NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

July 15-16, 2020

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

Please do not remove the book from the meeting room.

Nevada 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: June 26, 2020

AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, July 15, 2020 at 9:00 am. The meeting will continue, if necessary, on Thursday July 16, 2020 at 9:00 am or until the Board concludes its business at the following location:

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

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.

This public meeting is being held in conformance with NRS 241.020(2), Sections 7 and 10 of Governor's Declaration of Emergency Directive 021, and social distancing guidelines promulgated by the Centers for Disease Control and Prevention. In the event the meeting room reaches maximum capacity, persons may be required to wait outside until their agenda item is considered by the Board.

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

Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

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 after 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)

◈ 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 June 3, 2020, Minutes (**FOR POSSIBLE ACTION)**

4. Applications for Out-of-State Pharmacy License – Non Appearance (**FOR POSSIBLE ACTION**)

A. Alliance Pharmacy – Fort Worth, TX
B. Alto Pharmacy – Denver, CO
C. AnovoRx Group, LLC – Memphis, TN
D. Blue Sky Specialty Pharmacy – Mount Pleasant, SC
E. CLRX DENTON – Denton, TX
F. CRx Specialty Solution Pharmacy – Natchitoches, LA
G. Ethical Factor Rx – Moosic, PA
H. Invictus Pharmacy – Kearny, NJ
I. Medici Pharmacy – Sugar Land, TX
J. Nephron Pharmacy LLC – West Columbia, SC
K. Pearland Unicare Pharmacy, LLC – Pearland, TX
L. Phil Pharmacy Solutions LLC – Columbus, OH
M. Premier Specialty Infusion LLC – Hoffman Estates, IL
N. Southern Hometown Pharmacy – Pooler, GA
O. Transition Pharmacy – Trevose, PA

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

P. ADAMAS RX – Arlington, TX
Q. Peninsula Compounding – Long Beach, WA
R. The Medicine Shoppe – Riverside, CA

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

S. Premier Medical Products Inc. – Rocklin, CA

Applications for Nevada Medical, Devices, Equipment and Gases License – Non Appearance (**FOR POSSIBLE ACTION**)

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

Background Check Not Required by Law.

A. Distributor for Single Manufacturer (NAC 639.593(7)(e))
None

B. Manufacturer (NAC 639.593(7)(d))

T. Amici Pharmaceuticals LLC – Melville, NY
U. Foamix Pharmaceuticals Inc. – Bridgewater, NJ
V. ICU Medical Sales, Inc. – Salt Lake City, UT
W. Medimetrius Pharmaceuticals, Inc – Fairfield, NJ
X. Pharmacosmos Therapeutics Inc. – Watchung, NJ
Y. Servier Pharmaceuticals LLC – Boston, MA

C. Publicly Traded (NAC 639.593(7)(a))
None

D. VAWD-Accredited (NAC 639.593(7)(c))

Z. San Diego Wholesale Distribution – Ontario, CA

E. Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d))
None

F. Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d))

AA. ADMA Biologics, Inc. – Boca Raton, FL
BB. Argenx US, Inc – Boston, MA
CC. electroCore, Inc. – Basking Ridge, NJ
DD. Revance Therapeutics, Inc. – Newark, CA
EE. Verrica Pharmaceuticals Inc. – West Chester, PA

G. 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.

FF.US VET, INC. – Hamilton, NY

Application for Nevada Pharmacy License – Non Apperance **(FOR POSSIBLE ACTION)**

GG. Optum Infusion Services 501, Inc. – Las Vegas, NV
HH. Valley Health Surgery and Rehab Hospital Pharmacy – Las Vegas, NV

◈ REGULAR AGENDA ◈

5. Disciplinary hearings pursuant to NRS 639.247 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.	Glory K. Remley, RPh	(18-096-RPH-A-S)
B.	Jessica L. Huey, RPh	(18-096-RPH-B-S)
C.	Walmart Pharmacy #10-3728	(18-096-PH-S)
D.	Katherine Keuhl, RPh	(19-035-RPH-B-S)
E.	Jevons Wang, PT	(20-008-PT-S)

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

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

7. Applications for Controlled Substances Registration – Appearance: 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. Charles Kamen, MD
B. Stephen R. Lauterbach, MD
C. Justin R. Sempsrott, MD

8. Applications for Pharmacist Registration by Reciprocation – Appearance: 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)**

Ronak A. Desai

9. Application for Advanced Practice Registered Nurse Prescribe Registration - Appearance: 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)**

Lonny D. Krause, APRN

10. Petition for Reinstatement of Pharmaceutical Technician Registration pursuant to NRS 639.2565. 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)**

    Cindy A. Orwick (12-047-PT-S)

11. Applications for Pharmaceutical Technician in Training Registration - Appearance: 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. Gina Chiofolo
    B. Kellie M. Hillard
    C. Atavia C. Jackson
    D. Alexander E. Peralta
    E. Brittani N. Walters

12. Application for Pharmaceutical Technician Registration - Appearance: 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)**

    Courtney R. Lee

13. Application for Pharmacist Registration Renewal - Appearance: 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. Deepa Ramaswamy, R.Ph
    B. Massoud Zarkesh, R.Ph

14. Applications for Pharmaceutical Technician Registration Renewal - Appearance: 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. Eyosias Bekele
    B. Mohn Fiazean

15. Application for Advanced Practitioner of Nursing Dispensing Registration – Appearance **(FOR POSSIBLE ACTION)**

    John Phoenix, APRN

16. Applications for Out-of-State Compounding Pharmacy License – Appearance (**FOR POSSIBLE ACTION**)

    A. DYL LLC South Lake Pharmacy – Zephyrhills, FL
    B. INFUCARE RX LLC – Aston, PA
    C. Revive Rx – Houston, TX

17. Applications for Out-of-State Pharmacy License – Appearance

    A. Cardinal Health 414, LLC – Sacramento, CA
    B. Genoa Healthcare LLC – Kingman, AZ

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

    A. Cardinal Health 108, LLC – LaVergne, TN
    B. Medical Action Industries, Inc. - Arden, NC

19. Application for Nevada Wholesaler License – Appearance (**FOR POSSIBLE ACTION**)

    Crane Pharmaceuticals, Inc. – Las Vegas, NV

20. Applications for Out-of-State Wholesaler License – Appearance (**FOR POSSIBLE ACTION**)

    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))
       None

    4. VAWD-Accredited (NAC 639.593(7)(c))

    A. KeySource Acquisition, LLC – Cincinnati, OH

    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))

B. Cardinal Health 108, LLC – LaVergne, TN

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

C. Clean Harbors Aragonite, LLC – Dugway, UT
D. Fresenius Kabi, LLC – Duncan, SC
E. Janus Trade Group LLC – Eatontown, NJ

21. Request for Reduction of Wholesaler Surety Bond pursuant to NAC 639.5937 – Non Appearance (**FOR POSSIBLE ACTION)**

B & B Pharmaceuticals Inc. – Englewood, CO

22. Application for Nevada Pharmacy License – Appearance (**FOR POSSIBLE ACTION**)

A. All City Pharmacy #2 – Las Vegas, NV
B. Capsule Las Vegas, LLC – Las Vegas, NV

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

Cardinal Health 200, LLC – Swedesboro, NJ

24. Application for Nevada Medical, Devices, Equipment and Gases License – Appearance (**FOR POSSIBLE ACTION**)

A. AMG Medical Supplies LLC – Pahrump, NV
B. Pop Durable Medical Equipment- Las Vegas, NV

25. Application for Ambulatory Surgery Center License – Appearance **(FOR POSSIBLE ACTION)**

A. Advanced Orthopaedic Surgery Center – Las Vegas, NV
B. Seven Hills ASC – Henderson, NV

26. Request for Permission to Begin Shipping Sterile Compounded Drugs from Existing Out-of-State Pharmacies – Appearance (**FOR POSSIBLE ACTION**)

Avrio Pharmacy – Scottsdale, AZ (PH03822)

27. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy – Appearance **(FOR POSSIBLE ACTION)**

    KayLynn Bowman, R.Ph

28. General Counsel Report

29. Executive Secretary Report:

    A. Financial Report
    B. Temporary Licenses
    C. Staff Activities:
        - Meetings with Other Health Care Boards
        - COVID-19
        - Emergency Regulation Update
        - Presentation to GME UNLV

    D. Report to Board:
        - Licensing Software Update

    E. Board Related News
    F. Licensing Activities Report
        - PMP Integration

◈ PUBLIC HEARING ◈

Wednesday July 16, 2020 – 9:00 am

30. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

    A. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed regulation relates to the licensing and regulation of wholesalers. (LCB File No. R040-20)

    B. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed regulation authorizes the Executive Secretary of the Board to require a person who submits an application to appear before the Board if the application indicates that the applicant engaged in prohibited conduct. (LCB File No. R041-20)

◈ WORKSHOP ◈

Wednesday July 16, 2020 – 9:00 am

31. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

A. **Amendment of Nevada Administrative Code (NAC) 639**. The proposed amendment will authorize a pharmacy technician with appropriate training to administer immunizations under the direct supervision of a pharmacist.

B. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I**. The proposed amendment to NAC 453.510 will add designer benzodiazepines (Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn); Bromazolam (some trade or other name: 8-bromo-1-methyl-6-phenyl H[1,2,4]triazolo[4,3a][1,4]benzodiazepine; XLI-268); Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam); Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448); Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam); Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one); Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine); Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine); Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one); Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128); Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370); Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine); Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367); Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat); Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam), to the list of controlled substances listed in Schedule I.

C. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I (Two active compounds in Kratom (Mitragyna speciosa korth)).** The proposed amendment to NAC 453.510 will add Mitragynine (some trade or other names: methyl

(E)-2-[(2S,3S,12bS)-3-ethyl-8-methoxy-1,2,3,4,6,7,12,12b-octahydroindolo[2,3-a]quinolizin-2-yl]-3-methoxyprop-2-enoate; αE,2S,3S,12bS)-3-ethyl-1,2,3,4,6,7,12,12b-octahydro-8-methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid methyl ester; (E)-16,17-didehydro-9,17-dimethoxy-17,18-seco-20α-yohimban-16-carboxylic acid methyl ester; 9-methoxy Corynantheidine) and Hydroxymitragynine (some trade or other names: 7-hydroxymitragynine, (αE,2S,3S,7aS,12bS)-3-ethyl-1,2,3,4,6,7,7a,12b-octahydro-7a-hydroxy-8-methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid methyl ester; 9-methoxycorynantheidine hydroxyindolenine; mitragynine hydroxyindolenine), to the list of controlled substances listed in Schedule I.

32. Date and Location of Next Scheduled Board Meeting:

September 2-3, 2020 – Las Vegas, NV

33. 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)

33. Adjournment

Note: 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 Kristopher Mangosing 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 shunting@pharmacy.nv.gov 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 full day to receive CE credit including the law credit.

This notice has been posted at www.notice.nv.gov and **bop.nv.gov** pursuant to Governor's Declaration of Emergency Directive 006. (do we still send to courthouses for posting)

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

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

1

2

3

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

June 03, 2020

BOARD MEETING

via teleconference
Teleconference Line
1-669-900-6833
Meeting ID: 960 6095 2586

Board Members Present:

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

Board Staff Present:

Dave Wuest	Yenh Long	Brett Kandt	Shirley Hunting
Joe Dodge	Leo Basch	Kristopher Mangosing	Shannon Reichman
Darla Zarley	Courtney Lee	Sophia Long	

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 Rolf Zakariassen as Governor Sisolak's newest appointment 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 June 03, 2020, 9:00 AM

Mr. Kandt stated that Board Staff received written public comment from Nariman Rahimzadeh, President, Nevada State Society of Anesthesiologists (NSSA). Mr. Kandt read Dr. Rahimzadeh's public comment into the record regarding Agenda Item 9. Dr. Rahimzadeh described the current roles of members of the anesthesia care team and

stated that under Nevada Law Certified Registered Nurse Anesthetists must administer anesthetic agents under physician supervision.

Mary Greer, managing pharmacist Desert Orthopaedic Center, stated that the application for Item 5QQQ (Desert Orthopadic Center) should be for a recovery center not a Nevada pharmacy application.

Susan Fisher, NSSA, appeared and stated she is available for Agenda Item 9.

3. Approval of March 19, 2020, Minutes

Board Action:

Motion: Wayne Mitchell moved to approve March 19, 2020 Minutes.

Second: Krystal Freitas

Action: Passed unanimously

4. Approval of March 23, 2020, Emergency Meeting Minutes

Board Action:

Motion: Wayne Mitchell moved to approve March 23, 2020 Emergency Meeting Minutes.

Second: Rolf Zakariassen

Action: Passed unanimously

5. Applications for Out-of-State Pharmacy License – Non Appearance (**FOR POSSIBLE ACTION**)

A. Alegent Creighton Health – Omaha, NE
B. Allcare Plus Pharmacy LLC – Northborough, MA
C. BioPlus Specialty Pharmacy Services, LLC – Altamonte Springs, FL
D. DSC Logistics, LLC – Elwood, IL
E. Express Rx Pharmacy & Medical – Los Angeles, CA
F. IWO Pharmacy & Wellness – Missouri City, TX
G. MedScripts Medical Pharmacy – Greenville, SC
H. Northwind Pharmacy – Indianapolis, IN
I. Optum Pharmacy 701, LLC – Woodinville, WA
J. Overlake Pharmacy LLC – Redmond, WA
K. Placida Rx LLC – Englewood, FL
L. Premier Care Pharmacy - Orem, UT
M. RARX, LLC – Nashville, TN
N. Rite RX Pharmacy – Hollywood, FL

O. River Medical Pharmacy – San Antonio, TX
P. Route 300 Pharmacy – Newburgh, NY
Q. Spring Meds Inc. – Sioux Falls, SD
R. TFP Wellness Systems – Tampa, FL

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

S. ClearMD Pharmacy, LLC – Millburn, NJ
T. Meds LLC - Chicago, IL
U. Total Care Rx, Inc. – Oakland Gardens, NY

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

V. Better Health Supplies, Inc. – San Francisco, CA
W. BioTAB, LLC – St. Louis, MO
X. Gordian Medical II, Inc. – Spring, TX
Y. HARP Medical Supply – Wake Forest, NC
Z. Pathema DME LLC – Lauderhill, FL
AA. Solara Medical Supplies, LLC – Livonia, MI
BB. Wellspect Inc – Braselton, GA

Applications for Nevada Medical, Devices, Equipment and Gases License – Non Appearance (**FOR POSSIBLE ACTION**)

CC. LifeCare Medical Supplies West Inc. – Las Vegas, NV

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

Background Check Not Required by Law.

1. Distributor for Single Manufacturer (NAC 639.593(7)(e))
   None

2. Manufacturer (NAC 639.593(7)(d))

DD. Acella Pharmaceuticals, LLC – Alpharetta, GA
EE. Althera Pharmaceuticals LLC – Morristown, NJ
FF. Amring Pharmaceuticals Inc. – Berwyn, PA
GG. Cipla USA, Inc. – Warren, NJ
HH. Ferndale Laboratories, Inc. – Ferndale, MI
II. Horizon Therapeutics USA, Inc. – Lake Forest, IL
JJ. Kawasumi Laboratories America, Inc. – Tampa, FL
KK. Lynch Biologics, LLC – Franklin, TN
LL. Meitheal Pharmaceuticals, Inc. – Chicago, IL

MM. Millicent U.S., Inc. – East Hanover, NJ
NN. MorphoSys US Inc. – Boston, MA
OO. Olympus America, Inc. – Center Valley, PA
PP. Oxford Pharmaceuticals, LLC – Birmingham, AL
QQ. Posey Products, LLC – Ontario, CA
RR. NS Pharma, Inc. – Paramus, NJ
SS. Pageview Pharmaceuticals, LLC – Maryland Heights, MO
TT. Sigmapharm Laboratories, LLC – Bensalem, PA
UU. SK Life Science, Inc. – Paramus, NJ
VV. TerSera Therapeutics LLC – Deerfield, IL
WW. Veloxis Pharmaceuticals, Inc. – Cary, NC

3. Publicly Traded (NAC 639.593(7)(a))
None

4. VAWD-Accredited (NAC 639.593(7)(c))

XX. R&S Northeast, LLC – Fountain Run, KY
YY. R&S Northeast, LLC – Philadelphia, PA
ZZ. TAGI Pharma – South Beloit, IL
AAA. UPS Supply Chain Solutions, Inc. – Buford, GA
BBB. UPS Supply Chain Solutions, Inc. – Louisville, KY
CCC. UPS Supply Chain Solutions, Inc. – Tracy, CA

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))

DDD. Assertio Therapeutics, Inc. – Lake Forest, IL
EEE. Biohaven Pharmaceuticals, Inc. – New Haven, CT
FFF. Deciphera Pharmaceuticals, LLC – Waltham, MA
GGG. Evofem Biosciences, Inc. – San Diego, CA
HHH. Napo Pharmaceuticals, Inc – San Francisco, CA

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.

