACHMENT TO NEVADA APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

List of Officers/Directors:

As a Limited Liability Company (LLC), ProPharma Distribution, LLC ("PPD") does not have any corporate officers. Below is information on PPD's ownership and management:

<u>com</u>
0

List of Employees Who Handle Drugs on a Daily Basis:

Levi Ellis, President/Member

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ProPharma Distribution, LLC

is a **Limited Liability Company** formed or registered on 08/06/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141481319.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/11/2015 that have been posted, and by documents delivered to this office electronically through 02/12/2015 @ 15:46:51.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/12/2015 @ 15:46:51 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9093387.



h/illen

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <u>http://www.sos.state.co.us/bi=/CertificateSearchCriteria.do</u> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <u>Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate</u>. For more information, visit our Web site, <u>http://www.sos.state.co.us</u>/ click Business Center and select "Frequently Asked Questions."

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. _____ 5194258

Application/License No.

ProPharma Distributi Applicant/Principa	on, LLC, d	oing or intending	to do busines	s as a
pharmaceutical wholesa		ess for nurnoses	of service is	
		Arvada, CO 80002		
	Address of Applicant/			, as
PRINCIPAL, and		Insurance Company		a
·		rety Company		, •
corporation organized u			Texas	
			State of Incorporation	n
and authorized to transa	ict a general sur	ety business in th	e State of	
Nevada, whose address	for purposes of	service is		
) Po	st Oak Blvd., Suit	Houston, TX 77056	6	as
	Address of			
SURETY, are held and	firmly bound unto	o the State of Nev	ada and to the	e Nevada
State Board of Pharmac	v for the penal s	um of ONE HUNI	ORED THOUS	AND
DOLLARS (\$100,000.00)), for which pave	ment we hind our	selves our he	irs executors
administrators, success	ors and assigns i	iointly and severa	lly by these n	roconto Thio
bond term shall become	offontivo on	Echruca 4 2015	ny, by these p	resents. This
bond term shall become	enective on	rebluary 4, 2015	•	

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:

Bond No. 5194258

- (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.

APPLICANT/PRINCIPAL SURETY COMPANY oPharma Distribution, LLC ec Insurance Company Authorized Representative Surety Company's Representative William L. Parker Attorney-in-fact print name SIGNED and SEALED in the presence of: SIGNED and SEACED in the presence of: Witness Witness Witnes Countersigned by: vada Resident Agent Non Resident Agent

675

SureTec Insurance Company LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

William L. Parker

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal:ProPharma Distribution, LLCObligee:Nevada State Board of PharmacyAmount:\$ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and scal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20^{th} of April, 1999.)

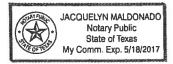
In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 21st day of March, A.D. 2013.

State of Texas County of Harris



SURETEC INSURANCE-COMPANY Bv: John Knox .. President

On this 21st day of March, A.D. 2013 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



SS:

Jacquelyn Maldonado, Notary Public My commission expires May 18, 2017

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this	4th day of February / 2015	, A.D.
	mptht	
	M. Brent Beaty, Assistant Secretary	
	M. Brent Beaty, Assistant Secretary	

Any instrument issued in excess of the penalty stated above is totally void and without any validity. For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST. 676

24S

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

	Ownership Change current license number if making of	changes: WH)	
Publicly Traded Corporation – Par Non Publicly Traded Corporation Please check box for type of own	ges 1,2,3,4 ☐ Partne - Pages 1,2,3,5a,5b ☐ Sole C hership and complete correct pa	ership - Pages 1,2,3,6 Dwner – Pages 1,2,3,7 art of the application. LVC	
GENERAL INFORMATION Facility Name: ProPharma Dis	stribution, LLC		
Physical Address: 4488 Georgia			
Mailing Address: 3157 Zuni St	reet, Denver, Colorado	80211	
City: Arvada	State: CO	Zip Code: 80002	
Telephone: (303) 305-8253	Fax: N/A		
Toll Free Number: N/A			
E-mail: lellis@propharmadistribution.com Website: www.propharmadistribution.com			
Facility Manager: Levi Ellis			
Professional qualifications and experience of facility manager:			
Types of licensed outlets or authorized persons firm will serve:			
Charmacies A Pra	ctitioners 🕅 🕅 Hosp	itals	
Type of Products to be handled or	wholesaled be firm:		
Legend Pharmaceuticals, Supp Poisons or Chemicals Controlled Substances (include Other:		Hypodermic Devices Veterinary Legend Drugs	





APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP? (If yes, provide a copy of the certificate.)

Yes 🗆 No 🕱

Licensed as a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration)

Yes D No K

Yes 🗆 No 😾

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 \Box Nov

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.

<u>1) </u> №	/A - this is a new wholesale distributio	n business.	
	Name	Address	
2)	Business		
/	Name	Address	
3)	Business		-
/	Name	Address	
4)	Business		
,	Name	Address	
	Business		

Within the last five (5) years:

 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 ∑
 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 ∑
 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 ∑

of an administrative action or proceeding relating to the pharmaceutical industry?

APPLICATION FOR OUT-OF-STATE 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 D No VZ

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

Levi Ellis

Print Name of Authorized Person

Board Use Only

Received: 4.4-15

Amount: \$500.00

02-13-15

APPLICATION FOR OUT-	OF-STATE WHOLESALER LICENSE
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION (LLC)

State of Incorporation:	State of Colora	ado	Ū.	/
Parent Company if any				
Corporation Name: Pr	oPharma Distri	bution, LLC		
Mailing Address: 3157				
City: Denver		State: CO	Zip: 80211	
Telephone: (303) 305-	8253	Fax: N/A	ip	······
Contact Person: Levi E	Ilis			

For any corporation non publicly traded, disclose the following:

2)

3)

4)

5)

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

a <u>) Levi Ellis</u>		3157 Zuni Street, Denver, Colorado 80211	
	Name	Address	
	b)		
	Name	Address	
	c)		
	Name	Address	
	d)		
	Name	Address	
	Provide the number of shares issued	by the corporation. N/A - LLC	
	What was the price paid per share?	N/A	
	What date did the corporation actuall	y receive the cash assets?	
	Provide a copy of the corporation's st	ock register evidencing the above information	

PROPHARMA DISTRIBUTION, LLC – ATTACHMENT TO NEVADA APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

List of Officers/Directors:

As a Limited Liability Company (LLC), ProPharma Distribution, LLC ("PPD") does not have any corporate officers. Below is information on PPD's ownership and management:

Name:	Levi Ellis
Title:	President/Member
Address:	3157 Zuni Street
	Denver, Colorado 80211
Phone:	(303) 305-8253
Email:	lellis@propharmadistribution.com
Ownership:	100%

List of Employees Who Handle Drugs on a Daily Basis:

Levi Ellis, President/Member

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

ProPharma Distribution, LLC

is a **Limited Liability Company** formed or registered on 08/06/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141481319.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/12/2015 that have been posted, and by documents delivered to this office electronically through 02/13/2015 @ 10:23:07.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/13/2015 @ 10:23:07 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9093929.



2/illen

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <u>http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</u> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. <u>Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate</u>. For more information, visit our Web site, <u>http://www.sos.state.co.us</u>/click Business Center and select "Frequently Asked Ouestions."

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. _____ 5194258

Application/License No.

ProPharma Distributio Applicant/Principa	on, LLC, doing or intend	ing to do business	as a
	ller, whose address for purpos	es of service is	
	. 56th Avenue, Suite 31 Arvada, CO 80		. as
	Address of Applicant/Principal		,
PRINCIPAL, and	SureTec Insurance Compar	ny .	а
	Surety Company	······································	
corporation organized u	nder the laws of the state of	Texas	
		State of Incorporation	
and authorized to transa	ict a general surety business ir	n the State of	
Nevada, whose address	for purposes of service is		
1330 Pos	st Oak Blvd., Suite 1100 Houston, TX 7	7056	as
	Address of Surety		universities and
SURETY, are held and f	firmly bound unto the State of I	Nevada and to the	Nevada
State Board of Pharmac	y for the penal sum of ONE HI	UNDRED THOUS	AND
DOLLARS (\$100,000.00)), for which payment we bind (ourselves, our heir	s. executors.
administrators, successo	ors and assigns jointly and sev	erally, by these pr	esents. This
bond term shall become	effective on February 4, 2015	5	

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.

Effective Date

THIS BOND is subject to the following conditions:

Bond No. 5194258

- (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 ______ day of ______ February ______ 2015 .

APPLICANT/PRINCIPAL	SURETY COMPANY
ProPharma Distribution, LLC	Sure Tec Insurance Company
14	Rend
Authorized Representative	Surety Company's Representative
	William L. Parker , Attorney-in-fact
SIGNED and SEALED in the presence of:	SIGNED and SEACED in the presence of:
Witness	Witness /
	- CB-
Witness	Witness
	Countersigned by:
	Gener
	Nevada Besident Agent Non Resident Agent
	/

SureTec Insurance Company LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

William L. Parker

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal:ProPharma Distribution, LLCObligee:Nevada State Board of PharmacyAmount:\$ 100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

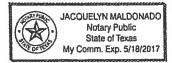
Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20^{th} of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 21st day of March, A.D. 2013.

State of Texas County of Harris THE PARTY OF THE P

SURETEC INSURANCE COMPANY John Knox ... President

On this 21st day of March, A.D. 2013 before me personally came John Knox Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



SS:

Jacquelyn Maldonado, Notary Public My commission expires May 18, 2017

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas	this 4th day of February , 1 2015, A	.D.
	on the	
	mlant	
	M. Brent Beaty, Assistant Secretary	

Any instrument issued in excess of the penalty stated above is totally void and without any validity. For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

24T

WH02242.

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NEVADA STATE BOARD OF PHARMACY

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

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	Ownership Change		
(lease provide current license number if making changes: WH)		
I A NULL PUDIICIA LLAGED	oration – Pages 1,2,3,4		
GENERAL INFORMA	TION		
Facility Name:	Reliable Pharmaceutical Returns, LLC		
Physical Address:	1420 Donelson Pike, Suite B-10		
Mailing Address:	PO Box 171042		
City:	Nashville State: TN Zip Code: 37217		
Telephone:	615-361-8856 Fax: 615-361-8859		
Toll Free Number:			
E-mail:	jason@rpreturns.com Website: www.rpreturns.com		
Facility Manager:	Jason Lee Hime		
Professional qualifications and experience of facility manager:			
Types of licensed out	ets or authorized persons firm will serve:		
Pharmacies Other:	Practitioners や Hospitals や Wholesalers		
Type of Products to be handled or wholesaled be firm:			
 Poisons or Chemic Controlled Substar 	als Ces (include copy of DEA)		

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 a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration)

Yes 🗆 No 🖾

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 in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)			
	Name	Address	<u> </u>
2)	Business		
2)	Name	Address	
3)	Business		
J)	Name	Address	
4)	Business		
-+)	Name	Address	8
	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 x
- 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?
- 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 X

This page must be submitted for all types of ownership.

- 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?
- 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)?

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

Jason Lee Hime Print Name of Authorized Person

Board Use Only

Received: 8/11/16

0

Date

Amount: \$ 500,00

7/16

-

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation:	TN	
Parent Company if any:		
Corporation Name:	Reliable Pharmaceutical Returns, LLC	_
Mailing Address:	PO Box 171042	_
City:	Nashville State:TN Zip: 37217	
Telephone:	615-361-8856 Fax: 615-361-8859	
Contact Person:	Jason Lee Hime	

For any corporation non publicly traded, disclose the following:

2)

3)

4)

5)

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

a) Yafet Q	uashie	Donelson Pike, Suite B-10, Nashville, TN 37217
	Name	Address
b)Jason Le	ee Hime	Donelson Pike, Suite B-10, Nashville, TN 37217
	Name	Address
c)		
	Name	Address
d)		
	Name	Address
Provide the	number of sl	nares issued by the corporation. N/A-LLC
What was th	he price paid	per share?
What date of	lid the corpo	ration actually receive the cash assets?N/A-LLC
Provide a co	opy of the co	poration's stock register evidencing the above information

	RELIABL	E PHARMACE	UTICAL RETURN	NS, LLC		
		Business	nformation			
Name of Business :	RELIABLE PHARMACEUTICA	L RETURNS, LLC				
Physical Address : Street :	1420 DONELSON PIKLE #B-1	0				
City : Zip :	NASHVILLE 37217	Country : Unite	d States 🔹	State : Tennessee	Ŧ	
Business Phone :	(615) 361-8856					
Email Address :	renewals@licenselogix.com					
	Nevada Busine	ss License Inform	ation - Check approp	riate answer		VIDESCIDE
I DO NOT have a Nevada	Business license number.					
I HAVE APPLIED for a Ne	evada Business License with the	Nevada Secretary of S	State in Compliance with p	rovisions of NRS Chapter 76 an	d my applica	ation is pending.
I have a Nevada Business	License number assigned by th	e Secretary of State in	compliance with the provi	sions of NRS Chapter 76789066	3	
Name or	Business License : Reliable F	harmaceutical Return	s LL			
E	Business License # : E0441422	2016-5				
		Logalia	ormation			
1. Since your last removed as a	anan A Barana a bara					
arrested or convicted of a felo	ecent licensure has any owner, s ny or misdemeanor in any state?) Yes	No
	ecent licensure has any owner, s tive action whether completed o			poration been the subject of a) Yes	No
	ecent licensure has any owner, s violation of pharmacy or drug lay		vith any interest or the corp	poration had your license	I Yes	No
		Acknowledgemer	and Declaration			
It is a violation of Nevada Sta I certify that all statements m	tute to falsify this application ade are true and correct.	and sanctions will be	imposed for misreprese	entation. I hereby certify that I	have read t	his application.
Signature	a Jason Hime		Date Of App	lication : 10/17/2018		
		Fee De	ətall(s)			
The fees for Business renew	al are NOT REFUNDABLE. Ple	ase ensure the accu	racy of your information.			
Description		Fee Type		Fee		
Renewal Period from 11/01/20	18 to 10/31/2020	Business R	enewal Fee	\$500.00		
		Convenienc	e fee	\$15.00		
		Total :		\$515.00		
		Fee and	Payment			
		Payment Method :		•	Kan See Sei S	
		Application Fees :	500			
		Convenience fee :	15			
		Late Fees :	0			



Reliable Pharmaceutical Returns, LLC 1443 Donelson Pike Nashville, TN 37217 615-361-8856

February 21, 2017

Nevada State Board of Pharmacy Southwest Professional Center 431 W Plumb Ln, Reno, NV 89509

RE: License # WHO2242 Address Change

Please note that Reliable Pharmaceutical Returns, LLC has moved locations. Reliable Pharmaceutical Returns, LLC was formerly located at 1420 Donelson Pike, Suite B10, Nashville, TN 37217

The business is now located at Donelson Pike, Nashville, TN 37217.

Attached is a copy of our Tennessee license reflecting the new address. Please update our Nevada h v copy license and forward an updated copy to our new address.

Thank you son Hime

Secretary Reliable Pharmaceutical Returns, LLC

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. 1096819
Application/License No.
Reliable Pharmaceutical Returns, LLC , doing or intending to do business as a Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is Donelson Pk., B-10, Nashville, TN 37217
Address of Applicant/Principal , as
PRINCIPAL, and LEXON INSURANCE COMPANY
corporation organized under the laws of the state of <u>Texas</u>
State of Incorporation and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is 12890 Lebanon Road, Mt. Juliet, TN 37122
Address of Surety as a second
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 THOUS AND
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 onJuly 22, 2016
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 22nd day of July 2016

APPLICANT/PRINCIPAL

Witness

Witness

RELIABLE PHARMACEUTICAL RETURNS, LLC

Authorized Representative

SURETY COMPANY LEXON INSURANCE COMPANY

Surety Company's Representative

Jalene Brown

Attorney-in-fact

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

print name

Diane

Countersigned by:

Nevada Resident Agent

Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Tracy L. Carlile, Jalene Brown, Christopher L. Dobbs its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$7,500,000.00, Seven Million Five Hundred Thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 5th day of August, 2015.

LEXON INSURANCE COMPANY

LX-273903



David E. Campbell

President

ACKNOWLEDGEMENT

On this 5th day of August, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

STORE STORE	AMY TAYLOR Notary Public- State of Tennessee Davidson County My Commission Expires 07-08-19	BY Amy Laylor Notary Public
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July -

16

CERTIFICATE

I, the undersigned, Assistant Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this _____ Day of _____

22nd

Andrew Smith Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."