III. Amazon.com Services, LLC – Plainfield, IN
JJJ. FFF Enterprises – Flower Mound, TX
KKK. Life-Assist, Inc. – Lenexa, KS
LLL. Mockingbird Pharma LLC – Garland, TX
MMM. Q Med Corporation – Ft. Lauderdale, FL
NNN. Somerset Pharma, LLC – Somerset, NJ

OOO. SPYKA Wholesale Inc – Fairmont, WV

Application for Ambulatory Surgery Center License – Non Apperance **(FOR POSSIBLE ACTION)**

PPP. Advanced Orthopaedic Surgery Center – Las Vegas, NV
QQQ. Desert Orthopaedic Center Recovery Center – Las Vegas, NV
RRR. Seven Hills ASC – Henderson, NV

Jade Jacobo recused from participation regarding item 5-I due to her employment.

Mr. Wuest requested that items 5PPP, 5QQQ, 5RRR be removed from the Consent Agenda and be scheduled to appear at the July 2020 Board meeting.

Board Action:

Motion: Ms. Jacobo moved to approve the Consent Agenda with exception of agenda Item 5-I and to remove items 5PPP, 5QQQ and 5RRR from the Consent Agenda.

Second: Wayne Mitchell

Action: Passed unanimously

Board action:

Motion: Wayne Mitchell moved to approve Consent Agenda Item 5-I.

Second: Gener Tejero

Action: Passed unanimously

6. Disciplinary hearings pursuant to NRS 639.247

A. Kristin Hestdalen, MD (19-228-CS-N)

Lynn Beggs was present as counsel representing Kristin Hestdalen.

Mr. Kandt summarized the facts of the case that Dr. Hestdalen failed to timely renew her controlled substance registration which expired on October 31, 2018. Mr. Kandt stated that Dr. Hestdalen wrote two-hundred sixty-three prescriptions for controlled substances without proper licensure between November 1, 2018 and May 3, 2018.

Mr. Kandt explained that Dr. Hestdalen appeared before the Board on December 4th, 2019, and at that time the Board approved her controlled substance registrations with conditions.

Mr. Kandt presented a Stipulation and Order for the Board's consideration. Dr. Hestdalen shall receive a Letter of Reprimand, pay a $5,000 fine and a pay $950 to partially reimburse the Board for recoverable attorney's fees and costs.

Ms. Beggs had no objection to Mr. Kandt's summary of the case or to the Stipulation and Order presented.

After discussion, the Board requested a amendment to paragraph four of the Stipulation and Order to modify the start date of Dr. Hestdalen's payments to July 1, 2020.

Mr. Kandt and Ms. Beggs agreed to the modifications to the Stipulation and Order.

Ms. Beggs answered questions to the Board's satisfaction regarding the changes Dr. Hestdalen has made to her practice to prevent this issue from occurring again in the future.

Board Action:

Motion: Wayne Mitchell moved to accept the Stipulation and Order with the amendment as discussed.

Second: Jade Jacobo

Action: Passed unanimously

B. Silvia Torres, R.Ph (17-081-RPH-S)
C. Walgreens #07864 (17-081-PH-S)

Silvia Torres and Holly Prievo, Healthcare Supervisor Walgreens, appeared and were sworn by President Park prior to answering questions or offering testimony.

Bill Stilling was present as counsel representing Silvia Torres and Walgreen's #07864.

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

Helen Park disclosed that she knows Ms. Prievo, and stated that she could participate in this matter fairly and without bias.

Mr. Kandt summarized the facts alleged in the case where patient D.O. received a prescription for losartan potassium 50 mg with directions to take one tablet daily. During data entry pharmaceutical technician Xochitl Coin mistakenly selected losartan potassium 25 mg with directions to take one tablet daily. Ms. Torres was the verifying pharmacist on record and failed to identify the error. Patient D.O. discovered the error prior to ingesting the medication.

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

Silvia Torres shall receive a Letter of Reprimand, pay a $1,000 fine and a pay $1,000 to partially reimburse the Board for recoverable attorney costs, and shall complete two additional CEU on the topic of error prevention.

Walgreens #07864 shall pay a $1,000 fine and a pay $1,000 to partially reimburse the Board for recoverable attorney fees and costs.

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

Silvia Torres apologized for her error and described the changes she has made to her practice to prevent this error from occurring in the future.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order regarding Silvia Torres and Walgreens #07864.

Second: Wayne Mitchell

Action: Passed unanimously

D. Joshua Aighobahi (19-035-RPH-A-S)
E. Felicia Aighobahi (19-035-PT-S)
F. Divine Touch Services (19-035-PH-S)

Joshua Aighobahi and Felicia Aighobahi were not present.

Persi Mishel was present as counsel representing Joshua Aighobahi, Felicia Aighobahi, and Divine Touch Services.

Mr. Kandt stated that there is one more respondent in this case, who will appear at a future meeting.

Mr. Kandt summarized the facts alleged in the case that Mr. Aighobahi was the owner and managing pharmacist of Divine Touch Services. Ms. Aighobahi was a pharmaceutical technician employed by Divine Touch Services. Mr. Kandt explained that during annual pharmacy inspections in September 2017 and September 2019 Board Staff observed that Mr. Aighobahi failed to conduct a proper biennial inventory of the pharmacy. During the September 2019 annual inspection Board Staff observed that Mr. Aighobahi exhibited behavior that rendered him incapable of safely and competently practicing pharmacy. Mr. Kandt stated that throughout 2019, Ms. Aighobahi performed functions limited by law to a registered pharmacist and attributed those functions to Mr. Aighobahi.

Mr. Kandt stated that in October 2019, Mr. Aighobahi presented to Board Staff that he would voluntarily cease operation of Divine Touch Services until he had a positive evaluation of his competency to practice pharmacy, or hired a managing pharmacist

approved by Board Staff. On or about October 31, 2019 Mr. Aighobahi notified Board Staff that he hired Katherine Kuehl as the new managing pharmacist. In January 2020 Board Staff conducted an inspection of Divine Touch Services and observed that Mr. Aighobahi continued to practice pharmacy.

Mr. Kandt presented a Stipulation and Order regarding Joshua Aighobahi, Felicia Aighobahi and Divine Touch Services for the Board's consideration.

By voluntarily surrendering his license while this administrative action was pending, Joshua Aighobahi is subject to discipline. Mr. Aighobahi may not work in any facility licensed by the Board, including a pharmacy, until he has petitioned the Board for reinstatement and the Board reinstates his registration. Mr. Aighobahi may not request reinstatement of his registration for a minimum of one year. If Mr. Aighobahi applies for reinstatement he shall reappear before the Board and shall have a positive evaluation of his competency to practice pharmacy.

By voluntarily surrendering her license while this administrative action was pending, Felicia Aighobahi is subject to discipline. Ms. Aighobahi may not work in any facility licensed by the Board, including a pharmacy, until she has petitioned the Board for reinstatement and the Board reinstates her registration. Ms. Aighobahi may not request reinstatement of her registration for a minimum of one year.

Divine Touch Services voluntarily surrenders its license and may not operate in any capacity until it has petitioned the Board for reinstatement. Divine Touch Services may not petition for reinstatement for a minimum of one year.

Joshua Aighobahi, Felicia Aighobahi and Divine Touch Services shall be jointly and severally liable to pay a fine of $2,500 and pay $3,000 to partially reimburse the Board for recoverable attorney fees and costs.

Mr. Mishel agreed with Mr. Kandt's summary of the case and requested the Board to accept the Stipulation and Order as presented.

Board Action:

Motion: Jade Jacobo moved to accept the Stipulation and Order as presented.

Second: Krystal Freitas

Action: Passed unanimously

G. Rose Bellota-Rojas, MD (18-103-CS-A-S)
H. Anuranjan Bist, MD (18-103-CS-B-S)
I. Dithra Cotton-Lewis, APRN (18-103-CS-C-S)

Anuranjan Bist, Rose Bellota-Rojas, and Dithra Cotton-Lewis appeared and were sworn by President Park prior to answering questions or offering testimony.

Bridget Kelley, Maria Nutile, and Russell Marsh were present as counsel representing Dr. Bellota- Rojas and Dr. Bist.

Crane Pomerance was present as counsel representing Ms. Cotton-Lewis.

Mr. Kandt summarized the facts alleged in the case when in 2018 Board Investigators, the Nevada State Board of Medical Examiners (BME), and the Drug Enforcement Administration (DEA) conducted a joint investigation of Mind Brain Institute. Investigators found evidence of misconduct and violations involving prescription records and the unlawful dispensing of controlled substances.

Dr. Bellota-Rojas pre-signed controlled substance prescriptions that were issued to patients while she was engaged in overseas travel. Records indicated three hundred and fifty three controlled substance prescriptions were written or authorized by Dr. Bellota-Rojas during the time she was overseas.

Dr. Bist pre-signed controlled substance prescriptions that were issued to patients while he was engaged in overseas travel. Records indicated sixty controlled substance prescriptions were written or authorized by Dr. Bist during the time he was overseas.

Ms. Cotton-Lewis prescribed a total of twelve prescriptions for dangerous drug and fifteen controlled substances prior to her properly registering with the Board. Records indicate she also prescribed four schedule II controlled substance prescriptions prior to having a proper DEA registration.

Mr. Kandt presented a Stipulation and Order regarding Dr. Bellota-Rojas and Dr. Bist.

Dr. Bellota-Rojas's controlled substance registration shall be suspended and the suspension stayed and placed on probation for two years. Dr. Bellota-Rojas shall receive a Letter of Reprimand, shall pay a $5,000 fine and pay $2,000 to partially reimburse the Board for recoverable attorney fees and costs.

Dr. Bist's controlled substance registration shall be suspended and the suspension stayed and placed on probation for two years. Dr. Bist shall receive a Letter of Reprimand, shall pay a $5,000 fine and pay $2,000 to partially reimburse the Board for recoverable attorney fees and costs.

The Mind Brain Institute shall receive quarterly inspections for twelve months at the company's expense not to exceed $500 per inspection.

Ms. Kelly expressed no objections to Mr. Kandt's summary or to the Stipulation and Order presented.

Board Action:

Motion: Wayne Mitchell moved to accept the Stipulation and Order for Dr. Bellota-Rojas and Dr. Bist.

Second: Jade Jacobo

Action: Passed unanimously

Mr. Kandt presented a Stipulation and Order regarding Ms. Cotton-Lewis.

Ms. Cotton-Lewis shall receive a Letter of Reprimand, shall pay a $5,000 fine, and shall pay $950 to partially reimburse the Board for recoverable attorney fees and costs.

Board Action:

Motion: Wayne Mitchell moved to accept the Stipulation and Order regarding Ms. Cotton-Lewis.

Second: Rolf Zakariassen

Action: Passed unanimously

7. Approval of Revised Controlled Substance Registration, Pharmaceutical Technician Registration and Pharmacist Registration Application Forms. (**FOR POSSIBLE ACTION)**

Mr. Wuest, Mr. Sedar, and Ms. Long presented applications for Board's approval. Board members discussed corrections to the applications, including grammatical corrections, adding the ITIN number and accepting credit cards as a form of payment.

Board discussion ensued regarding Board Staff's procedures when processing applications.

The Board directed Board Staff to make corrections to the applications as discussed.

8. Discussion and possible action on approval of Nevada Career Institute as a program of training for pharmaceutical technicians pursuant to NAC 639.256 **(FOR POSSIBLE ACTION)**

Emilee Gonzales, Pharmacy Technician Program Chair, Marjorie Snowden, Program Director, and Serjik Kesachekian, Chief Compliance Officer, were present for this agenda item.

Mr. Wuest explained the requirements for approval of pharmaceutical technician training programs.

Ms. Gonzalez, Ms. Snowden, and Mr. Kesachekian answered questions regarding Nevada Career Institutes ASHP accreditation process and policies and procedures regarding their curriculum and drug and alcohol testing of their students.

The Board questioned Mr. Kesachekian regarding Nevada Career Institute's procedure for notifying the Board if a student fails a drug or alcohol test.

After discussion, Mr. Kesachekian stated that Nevada Career Institute will amend their policies and procedures to comply with Nevada Law.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Career Institute as a program of training for pharmaceutical technicians, pending receipt of Nevada Career Institutes ASHP accreditation and updated policy and procedures demonstrating the reporting of failed tests.

Second: Gener Tejero

Action: Passed unanimously

9. Discussion and possible action to request a Nevada attorney general opinion pursuant to NRS 228.150 on whether Nevada law authorizes Certified Registered Nurse Anesthetists to select and order anesthetic agents from a licensed institutional pharmacy in order to possess and administer these agents to patients. **(FOR POSSIBLE ACTION)**

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

Richard Erickson, Former President Nevada Association of Nurse Anesthetists- NVANA, and Jennifer Buffum, President NVANA, were present regarding this matter.

Mr. Kandt summarized that during the January 2020 Board meeting the Board considered two petitions from NVANA for an advisory opinion holding 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.

Mr. Kandt stated that at the January 2020 meeting, the Board directed Board Staff to agendize this matter to request an attorney general's opinion regarding this issue.

Board discussion ensued regarding the current licensing requirements for CRNAs.

Susan Fisher, NSSA, appeared and expressed support of Dr. Rahimzadeh's letter read under Agenda Item number two.

Board discussion ensued regarding issuing an advisory opinion drafted by General Counsel in response to this petition.

Board Action:

Motion: Richard Tomasso moved to issue an advisory opinion drafted by General Counsel in response to the petition pursuant to NAC 639.150.

Second: Jade Jacobo

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

Nay: Tejero

Action: Motion carries.

10. General Counsel Report

General Counsel gave update on open litigation and pending lawsuits.

11. Executive Secretary Report:

A. Financial Report:

Mr. Wuest presented the financial report to the Board's satisfaction.

B. Temporary Licenses:

Twenty-three temporary licenses have been issued since the last meeting.

C. Staff Activities:
- Meetings with Other Health Care Boards
- COVID-19
- Emergency Regulation Update:

D. Report to Board:
- Licensing Software Update

E. Board Related News:

F. Licensing Activities Report
- PMP Integration

12. Notice of Proposed Regulation Public Hearing Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

A. 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. (LCB File No. R008-20)

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

Mr. Wuest provided background information regarding the proposed amendment. He explained that the proposed amendment is consistent with CDC guidance.

President Park opened the Public Comment.

There was no public comment.

Board Action:

Motion: Gener Tejero moved to adopt R-008-20.

Second: Jade Jacobo

Action: Passed unanimously

13. Notice of Proposed Regulation Workshop Pursuant to NRS 233B.061(2) **(FOR POSSIBLE ACTION):**

    A. Amendment of Nevada Administrative Code (NAC) 639. The proposed amendment adds a new section thereto regarding the licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health pursuant to NRS 449.0303.

Mr. Kandt provided background information on the proposed amendment

Mr. Kandt stated that the Nevada State Board of Health created a new license type for recovery center facilities. Mr. Kandt explained that the proposed amendment defines recovery centers and provides for their licensing and regulation to dispense controlled substances or dangerous drugs.

President Park opened the Public Comment.

Mary Greer requested clarification regarding controlled substance registration requirements for recovery rooms.

Mr. Wuest stated that Board Staff will contact the DEA to confirm what the controlled substance registration guidelines are.

Board discussion ensued regarding the current licensing requirements for ambulatory surgery centers.

Scott Weiss from Parkway Recovery Center expressed support of Ms. Greer's suggestion and requested that the Board move forward with the proposed amendments.

Board Action:

Motion: Gener Tejero moved to adopt the proposed amendments and move forward to Public Hearing. Board Staff shall confirm controlled substance registration requirements with the DEA.

Second: Richard Tomasso

Action: Passed Unanimously

B. **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.

Darla Zarley and Dave Wuest provided background information regarding this proposed amendment.

President Park opened the Public Comment.

There was no public comment.

Board Action:

Motion: Krystal Freitas moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Jade Jacobo

Action: Passed unanimously

C. **Amendment of Nevada Administrative Code (NAC) 639.** The proposed amendment will add a new section providing for the exemption of a practitioner pursuant to 639.23535(2) from the requirement that a prescription for a controlled substance must be given to a pharmacy by electronic transmission.

Yenh Long provided the Board with background information regarding AB 310 and on electronic transmission of controlled substance prescriptions.

Mr. Wuest presented written public comment submitted by Liz MacMenamin. He stated that Ms. MacMenamin was available in the public to discuss her comment.

President Park opened the Public Comment.

Liz MacMenamin, RAN, expressed support of the proposed amendment with clarification regarding the definition of technological or electronic failure and the waiver review process.

Jeanette Belz, Nevada Psychiatric Association, expressed support of the proposed amendment and requested that there be no waiver review process for prescribers.

Kimberly Johnson, One Point Patient Care, requested that the Board consider waiving the requirement to transmit controlled substance prescriptions electronically for patients who are terminally ill.

Board Staff explained that there are still methods of transmitting prescriptions on an emergency basis.

President Park closed the public comment.

Board discussion ensued regarding the possible burden for pharmacist to verify if prescribers have a waiver to submit prescriptions outside of electronic submission.

The Board directed Board Staff to write a news article regarding this issue.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed amendment and move forward to Public Hearing.

Second: Richard Tomasso

Action: Passed unanimously

D. Amendment of Nevada Administrative Code (NAC) 453.550: Schedule V. The proposed amendment will remove FDA approved cannabidiol from the controlled substances listed in Schedule V. (**Deschedule Epidiolex)**

Darla Zarley gave background on Epidiolex, including a letter from the DEA and thoughts from the Crime Lab meetings.

President Park opened the Public Comment.

Kurt Stembridge, Greenwich Biosciences, stated that the FDA has descheduled Epidiolex, and that once the current supply in pharmacies is out and new inventory ordered, the new packaging will note that the FDA has descheduled Epidiolex.

President Park closed the public comment.

Board Action:

Motion: Jade Jacobo moved to deschedule any product that contains CBD and has been approved by the FDA and move forward to Public Hearing.

Second: Richard Tomasso

Action: Passed unanimously

E. Amendment of Nevada Administrative Code (NAC) 639. The proposed amendment relates to the licensing and regulation of the practice of pharmacy

Mr. Wuest provided background information regarding the proposed amendment.

Mr. Wuest described the role of pharmacy and therapeutics (P & T) committees in hospitals.

Mr. Wuest stated that the proposed amendments would allow P & T committees to make rapid decisions that may be critical to patient care. He stated that the current regulation requires approval by Board Staff which can delay patients from receiving care.

President Park opened the Public Comment.

Adam Porath, pharmacist, expressed support of the proposed language. He stated on subsection 9 which calls for practice agreement, and that this may need to be taken to the legislative level for change.

Mr. Wuest stated that the current regulations define this practice as a collaborative practice agreement and future Legislative changes would be necessary to allow this practice.

Evelyn Shu, pharmacist Valley Health Systems, stated that she is a member of a P & T committee and expressed support of the proposed language.

Kate Ward, Renown Health, expressed support of the proposed amendment with a modification to section 4 to include the initiation of drug therapy.

Mr. Kandt stated that the Legislature provided for the Board the ability to regulate specialty pharmacies and institutional settings like hospitals. The Legislature recognizes that activity in those settings is going to be different and may necessitate separate regulatory requirements, separate from regular pharmacies.

President Park closed public comment.

After discussion, the Board expressed that the proposed amendment is a good first step and necessary to improve patient care.

Board Action:

Motion: Wayne Mitchell moved to adopt the proposed amendment with revisions to Section 4 to include the initiation of drug therapy and move forward to public hearing.

Second: Krystal Freitas

Action: Passed unanimously

14. Date and Location of Next Scheduled Board Meeting:

July 15-16, 2020 – Las Vegas, NV

15. Public Comment June 03, 2020

Lauren Paul, CVS Health, thanked the Board and Board Staff for their efforts during the COVID-19 crisis.

16. Adjournment

4

4A

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 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☒ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alliance Pharmacy

Physical Address: 9601 N. Beach St. Ste 105 Fort Worth TX 76244

Mailing Address: 9601 N. Beach St. Ste 105 Fort Worth TX 76244

City: Fort Worth State: TX Zip Code: 76244

Telephone: 817-952-1999 Fax: 817-952-1932

Toll Free Number: 866-325-8105 (Required per NAC 639.708)

E-mail: alliancepharmacy@yahoo.com Website: www.alliancecarerx.com

Managing Pharmacist: Cathy Duong License Number: 58983

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☐ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be <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

Cathy Duong — Print Name of Authorized Person

05/05/2020 — Date

Board Use Only Date Processed: 5-27-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Jessey Nguyen

Business Name: Alliance Pharmacy LLC

Current Business Address: 9601 N. Beach St. Ste 105 Fort Worth TX 76244

City: Forth Worth State: TX Zip Code: 76244

Telephone: 817-952-1999 Fax: 817-952-1932

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 7:00 pm Saturday Closed am Closed pm

Sunday Closed am Closed pm 24 Hours Closed

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, Cathy Duong

Responsible Person of Alliance 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

Cathy Duong
Print Name of Authorized Person

05/05/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
) ss.
Tarrant COUNTY)

I, Cathy Duong, 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 Alliance Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Cathy Duong, 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
8 day of May, 2020.

NOTARY PUBLIC

SELINA K CATHEY
Notary Public, State of Texas
Comm. Expires 12-07-2021
Notary ID 131374029

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

License No **32160** Expiration Date: **7/31/2020**

Balances: 1

ALLIANCE PHARMACY LLC
9601 N BEACH ST STE 105
FORT WORTH TX 76244

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

License No.
58983

Expiration Date
12/31/2020

CATHY LINH DUONG

DUONG, CATHY LINH

REGISTERED PHARMACIST

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

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 ALLIANCE PHARMACY LLC (file number 802553529), a Domestic Limited Liability Company (LLC), was filed in this office on September 30, 2016.

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

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 05, 2020.

Ruth R. Hughs
Secretary of State

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.

☐ *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: Alto Pharmacy

Physical Address: 1062 Delaware Street

Mailing Address: 1062 Delaware Street

City: Denver State: CO Zip Code: 80204-4033

Telephone: 800-874-5881 Fax: 415-484-7058

Toll Free Number: 800-874-5881 (Required per NAC 639.708)

E-mail: compliance@alto.com Website: alto.com

Managing Pharmacist: Lauren Hammond License Number: PHA.0021528

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☐ Off-site Cognitive Services
☐	☐ Hospital (# beds_____)	☐	☐ Parenteral **
☐	☐ Internet	☐	☐ Parenteral (outpatient)
☐	☐ Nuclear	☐	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☐ Long Term Care
☐	☐ Other: _____	☐	☐ Sterile Compounding **
		☐	☐ Non Sterile Compounding
	All boxes must be checked	☐	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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

Mattieu Gamache-Asselin
Print Name of Authorized Person

5/1/20
Date

Board Use Only	Date Processed: 5-12-2020	Amount: 500 -

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Scriptdash, Inc.

Mailing Address. Tennessee Street,Unit

City: San Francisco State: CA Zip: 94107

Telephone: 800-874-5881 Fax: _____

Contact Person: Mattieu Gamache-Asselin

For any corporation non publicly traded, disclose the following:

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

a) SVF II AIV-1 (DE) L.P.
Name Address

b) Greenoaks Capital Partners
Name Address

c) Zola Ventures, Ltd.
Name Address

d) Jackson Square Ventures
Name Address

2) Provide the number of shares issued by the corporation. up to 79,3000,000

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 11:00 pm Saturday 8:30 am 7:00 pm

Sunday 8:30 am 7:00 pm 24 Hours _____

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

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

List of officers and directors

Mattieu Gamache-Asselin, CEO/CFO
James Karraker, Secretary/CTO (Chief Technology Officer)

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lauren Hammond

Responsible Person of Alto 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

Lauren Hammond, PIC
Print Name of Authorized Person

4/30/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Colorado)
) ss.
Denver COUNTY)

I, Lauren Hammond, 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 Alto Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Lauren Hammond, 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
21st day of April, 2020.

NOTARY PUBLIC

DENETRIA WALKER
Notary Public
State of Colorado
Notary ID # 20174029316
My Commission Expires 07-13-2021

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SCRIPTDASH INC.

FILE NUMBER:	C3809180
REGISTRATION DATE:	07/24/2015
TYPE:	FOREIGN CORPORATION
JURISDICTION:	DELAWARE
STATUS:	ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is qualified to transact intrastate business in the State of California.

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 02, 2020.

ALEX PADILLA
Secretary of State

KVM

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
Alto Pharmacy		1062 Delaware St Denver, CO 80204-4033

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PDO.1680000207		Prescription Drug Outlet- In-State	Active	02/26/2020	02/26/2020	10/31/2020

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Lauren Hammond	PHA.0021528	04/20/2020	Manager

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 5/5/2020 2:38:12 PM

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Alto Pharmacy

Prescription Drug Outlet- In-State

PDO.1680000207	02/26/2020
Number	**Issue Date**
Active	10/31/2020
Credential Status	**Expire Date**

Verify this credential at: www.colorado.gov/dora/dpo

Division Director: Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy

Alto Pharmacy

Prescription Drug Outlet- In-State

PDO.1680000207	02/26/2020
Number	**Issue Date**
Active	10/31/2020
Credential Status	**Expire Date**

Verify this credential at: www.colorado.gov/dora/dpo

Division Director: Ronne Hines Credential Holder Signature

4C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

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

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AnovoRx Group, LLC

Physical Address: 1710 N. Shelby Oaks Dr., Suite 5

Mailing Address: 1710 N. Shelby Oaks Dr., Suite 2

City: Memphis State: TN Zip Code: 38134

Telephone: 901-201-5470 Fax: 901-201-5465

Toll Free Number: 866-827-6917 (Required per NAC 639.708)

E-mail: OfficialContact@anovorx.com Website: AnovoRx.com

Managing Pharmacist: Lisa B. Martin License Number: TN # 22858

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
☒ ☐ Retail		☐ ☒ Off-site Cognitive Services
☐ ☒ Hospital (# beds____)		☐ ☒ Parenteral **
☐ ☒ Internet		☐ ☒ Parenteral (outpatient)
☐ ☒ Nuclear		☐ ☒ Outpatient/Discharge
☐ ☒ Ambulatory Surgery Center		☒ ☐ Mail Service
☒ ☐ Community		☐ ☒ Long Term Care
☐ ☐ Other: _____		☐ ☒ Sterile Compounding **
		☐ ☒ Non Sterile Compounding
All boxes must be checked		☐ ☒ Mail Service Sterile Compounding **
For the application to be complete		☐ ☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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.

By: Jon B Peters
Original Signature of Person Authorized to Submit Application, no copies or stamps

Jon B. Peters, President/Managing Member/Sole Director — 05/04/2020
Print Name of Authorized Person For AnovoRx Group, LLC — Date

Board Use Only	Date Processed: 5.12.2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: TN

Parent Company if any: AnovoRx Holdings, Inc

Mailing Address: 1710 N. Shelby Oaks Dr., Suite 2

City: Memphis State: TN Zip: 38134

Telephone: 901-201-5470 Fax: 901-201-5465

Contact Person: Cathy Bellehumeur

For any corporation non publicly traded, disclose the following:

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

a) Jon B. Peters (Name) Barfield Rd., Memphis, TN (Address)

b) David D. Stevens (Name) Bay Colony Dr.; , Naples, Fl (Address)

c) Joel R. Kimbrough (Name) Chapel Woods Cove, Germantown, TN (Address)

d) Diane Callahan (Name) Edinburgh Drive, Nashville, TN (Address)

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday 8:00 am 9:00 am pcr

Sunday on call am _____ pm 24 Hours on call 24/7

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



AnovoRx Group, LLC is a TN Limited Liability Company

It is owned 100% by AnovoRx Holdings, Inc.

AnovoRx Group, LLC has only one Officer and only one member of its Board of Directors

The sole Officer and sole Director of the AnovoRx Group, LLC Board of Directors is Jon B. Peters, his title is President and Managing Member. Jon Peters works from 1710 N. Shelby Oaks Dr., Suite 2, Memphis, TN 38134, Wk. Ph. # 901-201-5484.

Indirect Ownership of Applicant
AnovoRx Holdings, Inc. Ownership Information
AnovoRx Holdings, Inc. owns 100% of the applicant

AnovoRx Holdings, Inc. (the parent company; owns 100% of the applicant)
The parent company's demographic information:
1710 N. Shelby Oaks Dr., Suite 2
Memphis, TN 38134-7403
Phone 901-201-5470
Fax 901-201-5465
EIN 46-1775496
100% owner of AnovoRx Group, LLC

The owners of the applicant's parent company are not officers of the applicant. The owners of the applicant's parent company (each owns 5% or more interest in the parent AnovoRx Holdings, Inc.) are:

- Jon Burrow Peters

Title: President/Managing member and Director of AnovoRx Group, LLC (the applicant)
Title: owner AnovoRx Holdings, Inc.

- David Dwight Stevens

Title: owner AnovoRx Holdings, Inc.

- Joel Ray Kimbrough

Title: owner AnovoRx Holdings, Inc.

As of 12/19/18

- Diane H. Callahan)

Title: owner AnovoRx Holdings, Inc.

- Equity Partners XX(20), LLC, a Tennessee

Title: owner AnovoRx Holdings, Inc.
Equity Partners XX(20), LLC, a Tennessee LLC is owned by Marc Hanover
Marc Steven Hanover owns 100% of Equity Partners

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Tennessee)
) ss.
Shelby COUNTY)

I, Jon B. Peters, 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, Managing Member for AnovoRx Group, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Jon B. Peters, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Jon B Peters
Name

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

NOTARY PUBLIC

NANCY MAILES
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF SHELBY
MY COMM. EXP. JAN. 15, 2021

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jon B. Peters, President/Managing Member/Sole Director

Responsible Person of AnovoRx Group, 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.

AnovoRx Group, LLC

BY: Jon B Peters

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

Jon B. Peters, President/Managing Member
Print Name of Authorized Person

03/25/2020
Date

anovo

IT STARTS WITH A CONVERSATION.

May 5, 2020

RE: New Non-resident Pharmacy application
NPI 1992248702 NCPDP 4449244
TN Pharmacy License 5905
AnovoRx Group, LLC
1710 N. Shelby Oaks Dr., Suite 5
Memphis, TN 38134

Dear Pharmacy Board:

Please see the enclosed documents to apply for a new non-resident Pharmacy license for the location listed above. We are a pharmacy that dispenses non-controlled legend drugs from the state of Tennessee.

We have enclosed application documents and the necessary fees for your state. If anything additional is needed, please contact us.

We are including both phone and e-mail information where we can be reached during normal business hours.