07/07/2016

List of All Employees Who Handle Drugs on a Daily Basis

- 1. Yafet Quashie: Founder/ Chief Manager
- 2. Jason Hime: Co-Founder/ Secretary
- 3. John Honea: Chief Operations Officer
- 4. Heather Lanius: Executive Administrative Assistant & Office Manager
- 5. Randy True: Account Manager
- 6. Ryan Collins: Account Manager

1420 Donelson Pike, Suite B-10,

Reliable Pharmaceutical Returns, LLC 1420 Donelson Pike, Suite B-10 Nashville, TN 37217 FEIN # 26-1123647 Phone 615-361-8856 Fax 615-361-8859 Organized in TN 10/12/2007

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Owner/Officer Information

NameYafet QuashieHome AddressBanning Circle Antioch, TN 37013DOB8/8/1978% of ownership51%

NameJason Lee HimeHome AddressEast Overall Creek Rd., Rockavale, TN 37153DOB2/28/1977% of ownership49%

Employees who handle drugs on a daily basis



21509 STALE OF TENNESSE DEPARTMENT OF HEALTH

RELATED CUALL

ID NUMBER 0000002732 EXPIRATION DATE 12/31/20 is is to certify that all requirements of the State of Termoscop ha

PHARMACY BOARD MANUFACTURER/WHOLESALER/DISTRIBUTOR RELIABLE PHARMACEUTICAL RETURNS, LLC

JASON HIME RELIABLE PHARMACEUTICAL RETURNS, LLC DONELSON PIKE SUIT NASHVILLE TN 37217-2966





STATE OF TENNESSEE Tre Hargett, Secretary of State Division of Business Services

William R. Snodgrass Tower Rosa L. Parks AVE Nashville, TN 37243-1102

August 5, 2016

SUITE GRAND STREET WHITE PLAINS, NY 10601

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MEGAN ROONEY

Deeused To

	ertificate of Existence/Authorization 210447	lssuance Date: Copies Request	-	
	Document Receipt			
Receipt #: 00283	30877	Filing	Fee:	\$20.00
Payment-Credit Card - State Payment Center - CC #: 3680187316				\$20.00
Regarding:	RELIABLE PHARMACEUTICAL RETURNS, LLC			
Filing Type:	Limited Liability Company - Domestic	Control # :	560901	
Formation/Qualification Date: 10/12/2007		Date Formed:	10/12/2007	
Status:	Active	Formation Locale: TENNESSEE		
Duration Term:	Perpetual			:E
Business County:	DAVIDSON COUNTY	mactive Date:		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RELIABLE PHARMACEUTICAL RETURNS, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Verification #: 018487334

Processed By: Cert Web User

Phone (615) 741-6488 * Fax (615) 741-7310 * Website: http://tnbear.tn.gov/

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24U

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

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

(non-refundable and not transferable money order or cashier's check only) Application must be printed legibly or typed

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

New Wholesaler or Ownership Change (Provide current license number if making changes: WH
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
 Publicly Traded Corporation – Pages 1,2,3,4
 Non Publicly Traded Corporation – Pages 1,2,3,5,6
 Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: SOLA Pharmaceuticas
Physical Address: 1055 High landig Dr., Ste. B
City: Baton Rouge State: LAT Zip Code: 708/0
Telephone Number: <u>\$66-747-7365</u> Fax Number: <u>\$00-754-9550</u>
Toll Free Number:
E-mail: Klanaca @ Colameds. US Website: WWW. Solameds US
Facility Manager: Keith LANASA
Professional qualifications and experience of facility manager: 6+ 42475 142476 142479 DWN22 MANAGER, 5+ YEARS Wholesals astribution of legend measurements
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 D No D

704

Licensed as Manufacturer by the FDA? (If yes, provide a copy of your FDA registration) Yes D No D

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

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: Cardinal Hearth ParMed	
Address Carana Place, Dublin, OH 43017	
Name: Perigo	
Address Fastern Ave, Allcann, MT 49010	
Name: TUIQUAT	
Address: Linwin AVE, Burna NJ 08310	
Name: Solubiomix Addres Highway 22 West, Madjsonville, LA 7	<u>v447</u>
A licensee is not required to have a Nevada State Business License, how please provide the number:	ever, 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)?	No. I. N. I
modernearior (moduling by way of a guilty plea of 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 🗹

Page 2

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 Vert 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 I No I

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.

1 cm

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

LANASA

Print Name of Authorized Person

123 19

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: UWCIANA Parent Company if any:
1) List top 4 persons to whom the shares were issued by the corporation?
a) Keith LANASA Name Experimentation Dt. Baton Rouge, 47 70809 Business Address
dui toul
b) STEVEN MUCHANIX Elephylum Dr. Rafon Rouge, UN 70809 Name Business Address
c) BVUCE BUTEENCTULE E. Reputeum Dr. Baton Kouge, 44 Torog Name Business Address
d)Name Business Address
2) Provide the number of shares issued by the corporation. $3\eta \cdot \eta \cdot \eta$
3) What was the price paid per share? \$ [.00
A Nevada business license is not required, however if the wholesaler has a Nevada business

706

Include with the application for a non publicly traded corporation

List of officers and directors

license please provide the number: NA

<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.

STATEMENT OF RESPONSIBILITY FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

Keith LANASA 1. Pharmaceuticals SOLA 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.

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

Print Name of Authorized Person

10/18/18

Page 8

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane Reno, NV 89509 (775) 850-1440 Fax: (775) 850-1444

e. 1

N

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 21BSBIB1978	
Application/License No.	
KBS Solutions, LLC DBA SOLA Pharmaceuticals , doing or	ntending to do business as a
Applicant/Principal	
pharmaceutical wholesaler, whose address for purposes	of service is
East Petroleum Dr., Baton Rouge, LA	70809 .as
Address of Applicant/Principal	
PRINCIPAL, and Hartford Fire Insurance Comp	any .a
Suraty Company	
corporation organized under the laws of the state of Con	necticut
	State of Incorporation
and authorized to transact a general surety business in the	ne State of
Nevada whose address for nurnoses of service is	
Nevada, whose address for purposes of service is	104
Montgomery Street, Suite San Francisco, CA 94	104 as
Montgomery Street, Suite San Francisco, CA 94 Address of Surety	us
Montgomery Street, Suite San Francisco, CA 94 Address of Surety SURETY, are held and firmly bound unto the State of Ne	vada and to the Nevada
Montgomery Street, Suite San Francisco, CA 94 Address of Surety SURETY, are held and firmly bound unto the State of Ne State Board of Pharmacy for the penal sum of ONE HUN	vada and to the Nevada DRED THOUSAND
Montgomery Street, Suite San Francisco, CA 94 Address of Surety SURETY, are held and firmly bound unto the State of Ne State Board of Pharmacy for the penal sum of ONE HUN DOLLARS (\$100,000.00), for which payment we bind out	vada and to the Nevada DRED THOUSAND selves, our heirs, executors.
Montgomery Street, Suite San Francisco, CA 94 Address of Surety SURETY, are held and firmly bound unto the State of Ne State Board of Pharmacy for the penal sum of ONE HUN DOLLARS (\$100,000.00), for which payment we bind out	vada and to the Nevada DRED THOUSAND selves, our heirs, executors.
Montgomery Street, Suite San Francisco, CA 94 Address of Surety SURETY, are held and firmly bound unto the State of Ne State Board of Pharmacy for the penal sum of ONE HUN DOLLARS (\$100,000.00), for which payment we bind our administrators, successors and assigns jointly and sever	vada and to the Nevada DRED THOUSAND selves, our heirs, executors, ally, by these presents. This
Montgomery Street, Suite San Francisco, CA 94 Address of Surety SURETY, are held and firmly bound unto the State of Ne State Board of Pharmacy for the penal sum of ONE HUN DOLLARS (\$100,000.00), for which payment we bind out	vada and to the Nevada DRED THOUSAND selves, our heirs, executors, ally, by these presents. This 19

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 <u>28th</u> day of <u>January</u>, 2019

APPLICANT/PRINCIPAL

SURETY COMPANY

KBS Solutions, LLC DBA SOLA Pharmaceuticals

Authorized Representative

SIGNED and SEALED in the presence of:

Hartford Fire Insurance Company

Amy Jo Francis , Attorney-in-fact

SIGNED and SEALED in the presence of:

Witness

Countersigned by:

frec, Marcano

Nevada Resident Agent

Witness

Witness

POWER OF ATTORNEY

Direct Inquiries/Claims to: THE HARTFORD BOND, T-12 **One Hartford Plaza** Hartford, Connecticut 06155 Bond.Claims@thehartford.com call: 888-265-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ALABAMA INSURANCE EXCHANGE INC Agency Code: 21-251791

X	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 Amy Jo Francis

of Lake Mary, 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. 21BSBIB1978

Naming KBS Solutions, LLC DBA SOLA Pharmaceuticals 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 22

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 swom, 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.



Kochler 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 sald Companies, which is still in full force effective as of January 28, 2019. Signed and sealed at the City of Hartford.



AU Kevin Heckman, Assistant Vice President 710

rTOA 2013



Producer Compensation Notice

You can review and obtain information on The Hartford's producer compensation practices at <u>www.thehartford.com</u> or at 1-800-592-5717.

© 2007, The Hartford

LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS DISTRIBUTOR OF LEGEND DRUGS OR LEGEND DEVICES SUB-TYPE: Wholesale Distributor KBS SOLUTIONS LLC dba SOLA Pharmaceuticals License No. 9550 effective 01/28/2019 (Original issue date: 01/28/2019), Expiring 12/31/2019 distributing from 655 Highlandia Drive, Suite B, Baton Rouge, LA, 70810 BUSINESS ADDRESS: 655 HIGHLANDIA DRIVE, SUITE B, BATON ROUGE, LA, 70810 is duly licensed in the State of Louisiana with this Board under the provisions of Act 852 of 1988 (as amended). This license is subject to regulation in the state of Louisiana in accordance with La. R.S. 37:3461 through 3482 and LAC 48:XXXIV.101 through 1503. Additional Third-Party Logistics Providers None auch Bad and Socialar

ORIGINAL LICENSE - DISTRIBUTOR

This License is NOT TRANSFERABLE and must be Conspicuously Displayed This license must be renewed annually

Louisiens " tard of Drug and Device Distributors " Bricksome Avenue, Suitr " Baton Rouge, LA 70816	Phone 205 5 88 7 Fax: 200	www.lsbwdd org Email: admin@lsbwdd org
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SUB-TYPES.

Standard Distributor: Any entity that sales or facilitates the delivery of legend drugs or legend devices to persons other than the consumer or patient; including, but not limited to, manufacturers, repackagers, own-label distributors, jobbers, retail pharmacy warehouses, pharmacies, brokers, agents, freight forwarders, ship chandlers, reverse distributors, compounders/503b, and nuclear pharmacies.

Wholesale Distributor: Any entity that sales or facilitates the delivery of drug product (as defined by FDA) to persons other than the consumer or patient; not to include (not limited to) manufacturers, repackagers, third-party logistic providers, distributors of devices, medical gases, intravenous drugs for replenishment or irrigation, blood or blood components; radioactive drugs or blotogicals, imaging drugs, homeopathic drugs, and compounded drugs.

Third-party Logistics Provider: Any entity that provides or coordinates warehousing, facilitates the delivery of, or other logistic services for a legend drug or legend device interstate and intrastate commerce on behalf of a manufacturer, distributor, or dispenser of a legend drug or legend device but does not take ownership of the legend drug or legend device nor have responsibility to direct the sale or disposition of the legend drug or legend device.



18169 East Petroleum Blvd Suite B Baton Rouge, LA 70809 866.747.7365

January 25, 2019

Attn: Nevada State Board of Pharmacy,

Below is a list of employees who handle the drugs daily at our location 655 Highlandia Dr. Suite B Baton Rouge, LA 70810.

Handle products daily: Keith LaNasa, Steven Faucheaux, Bruce Burkenstock, Rebecca Martin.

Regards,

Keith LaNasa

SOLA Pharmaceuticals | Baton Rouge, LA | 866.747.7365

Steven Faucheaux: Lac Lafreniere Ct. Luling, LA 70070 SS# DL Owns: 33 1/3% Phone: Keith LaNasa: Crossing Blvd. Baton Rouge, LA 70810 DO. SS# Owns: 33 1/3%

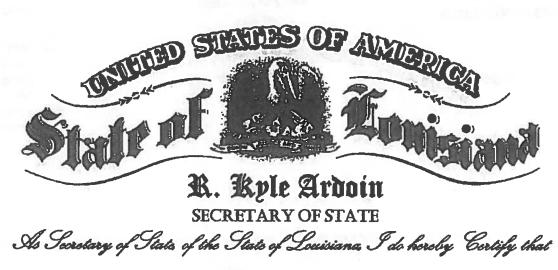
Phone:

Bruce Burkenstock: Pharmacist :

Wild Rose Dr. Norco, LA 70079 SS# DOL: Owns: 33 1/3% Phone:

Business Address for all three: Bast Petroleum Dr. (Baton Rouge, LA 70809

All 3 owners also own and operate a pharmacy. Destrehan Pharmacy and B&B Pharmacy in Louisiana



KBS SOLUTIONS, LLC.

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on August 28, 2015,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 31, 2018

K 1 2 fr Mor Socretary of States

Web 41996298



Certificate ID: 10990475#F5P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed. www.sos.la.gov

Page 1 of 1 on 8/31/2018 3:57:01 PM

716

Tom Schedler SECRETARY OF STATE

August 28, 2015

State of Louisiana Secretary of State



COMMERCIAL DIVISION

Administrative Services

Corporationa

Uniform Commercial Code

The attached document of KBS SOLUTIONS, L.L.C. was received and filed on August 28, 2015.

WEB 41996298K

Rev 09/09

Mailing Address: P. O. Baton Rouge, LA70804-9125 Office Location: 8585 Archivas Ave., Baton Rouge, LA70809 Web Site Address: www.sos.ia.gov

STATE OF LOUISIANA ARTICLES OF ORGANIZATION (R.S. 12:1301)

1. The name of this limited liability company is: KBS SOLUTIONS, L.L.C.

2. This company is formed for the purpose of: ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED

3. The duration of this limited liability company is: (may be perpetual): PERPETUAL

4. Other provisions:

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

By typing my name below, I hereby certify that I am the Organizer. Electronic Signature: KEITH LANASA (8/28/2015) Title: DIRECTOR

LIMITED LIABILITY COMPANY INITIAL REPORT (R.S. 12:1305 (E))

1. The name of this limited liability company is: KBS SOLUTIONS, L.L.C.

2. The location and municipal address (not a P.O. Box only) of this limited liability company's registered office:

BATON ROUGE, LOUISIANA 70810

3. Mailing Address: CROSSING BLVD BATON ROUGE , LOUISIANA 70810

4. The name and municipal address (not a P.O. Box only) of each of this limited liability company's registered agent(s) is/are: KEITH LANASA

CROSSING BLVD. BATON ROUGE, LOUISIANA 70810

5. The name and municipal address (not a P.O. Box only) of the managers or members:

KEITH LANASA (MEMBER) CROSSING BLVD. BATON ROUGE , LOUISIANA 70810

BRUCE BURKENSTOCK (MEMBER) WILD ROSE DR. NORCO, LOUISIANA 70079

STEVEN FAUCHEAUX (MEMBER) LAC LAFRENIERE CT. LULING, LOUISIANA 70070

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

By typing my name below, I hereby certify that I am the Organizer. Electronic Signature: KEITH LANASA (8/28/2015) Title: MEMBER



Agent Affidavit and Acknowledgement of Acceptance

Charter Number: 41996298K

Charter Name: KBS SOLUTIONS, L.L.C.

The agent / agents listed below accept the appointment of registered agent for and on behalf of the Charter Name above.

Date RespondedAgent(s)08/28/2015KEITH LANASA

Agent(s) Electronic Signature KEITH LANASA



Com Schedler SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

KBS SOLUTIONS, L.L.C., located at 3001 ORMOND BOULEVARD, SUITE A, DESTREHAN, LA 70047,

Has filed for record in this department an application for the trade name

SOLA PHARMACEUTICALS

Which was first used in the State of Louisiana on April 06, 2016,

Said application was filed and recorded in this Office on April 06, 2016, which recordation is for a term of ten years from the data hereof.

In testimony whereof, I have hereunic set my hand and caused the Seal of my Office to be attitued at the City of Balon Rouge on,

April 6, 2016

Sandary of State





Certificate ID: 10698542#ESL73

To validate this certificate, visit the following web alls, go to like lases Cervices, Cearch for Louisiana Resinces Plings, Velidate a Certificate, then follow the Instructions deplayed. write soc. in corr

Page 1 of 1 on 4/8/2016 12:55:41 PM

STATE OF LOUISIANA APPLICATION TO REGISTER TRADE NAME TRADEMARK OR SERVICE MARK

(Pursuant to R.S. Of 1950, Title 51, Chapter 1, Part VI as amended)

Applying For: Trade Name

Charter ID: KBS SOLUTI

1. Name of person(s), Corporation, Limited Liability Company or Partnership applying for registration: KBS SOLUTIONS, L.L.C.

2. If applicant is a corporation, list the state of incorporation: LOUISIANA

3. Full street address and P.O. Box address, city, state, and zip of applicant:

ORMOND BOULEVARD SUITE A DESTREHAN, LA 70047

4. Name of trade name, trade mark, or service mark to be registered. if logo is included, please describe. SOLA PHARMACEUTICALS

5. Type of business or list of goods or services to which the trade name, trademark, or service mark is applied: WHOLESALE

6. Class(es) in which trademark or service mark is registered: -N/A-

7. Date trade name, trademark, or service mark first used by applicant: 4/6/2016

8. Date trade name, trademark, or service mark first used in Louisiana: 4/6/2016

LOGO attached: No

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

I, the applicant, am the owner of the trade name, trademark, or service mark sought to be registered and no other person, firm, association, union, or corporation has the right to such use in such class, either in the identical form hereinabove described, or in any such resemblance thereto as may be calculated to deceive, and the facsimiles or counterparts herein filed are true and correct.