Thank you,

Cathy Bellehumeur
General Counsel
901-612-3281
Official.Contact@anovorx.com

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ANOVORX GROUP, LLC
1710 N. SHELBY OAKS DR., SUITE 1-5
MEMPHIS, TN 38134-7403

April 30, 2020

Request Type: Certificate of Existence/Authorization
Request #: 0363162

Issuance Date: 04/30/2020
Copies Requested: 1

Document Receipt

Receipt # : 005522839	Filing Fee: $20.00
Payment-Credit Card - State Payment Center - CC #: 3780826161	$20.00

Regarding: **AnovoRx Group, LLC**

Filing Type:	Limited Liability Company - Domestic	Control # :	685324
Formation/Qualification Date:	05/02/2012	Date Formed:	05/02/2012
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SHELBY COUNTY		

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

AnovoRx Group, 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, 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.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 039429741

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
http://tn.gov/health

Tennessee Board of Pharmacy
Pharmacy
1-800-778-4123 r

March 16, 2020

AnovoRx Group, LLC
Attn: Nancy Hales
1710 N Shelby Oaks Dr., Ste. 2
Memphis, TN 38134

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION:	Pharmacy
NAME:	AnovoRx Group, LLC
ADDRESS:	1710 N Shelby Oaks Dr., Ste. 5 Memphis, TN 38134
LICENSE NUMBER:	5905
ISSUE DATE:	November 23, 2016
EXPIRATION DATE:	September 30, 2020
CURRENT STATUS:	Licensed
STATUS DATE:	November 23, 2016
SPECIAL ENDORSEMENT:	Controlled Substance Registration

COMMENTS: There is no derogatory information in our files concerning this facilty.

Sincerely,

Shella W Bush

Tennessee Board of Pharmacy

VERFFACLTY

49367

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005905
EXPIRATION DATE: 09/30/2020

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

PHARMACY BOARD
PHARMACY
ANOVORX GROUP, LLC

COMMISSIONER OF HEALTH

ANOVORX GROUP, LLC
1710 N. SHELBY OAKS DR.
SUITE 2
MEMPHIS TN 38134

11894726
49367

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
PHARMACY
ANOVORX GROUP, LLC
1710 N. SHELBY OAKS DR.
SUITE 5
MEMPHIS TN 38134

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

ID NUMBER: 0000005905
EXPIRATION DATE: 09/30/2020

CONTROLLED SUBSTANCE REGISTRATION

DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171

4D

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 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☒ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ron Group, LLC. d.b.a Blue Sky Specialty Pharmacy

Physical Address: 570 Long Point Rd. Ste. 170

Mailing Address: 570 Long Point Rd. Ste. 170

City: Mount Pleasant State: SC Zip Code: 29464

Telephone: 843-352-7662 Fax: 833-898-3992

Toll Free Number: 866-822-0103 (Required per NAC 639.708)

E-mail: Ryan@BlueSkySpecialtyPharmacy.com Website: BlueSkySpecialtyPharmacy.com

Managing Pharmacist: Ryan Fennick License Number: 11740

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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

Ryan Fennick
Print Name of Authorized Person

4/20/20
Date

Board Use Only Date Processed: 5-12-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Curt Nesbitt

Business Name: Zen Group, LLC. d.b.a. Blue Sky Specialty Pharmacy

Current Business Address: 570 Long Point Rd. Ste. 170.

City: Mount Pleasant State: SC Zip Code: 29464

Telephone: 843-352-7662 Fax: 833-898-3892

List any physician shareholders and percentage of ownership.

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %:_____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 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
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ryan Fennick

Responsible Person of ~~Ryan~~ Ron Group, LLC. d.b.a Blue Sky Specialty Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Ryan Fennick
Print Name of Authorized Person

4/20/20
Date

LABOR LICENSING REGULATION

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596

Henry D. McMaster
Governor

Emily H. Farr
Director

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

This is to certify that the records of the Board of Pharmacy indicate the following information regarding:

Name: RON GROUP LLC

License Type: Pharmacy

License Number: 15688

Date Issued: 03/11/2015

License Status: ACTIVE

Expiration Date: 06/30/2021



Licensure Based on:

- ☒ Credentials
- ☐ Endorsement
- ☐ Exam - State
- ☐ National Exam
- ☐ Reciprocity

Disciplinary Action: None

☐ A check mark indicates that licensure has not been continuous.

If other information is needed, please contact this office at the number above.

Traci Collier

(State Seal)

Traci Collier, PharmD
SC Board of Pharmacy
Administrator and Chief Drug Inspector
Date: May 6, 2020

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss. SOUTH CAROLINA
_____ COUNTY) CHARLESTON COUNTY

I, Ryan Sennick, 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 SVP ; PIC for Blue Sky Specialty Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

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

Ryan Sennick
Name

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

_____
NOTARY PUBLIC

My Commission
Expires: 09/29/2024

MICHAEL G. BISNETT
NOTARY
PUBLIC
SOUTH CAROLINA

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

RON GROUP, LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 5th, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 3rd day of April, 2020.

Mark Hammond

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2020
REFERENCE ID: 497326

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended

1 The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is *RON GROUP, LLC*

2 The address of the initial designated office of the Limited Liability Company in South Carolina is

24 EDENTON ROAD
Street Address

MT PLEASANT *SOUTH CAROLINA* *29464*
City Zip Code

3 The initial agent for service of process of the Limited Liability Company is

SCOTT W PATTERSON, ATTORNEY
Name

Signature

and the street address in South Carolina for this initial agent for service of process is

319 PARK AVE SE, AIKEN, SC 29801
Street Address

AIKEN *SOUTH CAROLINA* *29801*
City Zip Code

4 The name and address of each organizer is

(a) *ELIZABETH N NESBITT*
Name

24 EDENTON ROAD
Street Address City

MT PLEASANT *SOUTH CAROLINA* *29464*
State Zip Code

(b)
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

5 [ ] Check this box only if the company is to be a term company If so, provide the term specified

070709-0130 FILED 07/05/2007
RON GROUP, LLC
Filing Fee $110 00 ORIG

Mark Hammond South Carolina Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2020

REFERENCE ID: 497326

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

RON GROUP, LLC
Name of Limited Liability Company

6 [ ] Check this box only if management of the limited liability company is vested in a manager managers If this company is to be managed by managers, specify the name and dress of each initial manager

(a) _____
Name

_____
Street Address City

_____
State Zip Code

(b) _____
Name

_____
Street Address City

_____
State Zip Code

(c) _____
Name

_____
Street Address City

_____
State Zip Code

(d) _____
Name

_____
Street Address City

_____
State Zip Code

(Add additional lines if necessary)

7 [ ] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c) If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members

_____

_____

_____

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 03 2020

REFERENCE ID: 497326

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

RON GROUP, LLC
Name of Limited Liability Company

8 Unless a delayed effective date is specified, these articles will be effective when endorsed for e Secretary of State Specify any delayed effective date and time

9 Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement

10 Signature of each organizer

Elizabeth Nesbitt

Date 7-2-07

(Add Additional lines if necessary)

FILING INSTRUCTIONS

1 File two copies of this form, the original and either a duplicate original or a conformed copy

2 If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form

3 This form must be accompanied by the filing fee of $110 00 payable to the Secretary of State

Return to Secretary of State
P O Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728

Form Revised by South Carolina
Secretary of State, January 2000

PRC 1039144

PERMIT NO. 15688
DATE ISSUED: 07/01/2020

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Pharmacy Permit

2020-2021

Expires 06/30/2021

Eric Strauss, Chairman

J. Addison Livingston, Vice Chairman

RON GROUP LLC
DBA:BLUE SKY SPECIALTY PHARMACY
Permit Holder: CURT NESBITT
570 LONG POINT RD SUITE 170
MOUNT PLEASANT SC 29464

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.

☑ *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 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☑ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CLRX DENTON

Physical Address: 2401 WEST OAK ST, STE 101

Mailing Address: 2401 WEST OAK ST, STE 101

City: DENTON State: TEXAS Zip Code: 76201

Telephone: 940-312-5943 Fax: 940-312-5944

Toll Free Number: 833-428-2539 (Required per NAC 639.708)

E-mail: CLRXDENTON@GMAIL.COM Website: WWW.CLRXPHARMACY.COM

Managing Pharmacist: HUY T NGUYEN License Number: 49415

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☑	☐ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be <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

HUY T NGUYEN
Print Name of Authorized Person

05/13/2020
Date

Board Use Only Date Processed: 5.27.2020 Amount: $500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: HUY T NGUYEN

Business Name: CLRX DENTON

Current Business Address: 2401 WEST OAK ST, STE 101

City: DENTON State: TEXAS Zip Code: 76201

Telephone: 940-312-5943 Fax: 940-312-5944

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 7 pm Saturday closed am closed pm

Sunday closed am closed pm 24 Hours

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, HUY T NGUYEN

Responsible Person of CLRX DENTON

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

HUY T NGUYEN
Print Name of Authorized Person

05/13/2020
Date

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 West Oak Pharmacy, Inc. (file number 802974604), a Domestic For-Profit Corporation, was filed in this office on March 28, 2018.

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 February 19, 2020.

Ruth R. Hughs
Secretary of State

TEXAS STATE BOARD OF PHARMACY

Re:	CLRX Denton
Address:	2401 West Oak Street, Suite 101 Denton, Texas 76201
License No.:	32113
Date Issued:	June 13, 2018
Licensure Status:	Active
Expiration Date:	June 30, 2020
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. CLRX Denton (Texas Pharmacy License #32113) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

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

July 30, 2019
Date

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

TEXAS STATE BOARD OF PHARMACY

License No.
49415

Expiration Date
12/31/2020

HUY THE NGUYEN

NGUYEN, HUY THE

REGISTERED PHARMACIST

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

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

CLRX DENTON
2401 WEST OAK ST STE 101
DENTON TX 76201



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

License No. **32113** Expiration Date: **6/30/2020**

Balances: **2**

CLRX DENTON
2401 WEST OAK ST STE 101
DENTON TX 76201

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

FROM:
CLRx Denton
2401 West Oak St. Ste. 101
Denton, TX 76201
940-312-5943 Phone
940-312-5944 Fax

May 13th, 2020

To Whom It May Concern:

This letter is being written as notice that West Oak Pharmacy Inc dba CLRx Denton **does not** ship any controlled substances. If at any time our services change, we will send notification at the appropriate time. Thank you in advance for incorporating this information, and also for your diligent attention to this matter.

Sincerely,

CLRx Denton

CLRx Denton
2401 West Oak St. Ste. 101
Denton, TX 76201
940-312-5943 Phone
940-312-5944 Fax

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
) ss.
DENTON COUNTY)

I, HUY T NGUYEN, 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 officer for CLRX DENTON (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, HUY T NGUYEN, 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
14 day of May, 2020.

NOTARY PUBLIC

JOSHUA WARE NOTARY PUBLIC STATE OF TEXAS ID

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.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 03922

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☑ *Sole Owner – Pages 1,2,7,8*
Limited Liability Company

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CRx Specialty Solution Pharmacy

Physical Address: 407 Bienville St Natchitoches, LA 71457

Mailing Address: 407 Bienville St

City: Natchitoches State: Louisiana Zip Code: 71457

Telephone: 877-646-1716 Fax: 318-214-4190

Toll Free Number: 877-646-1716 (Required per NAC 639.708)

E-mail: terry.smith@crxspecialty.com Website: www.crxspecialty.com

Managing Pharmacist: Terry Smith License Number: 13044

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: Specialty/mail order	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be 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

Patrick Teyro
Print Name of Authorized Person

5-26-2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Southern Scripts Intermediate II LLC

Business Name: Southern Scripts Intermediate II LLC

Current Business Address: ___ W. Lake St., Suit _____

City: Chicago State: Illinois Zip Code: 60606

Telephone: 2900 Fax: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 6 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
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Patrick Teyro

Responsible Person of Southern Scripts Intermediate 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.

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

Patrick Teyro
Print Name of Authorized Person

5-26-2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF LOUISIANA)
) ss.
NATCHITOCHES COUNTY)

I, Terry G. Smith, 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 CRx Specialty Solutions (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Terry G. Smith, 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
15 day of MAY, 2020.

Donna R. Stephens
NOTARY PUBLIC

DONNA R. STEPHENS
Notary Public - Louisiana
Natchitoches Parish
Notary ID 009331

LOUISIANA BOARD of PHARMACY

3388 Brentwood Drive ~ Baton Rouge, LA 70809-1700
www.pharmacy.la.gov

PHARMACY PERMIT

Permit Owner: Employer's Health Network Holdings, LLC

This is to certify that the Pharmacy listed hereon is duly permitted to operate a PHARMACY in Louisiana for the referenced period at the address noted:

CRx Specialty Solution
407 Bienville St
Natchitoches, LA 71457-5702

Permit Number: PHY.007399-IR
Effective Date: 01/01/2020
Expiration Date: 12/31/2020

PHY 2020

PERMIT MUST BE DISPLAYED IN PHARMACY
THIS PERMIT IS NOT TRANSFERABLE
A change in ownership or relocation of the pharmacy requires a new permit

Carl W. Aron
President

REMINDERS

- **Relocations:** This permit is not transferable to a new address. A relocation application should be submitted at least 30 days prior to the anticipated move date.
- **Change of Ownership:** A new permit is required when the ownership of the pharmacy changes by 50% or more.
- **Controlled Dangerous Substances (CDS):** A pharmacy permit alone does not authorize the possession of Controlled Dangerous Substances. In order to procure and possess CDS, you must hold a separate CDS license.
- **Pharmacist-in-Charge (PIC):** The pharmacy shall not operate for more than ten (10) days without a designated PIC. PIC changes shall be submitted to the Board in writing.
- **Forms and applications** are available on the Board website – www.pharmacy.la.gov – under the horizontal menu "Forms & Applications."

450130

PHYP

See Reverse Side For Easy Opening Instructions

LOUISIANA BOARD of PHARMACY
3388 Brentwood Drive
Baton Rouge, LA 70809-1700

CRx Specialty Solution
407 Bienville St
Natchitoches, LA 71457-5702

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

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

GENERAL INFORMATION

Name of Nevada license pharmacy: CRX SPECIALTY SOLUTION PHARMACY

Nevada license number: PH03922

Websites in use or intended to be used: www.crxspecialty.com

Affiliated websites (websites that link to or otherwise direct users to your website):

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☒

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☒ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☒ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☒ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☒ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☒ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☒ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☒ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☒ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☒ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☒ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☒ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☒ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☒ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☒ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☒ No ☐

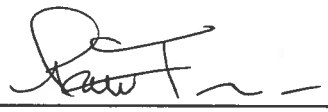
   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☒ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☒ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☒ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

5-26-2020

Date

Business Licensure Information for Non-Resident Pharmacy Permits (board of pharmacy, state controlled substance, DEA, FDA, etc)					
License/Registration Agency:	License Type:	Business Name on License/Registration:	License/ Registration Number:	Expiration Date:	License Status
Albama Board of Pharmacy	Permit	Crx Specialty Solutions	114707	12/31/2018	
Alaska Board of Pharmacy	Permit	Crx Specialty Solutions	119387	6/30/2018	
Arizona Board of Pharmacy	Permit	Crx Specialty Solutions	Y007119	10/31/2019	
Arkansas Board of Pharmacy	Permit	Crx Specialty Solutions	OS02808	12/31/2019	
California Board of Pharmacy	Permit	Crx Specialty Solutions	NRP1820	12/31/2017	
Colorado Board of Pharmacy	Permit	Crx Specialty Solutions	OSP.007038	10/31/2018	
Connecticut	Permit	Crx Specialty Solutions	PRN.0003249	8/31/2018	
Delaware	Permit	Crx Specialty Solutions	A9-0001864	9/30/2018	
Florida	Permit	Crx Specialty Solutions	PH29930	2/28/2019	
Georgia	Permit	Crx Specialty Solutions	PHNR001179	6/30/2019	
Kansas	Permit	Crx Specialty Solutions	PHY.019829	6/30/2018	
Maine	Permit	Crx Specialty Solutions	MO40002172	12/31/2018	
Mississippi	Permit	Crx Specialty Solutions	15139/7.1	1/31/2018	
Missiouri	Permit	Crx Specialty Solutions	2017008161	10/31/2019	
Nebraska	Permit	Crx Specialty Solutions	1109	1/27/2019	
New Hampshire	Permit	Crx Specialty Solutions	NR1410	12/31/2019	
New York	Permit	Crx Specialty Solutions	35596	7/31/2020	
North Carolina	Permit	Crx Specialty Solutions	13175	12/31/2018	
Ohio	Permit	Crx Specialty Solutions	NRP.022683750.03	3/31/2018	
Oklahoma	Permit	Crx Specialty Solutions	99-0829	9/30/2018	
Oregon	Permit	Crx Specialty Solutions	RP.6003263-13	3/31/2018	
Pennsylvania	Permit	Crx Specialty Solutions	NP000901	8/31/2019	
South Carolina	Permit	Crx Specialty Solutions	16936	6/30/2018	
Tennesse	Permit	Crx Specialty Solutions	6074	9/30/2019	
Vermont	Permit	Crx Specialty Solutions	36.0127305	7/31/2019	
Virginia	Permit	Crx Specialty Solutions	202215703	6/30/2018	
Washington	Permit	Crx Specialty Solutions	PHNR.FO.60724934	5/31/2018	
Wisconsin	Permit	Crx Specialty Solutions	1715-43	5/31/2018	
Inspector Notes:					

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 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 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ethical Factor Rx

Physical Address: 4213 Birney Avenue Suite 4

Mailing Address: PO Box 4047 Scranton PA 18505

City: Moosic State: PA Zip Code: 18507

Telephone: 570-606-3622 Fax: 570-371-6317

Toll Free Number: 1-866-642-2920 (Required per NAC 639.708)

E-mail: info@ethicalfactorrx.com Website: www.ethicalfactorrx.com

Managing Pharmacist: Lisa Tomcykoski License Number: RP046373

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☒	☐ Long Term Care
☐	☐ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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.

Lisa Tomcykoski

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

Lisa Tomcykoski

Print Name of Authorized Person

05/14/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Pennsylvania

Parent Company if any: Ethical Factor Rx LLC

Mailing Address: PO Box

City: Scranton State: PA Zip: 18505

Telephone: 570-606-3622 Fax: 570-371-6317

Contact Person: Lisa Tomcykoski

For any corporation non publicly traded, disclose the following:

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

a) Lisa Tomcykoski (Name) Cortez Road, Jefferson Township PA 18436 (Address)

b) Ann Marie Lafoca (Name) Farmhouse Road Mountain Top, PA 18707 (Address)

c) _____ (Name) _____ (Address)

d) _____ (Name) _____ (Address)

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 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: _____

EthicalFactorRX

4213 Birney Avenue
18507 Moosic,
Pennsylvania

+1 866-642-2920
+1 570-606-3622
+1 570-371-6317

info@ethicalfactorrx.com

To whom it may concern

Ethical Factor Rx LLC is operated as an LLC with the following ownership stakes:

1. Lisa Tomcykoski – Pharmacist CEO 50%
   Home address: Cortez Road, Jefferson Township PA 1
   Business Address: 3irney Av Moosic, PA 18507
   Phone numbe: office: 570 606 3622
   DOB:
   License Number
2. Ann Marrie Lafoca – MSW COO 50%
   Home addres: armhouse Road Mountain Top, ...
   Business Address: Birney Av Moosic, I
   Phone Numb: office: 570 606 3622
   DOB

This is also to attest that owners and employees of Ethical Factor Rx LLC have not been in violation of federal drug laws including the illegal use of drugs or improper distribution of drugs.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/05/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ETHICAL FACTOR RX, LLC

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

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SECRETARY OF THE COMMONWEALTH PENNSYLVANIA

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

Kathy Boockvar

Secretary of the Commonwealth

Certification Number: TSC200505171838-1

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Lisa Tomcykoski

Responsible Person of Ethical Factor Rx

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.

Lisa Tomcykoski

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

Lisa Tomcykoski (CEO and Owner)
Print Name of Authorized Person

05/14/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF PA)
Lackawanna) ss.
COUNTY)

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

1. I am the CEO / PIC for Ethical Factor Rx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

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

Lisa Tomcykoski
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
14th day of May, 2020.

Melissa Peralta
NOTARY PUBLIC

Commonwealth of Pennsylvania - Notary Seal
MELISSA PERALTA - Notary Public
Lackawanna County
My Commission Expires Apr 6, 2022
Commission Number 1251355



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

05/26/2020

License Information

ETHICAL FACTOR RX, LLC

4213 BIRNEY AVE
Moosic, Pennsylvania 18507

Board/Commission:	State Board of Pharmacy	Status Effective Date:	10/12/2017
LicenseType:	Pharmacy	Issue Date:	11/23/2011
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2021
License Number:	PP482191	Last Renewal:	07/23/2019
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
LISA FLORENCE TOMCYKOSKI	Business Relationship	Pharmacist		Active	11/23/2011	09/30/2020

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

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.

☒ *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 1,2,3,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Invictus Pharmacy

Physical Address: 206 Bergen Ave Suite 204

Mailing Address: 206 Bergen Ave Suite 204

City: Kearny State: NJ Zip Code: 07032

Telephone: 201-991-0800 Fax: 201-991-1980

Toll Free Number: 844-385-MEDS (6337) (Required per NAC 639.708)

E-mail: info@invictuspharmacy.com Website: www.invictuspharmacy.com

Managing Pharmacist: Alan Olstaer License Number: 28RI03942700

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☒	☐ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be <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

Alan Dustan
Print Name of Authorized Person

5/9/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NJ

Parent Company if any: _____

Mailing Address: 206 Bergen Ave Suite 204

City: Kearny State: NJ Zip: 07032

Telephone: 201-991-0800 Fax: 201-991-1980

Contact Person: Alan Oustaev

For any corporation non publicly traded, disclose the following:

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

a) Alan Oustaev RD Rego Park, NY, i
Name Address

b) Meyer Davidoff st Ave Forest Hills, NY,
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 2000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 6/13/2018

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 9 am 5:30 pm Saturday 9 am 2 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
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Alan Oustaev

Responsible Person of Invictus 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

Alan Oustaev
Print Name of Authorized Person

5/9/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey)
) ss.
Essex COUNTY)

I, Alan Oustan, 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 Invictus Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

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

Alan Oustan
Name

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

NOTARY PUBLIC

JOSHUA TSADYK
NOTARY PUBLIC OF NEW JERSEY
Comm. # 50096021
My Commission Expires 12/31/2023

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

OUTPATIENT PHARMACY CORP
0450279462

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 June 13, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MEYER DAVIDOFF
206 BERGEN AVE
SUITE 204
KEARNY, NJ 07032

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 9th day of May, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6107455626

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

INVICTUS
Specialty Pharmacy

To whom it may concern,

Due to the widespread severity of SARS-CoV-2, the Boards of Pharmacy of the state of New Jersey has temporarily ceased to provide official license verifications for pharmacies and pharmacists. With an increasing amount of out-of-state patients requesting our pharmacy services, we strive to provide patient care to more and more Americans. Given the recent drug shortages, we kindly ask that the printouts of the online verifications be accepted in lieu of the official verifications. If needed, official verifications will be provided upon reinstatement of the verification processes.

Thank you and God Bless America,

Steven M. Blikstein, PharmD, RPh



206 Bergen Ave, Suite 204
Kearny, NJ 07032

P. (201)991-0800
F. (201)991-1980

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Paul R. I
Acti

License Information

Accurate as of May 11, 2020 7:23 PM

Return to Search Results

Name: INVICTUS PHARMACY

Address: Kearny,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00771200

License Status: Active

Status Change Reason: License Issuance

Issue Date: 4/2/2019

Expiration Date: 6/30/2021

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

Documents

No Public Documents

Copyright © 2017 State of New Jersey.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

INVICTUS PHARMACY
MEYER DAVYDOV
206 Bergen Ave., Ste. 204
Kearny NJ 07032

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacy

04/02/2019 TO 06/30/2020
VALID

28RS00771200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Pharmacy
HAS LICENSED
INVICTUS PHARMACY
Pharmacy

04/02/2019 TO 06/30/2020
VALID
SIGNATURE

28RS00771200
License/Registration/Certificate #

Paul Rodriguez
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Pharmacy
P.O. Box 45013
Newark, NJ 07101

PLEASE DETACH HERE

INVICTUS
Specialty Pharmacy

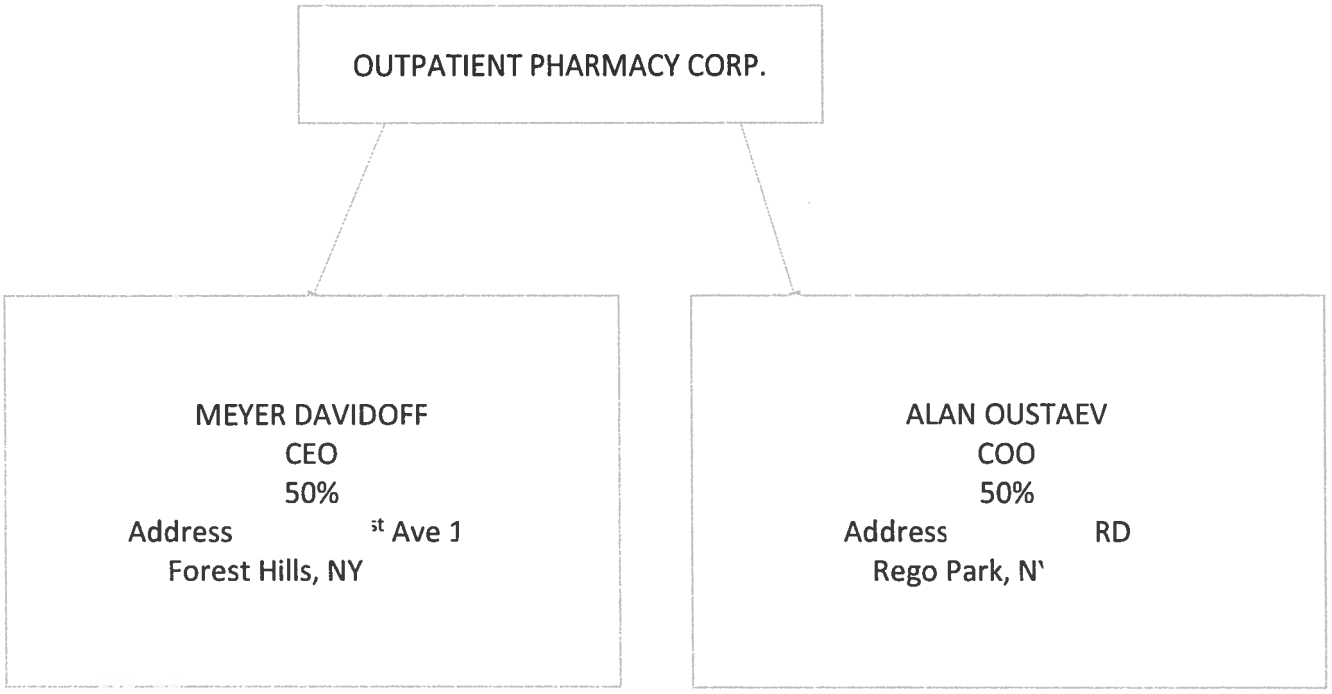
OUTPATIENT PHARMACY CORP. D/B/A INVICTUS PHARMACY
Stock Ledger

BLOCK # 1				
Sharenumber	**# of shares**	**Value of block**	**Offer of first refusal**	**Class of stock**
1-1000	1000	1000.00 USD	Yes	A
Stock certificate issued?		Yes, June 13th 2018		
Registered owner				
Date	**Name (org-/social security number)**		**Address**	
06/13/2018	Alan Oustaev		[illegible] rd RD	Rego Park, NY [illegible]

BLOCK # 2				**Company Corp.**
Sharenumber	**# of shares**	**Value of block**	**Offer of first refusal**	**Class of stock**
1001-2000	1000	1000.00 USD	Yes	A
Stock certificate issued?		Yes, June 13th 2018		
Registered owner				
Date	**Name (org-/social security number)**		**Address**	
06/13/2018	Meyer Davidoff		[illegible] Ave 1[illegible]	Forest Hills, NY

INVICTUS
Specialty Pharmacy

OUTPATIENT PHARMACY CORP. D/B/A INVICTUS PHARMACY
ORGANIZATION CHART



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.

☒ *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 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☒ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: MEDICI PHARMACY LLC dba MEDICI PHARMACY

Physical Address: 12930 DAIRY ASHFORD RD STE 702

Mailing Address: 12930 DAIRY ASHFORD RD STE 702

City: SUGAR LAND State: TEXAS Zip Code: 77478

Telephone: 713-993-7770 Fax: 346-309-2812

Toll Free Number: 888-511-2120 (Required per NAC 639.708)

E-mail: ACCOUNT@MEDICIPHARMACY.COM Website: _____

Managing Pharmacist: ALAN CHAN License Number: 63965

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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

TUYETANH NGUYEN
Print Name of Authorized Person

05/08/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: TUYETANH NGUYEN

Business Name: MEDICI PHARMACY LLC

Current Business Address: 12930 DAIRY ASHFORD RD STE 702

City: SUGAR LAND State: TEXAS Zip Code: 77478

Telephone: 713-993-7770 Fax: 346-309-2812

List any physician shareholders and percentage of ownership.

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %:_____

Name:_____ %:_____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 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
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, TUYETANH NGUYEN

Responsible Person of MEDICI PHARMACY LLC dba MEDICI 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

TUYETANH NGUYEN
Print Name of Authorized Person

05/08/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
TARRANT) ss.
COUNTY)

I, TUYETANH NGUYEN, 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 PRINCIPAL OFFICER for MEDICI PHARMACY (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, TUYETANH NGUYEN, 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 May, 2020.

NOTARY PUBLIC

APRIL LEIGH MCBRIGHT
Notary ID #131252730
My Commission Expires
August 21, 2021



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

License No. **32886** Expiration Date: **9/30/2021**

Balances: **1**

MEDICI PHARMACY
12930 DAIRY ASHFORD DR STE 702
SUGAR LAND TX 77478

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

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Franchise Tax Account Status

As of : 05/12/2020 15:49:05

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

MEDICI PHARMACY, LLC	
Texas Taxpayer Number	32070163590
Mailing Address	12930 DAIRY ASHFORD RD STE 702 SUGAR LAND, TX 77478-4667
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	03/24/2019
Texas SOS File Number	0803272459
Registered Agent Name	DAVIDSON LAW GROUP, PLLC
Registered Office Street Address	320 PURCEY ST. FORT WORTH, TX 76102

TEXAS STATE BOARD OF PHARMACY

May 18, 2020

Tuyetanh Nguyen
Email: account@medicipharmacy.com

RE: Medici Pharmacy (Texas Pharmacy License #32886)

Dear Tuyetanh Nguyen:

On May 8, 2020, the Texas State Board of Pharmacy (TSBP) received your request for information regarding disciplinary action taken against the above-referenced licensee.

Our records reflect that Medici Pharmacy, Texas pharmacy license #32886, located at 12930 Dairy Ashford Drive, Suite 702, Sugarland, Texas 77478, has not been the subject of disciplinary action with our agency.

In closing, I would like to mention that TSBP is conducting a customer service survey. If you wish to complete the survey, please go to www.survey.utexas.edu/tsbp. Your opinion regarding our services is important to us.

If you need additional information, please contact Margarita Zamarripa, Senior Administrative Assistant, at (512) 305-8028.

Sincerely,

Open Records
Texas State Board of Pharmacy

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Nephron Pharmacy LLC

Physical Address: 4500 12th Street Extension West Columbia, SC 29172

Mailing Address: 4500 12th Street Extension West Columbia, SC 29172

City: West Columbia State: SC Zip Code: 29172

Telephone: (855)262-1718 Fax: (855)262-1718

Toll Free Number: (855)262-1718 (Required per NAC 639.708)

E-mail: mailorder@nephronpharm.com Website: nephronpharm.com

Managing Pharmacist: Emily Kennell License Number: 41912

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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.