Electronic Signature: KEITH LANASA (4/6/2016)

R	EC	EI	VI	ED

MAR 01 2019

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

			and the second s		and the second se	Contraction of the local division of the loc
Name: KBS Solutions, LLC DRA SOLA Pharmaceuticels						
Address: 655 Highlandia Dr. Ste. R						
city: Baton P	age	Sta	te: <u>LA</u>	Zip:	70810	14 JUL 17
I hereby authorize the						
Signature of Applican	t A	Join her	en-			
		UST BE FORWA				
LICENSING AGE		OR COMPLETIO	N. DO NOT	WRITE B	ELOW TH	IS LINE
KBS SOLUTIONS LLC doe SOLA Pham			Tive, Suite 8 Balon Rou		Data Lino	nse Expires
License Number	L	cense Status	Date License	155080	Date Lice	156 Expires
9550		ACTIVE	01/28/2	1019		2/31/2019
Has this license been Type of Encumbrance: (if any encumbered in any way? Image: Revoked Yes No Image: Supended Restricted Image: 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 <u>distribution of controlled substances? (If ves. please explain)</u> Yes S No Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or <u>distribution? (if ves. please explain)</u> Yes No Have any inspections of the applicant resulted in deficient ratings?						
(If ves, please explain)						
Has applicant met all licensing requirements of your state? (If no, please explain)						
Signature of State Offic	Signature of State Official Title State Date State Seal				are Seal	
Jacqueline Koehn Administrative Assistant LA 03/01/2019						
\mathcal{T}						

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Louisians Parish) SS. East Bahn Roga COUNTY

I, <u>LeNAsa</u>, 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>Owner/Manager</u> for <u>SOLA Pharmaceuticals</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 Outof-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>Keith La Jasa</u>, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name AL La Ma

SUBSCRIBED AND SWORN TO before me, a notary public this 10 day of <u>October</u>, 2010.

NOTABY PUBLIC Jacob M. Kuntrow Bar Roll Number 31213 Notary Public State of Louisiana My Commission is for Life 24V

City:	NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440 APPLICATION FOR NEVADA WHOLESALER LICENSE	725			
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. INew Wholeseler Ownership Change Name Change Location Change (Please provide current license number if making changes. WHOZ IOD Publicly Traded Corporation – Page 1,2,3,4 Partnership - Page 1,2,3,6a,6b No 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: Terre Name Control (Please) Mailing Address: SO SO V. LIRERTY State: NV Zip Code: 877 - 985 - 8377 Fax: NIA Toll Free Number: 877 - 985 - 8377 E-mail: NICHOLARS Professional qualifications and experience of facility manager: 945.01 MAD Terrent MINTRY, LAST 5 yes As A DE fool Alb Locations MAD Terrent MINTRY, LAST 5 yes As A DE fool Alb Locations Manuality Manager: Practitioners Hospitals Pharm					
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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:	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.				
□ 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: TERRAIN PHARMACEUTICALS Physical Address: SO W. LIBERTY ST, SUITE 1080 Mailing Address: SO W. LIBERTY ST, SUITE 1080 Mailing Address: SO W. LIBERTY ST, SUITE 1080 City: RENO State: NV Zip Code: 89501 Telephone: 877-985-8377 Fax: N/A Toll Free Number: 877-985-8377 Facility Manager: NICHOLAS NAD INCOTERRAINEX. Comp Website: Terrenaul KALERANNEX. Comp Website: Facility Manager: NICHOLAS NAD INCOTERRAINEX. Comp Website: Professional qualifications and experience of facility manager: 1/yes of REALINAN MAND TERPAN IN RENO, NU. Internet Size Size Size Size Size Size Size Size	Location Lande				
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City: <u>KENO</u> State: <u>NV</u> Zip Code: <u>89501</u> Telephone: <u>877-985-8377</u> Fax: <u>N/A</u> Toll Free Number: <u>877-985-8377</u> E-mail: <u>MICK@TERRAINRX. Com</u> Website: <u>TERRAINRX. Com</u> Facility Manager: <u>AlicHoLAS</u> <u>NADING</u> Professional qualifications and experience of facility manager: <u>9485 oF ORFERTIONAL</u> <u>MANAGEMENT IN PHAGMA INDUSTRY. LAST 5485 A DL FOR MD LOGISTICS</u> <u>AVD TERRAIN IN RENO, NU.</u> Types of licensed outlets or authorized persons firm will serve: Pharmacies Practitioners Hospitals Wholesalers Other: <u>Type of Products to be handled or wholesaled be firm:</u> <u>Type of Products to be handled or wholesaled be firm:</u> <u>Legend Pharmaceuticals, Supplies or Devices</u> Hypodermic Devices Poisons or Chemicals Controlled Substances (include copy of DEA)					
Telephone: 877-985-8377 Fax: N/A Toll Free Number: 877-985-8377 Fax: N/A Toll Free Number: 877-985-8377 Fax: N/A E-mail: NICK@TERRAINEX.com Website: TERRAINEX.com Facility Manager: NICHOLAS NADING Professional qualifications and experience of facility manager: 9.45 of of of of control to the control	Mailing Address: 50 W. LIBERTY ST. SUITE 1880				
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Facility Manager:	E-mail: NICK@TERRAINRX. Com Website: TERRAINRX. Com				
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 Poisons or Chemicals Controlled Substances (include copy of DEA) 	Type of Products to be handled or wholesaled be firm:				
	Poisons or Chemicals Veterinary Legend Drugs				

FP

APPLICATION FOR NEVADA 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.)

Licensed as a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration) Yes 🗆 No 🗹

Yes 🗆 No 🗹

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 \Box No \boxdot

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.

Within the last five (5) years:

- 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)?
- 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?
- 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

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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?
- 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

NICHOLAS NADING

Print Name of Authorized Person

5/10/16

Board Use Only

Received: ____

Amount:

727

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name: JAMES MAHER	%: 굴	3. 3333
		3.3333
Name: KATI GAINOUS		
Name:N/A	%:	NA
Partnership Name: TERRAIN PHARMACEUTICALS C	LC.	
Mailing Address: 50 W, LIBERTY ST. SUIT	E	1080
City: KENO State: NV	Zip:	89501
Telephone:877-985-8377 Fax:NA		
Contact Person: Nicitocas NaDING		

Include with the application for a partnership

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

Designated representative form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

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 examination on 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 VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

*If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

<u>Complete two (2) sets of fingerprints</u> 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. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*. Each officer and director of the corporation must submit fingerprints. Please send an email request to <u>pharmacy@pharmacy.nv.gov</u> for fingerprint cards. If needed. We accept standard fingerprint cards.

Page 6a

Submit a list containing each employee(s) who handle the drugs on a daily basis.

<u>Copy of a bond in an amount of \$100,000.00</u> 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 Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*.

729



1 --- 2.

Terrain Pharmaceuticals

100



Terrain Pharmaceuticals does not receive, store, or handle pharmaceutical products on a daily basis. These tasks are completed by a contracted 3PL-MD Logistics Inc. MDL currently holds the appropriate license with the NV State Board of Pharmacy to perform these tasks.

NEVADA STATE BOARD OF PHARMACY 555 Double Eagle Court #1100 Reno, Nevada 89521 (775) 850-1440 Fax: (775) 850-1444

1

Sec. 1

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond NoNV	33133	
Application/License No.		
Terrain Pharmaceuticals LLC		
Applicant/Principa	, doing or intend	ling to do business as a
	r, whose address for purposes (
	Address of Applicant/Principal	, as
PRINCIPAL, and	Merchants Bonding Company (Mut	ual) . a
Corporation organized und	Surety Company	,
corporation organized und	er the laws of the state of	Iowa State of Incorporation
and authorized to transact	a general surety business in the	e State of Incorporation
	r purposes of service is eur Drive, Des Moines, Iowa 50321	
	Address of Surety	as
State Board of Pharmacy f	nly bound unto the State of Nev or the penal sum of <u>One Hundred 1</u>	Thousand Dollars
executors, administrators,	. <u>.00</u>), for which payment we bir successors and assigns jointly a shall become effective on	and severally by these
that the Applicant/Principal	of Nevada Revised Statutes (N file or have on file with the Nev n the sum of <u>\$100,000.00</u>	ada State Roard of

Pharmacy (Board) a bond in the sum of <u>\$100,000.00</u> payable to the Nevada State Board of Pharmacy (Board) a bond in the sum of <u>\$100,000.00</u> 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 peroids for which said Applicant/Principal

NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND - 1 OF 2

LP 2079 NV (9/06)

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 limitiations 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 ______ day of ______ May _____, 2015 ____.

APPLICANT/PRINCIPAL SURETY COMPANY Terrain Pharmaceuticals LLC Merchants Bonding Company (Mutual) Authorized Representativ Surety Company's Representative NICHOLAS NADING Damon Williams Attorney-in-fact print name SIGNED and SEALED in the presence of: SIGNED and SEALED e presence of Witness Danae Renner Witness Witness Daniela Escoto MANSE Countersigned by:

Nevada Resident Agent Denise White

NEVADA PHARMACEUTICAL WHOLESALER SURETY BOND - 2 OF 2



NV 33133

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations duly organized under the laws of the State of Iowa (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint, individually,

Damon Williams

of Las Vegas and State of NV their true and lawful Attorney-in-Fact, with full power and authority hereby conferred in their name, place and stead, to sign, execute, acknowledge and deliver in their behalf as surety any and all bonds, undertakings, recognizances or other written obligations in the nature thereof, subject to the limitation that any such instrument shall not exceed the amount of:

TWO HUNDRED THOUSAND (\$200,000.00) DOLLARS

and to bind the Companies thereby as fully and to the same extent as if such bond or undertaking was signed by the duly authorized officers of the Companies, and all the acts of said Attorney-in-Fact, pursuant to the authority herein given, are hereby ratified and confirmed.

This Power-of-Attorney is made and executed pursuant to and by authority of the following By-Laws adopted by the Board of Directors of the Merchants Bonding Company (Mutual) on April 23, 2011 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 24, 2011.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof.

The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission 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 fixed."

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 13thday of 2014 August

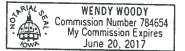


MERCHANTS BONDING COMPANY (MUTUAL) MERCHANTS NATIONAL BONDING, INC.

STATE OF IOWA COUNTY OF POLK ss.

On this 13th day of August 2014 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument is the Corporate Seals of the Companies, and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal at the City of Des Moines, Iowa, the day and year first above written.



Notary Public, Polk County, Iowa

STATE OF IOWA COUNTY OF POLK ss.

I. William Warner, Jr., Secretary of the MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., 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 and effect and has not been amended or revoked

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 4th day of May



POA 0014 (7/14)

STATE OF	
COUNTY OF Clark	
On_May 4, 2015, before me, Susan DeMauro	
personally appeared Damon Williams	(here insert name and title of the officer)
ubscribed to the within instrument and acknowledged to m	satisfactory evidence) to be the person(s) whose name(s) is/are ne that he/she/they executed the same in his/her/their authorized instrument the person(s), or the entity upon behalf of which the
VITNESS my hand and official seal.	
signature, Jum Do Marga COP (SEAL	SUSAN DEMAURO NOTARY PUBLIC, STATE OF NEVADA My Commission Expires: 09-19-17 Certificate No: 13-11844-1
	This area for Official Notarial Seal
hough the data below is not required by law, it may pro-	
hough the data below is not required by law, it may pro- revent fraudulent reattachment of this form. CAPACITY CLAIMED BY SIGNER	ove valuable to persons relying on the document and could
hough the data below is not required by law, it may pre- revent fraudulent reattachment of this form. CAPACITY CLAIMED BY SIGNER	ove valuable to persons relying on the document and could
hough the data below is not required by law, it may prevent fraudulent reattachment of this form. CAPACITY CLAIMED BY SIGNER INDIVIDUAL CORPORATE OFFICER TITLE(S) PARTNER(S)	Ove valuable to persons relying on the document and could DESCRIPTION OF ATTACHED DOCUMENT
hough the data below is not required by law, it may prevent fraudulent reattachment of this form. CAPACITY CLAIMED BY SIGNER INDIVIDUAL CORPORATE OFFICER TITLE(S) PARTNER(S) LIMITED GENERAL ATTORNEY-IN-FACT TRUSTEE(S) GUARDIAN/CONSERVATOR	Ove valuable to persons relying on the document and could DESCRIPTION OF ATTACHED DOCUMENT
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hough the data below is not required by law, it may prevent fraudulent reattachment of this form. CAPACITY CLAIMED BY SIGNER INDIVIDUAL CORPORATE OFFICER TITLE(S) PARTNER(S) LIMITED GENERAL ATTORNEY-IN-FACT TRUSTEE(S) GUARDIAN/CONSERVATOR	TIONAL Ove valuable to persons relying on the document and could DESCRIPTION OF ATTACHED DOCUMENT TITLE OF TYPE OF DOCUMENT NUMBER OF PAGES

ALL-PURPOSE ACKNOWLEDGEMENT

SIGNER(S) OTHER THAN NAMED ABOVE

24W

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440 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 Ownership (Please provide current license	Change number if making changes: WH)
 Publicly Traded Corporation – Pages 1,2,3,4 Non Publicly Traded Corporation – Pages 1,2,3 Please check box for type of ownership and content 	3,5a,5b 🗖 Sole Owner – Pages 1,2,3,7
GENERAL INFORMATION	
Facility Name: Westminster Pharmaceuticals,	LLC
Physical Address: 154 Downing St., Unit #1 8	#2, Olive Branch, MS 38654
Mailing Address: 1115 Gunn Hwy., Suite 201	
City: Odessa State	e: Zip Code:33556
Telephone: <u>888-354-9939</u>	_ Fax: <u>888-934-5648</u>
Toll Free Number: <u>888-354-9939</u>	_
E-mail: jgillette@westnminsterrx.com	Website: http://www.westminsterpharmaceuticals.com
Facility Manager: Krist'a Zumbro	
Professional qualifications and experience of t	facility manager: <u>CPhT for over 3 yrs.</u>
Types of licensed outlets or authorized persor	ns firm will serve:
Pharmacies Other:	☑ Hospitals ☑ Wholesalers
Type of Products to be handled or wholesaled	be firm:
 Legend Pharmaceuticals, Supplies or Devi Poisons or Chemicals Controlled Substances (include copy of DE Other:	Veterinary Legend Drugs



OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Deleware			
Parent Company if any: Trxade Gr	oup, Inc.		
Corporation Name: Trxade Group	, Inc.		
Mailing Address: 1115 Gunn Hwy.	Suite 202		
City: Odessa	State: FL	Zip: <u>33556</u>	
Telephone: <u>888-354-9939</u>	Fax: <u>_88</u>	8-934-5648	
Contact Person: Jason Gillette			
Ownership	Information – Comp	lete Section 1 or 2	

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

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

1.	Reference, attached.	%:
2.		%:
3.		%:
4.		%:

<u>Section 2:</u> 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: Dec.	19, 2012
Registration number issued:	Aug- 20,2014
Stock Exchange: Reference	Form 10-K, attached.

Include with the application for a 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.

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 a Manufacturer by the FDA? (If yes, provide a copy of the FDA registration)	Yes 🗆 No 🖾

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 \Box No \boxtimes

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)	Reference, attached.		
	Name	Address	
2)	Business		
	Name	Address	
3)_	Business		
	Name	Address	
4)_	Business		
	Name	Address	····
	Business		

Within the last five (5) years:

1)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at le 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)?	ast 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?	ast Yes □ No ⊠
3)	Has the corporation, any owner(s), shareholder(s) or partner(s) with at lea 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?	ast Yes ⊡ No ⊠

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

Prashant Patel - COO/ Presient Print Name of Authorized Person

<u>10/06/15</u> Date

Board Use Only

Received: 10.14.15

Amount:	5	500	.00
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PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESTMINSTER 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 TWENTIETH DAY OF APRIL, A.D. 2015.



4

5262298 8300

150535390 You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2306370

DATE: 04-20-15

Apr 01 13 01:28p

à.

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited Liability Company: Trance LLC

The Certificate of Formation of the limited liability company is hereby amended as follows:

Company name changed to : Westminster Pharmaceuticals, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of March , A.D. 2013 .

By Authorized Person(s)

SANGER ASSociate, LLC Name: Surendra Ajjarapu/MENGER

Print or Type

State of Delements Secustary of State Division of Compositions Dalivared 02:02 Bi 04/01/2013 FILED 02:02 Bi 04/01/2013 Say 130381617 - 5202298 FILE 741

p.2

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2.

State of Delaware Secretary of State Division of Corporations Delivered 02:21 FM 12/19/2012 FILED 02:12 FM 12/19/2012 SRV 121364514 - 5262298 FILE

CERTIFICATE OF FORMATION

742

OF

Trxade LLC

The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Delaware (particularly Chapter 18, Title 6 of the Delaware Code and the acts amendatory) thereof and supplemental thereto, and known, identified, and referred to as the "Delaware Limited Liability Company Act"), hereby certifies that:

- FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is: Trxade LLC
- SECOND: The address of the registered office of the limited liability company in the State of Delaware is located at: 108 West 13th Street, Wilmington, Delaware 19801. Located in the County of New Castle. The name of the registered agent at that address is Business Filings Incorporated
 - THIRD: The duration of the limited liability company shall be perpetual.
- FOURTH: The names and addresses of the members are:

Sansur Associates LLC, 8913 Regents Park Dr. Suite # 680, Tampa, Florida 33647 Pharmabay LLC, 19029 N Dale Mabry Hwy, Lutz, Florida 33548

Executed on December 19, 2012

Muhl

Business Filings Incorporated, Authorized Person Mark Williams, A.V.P.