X Lou W. Kennedy

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

Lou W. Kennedy

Print Name of Authorized Person

05-07-2020

Date

Board Use Only Date Processed: 5-28-2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: South Carolina

Parent Company if any: Nephron Pharmaceuticals Corporation

Mailing Address: 4500 12th Street Extension

City: West Columbia State: SC Zip: 29172

Telephone: (800)443-4313 Fax: (855)262-1719

Contact Person: Lou Kennedy

For any corporation non publicly traded, disclose the following:

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

a) William Kennedy (49%) 4500 12th Street Extension West Columbia, SC 29172
Name Address

b) Lou Kennedy (17%) 4500 12th Street Extension West Columbia, SC 29172
Name Address

c) Ashley Kennedy Whitner (17%) 4500 12th Street Extension West Columbia, SC 29172
Name Address

d) Courtney Kennedy McGowan (17%) 4500 12th Street Extension West Columbia, SC 29172
Name Address

2) Provide the number of shares issued by the corporation. 100%

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

4) What date did the corporation actually receive the cash assets? n/a

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

List any physician shareholders and percentage of ownership.

Name: n/a %: n/a

Name: n/a %: n/a

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 6:00 pm Saturday n/a am _____ pm

Sunday n/a am _____ pm 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, Lou W. Kennedy

Responsible Person of Nephron Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

x

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

Lou W. Kennedy

Print Name of Authorized Person

05-07-2020

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF South Carolina)
) ss.
Lexington COUNTY)

I, Lou Kennedy, 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 Nephron Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

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

Lou W. Kennedy
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
7th day of May, 2020.

Lindsey Miles
NOTARY PUBLIC

LINDSEY MILES
NOTARY PUBLIC
MY COMMISSION EXPIRES
10/4/2026
SOUTH CAROLINA

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Nephron Pharmacy LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 20th, 2020, with a duration that is until March 20th, 2120, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of March, 2020.

Mark Hammond

Mark Hammond, Secretary of State

Print this page

South Carolina Board of Pharmacy

NEPHRON PHARMACY, LLC
4500 12TH STREET EXT.
WEST COLUMBIA, SC 29172

License number: 19403
License type: Pharmacy
Status: Active
First Issue Date: 04/27/2020
Expiration: 06/30/2021

Supervised By
EMILY McGUIRE KENNELL - (PH)

File a Complaint against this licensee

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

Board Public Action History:

View Orders | View Other License for this Person

No Orders Found

PRC 1039509

PERMIT NO. 19403
DATE ISSUED: 04/27/2020

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Pharmacy Permit

2020-2021

Expires 06/30/2021

Eric Strauss, Chairman

J. Addison Livingston, Vice Chairman

NEPHRON PHARMACY, LLC
Permit Holder: LOU KENNEDY
4500 12TH STREET EXT.
WEST COLUMBIA SC 29172

4K

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*
☐ *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: Pearland Unicare Pharmacy, LLC

Physical Address: 10970 Shadow Creek Pkwy Suite 110.2 Pearland TX 77584

Mailing Address: 10970 Shadow Creek Pkwy Suite 110.2

City: Pearland State: TX Zip Code: 77584

Telephone: 888-489-0038 Fax: 877-674-0389

Toll Free Number: 888-489-0038 (Required per NAC 639.708)

E-mail: MailOrder@pyramidspharmacy.com Website: www.pyramidspharmacy.com

Managing Pharmacist: May Elmahdy License Number: 51907

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☐ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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

Dalia Abdelhalim
Print Name of Authorized Person

3/16/2020
Date

Board Use Only Date Processed: 5.27.2020 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: N/A

Mailing Address: 10970 Shadow Creek Pkwy Suite 110.2

City: Pearland State: TX Zip: 77584

Telephone: 888-489-0038 Fax: 877-674-0389

Contact Person: Ursula Henry

For any corporation non publicly traded, disclose the following:

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

a) Dalia Abdelhalim Signal Hill Ct Pearland
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: Dalia Abdelhalim %: 100%

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours _____

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

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

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

List of officers and directors

Dalia Abdelhalim, Owner

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Dalia Abdelhalim

Responsible Person of Pearland Unicare Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Dalia Abdelhalim
Print Name of Authorized Person

3/16/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Harris COUNTY)

I, Dalia Abdelhalim, 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 Pearland Unicare Pharmacy, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Dalia Abdelhalim, 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
16 day of March, 2020.

Marleah Hutton
NOTARY PUBLIC

MARLEAH MARIE HUTTON
Notary Public, State of Texas
Comm. Expires 05-24-2023
Notary ID 13202643-0

TEXAS STATE BOARD OF PHARMACY

Re:	Pyramids Mail Order Pharmacy
Address:	10970 Shadow Creek Parkway, Suite 1102 Pearland, Texas 77584
License No.:	32829
Date Issued:	August 28, 2019
Licensure Status:	Active
Expiration Date:	August 31, 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. Pyramids Mail Order Pharmacy (Texas Pharmacy License #32829) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

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

April 13, 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.

4L

Roc 511-2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Phil Pharmacy Solutions LLC

Physical Address: 5900 Roche Dr. St. 107

Mailing Address: -Same-

City: Columbus State: OH Zip Code: 43229

Telephone: 855-917-3070 Fax: 888-975-0603

Toll Free Number: 855-917-3070 (Required per NAC 639.708)

E-mail: BOP-applications@usephil.com Website: _____

Managing Pharmacist: Jill Garlitz License Number: 03232852

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☒ Long Term Care
☐	☐ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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.

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

Haley DeCoy
Print Name of Authorized Person

04/29/2020
Date

Board Use Only Date Processed: 5.12.2020 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: Phil Inc

Mailing Address: 234 Front St. FL 4

City: San Francisco State: CA Zip: 94111

Telephone: 855 - 917 - 3070 Fax: N/A

Contact Person: Haley Decoy

For any corporation non publicly traded, disclose the following:

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

a) Phil inc is 100% owner of Phil Pharmacy Solutions LLC
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 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
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Deepak Thomas

Responsible Person of Phil Pharmacy Solutions 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.

X

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

Deepak Thomas

Print Name of Authorized Person

04/27/20

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Ohio)
) ss.
Franklin COUNTY)

I, Haley DeCoy, 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 for Phil Pharmacy Solutions (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

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

Haley DeCoy
Name

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

NOTARY PUBLIC

NOTARIAL SEAL
YASMINE FARAH
NOTARY PUBLIC - OHIO
MY COMMISSION EXPIRES 05-12-24

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHIL PHARMACY SOLUTIONS 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 THIRTIETH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHIL PHARMACY SOLUTIONS LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2017.

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

Jeffrey W. Bullock, Secretary of State

6506398 8300

SR# 20203317659

Authentication: 202855490

Date: 04-30-20

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

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2021.

Phil Pharmacy Solutions

5900 Roche Dr Ste 107

Columbus OH, 43229-3232

License Number: 0232000001

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2021

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: II - Independent Community Retail (1 Outlet)

Responsible Person - Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
JILL GABRIELA	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

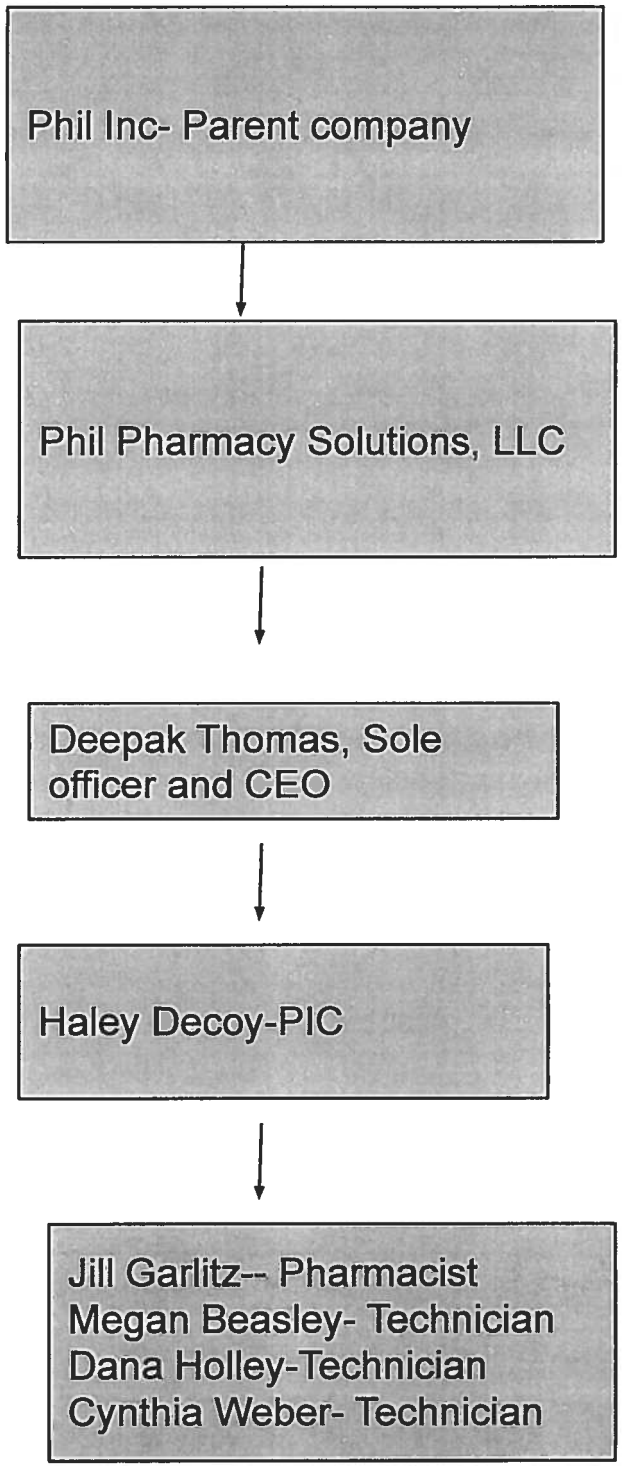
State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

Corporate Officers

Deepak Thomas

Address Wisconsin Street San Francisco

Officer


Phil Inc- Parent company
Phil Pharmacy Solutions, LLC
Deepak Thomas, Sole officer and CEO
Haley Decoy-PIC
Jill Garlitz-- Pharmacist
Megan Beasley- Technician
Dana Holley-Technician
Cynthia Weber- Technician

STATE OF OHIO
BOARD OF PHARMACY

VERIFICATION OF LICENSURE

BUSINESS NAME:	Phil Pharmacy Solutions
DBA	PhilRx, LLC
LOCATION:	5900 Roche Dr Ste 107 Columbus, OH 43229-3232
LICENSE NUMBER:	0232000001
TYPE OF LICENSE:	Terminal - Pharmacy - Category 3
ORIGINAL LICENSURE DATE:	June 19, 2018
EXPIRATION DATE:	March 31, 2021
CURRENT LICENSE STATUS:	Active
CURRENT LICENSE SUB STATUS:	N/A
BOARD ACTION:	No (If Board Action is "Yes", you may find more information at elicense.ohio.gov)
DATE OF VERIFICATION:	5/12/2020

Karrie Southard
Director of Licensing
State of Ohio Board of Pharmacy

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

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* ☒ ***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 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded ~~Corporation~~ LLC – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Premier Specialty Infusion LLC

Physical Address: 2401 W. Hassell Road, Suite 1525

Mailing Address: 2401 W. Hassell Road, Suite 1525

City: Hoffman Estates State: Illinois Zip Code: 60169

Telephone: 800-783-9655 Fax: 877-770-4179

Toll Free Number: 800-783-9655 (Required per NAC 639.708)

E-mail: pharmacy@psinfusion.com Website: www.premierspecialtypharmacy.com

Managing Pharmacist: Scott Luckow License Number: 051.041005

TYPE OF PHARMACY		AND	SERVICES PROVIDED	
Yes/No			Yes/No	
☒	☐ Retail		☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)		☐	☒ Parenteral **
☐	☒ Internet		☐	☒ Parenteral (outpatient)
☐	☒ Nuclear		☒	☐ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center		☐	☒ Mail Service
☒	☐ Community		☐	☒ Long Term Care
☐	☒ Other: _____		☐	☒ Sterile Compounding **
			☐	☒ Non Sterile Compounding
All boxes must be checked			☐	☒ Mail Service Sterile Compounding **
For the application to be complete			☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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.

David Evans

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

David Evans

Print Name of Authorized Person

5/12/20

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A ~~NON-PUBLICLY TRADED CORPORATION~~ LIMITED LIABILITY COMPANY

State of ~~Incorporation~~ Organization: Delaware

Parent Company if any: PromptCare Home Infusion, LLC

Mailing Address: 41 Spring Street, Suite 103

City: New Providence State: NJ Zip: 07974

Telephone: 877-776-6782 Fax: 800-889-0862

Contact Person: David Evans

For any corporation non publicly traded, disclose the following:

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

a) PromptCare Home Infusion, LLC 41 Spring Street, Suite 103 New Providence, NJ 07974
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday on-call am _____ pm

Sunday on-call am _____ pm 24 Hours _____

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

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

List of officers and directors

Thomas Voorhees	President, CEO, and LLC Manager
David Evans	CFO and Secretary
Joseph Poliseo	COO and Asst. Secretary

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David Evans

Responsible Person of Premier Specialty Infusion 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

David Evans
Print Name of Authorized Person

5/12/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Pennsylvania)
) ss.
Chester COUNTY)

I, David Evans, 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 Chief ~~Operating~~ Financial Officer for Premier Specialty Infusion LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, David Evans, 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
12th day of May, 2020.

NOTARY PUBLIC

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Joshua F. Griffith, Notary Public
West Brandywine Twp., Chester County
My Commission Expires May 24, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIER SPECIALTY INFUSION, 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 MAY, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

6225542 8300

SR# 20204209458

Authentication: 202960398

Date: 05-20-20

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

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
054.021461
051.041005

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
03/31/2022

LICENSED PHARMACY

COMMUNITY, STERILE COMPOUNDING

PREMIER SPECIALTY INFUSION LLC
SCOTT LUCKOW
2401 HASSELL RD STE 1525
HOFFMAN ESTATES, IL 60169-2000

DEBORAH HAGAN
SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

14595443

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4326117

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA
PREMIER SPECIALTY INFUSION LLC	Hoffman Estates, IL 60169	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
054021461	LICENSED PHARMACY	ACTIVE	03/11/2020	03/11/2020	03/31/2022	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
32*****93	LICENSED CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	03/11/2020	03/11/2020	03/31/2022	N

Generated on: 3/11/2020 11:59:50 AM

PromptCare Companies
High-tech. High-touch. / Better care.

May 11, 2020

VIA Federal Express

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

RE: Change of Ownership
Premier Specialty Infusion, LLC
Pharmacy License #PH04152

Dear Sir/Madam:

This letter is sent as written notification of a recent transaction involving Premier Specialty Infusion, LLC ("PSI") located at 2401 W. Hassell Road, Suite 1525, Hoffman Estates, IL 60169, in which PromptCare Home Infusion LLC acquired 100% of the membership interests of Ambreen Jafri and Scott Luckow in PSI. PSI remains as the permit holder and PromptCare Home Infusion LLC has become the sole member and parent company of PSI.

The pharmacist-in-charge of PSI remains the same and there has been no change in the NCPDP, NPI, tax ID, name or location. A chart showing the post-closing organizational structure is attached as *Exhibit A*.

As required for this type of transaction, enclosed is a completed *Application for Out-of-State Pharmacy License – Ownership Change* with applicable attachments and fee.

You will note that the inspection report includes a Sterile Compounding component. This pharmacy does NOT provide sterile compounding services at this time and if it were to offer these services in the future, they would be available ONLY to Illinois residents. PSI will NOT ship sterile compounded products into the State of Nevada without receiving prior approval from the Nevada State Board of Pharmacy.

Should you have any questions, please contact me at 801-942-2968 or via email at rhansen@rchconsult.com.

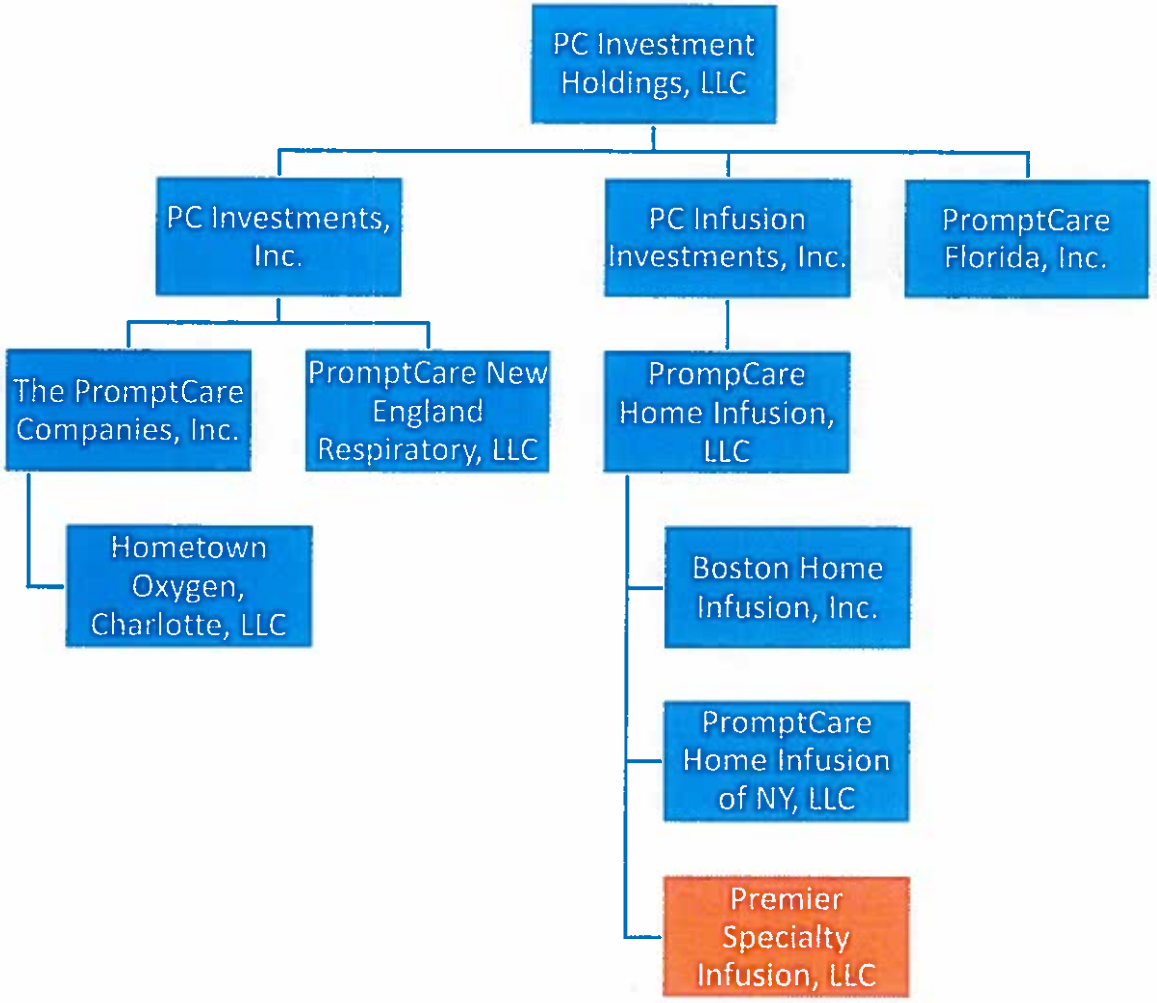
Sincerely,

Robyn C. Hansen

Robyn C. Hansen
Regulatory Compliance

Enclosures

EXHIBIT A


PC Investment Holdings, LLC
PC Investments, Inc.
PC Infusion Investments, Inc.
PromptCare Florida, Inc.
The PromptCare Companies, Inc.
PromptCare New England Respiratory, LLC
PrompCare Home Infusion, LLC
Hometown Oxygen, Charlotte, LLC
Boston Home Infusion, Inc.
PromptCare Home Infusion of NY, LLC
Premier Specialty Infusion, LLC

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*** 04167

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

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☒ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Quinate Pharmacy, LLC , dba Southern Hometown Pharmacy (dba change)

Physical Address: 1557 Pooler Pkwy, Ste 400, Pooler, GA 31322

Mailing Address: 1557 Pooler Pkwy, Ste 400

City: Pooler State: Georgia Zip Code: 31322

Telephone: (912) 988-3005 Fax: (912) 988-1674

Toll Free Number: (833) 878-6337 (Required per NAC 639.708)

E-mail: poolerrx@yoursouthernrx.com Website: www.southernhometownpharmacy.com

Managing Pharmacist: Chad Troccia License Number: RPH021970

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
☒ ☐ Retail		☐ ☒ Off-site Cognitive Services
☐ ☒ Hospital (# beds____)		☐ ☒ Parenteral **
☐ ☒ Internet		☐ ☒ Parenteral (outpatient)
☐ ☒ Nuclear		☐ ☒ Outpatient/Discharge
☐ ☒ Ambulatory Surgery Center		☒ ☐ Mail Service
☐ ☒ Community		☐ ☒ Long Term Care
☐ ☒ Other: _____		☐ ☒ Sterile Compounding **
		☐ ☒ Non Sterile Compounding
All boxes must be checked		☐ ☒ Mail Service Sterile Compounding **
For the application to be complete		☐ ☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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.

Tracey L Leavitt

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

Tracey L Leavitt

Print Name of Authorized Person

5/21/2020

Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: Quinate Pharmacy, LLC

Mailing Address: 1557 Pooler Pkwy, Ste 400

City: Pooler State: Georgia Zip Code: 31322

Telephone Number: (912) 988-3005 Fax Number: (912) 988-1674

Contact Person: Tracey Leavitt

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
Please see attached Ownership Chart		
Travel Rx, LLC	N/A	100%

List names of 4 largest partners and percentage of ownership:

Name: Please see attached Ownership Chart %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: None %: N/A

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 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: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Tracey Leavitt

Responsible Person of Quinate Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Tracey L Leavitt

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

Tracey L Leavitt
Print Name of Authorized Person

5/21/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
) ss.
Cache COUNTY)

I, Tracey L Leavitt, 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 Partner for Quinate Pharmacy, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Tracey L Leavitt, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Tracey L Leavitt
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21st day of May, 2020.

Brooke Schlee
NOTARY PUBLIC

BROOKE SCHLEE
Notary Public
State Of Utah
My Commission Expires 02-12-2024
COMMISSION NO. 710576

Posted April 1, 2020

QUINATE PHARMACY, LLC
List of Owners

100%: TRAVEL RX, LLC, a Nevada Limited Liability Company, is the parent company whose owners are:

TRACEY L. LEAVITT Settlers Point Dr. Guyton, GA	33.472%
BRETT WHITTACRE Ridgegate St Henderson, NV	8.800%
JARED JOHNSON Ridgegate St Henderson, NV	8.800%
MELISSA ETHERIDGE Grand Ct Bluffton, SC	6.688%
HEATHER J. LEAVITT Teakwood Trace Midland, TX	7.040%
JAY R. LARSEN San Andreas St Henderson, NV	17.600%
SPATE CAPITAL, LLC, whose owners are: CASEY CRAIG and COURTNEY CRAIG Happy Ln Las Vegas, NV	17.600%

Control Number : 18003909

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, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Quinate Pharmacy, 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.

Docket Number	: 18133736
Date Inc/Auth/Filed	: 01/04/2018
Jurisdiction	: Georgia
Print Date	: 10/03/2019
Form Number	: 211

STATE OF GEORGIA 1776

Brad Raffensperger

Brad Raffensperger
Secretary of State

Licensee Information

Name:	Southern Hometown Pharmacy
Owner:	
Address:	1557 Pooler Pkwy Ste 400 Pooler GA 31322

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHRE010716	**License Status:**	Active
License Type:	Retail Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	3/19/2019	**Expiration Date:**	6/30/2021	**Last Renewal Date:**	

Discipline Information
- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

Relationship:	Employment		
Prerequisite Licensee:	Carroll, Sirmedra Dominique	**Prerequisite License:**	**PHTC050600**
Association Date:	6/28/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Donovan, Brooke Delaine	**Prerequisite License:**	**PHTC046810**
Association Date:	3/30/2020	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Goldman, Christopher Todd, Jr	**Prerequisite License:**	**PHTC049127**
Association Date:	10/29/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Gordon, Ashlee Danielle	**Prerequisite License:**	**PHTC018363**
Association Date:	6/26/2019	**Expiration Date:**	
Relationship:	Employment		

Prerequisite Licensee:	Harn, Angela Swindell	**Prerequisite License:**	**PHTC050819**
Association Date:	7/24/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Harn, Selah Maisey	**Prerequisite License:**	**PHTC052927**
Association Date:	1/6/2020	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Leavitt, Tracey Lynn	**Prerequisite License:**	**PHTC047898**
Association Date:	8/5/2019	**Expiration Date:**	
Relationship:	Employment		
Prerequisite Licensee:	Reid, Allison Denise	**Prerequisite License:**	**PHTC026435**
Association Date:	8/5/2019	**Expiration Date:**	
Relationship:	Supervisor		
Prerequisite Licensee:	Troccia, Chad Michael	**Prerequisite License:**	**RPH021970**
Association Date:	10/14/2019	**Expiration Date:**	

You may close this window to return to your search results

Data current as of: April 21, 2020 15:3:22

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

40

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** 03030
Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Transition Pharmacy

Physical Address: 2540 Metropolitan Drive, 2546

Mailing Address: 2540 Metropolitan Drive, 2546

City: Trevose State: PA Zip Code: 19053

Telephone: 215-639-6162 Fax: 215-639-6209

Toll Free Number: 866-694-2553 (Required per NAC 639.708)

E-mail: transitionrx@comcast.net Website: transitionrx.com

Managing Pharmacist: Gregg Smith License Number: RP040437R

TYPE OF PHARMACY AND SERVICES PROVIDED

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

****If you check "yes" on any of these types of services, you will be <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

Richard William Kennedy Jr
Print Name of Authorized Person

4/30/20
Date

Board Use Only Date Processed:_____ Amount: $500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Arizona

Parent Company if any: Nexus Patient Services LLC

Mailing Address: 5080 N. 40th Street 339

City: Phoenix State: AZ Zip: 85018

Telephone: 602-840-9506 Fax: 602-840-9508

Contact Person: Bill Kennedy

For any corporation non publicly traded, disclose the following:

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

a) Transition Pharmacy Services is a Single member LLC
Name Address

b) Name & Nexus Patient Services LLC
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: None %: _____

Name: None %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 8 pm Saturday 9 am 1 pm

Sunday Closed am Closed pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Richard William Kennedy Jr

Responsible Person of Transition Pharmacy Services LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

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

Richard William Kennedy Jr.
Print Name of Authorized Person

5/7/20
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF PA)
Philadelphia) ss.
COUNTY)

I, Greg Smith, 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 Transition Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Greg Smith, 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
20 day of May, 2020.

NOTARY PUBLIC

Commonwealth of Pennsylvania

Notarial Seal
LAUREN FISCHER – Notary Public
CITY OF PHILADELPHIA, PHILADELPHIA CNTY
My Commission Expires Aug 23, 2021

Transition Pharmacy Services LLC Officers/Owners (March 2020)

Name	Title	Address	City, State, Zip	Birth Date
Richard William Kennedy Jr	President	N Way	Scottsdale, AZ	
Richard W. Kennedy	EVP	E. Solano Drive	Phoenix, AZ	
Joseph C. Kennedy	EVP	N. Street	Phoenix, AZ	
Michael G. Kennedy	EVP	N. Place	Scottsdale, AZ	
Danita K. Florez	EVP	N. Place	Phoenix, AZ	

Transition Pharmacy Services LLC Ownership (March 2020)

Alpha Scrip Incorporated Ownership				
Name	%	Address		City, State, Zip
Richard William Kennedy Jr	25%		Way	Scottsdale, AZ
Richard W. Kennedy	25%	E. Solano Drive		Phoenix, AZ
Joseph C. Kennedy	25%	N.	Street	Phoenix, AZ
Michael G. Kennedy	25%	N.	Place	Scottsdale, AZ

Florez Enterprises LLC				
Name	%	Address		City, State, Zip
Danita K. Florez	100	N.	Place	Phoenix, AZ

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

19 0818125

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

License Type
Pharmacy

License Status
Active

TRANSITION PHARMACY
GREGG M SMITH
2540 METROPOLITAN DR STE 2546
TREVOSE, PA 19053

Initial License Date
12/18/2007

Expiration Date
08/31/2021

License Number
PP481773

Acting Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.§. 4911

4P

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 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☑ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ORGANIC PHARMACY LLC dba ADAMAS RX

Physical Address: 5001 S COOPER ST STE 215, ARLINGTON, TX 76017

Mailing Address: 5001 S COOPER ST STE 215, ARLINGTON, TX 76017

City: ARLINGTON State: TX Zip Code: 76017

Telephone: 817-803-2225 Fax: 888-885-9849

Toll Free Number: 800-999-6001 (Required per NAC 639.708)

E-mail: ACCOUNT @ADAMASRX.COM Website: _____

Managing Pharmacist: KHANH B HOANG License Number: TX - 47704

TYPE OF PHARMACY AND SERVICES PROVIDED

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

****If you check "yes" on any of these types of services, you will be <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

KHANH B HOANG
Print Name of Authorized Person

05/08/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: KHANH B HOANG

Business Name: ORGANIC PHARMACY LLC

Current Business Address: 5001 S COOPER ST STE 215

City: ARLINGTON State: TX Zip Code: 76017

Telephone: 817-803-2225 Fax: 888-885-9849

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 09:00 am 06:00 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours 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

I, KHANH B HOANG

Responsible Person of ORGANIC PHARMACY LLC dba ADAMAS RX

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

KHANH B HOANG
Print Name of Authorized Person

05/08/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF TEXAS)
) ss.
TARRANT COUNTY)

I, KHANH B HOANG, 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 / OFFICER for ADAMAS RX (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, KHANH B HOANG, 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 MAY, 2020.

NOTARY PUBLIC

TUYETANH THI NGUYEN
Notary ID #131985486
My Commission Expires
April 23, 2023

TEXAS STATE BOARD OF PHARMACY
333 GUADALUPE ST STE 3 500
AUSTIN TX 78701

ADAMAS RX
5001 S COOPER ST STE 215
ARLINGTON TX 76017



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

License No. **32984** Expiration Date: **11/30/2021**

Balances: **1**

ADAMAS RX
5001 S COOPER ST STE 215
ARLINGTON TX 76017

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

TEXAS STATE BOARD OF PHARMACY

May 19. 20201

Khanh Hoang
5001 South Cooper Street, Suite 215
Arlington, Texas 760
Email: *ACCOUNT@ADAMASRX.COM*

RE: Adamas Rx (Texas Pharmacy License #32984)

Dear Khanh Hoang:

On May 8, 2020, the Texas State Board of Pharmacy (TSBP) received your request for information regarding disciplinary action taken against the above-referenced licensee.

Our records reflect that Adamas Rx, Texas pharmacy license #32984, located at 5001 South Cooper Street, Suite 215, Arlington, Texas 76017, has not been the subject of disciplinary action with our agency.

In closing, I would like to mention that TSBP is conducting a customer service survey. If you wish to complete the survey, please go to www.survey.utexas.edu/tsbp. Your opinion regarding our services is important to us.

If you need additional information, please contact Sandra Chatham, Senior Administrative Assistant, at (512) 305-8073.