MISSISSIPPI BOARD OF PHARMACY

204 Key Drive, Suite C Madison, MS 39110 601-605-5388: Fax 601-605-9546



WHOLESALER/MANUFACTURER Inspection Report Form

www.mbp.state.ms.us

	STEEL TE THE			11.11051	
Faci	WESTMINSTER Thorne FUT lity Name	eth f D + profit		$\frac{(4, 4, 8, 5, -, 6, 2)}{\text{Permit / CS Number}}$	
	144 0. 421	1 1 1		the set mayor .	
Stree	154 Downing It unt	C CO MO		County	
	0 9 9	1 10 11			
City	Olive Branch 38 Zip	.UST		Federal DEA Number	
				redetal DEA Number	
Dom	KARTA ZUMBUG			Controlled Substance Inventory Date	
Felli	in Holder	ж.		Controlled Substance Inventory Date	
1) 2)	Facility clean and orderly: Storage conditions: a) temperature log:	S NI U	6)	C/S Inventory: Open or Close S NI Returned Rx Drugs: a) quarantined: b) returned drugs policy:	U
3) 4)	 b) quarantine area: Security: a) electronic security system b) outside perimeter security c) written internal security policy: Recordkeeping: a) acquisition: 		7)	c) handling recalls: Repackaging: a) FDA registration: b) returned repackaged drugs: c) documentation of	
5)	 a) acquisition: b) disposition: Policy & Procedure: a) crisis situations: b) stock rotation: c) documentation of dated drugs: d) shipping & receiving of stock: 		8)	repackaging: d) container/closure certification e) penicillin repackaging: f) documentation of cleaning: Authorized Distribution Only:	
					
	C ca visinia	LLO Su	章 2015年1月1日 1日1月1日日 1日1月1日日	the 13818-61	
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	machecke	15 11		he get	

Your facility has been inspected by an Agent of the Mississippi Board of Pharmacy. The results of the inspection have been noted. Conditions that are **Unsatisfactory (U)** or **Need Improvement (NI)** must be corrected.

Facility Representative

<u>25 - 2015</u> Date

Duly Agent

et consign



License Portal

Search Again

Facility/Provider Information

Board of Pharmacy Home | License Verification | Exam Scores



The Mississippi Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board.

General

Name or Business:	Westminster Pharmaceuticals, LLC	Original Date:	9/8/2015
Classification:	Pharmacy/Facility	On Probation:	No
L/P/R No:	14485 / 6.2	Discipline on File:	No
Status:	Active		

Licenses

L/P/R #	Description	Effective	Expires	Issued	Status
14485	Wholesaler Permit	9/8/2015	12/31/2017	9/8/2015	Active

Notes

N/A

Martin & Version V. J. Martin R. J. 2010 Science Methods and Advances Methods in Control of Control and Control (2010) 10100 (2010).

Top 4 Suppliers - Sheet1

Westminster Pharmaceuticals, LLC	
154 Downing St., Unit #1 & #2, Olive Branch, MS 38354	Branch, MS 38354
Supplier	Address
1) TopRx	Bartlett TN 38133
2) Camber Pharmaceuticals	Piscataway NJ 08854
 Amneal Pharmaceuticals 	Beaver Trail Giasgow KY 42141
4) Ascend Pharmaceuticals	J W REDLANDS BLVD., SUITE REDLANDS CA 92373
	Do 1 of 1

Pg.1 of 1

24X

WH02546

NEVADA STATE BOARD OF PHARMACY 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440 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: Greenhill Trading Inc.	
Physical Address: 1926 Atlantic Ave	
City: Brooklyn Si	tate: NY Zip Code: 11233
Telephone Number:	Fax Number:
Toll Free Number:	· · · · · · · · · · · · · · · · · · ·
E-mail:compliance.greenhill@gmail.com	Website:
Facility Manager:Noson Stemberg	
Professional qualifications and experience of	of facility manager: <u>Resume</u> , <u>Attached</u>
Types of licensed outlets or authorized pers	sons_firm will serve:
Pharmacies	
Type of Products to be handled or wholesal	led by firm:
 Legend Pharmaceuticals, Supplies or De Poisons or Chemicals Controlled Substances (include copy of I Other:	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 in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes D 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: Camber Pharmaceuticals Inc. Address: 1031 Centennial Ave., Piscataway Township	1NJ 08854
Name: Teva North America Address: 1090 Horsham Road, North Walks, PA 19	9454
Name: Unichem Pharmaceuticals Address: 777 Terrace Ave, Hasbrouck Heights, NJ	67604
Name: Sandoz Inc. Address: 100 College Rd. West Princeton NJ 08540	
A licensee is not required to have a Nevada State Business License, how please provide the number: N/R	vever, if you do,
Within the last five (5) years:	
 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?	∃ 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	⊳∕
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)?	🗆 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

ern berg

Print Name of Authorized Person

12/19/18 Date

Board Use Only

Date Processed:

Amount: 500,00

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: New York	
Parent Company if any:	
Mailing Address: 1926 Atlantic Ave	
City: Brooklyn	State: NY Zip: 11233
Telephone:	Fax: 347-378-2801
Contact Person: Noson Stemberg	

For any corporation non publicly traded, disclose the following:

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

	a) <u>Vosef Sternberg</u> Name	1926 Atlantic Are Brookiyn, NY 11233 Business Address
	b) Devorah Vishedsky Name	1926 Atlantic Ave Brooklyn, NY 11233 Business Address
	c) Noson Sternberg Name	1926 Atlantic Ave Brooklyn, NY 11233 Business Address
	d) Name	Business Address
2)	Provide the number of shares issued b	y 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.

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. PB02671701328	
Application/License No.	
Greenhill Trading, Inc , doing or intending to do busine	ess as a
pharmaceutical wholesaler, whose address for purposes of service is	
1926 Atlantic Avenue, Brooklyn, NY 11233	. as
Address of Applican/Principal	
PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY	, a
Surely Company	
corporation organized under the laws of the state of PENNSYLVANIA	
State of Incorpora	tion
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, PENNSYLVANIA 19004	as
Address of Surely	
SURETY, are held and firmly bound unto the State of Nevada and to t	he Nevada
State Board of Pharmacy for the penal sum of ONE HUNDRED THOU	
DOLLARS (\$100,000.00), for which payment we bind ourselves, our h	
administrators, successors and assigns jointly and severally, by these	
	presents. This
bond term shall become effective on	
Ellective 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.

State of New York } ss: **Department of State**

I hereby certify, that the Certificate of Incorporation of GREENHILL TRADING INC. was filed on 09/17/2010, 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.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of June two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State





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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 *

01/03/2019

Type : WHOLESALER Legal Name : GREENHILL TRADING, INC. Trade Name : Street Address : 1926 ATLANTIC AVE. BROOKLYN, NY 11233-0000

Registration No: 033309 Date First Registered: 03/04/15 Registration Begins: 03/01/18 Registered through: 02/28/21 Supervisor: STERNBERG NOSON Establishment<u>Status</u>: ACTIVE Successor: NONE

• Use of this online verification service signifies that you have read and agree to the terms and conditions of use. 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 search to see if there has been recent disciplinary action against this registered establishment.



GreenHill Trading, Inc.

List of Owners

Owner Yosef Sternberg ' Lefferts Avenue Brooklyn, NY 11203 <u>Compliance.greenhill@gmail.com</u> 347-378-2800

Owner Devorah Vishedsky Presidents Street Brooklyn, NY 11213 <u>Compliance.greenhill@gmail.com</u> 347-378-2800

CEO Noson Sternberg I Crown Street Brooklyn, NY 11225 <u>Compliance.greenhill@gmail.com</u> 347-378-2800 Greennii NY 2021.jpg

THE UNIVERSITY OF THE STATE OF NEW YORK EDUCATION DEPARTMENT

STATE BOARD OF PHARMACY

	Greenhill Trading, Inc List	of Other State Licenses
STATE	LICENSE NUMBER	EXPIRATION DATE
AL	195557	12/31/2019
AR	WD05022	12/31/2020
AZ	W003092	10/31/2019
со	WHO.0008320	10/31/2020
СТ	CSW.0004089	6/30/2019
DC	DM1800030	5/31/2019
DE	A4-0002495	9/30/2019
GA	PHWH004251	6/30/2019
IA	8252	3/31/2019
ID	W48124	12/31/2019
IL.	4004507	12/31/2020
KS	5-104868	6/30/2019
КҮ	W03984	9/30/2019
LA	9277	12/31/2019
ME	WH70002968	12/31/2019
MI	WH70002968	6/30/2019
MN	363891	5/31/2019
МО	2018016688	10/31/2019
MS	17083	12/31/2019
MT	PHA-WDD-LIC-5031	11/30/2019
NH	6398	6/30/2019
NJ	5005296	1/31/2019
NM	WD00012335	12/31/2019
NY	33309	2/28/2021
ОН	12664450	6/30/2019
RI	DIS03118	9/30/2019
SC	18179	6/30/2019
TN	5190	5/31/2020
ТХ	1002457	3/19/2020
UT	10838275-1710	9/30/2019
VT	39.013423	7/31/2019
WA	PHWH.FX.60798786	9/30/2019
WV	WD0559904	6/30/2019



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521 (775) 850-1440 • FAX (775) 850-1444 E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

January 30, 2020

Warren Lowman Administrator Division of Internal Audits Governor's Finance Office 209 East Musser Street, Room 302 Carson City, NV 89701

Re: Audit No. 20-05 - Board of Pharmacy Licensing Process

Dear Mr. Lowman:

This correspondence constitutes the Nevada State Board of Pharmacy (BOP) response and implementation plan to the audit of the BOP Licensing Process, Audit Report No. 20-05 (Audit).

RECOMMENDATION NO. 1 - Establish Management Oversight of Background Check Cycle

RESPONSE: The BOP shall, by regulation or internal policy as necessary, ensure enhanced oversight of the criminal background check cycle consistent with the audit recommendations, including establishing criteria under which the Executive Secretary can reject an application or use a civil name check, and developing a full-cycle tracking log for wholesaler license applications requiring background checks. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

RECOMMENDATION NO. 2 - Enforce Fingerprinting Authority More Stringently

RESPONSE: The BOP shall by regulation, consistent with the audit recommendations, define persons that "exercise significant influence over the operation" as used in NRS 639.500(2) and (4), and require applicants to submit a list of officers from their domicile business registration agency. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

RECOMMENDATION NO. 3 - Modify Fingerprinting Protocol for License Renewals

RESPONSE: The BOP shall by regulation, consistent with the audit recommendations, only require criminal background checks for initial wholesaler licensure and not for license renewal, and shall review all current reporting requirements for wholesalers set forth in regulation for revision as necessary. The BOP will commence the statutory administrative rulemaking process within the 6-month time frame specified in NRS 353A.090.

Warren Lowman January 30, 2020 Page 2

RECOMMENDATION NO. 4 - Require Fingerprint Background Check for Other License Types

RESPONSE: The BOP notes that there are compelling policy justifications for requiring criminal background checks for other license categories and that this would require legislative action, which cannot occur prior to the 2021 Nevada Legislative Session.

RECOMMENDATION NO. 5 - Account for Fingerprint Fees Separately

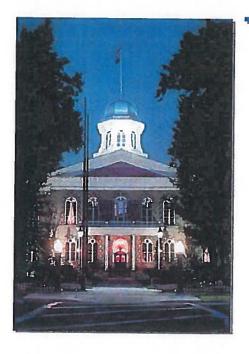
RESPONSE: Consistent with the audit recommendation, the BOP now maintains a separate account for fingerprint fees.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or <u>bkandt@pharmacy.nv.gov</u>.

Best regards,



Brett Kandt General Counsel Nevada State Board of Pharmacy



State of Nevada Governor's Finance Office Division of Internal Audits

Audit Report

Board of Pharmacy Licensing Process

DIA Report No. 20-05 February 26, 2020

EXECUTIVE SUMMARY Board of Pharmacy Licensing Process

Introduction......page 1

Objective: Improve the Wholesale Background Check Process

Establish Management Oversight of Background Check Cycle.....page 2

Establishing management oversight of the background check cycle will allow the Board of Pharmacy (board) to quickly identify problematic background check requests. Although the board has developed tracking logs to enhance oversight of the background check process, the current logs do not track the full cycle including fees, invoices for background checks performed, and corresponding payment of invoices. The board can quickly identify and resolve problematic background checks if it segregates wholesale applications requiring fingerprint background checks onto a separate tracking log with full-cycle information and require a review of the process by the Executive Secretary or Deputy Executive Secretary on a monthly basis. In addition, to clarify procedures where a fingerprint card has been rejected twice, establishing criteria under which the Executive Secretary may reject an application or use a civil name check as an alternative would provide management oversight in a transparent and consistent manner.

Enforce Fingerprint Authority More Stringently......page 9

Enforcing fingerprint authority more stringently will allow the board to thoroughly vet persons on each application for a wholesale pharmaceutical license. Currently, the board does not explicitly define "persons of influence" nor does it exercise its authority to fingerprint individuals they deem to have significant influence in the wholesale distribution process. Additionally, the board does not require all applicants to provide an official list of officers from the domicile business registration agency to verify the accuracy of the application information. Establishing criteria to define "persons of influence" and requiring applicants to provide an official list of officers would promote public safety by more thoroughly vetting wholesale license applicants.

Modify Fingerprint Protocol for License Renewals......page 12

Modifying fingerprint protocols for license renewals would help reduce the biennial workload for the board. Current practice is dictated by statute and requires all licensees to provide fingerprints with renewal on a biennial basis. This practice is inconsistent with that of other Nevada boards. Statute also requires applicants to provide an updated list of stakeholders on an annual basis. This list should be used by the board to require fingerprints of those individuals deemed to have significant influence over the operation. Not requiring fingerprints during the renewal phase would help reduce the workload for the board while allowing them to use their resources more effectively.

Objective: Improve the Overall Licensing Process

Require Fingerprint Background Check for Other License Types......page 15

Requiring fingerprint background checks for other license types will help the board enhance public health, safety, and welfare. Currently, the board only requires fingerprints from wholesalers among its 17 different license types. Other states licensing pharmacists, pharmacist technicians, and MDEGs (medical devices, equipment, and gases) require fingerprints during the licensure process. Additionally, other Nevada boards regulating healthcare professionals have taken a more widespread approach to fingerprinting applicants.

Account for Fingerprint Fees Separately.....page 18

Accounting for fees separately will provide greater transparency and more accurate fiscal information to the board. The amount of fees collected for fingerprint processing since the inception of the statutory requirement could not be determined through financial records and had to be queried through the board's case management system. The board is in the process of reimbursing dormant fees along with other disciplinary fees, which were comingled in the past. Additionally, the board will seek reimbursement from wholesale licensees for whom fingerprints were processed at the board's expense during the temporary moratorium.

Appendix Apage 20 Scope and Methodology, Background, Acknowledgments
Appendix Bpage 22 Response and Implementation Plan
Appendix C page 24 Timetable for Implementing Audit Recommendations
Appendix D
Appendix Epage 26 Nevada State Board of Pharmacy Action Plan

INTRODUCTION

At the request of the Executive Branch Audit Committee, the Division of Internal Audits conducted an audit of the Board of Pharmacy. Our audit focused on improving the wholesale background check process and improving the overall licensing process. The audit's scope and methodology, background, and acknowledgements are included in Appendix A.

Our audit objectives were to develop recommendations to:

- ✓ Improve the wholesale background check process; and
- ✓ Improve the overall licensing process.

Board of Pharmacy Response and Implementation Plan

We provided draft copies of this report to the board for review and comment. The board's comments have been considered in the preparation of this report and are included in Appendix B. In its response, the board accepted all our recommendations. Appendix C includes a timetable to implement the recommendations.

NRS 353A.090 requires within six months after the final report is issued to the Executive Branch Audit Committee, the Administrator of the Division of Internal Audits shall evaluate the steps that the board has taken to implement the recommendations and shall determine whether the steps are achieving the desired results. The administrator shall report the six-month follow-up results to the committee and board officials.

The following report (DIA Report No. 20-05) contains our *findings, conclusions,* and *recommendations.*

Respectfully,

Warren Lowman Administrator

Improve Wholesale Background Check Process

The Board of Pharmacy can improve the wholesale background check process by:

- Establishing management oversight of the background check cycle;
- Enforcing fingerprinting authority more stringently; and
- Modifying fingerprinting protocol for license renewals.

Improving the wholesale background check process will protect public safety by identifying disqualifying behavior before issuing or renewing pharmaceutical licenses.

Establish Management Oversight of Background Check Cycle

The Board of Pharmacy should establish management oversight of the background check cycle. Lack of management oversight over the background check cycle contributed to the board's failure to implement fingerprint requirements for wholesale license applicants since 2005. Although the board developed tracking logs to enhance oversight of the background check process with guidance from the Department of Public Safety (DPS), the current logs do not track the full cycle including fees, invoices for background checks performed, and corresponding payment of invoices. Establishing management oversight of the background checks and process bottlenecks are recognized and resolved in a timely manner.

Statute Requires Fingerprint Background Checks

NRS 639.500 establishes fingerprint requirements for wholesale license applicants in response to reports of counterfeit drugs in the wholesale market in the early 2000's. The statute states:

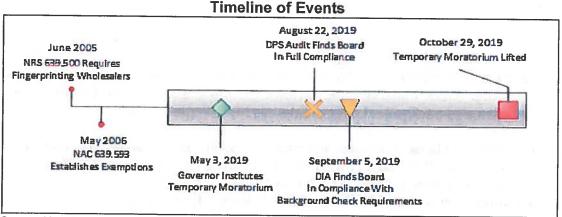
"In addition to the requirements for an application set forth in NRS 639.100 each applicant for a license to engage in wholesale distribution shall submit with an application a complete set of fingerprints and written permission authorizing the [b]oard to forward the fingerprints to the Central Repository for Nevada Records of Criminal History (repository) for submission to the Federal Bureau of Investigation for its report." The board subsequently adopted regulations that created exemptions from the fingerprint requirement if the wholesale pharmaceutical license applicant is:

- Publicly traded and regulated by the Securities and Exchange Act of 1934;
- Owned by a corporation whose securities are publicly traded and regulated by the Act;
- Accredited by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors (VAWD) program;¹
- A manufacturer of prescription drugs; and/or
- A facility that distributes prescription drugs manufactured by a single manufacturer.²

Governor Imposed Wholesale Pharmaceutical License Moratorium

On May 3, 2019 Governor Sisolak issued a moratorium on wholesale license applications after becoming aware of the board's failure to implement background checks in accordance with NRS 639.500. The Governor directed DPS to investigate and the moratorium was to remain in effect until DPS informed that processes were implemented to ensure compliance with statutory requirements. On August 22, 2019 the repository found the board to be in full compliance with FBI and state policies and re-enrolled the board to submit fingerprints. On October 29, 2019 Governor Sisolak lifted the moratorium. See Exhibit I for the timeline of events.

Exhibit I



Source: Nevada Board of Pharmacy.

At the time of the moratorium, there were 1,138 active wholesale pharmaceutical licensees, from which \$53,000 in fingerprint fees had been collected since 2006. When lifting the moratorium, Governor Sisolak ordered that dormant fees be

¹ VAWD was established as a national program in 2004 to help protect the public from the threat of counterfeit drugs.

² NAC 639.593(7).

returned and fingerprint background checks be performed for existing licensees that were not exempt from the fingerprint requirement.

Board Developed Background Check Process

With guidance from DPS, board staff developed internal written procedures to achieve compliance with FBI and State policies. Specifically, the board developed a background check process to:

- Document and identify the purpose of fees collected;
- Segregate wholesale license applications for review by the background check specialist;
- Identify and segregate wholesale license applications exempt from the fingerprint requirements and those requiring fingerprint background checks;
- Track the progress of background check requests; and
- At the request of the board, segregate applicants by exemption category; and fingerprints required with and without potentially disqualifying events on board meeting agendas.

Updated Wholesale Background Check Process Increases Transparency

The updated background check process will increase transparency by documenting each step of the wholesale application. The board has segregated duties as a control mechanism to ensure that no steps are overlooked during the process.

The Administrative Assistant logs wholesaler application fees and ensures fingerprint cards are delivered to a safe located in the Background Check Specialist's (BCS) office. The BCS receives, processes, and maintains all background check materials and reviews the materials to verify the wholesaler application and background check materials are completed properly.

If background check materials are incomplete, the BCS sends the applicant a rejection notice. If the background check materials are complete, the BCS sends the fingerprint cards to DPS. The board created a new "Fingerprint and Criminal Background Report Log for Wholesaler Applicants" to document the following:

- Name of applicant who submitted the wholesale application;
- Name of individuals on the application who submitted background check materials;
- Date the application was received;
- Whether the application was completed properly;
- Whether background check materials were completely properly (if applicable);

- Date fingerprint cards were submitted to DPS for processing (if applicable);
- Date the rejection notice was sent to the applicant (if applicable) and reason or the date the BCS communicated with the applicant;
- Date fingerprint cards were rejected by DPS;
- Reason fingerprints were rejected;
- Date the rejection notice and instructions for executing and submitting a second fingerprint card was sent to the applicant;
- Date Criminal History Record Information (CHRI) was received;
- Whether there was a disqualifying event;
- Date Notice to Contact Board of Pharmacy was sent (if applicable);
- Date criminal background history report was destroyed (if applicable); and
- Name of person who destroyed the criminal background report (if applicable).

Fingerprint cards rejected by DPS are returned to the board. The Administrative Assistant delivers the sealed envelope to a safe located in the BCS's office. The BCS is responsible for mailing a rejection notice and providing instruction for submitting a second fingerprint card. If the second fingerprint card submitted by the applicant is rejected by DPS, the BCS will request a non-fingerprint-based background check with the approval of the Executive Secretary. ³

Executive Secretary Discretion Lacks Criteria

On September 5, 2019 the Division of Internal Audits (DIA) issued a memorandum to the Governor that, in part, expressed concern regarding the Executive Secretary's discretion related to the handling of disqualifying events and rejected fingerprint cards. The memorandum noted it appeared the Executive Secretary had discretion to determine which potentially disqualifying events must appear before the board. Despite this apparent discretion, no such appearances were noted in board minutes dating back to 2006. NRS 639.210 assigns authority to determine disqualifying events solely to the board. Since the moratorium, the board modified background check procedures to require any subject of a report indicating a criminal conviction to appear before the board with a representative of the applicant. At the January 2020 meeting, subjects from seven wholesale pharmaceutical applications with potentially disqualifying events appeared before the board.⁴

DIA's memorandum expressed concern that an alternative background check method (civil name check) may not comply with the intent of the statute. Based upon advice from DPS, the board believes that civil name checks are an acceptable method of background check in cases where fingerprints are rejected

³ Per DPS, a non-fingerprint-based check of criminal files may be processed by the repository or the Federal Bureau of Investigation (FBI).

⁴ Wholesalers appearing pursuant to NRS 639.500.

twice.⁵ A letter provided to board staff from DPS outlined the process by which civil name checks may be requested. Although the Executive Secretary may choose to reject an application without pursuing a civil name check, board staff represented that prior to the moratorium fingerprints had never been rejected twice. However, the board has incorporated the DPS civil name check process into its background check fingerprint procedures. Since the moratorium was lifted and fingerprint processing resumed, 11 individuals have required a civil name check due to the rejection of two fingerprint cards.

The procedure established by the board to address civil name checks in cases where fingerprints have been rejected twice by the repository does not provide criteria for the Executive Secretary to reject an application or pursue a civil name check. Establishing criteria will provide transparency and consistency in discretion exercised by the Executive Secretary.

Limited Access Protects Confidentiality of Criminal History

The board receives a DPS background check report containing Criminal History Record Information (CHRI) valid for six months. Only the Executive Secretary, Deputy Secretary, or General Counsel are allowed to discuss the results with the subject of the report.

The BCS receives, reviews, processes, and maintains all reports. Reports with no disqualifying event, by definition, contain no criminal history and are not retained. Reports must be destroyed per the Records Retention Schedule.⁷ If all required reports for an applicant are received with a "no disqualifying event" designation, the wholesaler application is processed.

Reports with a disqualifying event, by definition, contain criminal history as defined in NRS 179A.070 and require limited access to protect confidentiality. The BCS sends a Notice to Contact the Board of Pharmacy, notifies the Executive Secretary of receipt of the report pursuant to NRS 639.500, and will not process the application until authorized by the Executive Secretary, Deputy Secretary, or General Counsel. Reports are retained and destroyed upon final disposition of the wholesaler application per the Records Retention Schedule.⁸

⁵ This check is conducted by the DPS repository and is based on name, date of birth, numeric descriptors, and/or social security number provided at the time of the original submission of fingerprints.

⁷ Board Authorized Records Retention and Disposition Schedule mandates that complaint and discipline files shall be destroyed in accordance with NAC 239.722.

⁸ Destroyed means disposal by shredding, burning, or bonded recycling in a secure manner.

More Transparency Created on Board Agendas

As an effort to increase transparency, the board revised its agendas to provide greater levels of detail. The January 2020 board agenda segregates applications that require a background check from those exempt from a background check. Exempt applications are categorized by exemption type pursuant to NAC 639.593. Applications requiring a background check and containing a disqualifying event require the wholesaler to appear before the board. The board may convene in a closed session to consider the character, alleged misconduct, professional competence, or physical or mental health of these applicants.⁹

Tracking Log Does Not Track Fees Collected and Invoicing

The tracking log could be improved by separating all wholesale applications requiring fingerprint background checks into a separate worksheet. Currently, all applications are tracked together on the same worksheet, making it difficult to discern application status. Also, the tracking log does not indicate whether fingerprint fees were received or invoices from the repository have been received or paid. Segregating wholesale applications requiring fingerprint background checks onto a separate worksheet with full-cycle information would allow problem background check requests to be quickly identified and resolved.

Tracking Log Not Reviewed by Management

The background check process lacks management oversight. The tracking log for wholesale license applications is rightfully directed through the background check specialist for a determination of exemption eligibility and tracking of background checks, if appropriate. However, tracking logs are not being reviewed by management. Routine management oversight should be embedded in an established procedural manual. A full-cycle background check tracking log would facilitate a review by the Executive Secretary or Deputy Executive Secretary on a monthly basis to ensure that wholesale background checks are performed as statutorily required.

⁹ NRS 241.030(1)(a). /

Conclusion

The board should establish management oversight of the background check cycle to ensure stalled background checks and process bottlenecks are recognized and resolved in a timely manner. This includes establishing criteria under which the Executive Secretary can reject an application or use a civil name check. Developing a full-cycle tracking log for wholesale license applications requiring background checks would facilitate a review of in-process applications. Establishing routine management oversight of the process in a procedural manual would ensure quick identification of problematic background check requests.

Recommendation

1. Establish management oversight of background check cycle.

Enforce Fingerprint Authority More Stringently

The Board of Pharmacy should enforce its fingerprint authority for wholesale applicants more stringently by thoroughly vetting persons on each application. The board should explicitly define persons of influence and require all applicants to provide an official list of officers from the domicile business registration agency to verify the accuracy of the information provided by the applicant.¹⁰ These measures will further promote public safety by identifying disqualifying behavior before issuing wholesale pharmaceutical licenses.

No Criteria for Persons of Significant Influence

NRS 639.500(2) authorizes background checks on those applicants the board deems to have "significant influence over the operation." In our review of premoratorium and post-moratorium files, we noted those required to submit background checks had done so, but no attempt was made to determine if others had significant influence. In some instances, individuals listed on the application with titles such as Director of Operations or Vice President of Operations were not fingerprinted despite such potentially influential positions. Further, according to staff, no criteria had been established to determine what roles would potentially be considered to have significant influence.

Following the Civil Name Check Audit in 2018 by Department of Public Safety (DPS), the board developed policies and procedures in collaboration with the repository to help guide its civil background check and fingerprint process.¹¹ Per wholesaler application and licensing procedures, the applicant has to provide the following information depending on the type of ownership:

- If the applicant is a publicly-traded corporation, it must provide a list of officers and directors.
- If the applicant is a privately-held corporation and not Verified-Accredited Wholesale Distributors (VAWD) or registered as a manufacturer by the FDA, it must provide a list of officers and directors.
- If the applicant is a partnership or sole proprietorship and not a VAWD or registered as a manufacturer by the FDA, it must provide detailed ownership information as requested in the application.

Additional licensing requirements are specified in NRS 639.500(2) stating:

"The applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The

¹⁰ The Secretary of State's office functions as the business registration agency in most states.

¹¹ The board adapted existing policies and procedures used by the Board of Nursing to process fingerprints through the repository.

[b]oard may require any person on the applicant's list to submit a complete set of fingerprints to the [b]oard if the [b]oard determined that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler."

The wholesale licensing process produces a comprehensive list of individuals who are potential candidates for fingerprinting. The statute gives the board the authority to exercise discretion as to who should submit to fingerprint background checks. However, a person of significant influence isn't explicitly defined by the board. While certain officers of the applicant are required to disclose criminal history and submit to fingerprint background checks, others who exercise significant influence are excluded.

Sampled Applications Showed Shortcomings in Fingerprinting

Since the moratorium, the board had not approved any wholesale licenses that required background checks. The December 2019 meeting marked the first time wholesale applications requiring fingerprints were presented to the board. A total of 62 licenses were presented to the board for approval, none of which had a disqualifying event. Exhibit II shows the breakdown of applications:

Exhibit II

Wholesale Applications December 2019 Meeting

Applications Pending	Exempt Pursuant NAC	Fingerprint Required Pursuant
Approval	639.593(7)	NRS 639.500
62	44	

Source: Nevada Board of Pharmacy.

In our examination of the 62 applications, we found that the board exercised due diligence in determining exemptions based on regulation. The appropriate VAWD, SEC, and FDA documentation was provided in each application packet.

To ensure fingerprint background checks were conducted for non-exempt applications, we cross-referenced fingerprint fee payments to the list of officers provided by each applicant. In three instances we found applicants had provided a list of employees who handled drugs daily but were not fingerprinted. On another application, we found only the president was fingerprinted but not the vice president.

While statute gives the board authority to fingerprint anyone it deems to have significant influence, it does not exercise this authority. Statute was established to enhance public health, welfare, and safety, and the board can continue to do so by taking a proactive approach and performing a more thorough fingerprint process. Individuals who handle drugs daily or have a position of influence within the operation should be identified on every application and be required to submit

fingerprints to ensure public safety during the distribution of wholesale pharmaceuticals.

No Official List to Verify Officers

Per wholesale application and licensing procedures, "All out-of-state applicants must also provide documentation that the applicant is licensed and in good standing in the state in which the applicant has its principal place of business." Our review of applications confirmed that certificates of good standing were provided as required. However, applicants are not required to provide an official list of officers from their domicile business registration agency. Current procedures allow applicants to submit their own list of officers and the lists are not verified for accuracy. An official list from the domicile business registration agency would further allow the board to verify the accuracy of the officers listed on the application.

Conclusion

The board has taken measures to rectify the fingerprint background check process. Enforcing fingerprinting criteria more stringently by explicitly defining persons of influence and requiring applicants to submit a list of officers from their domicile business registration agency would promote public safety by more thoroughly vetting wholesale license applicants.

Recommendation

2. Enforce fingerprint authority more stringently.

Modify Fingerprint Protocols for License Renewals

The Board of Pharmacy should modify fingerprint protocols for wholesale license renewals. Modifying fingerprint protocol would reduce the biennial workload for staff while adopting similar practices used by other boards. Enforcing and reviewing an annual updated list by licensees would screen new officers and persons of influence.

Board Identified and Segregated Applicants

After the moratorium, the board identified and segregated active licensees at the time of the moratorium who required fingerprints but were not processed and those who were exempt per NRS 639.500.¹²

In compliance with NRS 639.505, the board adopted procedures for administrative action against licensees requiring background checks who did not comply with the annual requirement for updated fingerprints. The following procedures are effective at the next license renewal cycle:

- Staff serves written notice via mail to any wholesaler who fails to timely comply with NRS 639.505;
- Executive Secretary files and serves administrative charges pursuant to NRS 233B.127(3) against any wholesaler who doesn't comply;
- Board holds hearing pursuant to NRS 639.247 for any wholesaler licensee for failure to comply with NRS 639.505 and requires that an applicant comply within 20 days or be subject to order to show cause;
- Executive Secretary issues order to show cause pursuant to NAC 639.965 directing any wholesaler licensee to appear before the board; and
- Board holds a show cause hearing pursuant to NAC 639.965 for any wholesaler licensee and revokes or suspends license pursuant to NRS 639.255 and NAC 639.976.

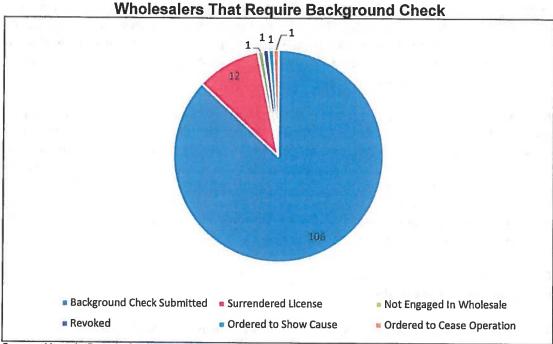
Exhibit III shows a breakdown of the 122 wholesalers that required a fingerprint background check. The board requested new fingerprints from currently licensed wholesalers. During this process some of the wholesalers did not respond or comply with board requests. Of the 122 fingerprint background checks requested:

- 106 wholesalers submitted fingerprints and waivers;
- 12 surrendered their licenses;
- 1 license was revoked;
- 1 licensee was determined to not be engaged in wholesale distribution under NRS 639.0155(3)(a) and did not require a wholesale license; and
- 2 licensees had not complied.¹³

¹² At the time of the moratorium there were 1,138 wholesale licensees.

¹³ One was issued an order to show cause, and one was ordered to cease operation.

Exhibit III



Source: Nevada Board of Pharmacy.

Requiring Fingerprints Biennially May Be Cumbersome

Wholesale license renewals are conducted biennially pursuant to NRS 639.180 and are subject to the additional requirements specified in NRS 639.505. Statute states, "A certificate, license, or permit issued by the Board pursuant to this chapter expires on October 31 of each even-numbered year."¹⁴ The most recent biennial renewal date was October 31, 2018. Since the moratorium, the board has not yet approved wholesale renewals due by October 31, 2020. Nevada regulation requires that each wholesaler applying for a renewal of a license to engage in wholesale distribution of prescription drugs submit a complete set of fingerprints with written permission to authorize the board to forward prints to the repository.¹⁵ This will require the reprocessing of hundreds of duplicate fingerprints that were processed during the initial application and may be cumbersome.

Statute Requires Wholesalers to Submit Updated List of Stakeholders Annually

Per NRS 639.505, "On an annual basis, each licensed wholesaler shall submit to the [b]oard an updated list of each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the wholesaler who is employed by or otherwise contracts with the wholesaler for

¹⁴ NRS 639.180(1).

¹⁵ NAC 639.593(6).

the provision of services in connection with the operation of the licensee as a wholesaler." If a person identified on an updated list of the wholesaler is employed after the board issues a license, that person may be required to submit fingerprints if the board determines the person has the power to exercise significant influence over the operation of the licensee as a wholesaler. Fingerprints are to be submitted within 30 days after being requested.

An updated annual list has not been enforced for wholesale licensees. The board asserts that applicants notify staff of personnel changes when necessary; however, no formal lists have been routinely submitted as proscribed in statute. Ensuring the submission of this documentation would be beneficial to the board as it ensures all new members of significant influence are fingerprinted. Additionally, enforcing the annual list update could offset the number of fingerprints that need to be processed if fingerprints are only required for changes on the applicant's annual list of officers and persons of influence.

Other Boards Do Not Require **Fingerprinting Biennially**

We surveyed three other Nevada boards that regulate healthcare professions: Board of Medical Examiners, Board of Dental Examiners, and Board of Nursing. We found that almost all license types issued by these boards are renewed biennially.

While renewal standards are consistent with that of the Board of Pharmacy, these boards only require fingerprinting for initial licensure and not renewals.¹⁶ Adopting similar practices would reduce the workload for board staff and allow them to use resources more effectively.

Conclusion

Statute requires that each licensed wholesaler submit an updated list of employees annually. This list should be used by the board to determine which individuals have significant influence over the operation and require fingerprints. The board should consider adopting similar practices utilized by other boards by only requiring fingerprinting for initial licensure. Not requiring fingerprints during the renewal phase would help reduce the workload for the board while allowing them to use their resources more effectively.

Recommendation

3. Modify fingerprint protocol for license renewals.

¹⁶ Boards may require fingerprinting where formal disciplinary action is initiated against a licensee.

Improve Overall Licensing Process

The Board of Pharmacy can improve the overall licensing process by:

- Requiring fingerprint background checks for other license types; and
- Accounting for fingerprint fees separately.

Require Fingerprint Background Check for Other License Types

The Board of Pharmacy should require fingerprint background checks for other license types, such as pharmacists, pharmacy technicians, and MDEGs (medical devices, equipment, or gases). To protect the public, the board should license medical professionals and healthcare providers only after conducting a preliminary fingerprint check. Requiring fingerprint background checks will not only enhance public health, safety, and welfare but will help the board become consistent with the professional standards adopted by other Nevada healthcare boards.

Fingerprints Required Only for Wholesalers

The board only requires fingerprints from wholesalers among its 17 different license types, including pharmacists and prescribing individuals, per NRS 639.500. The board forwards fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for a background investigation. Appendix D shows a chart of license categories along with the number of active licenses.

In our review of the licensing procedures for pharmacists, pharmacy technicians, and MDEGs, we found that all applicants are required to disclose information regarding mental illness, substance abuse, and any history of criminal or administrative actions brought against the applicant with evidence of the outcome. However, aside from self-reporting, there is no process to verify criminal history with FBI records.

Other States Fingerprint Pharmacy and Prescribing Professionals

We surveyed other states to determine what license types were required to submit fingerprints. The following states require fingerprint background checks for pharmacy and prescribing professionals:

Arizona: pharmacists, pharmacy technician trainee, pharmacy technicians, interns;

Oregon: pharmacists, pharmacy technicians, certified pharmacy technicians, and pharmacy interns;

Utah: pharmacists, pharmacy technicians, prescribing nurses; and **Washington:** pharmacists, interns, and pharmacy assistants.

Pharmacists and pharmacy technicians make up a large portion of active licenses issued by the Nevada Board of Pharmacy; however, none are subject to background checks as required by other states.

Other Nevada Boards Fingerprint Healthcare Professionals

We surveyed other Nevada boards that regulate healthcare professionals. Boards showed an aggressive approach to fingerprinting.

Board of Medical Examiners: all licensure category applicants are fingerprinted as part of the application process (NRS 630.167);

Board of Dental Examiners: every applicant applying for a license to practice dentistry or dental hygiene must submit a complete set of fingerprints (NRS 631.220);

Board of Nursing: an applicant for a license must submit to the board a complete set of fingerprints (NRS 632.344); and

Physical Therapy Board: application for a licensure as a physical therapist or a physical therapist assistant must submit to the board a complete set of fingerprints (NRS 640.090).

Other Nevada boards regulating healthcare professionals have taken a more widespread approach to fingerprinting applicants. The Board of Pharmacy statute limits fingerprint background checks to pharmaceutical wholesalers and neglects a large portion of pharmaceutical professionals dealing directly with the public.

Conclusion

The board should do its due diligence to confirm individuals do not have a criminal history or any disciplinary action that would exclude them from obtaining a license. Currently only wholesalers are subject to background checks. Professional standards developed by other states and boards suggest that the board request fingerprints from other licensures. Requiring fingerprint background checks for other license types would enhance public health, safety, and welfare.

Recommendation

4. Require fingerprint background checks for other license types.

Account for Fingerprint Fees Separately

The Board of Pharmacy should account for fingerprint fees separately. Accounting for fees separately will provide greater transparency and more accurate fiscal information to the board.

The amount of fees collected for fingerprint processing could not be determined through financial records and had to be queried through the board's case management system.

Board in Process of Returning Dormant Fees

The board has been collecting fees for background checks since 2006 without processing the associated fingerprint cards. These fees have remained dormant because fingerprint cards have not been processed. The failure to process fingerprint cards was first identified in August 2012 and again in August 2018 following the Civil Name Check Audits conducted by the Records, Communication, and Compliance Division (repository). In response to the most recent audit of the fingerprint process on August 22, 2019, DPS instructed the board to stop using the bank account to deposit fingerprint fees until it was audited and received direction from the Governor's Office.

The money from background check fees is currently in a non-interest-bearing account.¹⁸ These funds were moved from an interest-bearing account when the board was told to open a new account in August 2018. The board agrees with DPS' recommendation to return all fees and has reconciled fees with applicants who submitted them. A total of \$53,000 in dormant fees are being returned.

Board to Apply Interest to All Fees

The board is in the process of determining a method for calculating interest for reimbursements. Fees from different accounts were commingled prior to being moved to a non-interest-bearing account. The board believes that the best approach moving forward would be to apply interest to each refund amount. Fees for applicants that the board cannot locate will be transferred to the State Treasurer's Unclaimed Property Account in accordance with NRS 120A.500.

¹⁸ NRS 639.081 requires that all money coming in the possession of the Board must be kept or deposited in banks, credit unions, savings and loan associations or savings banks in the State of Nevada, or invested in United States treasury bills or notes.

Board Paid for Fingerprints

Following the issuance of the moratorium in May 2019, the board determined which licensees' fingerprints it had not processed and were still valid. At the direction of DPS the board processed these fingerprints at board expense using their operating budget, not fees, in the interest of expediency. Moreover, the board also paid to process fingerprints from those licensees for which new fingerprint cards were necessary. The board will seek reimbursement of the \$12,400 in fingerprint costs after refunds are completed.

Disciplinary Fingerprint Fees Commingled with Other Fees

Per NRS 622.360, "If a regulatory body initiates disciplinary proceedings against a licensee pursuant to this title, the regulatory body may require the licensee to submit to the regulatory body a complete set of fingerprints and written permission authorizing the regulatory body to forward the fingerprints to the Central Repository of Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report." The board collected \$2,200 in disciplinary fingerprint fees. These fees were not related to wholesalers but were deposited in the same account as wholesale fingerprint fees and other operating funds. These fees also need to be returned because the fingerprints were not processed.

Conclusion

The amount of fees collected for fingerprint processing since the inception of the statutory requirement was not readily determinable. The fingerprint fees should, at a minimum, be accounted for separately because NRS 639.081 does not require a separate account for fingerprint fees or specify whether such account would be interest or non-interest bearing. Accounting for fees separately will allow users to distinguish between fees types and promote greater transparency in the future.

Recommendation

5. Account for fingerprint fees separately.

Appendix A

Scope and Methodology, Background, Acknowledgements

Scope and Methodology

We began the audit in June 2019. In the course of our work, we interviewed management and discussed processes inherent to the Board of Pharmacy. We researched division records, policies and procedures, professional publications, applicable Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), and other state and federal guidelines. Additionally, we reviewed applicable federal and independent reports and audits. We concluded fieldwork in December 2019.

We conducted our audit in conformance with the *International Standards for the Professional Practice of Internal Auditing.*

Background

The Nevada Board of Pharmacy is governed by NRS 639, which sets forth the general provisions of the board. The board concentrates on four areas of the practice of pharmacy to protect the public: proper credentialing and inspection of licenses; adoption of regulations as necessary to further legislative intent; providing timely access to accurate information in Nevada's Prescription Monitoring Database; and investigation of complaints filed by the public on activities within the board. The board currently has 40,000 licenses in 17 different license types including wholesalers, pharmacists, and proscribing individuals.

On May 3, 2019 a temporary moratorium was instituted on the award of any wholesale pharmacy licenses or renewal of such licenses. This action was the result of allegations that the board had failed to provide statutorily required fingerprints to the Records, Communication, and Compliance Division (repository). On August 22, 2019 the repository conducted an audit on the board's Civil Name Check process to ensure that adequate policies and procedures, controls, safeguards, documentation, and practices were in place which complied with federal and state guidelines. The board was found to be in full compliance with FBI and state policies.

As a complementary review of the board's practices, the Division of Internal Audits was instructed to conduct an emergency audit of the board in August. DIA found that the board was in full compliance with the law and requested that the Governor lift the temporary moratorium on eligible wholesale license applicants, return

dormant fingerprint card fees to applicants, and continue their review of the pharmacy board. All suggestions were accepted by the Governor, who lifted the moratorium on October 29, 2019.

Acknowledgments

We express appreciation to the Board of Pharmacy management and staff for their cooperation and assistance throughout the audit.

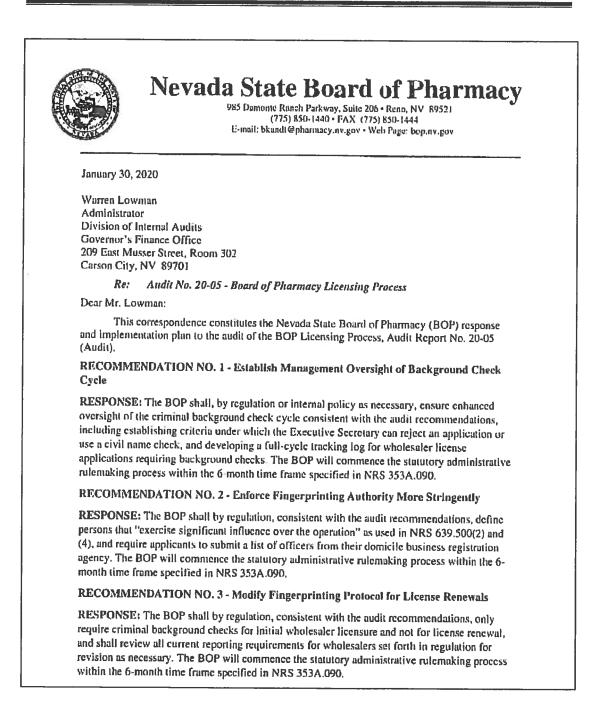
Contributors to this report included:

Jeff Landerfelt, MBA Executive Branch Audit Manager

Saranjeet Bains, MBA Executive Branch Auditor

Appendix B

Board of Pharmacy Response and Implementation Plan



Warren Lowman January 30, 2020 Page 2

RECOMMENDATION NO. 4 - Require Fingerprint Background Check for Other License Types

RESPONSE: The BOP notes that there are compelling policy justifications for requiring criminal background checks for other license categories and that this would require legislative action, which cannot occur prior to the 2021 Nevada Legislative Session.

RECOMMENDATION NO. 5 - Account for Fingerprint Fees Separately

RESPONSE: Consistent with the audit recommendation, the BOP now maintains a separate account for fingerprint fees.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@plummacv.nv.gov.

Best regards,



Brett Kandt General Counsel Nevada State Board of Pharmacy

Appendix C

Timetable for Implementing Audit Recommendations

In consultation with the Board of Pharmacy (board), the Division of Internal Audits categorized the recommendations contained within this report into two separate implementation time frames (i.e., *Category 1* – less than six months; *Category 2* – more than six months). The board should begin taking steps to implement all recommendations as soon as possible. The boards target completion dates are incorporated from Appendix B.

Category 1: Recommendations with an anticipated implementation period less than six months.

Recommendation	<u>Time Frame</u>
 Establish management oversight of background check cycle. (page 2) 	Aug 2020
2. Enforce fingerprint authority more stringently. (page 9)	Aug 2020
3. Modify fingerprint protocol for license renewals. (page 12)	Aug 2020
4. Account for fingerprint fees separately. (page 18)	Aug 2020

Category 2: Recommendations with an anticipated implementation period exceeding six months.

	Recommendations	<u>Time Frame</u>
5.	Require fingerprint background checks for other license types. (page 15)	Aug 2021

The Division of Internal Audits shall evaluate the action taken by the board concerning the report recommendations within six months from the issuance of this report. The Division of Internal Audits must report the results of its evaluation to the Executive Branch Audit Committee and the board.

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Appendix D

Nevada State Board of Pharmacy Licenses

LICENSE CATEGORY	NUMBER OF ACTIVE LICENSES
APRN [NRS 639.1375: Prescribe NAC 639.850 and .854/Dispensing NAC 639.870 and .879*]	213 (prescribe)
Controlled Substance [NRS 453.226]	13011
Dispensing Practitioner [NRS 639.0727, NAC 639.742]	333
Dispensing Technician [NRS 639.0727, NAC 639.7425]	265
Dispensing Technician Trainee (NRS 639.0727, NAC 639.7425)	90
Dispensing Veterinarian (NRS 639.070, NAC 639.7423)	62
Intern Pharmacist [NRS 639.137, NAC 639.262]	646
Manufacturer [NRS 639.100, NRS 639.233]	2
Medical Devices, Equipment, Gas (NRS 639.233, NAC 639.6942)	699
Outsourcing Facility [NRS 639.100, NAC 639.6915 (manufacturer) and .6916 (pharmacy)]	17
Pharmaceutical Technician (NRS 639.1371, NAC 639.240)	4959
Pharmaceutical Technician Trainee [NRS 639.1371, NAC 639.240]	1331
Pharmacist [NRS 639.127, NAC 639.205]	8145
Pharmacy [NRS 639.230 and .231; NAC 639.214 and .215]	1654
Physician Assistant [NRS 639.1373: Prescribe NAC 639.272/Dispensing NAC 639.272*]	53 (prescribe)
/eterinary Drug Supplier [NRS 639.2345]	31
Varehouse [NRS 639.070, NAC 639.631]	7
Wholesaler [NRS 639.100, NRS 639.233, NAC 639.593]	1138

*APRNs and Physician Assistants are licensed to dispense as Dispensing Practitioners

Appendix E

Nevada State Board of Pharmacy Action Plan

NEVADA STATE BOARD OF PHARMACY (BOP) ACTION PLAN IN RESPONSE TO GOVERNOR'S 5-3-19 DIRECTIVE REGARDING WHOLESALER BACKGROUND CHECKS REQUIRED BY NRS 639.500

Action	Completion Date
Hold processing of all pending wholesaler license applications per Governor's 5-3-19 directive	5/6/19
Meet with DPS to formulate action plan	5/6/19
Locate and transfer all fingerprint cards in BOP possession to DPS	5/6/19
Identify number of wholesalers currently licensed, number currently licensed subject to NRS 639.500, number of wholesaler license applications pending, and number of pending applications subjects to NRS 639.500	5/7/19
Identify, segregate and account for all Background Check Fees previously collected and not remitted to DPS and identify each applicant/payee	5/8/19
Establish separate bank account for all newly-submitted all Background Check Fees	5/9/19
AT DPS HQ perform review of all fingerprint cards not previously submitted to DPS and determine number of submitted cards now out-of-date and segregate; submit all fingerprint cards not out-of-date for background check reports [no additional fees assessed/DPS invoices paid out of BOP operating account]	5/9/19
Implement temporary policies and procedures and record retention schedule for fingerprint card submissions and background check report processing	5/9/19
Correct Background Check Fee on BOP website from \$45.00 to \$36.75	5/9/19
Implement use of DPS Fingerprint Background Waiver Form	5/9/19
Revise all other relevant BOP website information, instruction sheets, and forms as necessary	5/9/19
Execute Background Check User Agreement with DPS	5/9/19
Meet with DPS for status report, training of all personnel authorized to handle fingerprint card submissions and background check reports, and approval of BOP actions to date	5/9/19
Submit BOP Authorized Personnel List to DPS	5/10/19
Obtain DPS approval to return wholesaler applications submitted with overpayment of Background Check Fee and request resubmittal with correct fee	5/10/19
Designate Background Check Specialist to receive, review and process fingerprint card submissions and background check reports and designate secure facility for same	5/14/19

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Appendix E (Continued)

Obtain DPS authorization to place pending wholesaler license applications that do not require background checks on BOP 6-6-19 meeting agenda for review and action	5/15/19
Resume processing wholesaler license applications per DPS authorization	5/15/19
Notify current wholesaler licensees who require background checks to submit fingerprint cards	5/24/19
Implement revised policies and procedures for fingerprint card submissions and background check report processing	5/28/19
Pending wholesaler license applications that do not require background checks approved by BOP	6/06/19
Submit updated BOP Authorized Personnel List to DPS	6/12/19
Commence submitting fingerprint cards from current wholesaler licensees to DPS [no additional fees assessed/DPS invoices paid out of BOP operating account]	6/13/19
Commence submitting fingerprint cards from new wholesaler licensee applicants to DPS	6/13/19
Obtain DPS approval to 1) refund overpayment of Background Check Fees previously accepted directly to applicants; 2) correct and process Fingerprint Background Waiver Forms submitted by applicants that reference an incorrect state agency; and 3) accept and process Fingerprint Background Waiver Forms submitted with a stamped signature	6/14/2019
Refund pending wholesaler license applications submitted with incorrect fee	6/14/19
Increase Background Check Fee from \$36.75 to \$40.25 in conformance with DPS all-agency directive and revise Fingerprint Submission Instructions and BOP website as necessary	7/1/19
Contact current wholesaler licensees regarding background checks with disqualifying events that failed to self- disclose on application	7/8/19
Provide DPS updated information on 1) number of current wholesaler licensees subject to NRS 639.500 with subsequent background checks performed; 2) number of current wholesaler licensees whose subsequent background checks revealed disqualifying event; 3) accounting of fingerprints fees collected; 4) timeline for completing all background checks for current wholesaler licensees subject to NRS 639.500	7/19/19
Second notification to any current wholesaler licensees who have not responded 5-24-19 BOP request to submit fingerprint cards for background checks	7/23/19
Reinstitute moratorium of processing of all pending wholesaler license applications until further directed	7/26/19
Notice appearances on BOP 9-4-19 meeting agenda for any current wholesaler licensees whose subsequent background checks reveal undisclosed disqualifying event resulting in conviction	8/14/19
Review background checks for current wholesaler licensees returned with disqualifying events and reconcile self-disclosures on previously-submitted applications	8/30/19
Notice revocation hearings for any current wholesaler licensees who have not responded 7-23-19 BOP request to submit fingerprint cards for background checks	8/30/19
Direction from Governor on disposition of previously collected Background Check Fees not submitted to DPS/no background check performed	PENDING
Resume processing wholesaler license applications per Governor's authorization	PENDING

EXECUTIVE SECRETARY REPORT – March 18th 2020

- FINANCIAL REPORT
- TEMPORARY LICENSES

• STAFF ACTIVITIES

- Meetings with Other Health Care Boards
- Opioid Prescribing for Nurses Dave Jones
- Legislative Committee on Regulations Dave
- EBAC Meeting Dave

• REPORT TO BOARD

• Licensing software update

• BOARD RELATED NEWS

• ACTIVITIES REPORT

- PMP Integration
- Naloxone at Burning Man

TEMPORARY LICENSES (Issued since last board meeting)

<u>CVS</u>

Steven Ohata

Log
racking
ulatio
Reg

		Company Contraction		201				
Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.NEW PMP Regulations	07/18/19	07/19/19	R035-19	09/25/19	10/22/19	12/05/19	01/29/20	02/07/20
639.NEW & 453.190 – Payment of Fees	07/18/19	07/19/19	R033-19	08/27/19	10/22/19	12/05/19	01/29/20	02/07/20
639.220 – Schedule of Fees	07/18/19	07/19/19	R034-19	08/02/19	08/03/19	09/05/19	09/06/19	10/30/19
639.240-242-7425 – Applicant with Criminal Conviction	09/05/19	09/12/19	R072-19	10/07/19	10/22/19	12/05/19	01/29/20	02/07/20
639.NEW – Managing Pharmacist CE Requirement	09/05/19							
639.NEW – NPDB Reporting	09/05/19	09/12/19	R070-19	10/22/19	11/01/19	12/05/19	01/29/20	02/07/20
453.NEW – Inactive Status	09/05/19	09/12/19	R071-19	10/16/19	10/22/19	12/05/19	01/29/20	02/07/20
453.510 – Schedule I	09/05/19	09/12/19	R073-19					
639.NEW – Criminal Conviction/	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20		
Administrative Action Reporting (Licensee)								
453.510 - Schedule I - Etizolam	10/10/19	10/18/19	R093-19	11/29/19	01/29/20	03/19/20		
639.NEW - Petition for review of criminal history	12/05/19 01/16/20	02/13/20 - On hold due to Nevada Department of Public Safety notice	hold due to	Nevada De	epartment c	of Public Sa	ifety notice.	
639.NEW – Treatment of Partners	01/16/20	01/21/20	R008-20					
639.NEW – Delivery of a Prescription to Practitioner	01/16/20	01/21/20	R009-20					
453.520: Schedule II - 4-ANPP; despropionyl fentanyl	03/19/20				-			
639.NEW – Licensing/regulating wholesalers.	03/19/20							
639.NEW - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health	03/19/20							

Regulation Tracking Log



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Web Page: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT JANUARY 15-16, 2020 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the January 2020 Board meeting.

Licensing Activity:

- 12 licenses were granted for Out-of-State pharmacies.
- 8 licenses were granted for Out-of-State Compounding pharmacies.
- 13 licenses were granted for Out-of-State Medical Devices, Equipment and Gases (MDEG) companies.
- 3 licenses were granted for Out-of-State Outsourcing Facility.
- 1 license was granted for Nevada MDEG companies.
- 3 licenses were granted for Nevada pharmacies.
- 1 license was granted for Nevada Ambulatory Surgery Centers.
- 11 licenses were granted for Out-of-State Wholesalers
- 1 license was granted for Nevada Wholesaler
- 2 licenses were granted for Pharmaceutical Technicians in Training
- 2 licenses were granted for Pharmaceutical Technicians
- 6 license renewals were granted for Pharmacists
- 1 license was granted for APRN Prescribe

Disciplinary Actions:

- Pharmacist CQ shall pay a \$250 fine, \$250 administrative fee and complete 2 additional CEU on error prevention for misbranding a partial fill of a medication for a patient.
- Walgreens #7032 shall pay a \$3,000 fine and a \$250 administrative fee as the pharmacy owner responsible for the errors of its employees.
- DS' pharmaceutical technician registration was revoked effective immediately for a minimum of one year for performing or in any way being party to any fraudulent or deceitful practice or transaction.
- MY's pharmaceutical technician registration was revoked effective immediately for a minimum of one year for performing or in any way being party to any fraudulent or deceitful practice or transaction.
- AN shall receive a Letter of Reprimand and shall pay a \$5,000 fine and \$950 administrative fee for failing to timely renew his controlled substance registration and for writing 33 prescriptions without a valid registration.
- Pharmacist SS shall voluntarily surrender his registration and shall pay a \$750 administrative fee. SS shall reappear before the Board if he chooses to apply for licensure for failure to maintain perpetual inventories of controlled substances and fail.
- Nellis Care Pharmacy shall pay a \$3,000 fine and \$750 administrative fee as the pharmacy owner responsible for error of its employees.
- Westminster Pharmaceutical's Wholesaler license was suspended. The suspension stayed to provide Board Staff time to receive and review a current list of officers/directors, fingerprint cards and authorization to submit the fingerprint cards to the Repository.
- DC's did not comply with the Board's Order and his Pharmacist Registration renewal application was denied.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Licensing software update was provided.

Workshop:

1. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will add a new regulation for the Board to consider a petition for review of criminal history pursuant to AB 319.

2. Amendment of Nevada Administrative Code (NAC) Chapter 639. The proposed amendment will authorize the treatment of partners for a shared communicable disease upon the diagnosis of one of the partners.

3. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will authorize the delivery of a prescription drug to a practitioner for administration to the ultimate user or patient if the FDA has made a determination that the drug is dangerous for the ultimate user or patient to possess.

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PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R093-19

November 20, 2019

EXPLANATION - Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the controlled substances listed in schedule I; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule controlled substances listed in schedule I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) This regulation adds the substance known as Etizolam, which is not currently listed under the federal Controlled Substances Act (21 C.F.R. § 1308.11), to the list of controlled substances in schedule I of the Uniform Controlled Substances Act.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by

whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following

opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers,

esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible

within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-

phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alphaacetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;

1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-

phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-

phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-

piperidinyl]-N-phenylpropanamide);

Beta-hydroxythiofentanyl (trade or other names: N-[1-[2-hydroxy-2-(thiophen-2-

yl)ethyl]piperidin-4-yl]-N-phenylpropionamide; N-[1-[2-hydroxy-2-(2-thienyl)ethyl]-4-

piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Butyryl fentanyl (trade or other names: N-(1-phenethylpiperidin-4-yl)-N-

phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacylmorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-

phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyl fentanyl;

Acetyldihydrocodeine;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphinol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate; Morphine-N-Oxide; Myrophine; Nicocodeine; Nicomorphine; Normorphine; Pholcodine; or Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

4-(2-chlorophenyl)-2-ethyl-9-methyl-6H-thieno[3,2-f][1,2,4]triazolo[4,3-a][1,4]diazepine (some trade or other names: Etizolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alphamethylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivative thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; No-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-NBOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe);

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

- 3-[(2-Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N, N-dimethyltryptamine;4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT);
- 5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

- 5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);
- 4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);
- 2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);
- [1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH-018 indazole);
- [1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);
- [1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophyenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);
- (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

- 1-(5-fluoropentyl)-N-(tricyclo[3.3.1.13,7]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA;
- 1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22);

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

- 4-methoxyamphetamine (some trade or other names: 4-methoxy-alphamethylphenethylamine; para-methoxyamphetamine; PMA);
- (4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

- 3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);
- 1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

- N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1pentyl-N-tricyclo[3.3.1.13,7]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48);
- N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3carboxamide (trade or other names: ADB-CHMINACA; MAB-CHMINACA);
- N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (trade or other name: ADB-PINACA);
- N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);
- N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (trade or other name: AB-FUBINACA);
- N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3carboxamide (trade or other name: AB-CHMINACA);
- N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alphamethyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

- (1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);
- 1-pentyl-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);
- 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, Ndimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; N,N-DMT; N,N-Dimethyltryptamine);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*); Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii Lemaire*, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Salvinorin A (some trade or other names: Divinorin A; Methyl

(2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy);

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP); or Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-

trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

- Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidin-1-yl)butan-1-one, alphapyrrolidinobutiophenone);
- Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alphapyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387); Aminorex;
- Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);
- Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alphaaminopropiophenone; 2-aminopropiophenone; norephedrone);
- Dimethylone (some trade or other names: 3,4-methylenedioxy-N,Ndimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4- methylenedioxycathinone; N,N-dimethylβ-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-

(dimethylamino)propan-1-one; bk-MDDMA);

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-

benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA);

Fenethylline;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-

fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoro-N-methylcathinone, 1-(4fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

Mephedrone (some trade or other names: Methylmethcathinone, 4-Methylmethcathinone,

4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-

Methoxymethcathinone, bk-PMMA, methoxyphedrine);

4-methyl-alpha-pyrrolidinopropiophenone (some trade or other names: 1-(4methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one, 4-MePPP);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazolamine);

Methylenedioxypyrovalerone (some trade or other names: 3,4-

Methylenedioxypyrovalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-

methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone,

Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethyl-

benzeneethanamine; N,N-alpha-trimethylphenethylamine);

N-ethylamphetamine;

Naphyrone (some trade or other names: 1-(naphthalen-2-yl)-2(pyrrolidin-1-yl)pentan-1one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482); Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, αmethylaminovalerophenone); or

Pentylone (trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)pentan-1-one; beta-keto-methylbenzodioxolylpentanamine; bk-MBDP; bk-methyl-K).

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule, Tetrahydrocannabinols (natural or synthetic equivalents of substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers;

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

- Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus Cannabis;
- Synthetic equivalents of tetrahydrocannabinol substances or synthetic substances, derivatives and their isomers with a similar chemical structure; and

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule, any material, compound, mixture or preparation which contains any quantity of CBD (natural or synthetic equivalents of the substances contained in the plant or in the resinous extractives of Cannabis sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

36A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop March 19, 2020

Explanation – Language in *blue italics* is new; language in *red text* [*omitted material*] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule II; and providing other matters properly relating thereto.

NAC 453.520 Schedule II. (NRS 453.146, 453.2182, 639.070)

1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrorphan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

Codeine:

Diprenorphine;

Ethylmorphine;

Etorphine hydrochloride;

Granulated opium;

Hydrocodone;

Hydrocodone combination product (meaning any product that contains hydrocodone in combination with any other active ingredient);

Hydromorphone; Metopon;

Morphine;

Opium extracts;

Opium fluid;

Powdered opium;

Raw opium;

Oxycodone;

Oxymorphone;

Thebaine; and

Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzolyecgonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrorphan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;

Alphaprodine;

Anileridine;

4-Anilino-N-Phenethyl-4-Piperidine (ANPP) (some trade or other names: 4-ANPP; despropionyl fentanyl);

Bezitramide;

Bulk dextropropoxyphene (in nondosage forms);

Carfentanil;

Dihydrocodeine;

Diphenoxylate;

Fentanyl;

Isomethadone;

Levo-alphacetylmethadol (some trade or other names: levo-alpha-acetylmethadol; levomethadyl acetate; LAAM);

Levomethorphan;

Levorphanol;

Metazocine;

Methadone;

Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;

Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid; Pethidine (meperidine);

Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;

Pethidine-Intermediate-B, ethyl-4-phenylpiperdine-4-carboxylate;

Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;

Phenazocine;

Piminodine;

Racemethorphan;

Racemorphan;

Ramifentanil;

Sufentanil; or Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

(a) Amphetamine, its salts, optical isomers and salts of optical isomers;

(b) Phenmetrazine and its salts;

(c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration;

(d) Methylphenidate; or

(e) Lisdexamfetamine.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital; Glutethimide; Pentobarbital; or Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or 1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

8. Dronabinol oral solution in a drug product approved by the Food and Drug Administration (some trade or other names: (6aR,10aR)-6a,7,8,10a-Tetrahydro-6,6,9-

trimethyl-3-pentyl-6H-dibenzo[b,d]-pyran-1-ol; (-)-delta-9-trans-tetrahydrocannabinol; Syndros) is hereby enumerated on schedule II. 36B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop - March 19, 2020

Explanation – Language in *blue italics* is new; language in *red text* [*omitted material*] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.100; NRS 639.500

A REGULATION relating to the wholesale distribution of prescription drugs; and providing other matters properly relating thereto.

Section. 1. NAC Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

NAC 639.589X "Person who exercises significant influence over the operation" defined. (<u>NRS 639.070</u>, <u>639.100</u>, <u>639.500</u>) "Person who exercises significant influence over the operation" means:

- 1. A general or limited partner of a partnership;
- 2. An officer or director of a corporation;
- 3. A sole proprietor;
- 4. A person designated as a representative pursuant to NAC 639.5935(1);
- 5. Any person with a controlling interest in ownership;
- 6. Any person holding more than 10 percent of the corporate stock; and
- 7. Any other person identified by an applicant, a licensed wholesaler, or the Board.

Section. 2. NAC Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

NAC 639.5XXX Rejection of fingerprints by the Central Repository for Nevada Records of Criminal History; name check. (NRS 639.070, 639.100, 639.500)

1. If a set of fingerprints from a person required to submit fingerprints pursuant to <u>NRS</u> <u>639.500</u> is rejected by the Central Repository for Nevada Records of Criminal History, the person must submit a second complete set of fingerprints.

2. If, after resubmission of a second set of fingerprints from a person required to submit fingerprints pursuant to <u>NRS 639.500</u>, the second set of fingerprints is rejected by the Central Repository for Nevada Records of Criminal History, the Executive Secretary shall request a name-based background check for that person.

Section. 3. NAC Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

NAC 639.5XXX Submission of additional fingerprints; prohibitions. (NRS 639.070, 639.505) Each licensed wholesaler submitting to the Board an updated list pursuant to NRS 639.505 must submit:

1. A complete set of fingerprints from any person identified on the updated list who exercises significant influence over the operation as defined in NAC 639.589X who has not previously submitted fingerprints pursuant to NRS 639.500; and

2. Written permission from each person who submitted fingerprints authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

Section. 4. NAC 639.593 is hereby amended as follows:

NAC 639.593 Licensing requirements; consideration of transaction as wholesale transaction; transferability and renewal of license. (NRS 639.070, 639.100, 639.500)

1. Each applicant for a license to engage in the wholesale distribution of prescription drugs must submit an application to the Board. The application must be made on a form furnished by the Board. The application must include:

(a) The name, business address and telephone number of the applicant and the address of the facility, if different from the address of the applicant;

(b) All trade or business names used by the applicant;

(c) The address, telephone number and name of the person who manages the facility;

(d) The type of ownership or operation of the facility;

(e) Except as otherwise provided in subsection 7:

(1) A complete set of fingerprints from each person *who exercises significant influence over the operation as defined in NAC 639.589X and* required to submit fingerprints pursuant to NRS 639.500; and

(2) Written permission from each person who submitted fingerprints authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(f) If the applicant is a:

(1) Natural person, the name of the person.

(2) Partnership, the name of the partnership and the name of each partner.

(3) Corporation, the name and title of each officer and director of the corporation *from the domicile business registration agency*, the corporate name and the state of incorporation, and the name of the parent company, if any.

(4) Sole proprietorship, the name of the sole proprietor and the name of the business entity.2. If a wholesaler distributes prescription drugs from more than one facility, the wholesaler must obtain a license for each facility.

3. The Board will not consider the sale or distribution of a prescription drug to be a wholesale transaction if the sale, distribution or other transaction involving the prescription drug is a sale, distribution or other transaction in which:

(a) A wholesaler licensed by the Board or the relevant authority of another state sells, distributes or otherwise provides a prescription drug to a wholesaler or pharmacy licensed by the Board;

(b) Both the transferring wholesaler and the transferee are wholly owned by a common owner; and

(c) The common owner is a publicly traded corporation.

 \rightarrow For the purposes of this subsection, a wholesaler whose transaction does not comply with the provisions of paragraphs (a), (b) and (c) may apply to the Board to consider the transaction of the

wholesaler not to be a wholesale transaction if the wholesaler provides proof that is satisfactory to the Board that the proposed transaction will not endanger the public and is not proposed for the purpose of evading the provisions of this chapter and <u>chapter 639</u> of NRS. The Board will consider such a transaction to be a wholesale transaction until the Board approves the application of the wholesaler.

4. An applicant shall submit to the Board any change in the information required by this section within 30 days after the change occurs.

5. A license issued by the Board is not transferable.

6. *Except as otherwise provided in subsection 7, each wholesaler applying for renewal of a license to engage in the wholesale distribution of prescription drugs must submit:*

(b) Written permission from each person who submitted fingerprints authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

(a) The wholesaler's securities are publicly traded and regulated by the Securities Exchange Act of 1934, as amended, 15 U.S.C. §§ 78a et seq.;

(b) The wholesaler is owned by a corporation whose securities are publicly traded and regulated by the Act;

(c) The wholesaler is accredited by the National Association of Boards of Pharmacy under the **Drug Distributor Accreditation program (formerly** Verified-Accredited Wholesale Distributors program);

(d) The wholesaler is a manufacturer of prescription drugs; or

(e) The wholesaler is a facility that distributes prescription drugs manufactured by a single manufacturer.

Section. 5. NAC 639.5931 is hereby amended as follows:

NAC 639.5931 Submission of fingerprints: Required method. (NRS 639.070, 639.500, 639.505) A person who is required to submit a complete set of his or her fingerprints to the Board pursuant to NRS 639.500 or 639.505 or NAC 639.593 must may submit the fingerprints electronically in a format prescribed by the Board.

Section. 6. NAC 639.5935 is hereby amended as follows:

NAC 639.5935 Representative of wholesaler: General requirements; exceptions; approval; enforcement. (NRS 639.070, 639.100)

1. Except as otherwise provided in this subsection, an applicant for a license, or a licensee with a license, to operate as a wholesaler shall designate at least one natural person to serve as the representative of the wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a wholesaler pursuant to this section unless the Executive Secretary determines that the designated natural person meets the qualifications set forth in subsection 2 and approves that natural person to be the designated representative of the

wholesaler. The requirement to designate a representative set forth in this subsection does not apply to:

(a) An applicant that is a publicly traded corporation; or

(b) An applicant in which a majority interest of the applicant is owned by a pharmacist who is:

(1) Licensed by the Board;

(2) A resident of this State; and

(3) Not an owner of any interest in a pharmacy licensed by the Board.

2. Except as otherwise provided in subsection 3, the Board will approve a natural person as the representative of a wholesaler if the applicant for a license to operate as a wholesaler or the licensee presents proof satisfactory to the Executive Secretary that the natural person:

(a) Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping relating to, prescription drugs; *and*

(b) Has received a score of at least 75 percent on an examination given by the Board regarding federal and state laws and wholesaler practices; and

(c) Is at least 21 years of age.

3. The Board may, based upon any of the grounds set forth in <u>NRS 639.210</u>, refuse to approve a natural person for service as the representative of a wholesaler, regardless of whether the person is otherwise qualified.

4. A representative of a wholesaler designated pursuant to this section:

(a) Must be actively involved in and aware of the actual daily operation of the wholesaler;

(b) Must be employed full-time in a managerial level position with the wholesaler;

(c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences; and

(d) May serve in this representative capacity for only one wholesaler at a time.

5. A wholesaler that is required to designate a natural person as its representative pursuant to this section shall not open or operate a facility unless that representative is actually employed fulltime in the operation of the wholesaler and is physically present at the facility of the wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. *If the natural person designated as the representative of a wholesaler leaves the employ of the wholesaler, thus leaving the wholesaler without a representative in violation of this section, the wholesaler shall:*

(a) Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the wholesaler; and

- (b) Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the wholesaler has left the employ of the wholesaler.

6. Before a change in the designated representative: Before a wholesaler that is in violation of this section because the natural person designated as the representative of the wholesaler left the employ of the wholesaler may continue conducting business:

(a) The wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the wholesaler; and

(b) The Executive Secretary must approve the natural person so designated.

7. A wholesaler that operates without a representative in violation of this section is subject to the immediate suspension of its license *and must cease operations in this State* until it employs a qualified natural person to be its representative. The Executive Secretary may take such action as

deemed necessary to secure the facility of the wholesaler and to ensure that the wholesaler does not conduct business during the period of the suspension.

Section. 7. NAC 639.5938 is hereby amended as follows:

NAC 639.5938 Filing of single bond for multiple sites. (NRS 639.070, 639.515) Upon application from a wholesaler, the Board may allow a single bond.

1. Oof \$100,000 to serve as the bond required pursuant to <u>NRS 639.515</u>, for multiple sites if all sites are owned by a common owner who has a **documented** net worth of more than \$25,000,000. **The owner must provide evidence satisfactory to the Board demonstrating adequate net worth.**

<u>2. In an amount determined by the Board to serve as the bond required pursuant to NRS</u> <u>639.515</u>, for multiple sites where the wholesaler participates exclusively in transactions that the Board considers not to be a wholesale transaction pursuant to subsection 3 of NAC 639.593.

Section. 8. NAC 639.594 is hereby amended as follows:

NAC 639.594 Establishment of ongoing relationship. (NRS 639.070, 639.100, 639.595)

1. An ongoing relationship between a wholesaler and a manufacturer must be *established documented* by:

(a) A written franchise, license or other agreement between a manufacturer and wholesaler to distribute prescription drugs;

(b) The presence of the wholesaler on a list of distributors with which the manufacturer does business, created by the manufacturer and located on a publicly accessible website maintained by the manufacturer; or

(c) The existence of the purchase by the wholesaler of at least 5,000 sales units of prescription drugs from the manufacturer within the 12 months immediately preceding the transaction for which the wholesaler claims to have an ongoing relationship and:

(1) **The Board or a** A purchasing wholesaler verifying the purchase with the manufacturer at its main corporate office in the United States; or

(2) The wholesaler maintaining invoices showing that the purchase was made directly from the manufacturer which include an account number assigned by the manufacturer to the wholesaler's address of record on file with the Board.

2. The records *establishing documenting* an ongoing relationship between a wholesaler and a manufacturer must be:

(a) If the facility is located within this State, maintained at the facility of the wholesaler throughout the period that such a relationship exists;

(b) Maintained for 3 years after the termination of any such relationship; and

(c) Available for review and copying by the Board or by any authorized representative of a federal, state or local agency.

3. An ongoing relationship between a wholesaler and a manufacturer may be attributed to an affiliated wholesaler if:

(a) The affiliated wholesaler is licensed by the Board or the relevant authority of another state;

(b) The wholesaler who has the ongoing relationship with the manufacturer and the affiliated wholesaler are wholly owned by a common owner; and

(c) The common owner is a publicly traded corporation.

4. As used in this section, "sales unit" means any standard container or unit of packaging used by the manufacturer for the prescription drug.

Section. 9. NAC 639.601 is hereby amended as follows:

NAC 639.601 Prescription drugs: Separation and disposal of certain drugs. (NRS 639.070)

1. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier.

2. A prescription drug whose immediate or sealed outer or secondary container has been opened or used must be identified as such and separated from other prescription drugs until it is destroyed or returned to the supplier.

3. If a prescription drug is returned to a wholesaler by a purchaser or purchasing wholesaler under conditions which cast doubt on the prescription drug's safety, identity, strength, quality or purity, the wholesaler shall destroy the prescription drug or return it to the supplier unless, after conducting an examination, testing or other investigation, the wholesaler determines that the prescription drug complies with the appropriate standards of safety, identity, strength, quality and purity as prescribed in the package insert as approved by the Food and Drug Administration or in the *United States Pharmacopeia - National Formulary*, as adopted by reference in paragraph (c) of subsection 1 of <u>NAC 639.670</u>. The wholesaler shall keep a *readily retrievable* record of any examination, testing or other investigation conducted and make any records available for inspection by the Board.

4. Unless the reason a prescription drug must be destroyed or returned to the supplier is related to the expiration date of the prescription drug, a wholesaler that is required to destroy a prescription drug or return it to the supplier pursuant to subsection 3 shall *provide to the Board a written notice maintain a readily retrievable record* that includes:

- (a) The name of the prescription drug;
- (b) The lot number and expiration date of the prescription drug;
- (c) The quantity of the prescription drug;
- (d) The name and address of the business that returned the prescription drug to the wholesaler;
- (e) Whether the wholesaler will:
 - (1) Return the prescription drug to the supplier; or
 - (2) Destroy the prescription drug; and
- (f) The reason for the action taken by the wholesaler.

5. Within 48 hours after receipt by the Board of a notice required pursuant to subsection 4, a member of the staff of the Board shall inspect the prescription drug at the facility of the wholesaler and may impound or remove the prescription drug. If the member of the staff of the Board does not impound or remove the prescription drug, the wholesaler may return the prescription drug to the supplier or destroy the prescription drug.

Section. 10. NAC 639.602 is hereby amended as follows:

NAC 639.602 Prescription drugs: Records. (NRS 639.070, 639.595)

1. Each wholesaler shall make and maintain a *readily retrievable* record of its inventory and of each transaction relating to the receipt and distribution or other disposition of a prescription drug. The record must include, without limitation:

(a) The purchase order, correspondence and any other document evidencing that the wholesaler ordered the prescription drug from the supplier;

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(b) The invoice or other document provided to the wholesaler by the supplier concerning the purchase of the prescription drug;

(c) The shipping record, which may be a manifest, shipping label, shipping bill or any similar document, evidencing the shipment of the prescription drug from the supplier to the wholesaler;

(d) The purchase order, correspondence and any other document evidencing that the purchaser or purchasing wholesaler ordered the prescription drug from the wholesaler;

(e) The invoice or other document provided by the wholesaler when the purchaser or purchasing wholesaler purchased the prescription drug;

(f) The shipping record evidencing the shipment of the prescription drug from the wholesaler to the purchaser or purchasing wholesaler;

(g) A copy of the license of the supplier that sold the prescription drug to the wholesaler;

(h) If the supplier has an ongoing relationship with a manufacturer, a copy of the records maintained pursuant to <u>NAC 639.594</u> which must be obtained by the wholesaler before the wholesaler may sell a prescription drug received from the supplier; and

(i) One or more of the documents required by <u>NAC 639.5977</u> as reasonable assurance that the purchasing wholesaler is in compliance with subparagraph (2) of paragraph (c) of subsection 2 of <u>NRS 639.595</u>.

2. The wholesaler shall maintain the records described in subsection 1 for at least 3 years after the receipt, distribution or other disposition of the prescription drug. The records must be made available for copying and inspection by any person authorized to inspect those records.

3. Except as otherwise provided in this subsection, a wholesaler shall maintain the records required by this section at the facility. If the records are maintained by a computer, the records must be immediately retrievable and readily available for inspection.

4. If the records are not maintained at the facility because the facility is located outside of this State and are not immediately retrievable by computer, the records must be made available for inspection within 2 working days after a request is made by a person authorized to examine those records.

Section. 11. NAC 639.603 is hereby amended as follows:

NAC 639.603 Prescription drugs: Requirements regarding statements of prior sales. (NRS 639.070, 639.595)

1. Except as otherwise provided in paragraph (a) of subsection 6 of <u>NAC 639.5975</u> and <u>NAC 639.6035</u>, each wholesaler shall *provide maintain as a readily retrievable record* a statement of prior sales identifying each sale of a prescription drug before the prescription drug is sold to another wholesaler or to a pharmacy when supplying prescription drugs if the wholesaler:

(a) Has not established an ongoing relationship with the manufacturer from whom the prescription drug was purchased; or

(b) Purchased the prescription drug from another wholesaler.

2. The statement of prior sales must:

(a) Be in writing and bear the title "Statement Identifying Prior Sales of Prescription Drugs by Wholesalers Required by the Prescription Drug Marketing Act";

(b) Include all necessary identifying information concerning each sale in the chain of distribution of the product from the manufacturer or wholesaler;

(c) Accompany all prescription drugs purchased from a wholesaler, even if they are resold to another distributor;

(d) Include the business name and address of the person from whom the prescription drug was purchased;

(e) Include the date of the sale; and

(f) Include the:

(1) Name of the prescription drug;

(2) Strength of the prescription drug;

(3) Size of the container;

(4) Number of containers;

(5) Lot number of the prescription drug; and

(6) Name of the manufacturer of the finished dosage form.

3. Each statement of prior sales must be:

(a) Maintained by the buyer and the wholesaler for 3 years;

(b) Except as otherwise provided in subsection 4, available for copying or inspection upon a request by an authorized representative of any federal, state or local agency, a manufacturer of prescription drugs or a pharmacist or practitioner who purchases prescription drugs from the wholesaler; and

(c) Maintained by the wholesaler at its facility.

4. If a wholesaler cannot provide a statement of prior sales upon request made pursuant to paragraph (b) of subsection 3 because the wholesaler purchased a prescription drug with a particular lot number from more than one source, the wholesaler must provide:

(a) Copies of all of the "Statements Identifying Prior Sales of Prescription Drugs by Wholesalers Required by the Prescription Drug Marketing Act," as described in subsection 2, that relate to the prescription drug with the particular lot number; or

(b) A statement certifying how much of a prescription drug the wholesaler purchased directly from the drug's manufacturer and how much of the prescription drug the wholesaler purchased from other wholesalers, which must accurately account for the wholesaler's purchases of a prescription drug for the 12 months immediately preceding the request and may be made in the form of a percentage, ratio or per unit accounting. The wholesaler must provide, upon request, all "Statements Identifying Prior Sales of Prescription Drugs by Wholesalers Required by the Prescription Drug Marketing Act" that were the basis for the statement made pursuant to this paragraph.

5. Beginning February 15, 2007, a wholesaler shall transmit to the Board, on or before the 15th day of each month, the information collected pursuant to subsection 2 for all statements of prior sales made for the immediately preceding month regarding the sale of a prescription drug to:

- (a) Each customer in Nevada; and

-(b) Each wholesaler located in Nevada.

→ The information required by this subsection must be transmitted by electronic mail to the Board or to a website established by the Board in a format required by the Board. The wholesaler shall make any records of each statement of prior sales available for inspection by the Board.

Section. 12. NAC 639.605 is hereby amended as follows:

NAC 639.605 Establishment and maintenance of policies and procedures regarding prescription drugs. (NRS 639.070, 639.595)

1. Each wholesaler shall establish written policies and procedures for the receipt, security, storage, inventory and distribution of prescription drugs.

2. The written policies and procedures must include:

(a) A procedure for identifying, recording and reporting any losses or thefts of prescription drugs.

(b) A procedure for correcting any errors or inaccuracies concerning the wholesaler's inventory.

(c) A procedure that requires the oldest approved stock of a prescription drug to be distributed first. The procedure may allow deviation from that requirement if the deviation is temporary and appropriate.

(d) A procedure relating to the recall or withdrawal of a prescription drug because of:

(1) Any action taken at the request of the Food and Drug Administration or other federal agency or state or local law enforcement agency or other governmental agency, including the Board;

(2) Any voluntary action taken by a manufacturer to remove defective or potentially defective drugs from the market; or

(3) Any action taken by a manufacturer to promote public health and safety by the replacement of existing prescription drugs with an improved product or new design of a package.

(e) A procedure for the operation of a facility in the event of a strike, fire, flood or other natural disaster or emergency.

(f) A procedure to ensure that any outdated prescription drug is separated from other drugs that are not outdated and is destroyed or returned to the manufacturer. The procedure must provide for the establishment and maintenance of written records of the disposition of each outdated prescription drug. The wholesaler shall keep the records for 3 years after the disposition of the prescription drug.

(g) A procedure to gather, make and maintain all *readily retrievable* records required pursuant to <u>NRS 639.234</u> and <u>NAC 639.585</u> to <u>639.607</u>, inclusive.

(h) A procedure to ensure that all prescription drugs received are examined pursuant to \underline{NAC} <u>639.599</u> and <u>639.601</u>.

(i) A procedure to ensure that the prescription drugs are not contraband drugs or counterfeit drugs.

3. As used in this section:

(a) "Contraband drug" means a prescription drug that is offered for sale by a purchaser to a wholesaler in violation of an agreement to which the purchaser is a party or is otherwise in privity of contract that would prohibit or otherwise disallow such a sale or resale.

(b) "Counterfeit drug" means a prescription drug that is adulterated, mislabeled or misbranded pursuant to <u>chapter 585</u> of NRS.

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Proposed Regulation of the Nevada State Board of Pharmacy

Workshop - March 19, 2020

Explanation – Language in *blue italics* is new; language in *red text* [*omitted material*] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070

A REGULATION relating to the licensing and regulation of the practice of pharmacy; and providing other matters properly relating thereto.

Section. 1. NAC Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

NAC 639.XXX Appearance on application for certificate, license or permit. (NRS 639.070; NRS 639.180)

1. The Executive Secretary may require a person submitting an application for any certificate, license or permit required by <u>chapter 453</u>, <u>454</u> or <u>639</u> of NRS, or an application for renewal of any certificate, license or permit to appear at the next regular meeting of the Board if the application discloses any information that would be grounds for discipline under NRS 453.236 or NRS 639.210 or for action under NRS 639.2895.

2. Any person required to appear at the next regular meeting of the Board pursuant to this section must be given written notice in compliance with NRS 241.033 and NRS 241.034.