Sincerely,

Open Records
Texas State Board of Pharmacy

Franchise Tax Account Status

As of : 05/12/2020 15:50:10

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

ORGANIC PHARMACY LLC	
Texas Taxpayer Number	32070226140
Mailing Address	320 PURCEY ST FORT WORTH, TX 76102-1847
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	03/28/2019
Texas SOS File Number	0803277434
Registered Agent Name	DAVIDSON LAW GROUP, PLLC
Registered Office Street Address	320 PURCEY ST. FORT WORTH, TX 76102

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 ☐ ***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*
☐ *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: Long Beach Pharmacy Annex DBA Peninsula Compounding

Physical Address: 110 Oregon Ave S, Long Beach, WA 98631

Mailing Address: P.O. Box 187

City: Long Beach State: WA Zip Code: 98631

Telephone: 360-642-1250 Fax: 1-888-308-2878

Toll Free Number: 1-866-219-0002 (Required per NAC 639.708)

E-mail: lbcompounder@penpharmrx.com Website: http://www.penpharmrx.com/peninsulacompounding/

Managing Pharmacist: Jeffrey Chabot License Number: WA PH00018787

TYPE OF PHARMACY AND **SERVICES PROVIDED**

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

**If you check "yes" on any of these types of services, you will be required to make an 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.

Jeffrey Harrell

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

Jeffrey Harrell — Print Name of Authorized Person

5/20/2020 — Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Washington State

Parent Company if any: N/A

Mailing Address: P.O. Box B

City: Ilwaco State: WA Zip: 98624

Telephone: 360-244-5984 Fax: 1-888-308-2878

Contact Person: Jeffrey Harrell

For any corporation non publicly traded, disclose the following:

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

a) Jeffrey Harrell (Name) PO Box 1635, Long Beach, WA 98631 (Address)

b) Thomas Sutherland (Name) PO Box 1405, Long Beach, WA 98631 (Address)

c) Casey Harrell (Name) PO Box 1635, Long Beach, WA 98631 (Address)

d) Garnette Sutherland (Name) PO Box 1405, Long Beach, WA 98631 (Address)

2) Provide the number of shares issued by the corporation. 200 total

3) What was the price paid per share? $7,000.00

4) What date did the corporation actually receive the cash assets? 06/30/2006

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

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

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

UNITED STATES OF AMERICA

The State of Washington

Secretary 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

PENINSULA PHARMACIES, INC.

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 12/15/1960.

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: 03/05/2020
UBI Number: 251 000 395

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

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 03/05/2020

Peninsula Pharmacies, Inc

List of Officers:

Jeffrey Harrell – President

Tom Sutherland – Vice President

Casey Harrell – Treasurer

Garnette Sutherland – Secretary

CONDITIONAL SALES AGREEMENT

FOR SALE OF STOCK

THIS CONDITIONAL SALES AGREEMENT FOR SALE OF STOCK made this 1st day of July, 2006, by and between JEFFERY L. FREESE and SUSAN C. FREESE, husband and wife, hereinafter referred to as "sellers" and JEFFREY S. HARRELL and CASEY HARRELL, husband and wife, hereinafter called "purchasers",

WITNESSETH:

Whereas, the parties hereto desire that the sellers' stock of PENINSULA PHARMACIES, INC., a Washington corporation, be sold to purchasers pursuant to this Agreement on the date and at the time provided for herein (the "Effective Date"); and

Whereas, the parties hereto desire to set forth certain representations and warranties made by each to the other as an inducement to the consummation of the sale and certain additional agreements related to the sale;

Now, therefore, in consideration of the premises and of the mutual representations and warranties herein contained, the parties hereby agree as follows:

Article I

SALE

1.1 Sale

Subject to the terms and conditions herein on the 1st day of July 2006, date of closing of this sale, hereinafter called the Effective Date, or at such other time as purchasers and sellers shall designate, sellers shall sell to purchasers and purchasers shall buy from sellers 100 shares of PENINSULA PHARMACIES, INC. stock represented by Certificate No. 7.

1.2 Price

For the said 100 shares of PENINSULA PHARMACIES, INC. stock, the purchasers shall pay to sellers the total sum of Seven Hundred Thousand and no/100ths ($700,000.00) dollars, plus interest, which sum shall be paid as follows: The cash sum of Thirty Thousand and no/100ths ($30,000.00) dollars to be paid down at time of closing. The balance, to-wit: Six Hundred Seventy Thousand and no/100ths ($670,000.00) dollars shall be paid in monthly installments of Six Thousand Two Hundred Eleven and no/100ths ($6,211.00) dollars, including interest. During the first seven (7) years, Purchasers shall not pay more than the monthly installment amount. The first such installment shall be due on the 15th day of August, 2006 and thereafter on the 15th day of each succeeding calendar month until the entire balance of the purchase price, principal and accrued interest, shall have been paid in full. Purchasers agree to pay interest on the diminishing principal balance at the rate of 7 1/2 percent per annum from the 1st day of July, 2006. Each payment shall be credited first on the interest then due and the remainder on principal; and interest shall thereupon cease upon the principal so credited. It is further provided that the total purchase price including accrued interest shall be paid in full fifteen (15) years from the Effective Date of this Agreement.

If purchasers are current on their payments and for reasonable cause they are unable to make the next payment on time, Purchasers shall be granted a grace period of not to exceed ~~forty five~~ twenty (~~45~~ 20) days.

Payments shall be made as directed by sellers.

1.3 Security

(a) As security for payment of the purchase price herein, the parties agree that the stock purchased herein shall be held in escrow pursuant to an Escrow Agreement

entered into between the parties of even date herewith. Such stock upon being submitted into escrow shall either be signed by sellers or stock powers signed by sellers shall be provided with the stock certificates so that the stock certificates will be negotiable and transferrable upon this Agreement being paid in full and the escrow being completed. The parties further agree that if purchasers should default in any terms of this Agreement and fail to make payments as called for herein, the stock shall be returned to sellers free and clear of any claim of purchasers and, further, sellers shall retain as liquidated damages all payments received from purchasers.

(b) Purchasers agree to submit an annual financial statement of the business to sellers each year until sellers have been paid in full.

(c) As additional security, purchasers agree that sellers shall have all protection and coverage allowed under the Uniform Commercial Code of the State of Washington.

(d) If prior to payment in full all or any part of the stock or any interest therein is sold or transferred by purchasers without sellers' prior written consent, sellers may, at their option, declare all the sums to be immediately due and payable. Sellers shall have waived such option to accelerate if, prior to the sale or transfer, sellers hereunder and the person to whom the stock is to be sold or transferred reach agreement in writing that the credit of such person is satisfactory and that the interest shall be at such rate as sellers hereunder shall request.

If sellers exercise such option to accelerate, sellers shall mail purchasers notice of acceleration. Such notice shall provide a period of not less than thirty (30) days from the date the notice is mailed within which purchasers may pay the sums declared due. If purchasers fail to pay

such sums prior to the expiration of such period, sellers may, without further notice or demand on purchasers, invoke any remedies permitted by law.

Article II

REPRESENTATIONS

2.1 Representations and Warranties of Sellers

Sellers represent and warrant to purchasers on the date hereof and on the Effective Date as follows:

(a) Stock. Sellers warrant that they are the owners of the 100 shares of common stock represented by Certificate No. 7, which shares are unencumbered, and that they have a right to sell the same.

(b) Stockholders. Prior to the execution of this Agreement and sale to purchasers, the sole stockholders of PENINSULA PHARMACIES, INC. were Thomas O. Sutherland and Garnette T. Sutherland, husband and wife, owners of 100 shares, and Jeffery L. Freese and Susan C. Freese, husband and wife, owners of 100 shares, which total of 200 shares represent all of the issued and outstanding shares of common stock of the corporation.

(c) Financial Statements. Sellers' accountant has delivered to purchasers all financial information desired by purchasers regarding the financial operations of the corporation.

Article III

GENERAL

3.1 Rights of Purchasers

(a) Upon closing of this sale the purchasers shall be entitled to all rights accruing to the ownership of the stock, including the right to vote said stock and to receive any stock dividends paid on said stock, provided however, that all payments called for herein are made timely and current. If any payment called for herein should not be made at the time the same is due, all rights

of the purchasers, including the right to vote and receive dividends, shall immediately cease.

3.2 Additional Instruments

The parties hereto shall deliver or cause to be delivered on the Effective Date, and at such other times and places as shall be reasonable and agreed on, such additional instruments as any party may reasonably request for the purpose of carrying out this Agreement. Purchasers and sellers will cooperate and use their best efforts to have the present officers, directors and employees of PENINSULA PHARMACIES, INC. ccoperate on and after the Effective Date in furnishing information, evidence, testimony and other assistance in connection with any actions, proceedings, arrangements or disputes of any nature with respect to matters pertaining to all periods prior to the Effective Date.

3.3 Entire Agreement

This Agreement and the documents delivered pursuant hereto constitute the entire agreement and understanding between the parties hereto and supersede any prior agreement and understanding relating to the subject matter of this Agreement. This Agreement may be modified or amended only by a duly authorized written instrument executed by the parties hereto.

3.4 Counterparts

This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute but one and the same instrument. It shall not be necessary that any single counterpart hereof be executed by all parties hereto so long as at least one counterpart is executed by each party.

3.5 Notices

Any notice or communication required or permitted

hereunder shall be sufficiently given if sent by first class mail, postage prepaid:

(a) To purchasers at: P.O. Box 1635
Long Beach, WA 98631

(b) To sellers at: P.O. Box 189
Long Beach, WA 98631

3.6 Survivorship

All warranties, representations and guarantees shall survive the closing and execution of the documents contemplated by this Agreement. The parties hereto in executing, and in carrying out the provisions of, this Agreement are relying solely on the representations, warranties and agreements contained in this Agreement or in any writing delivered pursuant to provisions of this Agreement or at the closing of the transactions herein provided for and not upon any representation, warranty, agreement, promise or information, written or oral, made by any person other than as specifically set forth herein or therein.

3.7 Law

This Agreement shall be construed in accordance with the laws of the State of Washington.

IN WITNESS WHEREOF the parties have executed this Agreement as of the day and year first above written.

SELLERS:

JEFFERY L. FREESE by SUSAN C. FREESE, His Attorney in Fact

SUSAN C. FREESE

PURCHASERS:

JEFFREY S. HARRELL

CASEY HARRELL

STATE OF WASHINGTON)
: ss
County of Pacific)

On this 30 day of June, 2006, before me personally appeared SUSAN C. FREESE to me known to be the individual who executed the foregoing instrument as Attorney in Fact for JEFFERY L. FREESE and acknowledged that she signed and sealed the same as Attorney in Fact for said principal for the uses and purposes therein mentioned, and on oath stated that the Power of Attorney authorizing the execution of this instrument has not been revoked and that the said principal is now living and is not insane.

Given under my hand and official seal the day and year last above written.

STATE OF WASHINGTON NOTARY PUBLIC JAMES B. FINLAY COMMISSION EXP SEPT. 10, 2007

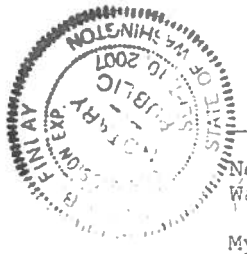
JAMES B. FINLAY
Notary Public in and for the State of Washington, residing at Ilwaco

My appointment expires: 9/10/07

STATE OF WASHINGTON)
: ss
County of Pacific)

I certify that I know or have satisfactory evidence that SUSAN C. FREESE signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 30 day of June, 2006.



JAMES B FINLAY
Notary Public in and for the State of Washington, residing at Ilwaco

My appointment expires: 9/10/07

STATE OF WASHINGTON)
: ss
County of Pacific)

I certify that I know or have satisfactory evidence that JEFFREY S. HARRELL and CASEY HARRELL signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this 30th day of June, 2006.



JAMES B. FINLAY
Notary Public in and for the State of Washington, residing at Ilwaco

My appointment expires: 9/10/07

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jeffrey Harrell

Responsible Person of Long Beach Pharmacy Annex DBA Peninsula Compounding 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

Jeffrey Harrell
Print Name of Authorized Person

5/20/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Washington)
) ss.
Pacific COUNTY)

I, Jeffrey Harrell, 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/President for Long Beach Pharmacy Annex DBA Peninsula Compounding (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Jeffrey Harrell, 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
20th day of May, 2020.

NOTARY PUBLIC

AMANDA K HUGHES
Notary Public
State of Washington
Commission # 200361
My Comm. Expires Jun 23, 2022

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

Olympia, Washington 98504

May 19, 2020

Long Beach Pharmacy Annex
PO Box 1635
Long Beach, WA 98631

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Pharmacy License for Peninsula Pharmacies/Long Beach Pharmacy Annex

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

Credential Number:	PHAR.CF.61000749
Credential Type:	Pharmacy License
Current Credential Status:	ACTIVE
First Credential Date:	11/14/2019
Current Expiration Date:	05/31/2021
Last Renewal Date:	06/01/2020
Pharmacy Type:	Other
Disciplinary Action:	No

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

Lillybridge S.

Stacy C Lillybridge, Health Services Consultant 1

Washington State Department of Health

This organization

Long Beach Pharmacy Annex

is authorized by RCW 18.64 to have a

Pharmacy License

To Provide

Controlled Substance

Ancillary Utilization

Operated by: **Peninsula Pharmacies**

Pharmacy Type: **Other**

Located at: **110 Oregon Ave S**
Long Beach, WA 98631-3988

Secretary

Status
ACTIVE

Credential Number
PHAR.CF.61000749

Effective Date
06/01/2020

Expiration Date
05/31/2021

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

No Deficiencies Found

November 12, 2019

Jeffrey J Chabot
Long Beach Pharmacy Annex
PO Box B
Ilwaco, WA, 98624-0167

Subject:
Inspection Number: X2019-860
Pharmacy Type: Other
License Number: PHAR.CF.61000749
Inspection Type: NEW LICENSURE - INITIAL

Dear Pharmacist Chabot,

This letter contains information regarding the recent initial licensing inspection of Long Beach Pharmacy Annex, 110 Oregon Ave S, Long Beach, WA, 98631-3988 by the Washington State Department of Health. Your state licensing inspection was completed on October 30, 2019.

During the inspection, no deficient practice was found.

The following USP <900> related concerns were identified in the hazardous room and will need addressed to be USP <800> compliant: documentation of ACPH, negative pressure between 0.01-0.03"wc, and the finishing of the space including caulking, covering holes, and installation of covers.

Please contact me if there are questions regarding the inspection process. I may be reached at (360) 236-2973. I am also available by email at Stephanie.Martin@doh.wa.gov.

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

Sincerely,

Stephanie Martin

Stephanie R Martin PharmD BCPS
Pharmacist Investigator

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

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

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The Medicine Shoppe

Physical Address: 9194 Magnolia Ave., Riverside, CA 92503

Mailing Address: 9194 Magnolia Ave.

City: Riverside State: CA Zip Code: 92503

Telephone: (951) 977-8667 Fax: (951) 977-8617

Toll Free Number: 1 (833) 574-6119 (Required per NAC 639.708)

E-mail: 2123@medicineshoppe.com Website: https://riverside.medicineshoppe.com/

Managing Pharmacist: Shirley Rafaiel License Number: RPH 76814

TYPE OF PHARMACY AND SERVICES PROVIDED

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

****If you check "yes" on any of these types of services, you will be required to make an 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.

Mariana A. T.
Original Signature of Person Authorized to Submit Application, no copies or stamps

Mariana Tadros
Print Name of Authorized Person

1/17/20
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: CA

Parent Company if any: N/A

Mailing Address: 1739 Spyglass Dr.

City: Corona State: CA Zip: 92833

Telephone: (951) 250-0367 Fax: (951) 977-8617

Contact Person: Mariana Tadros

For any corporation non publicly traded, disclose the following:

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

a) Mariana Tadros - Spyglass Dr., Corona, CA 92833
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

2) Provide the number of shares issued by the corporation. 50,000

3) What was the price paid per share? $0.00

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 9 pm Saturday 9 am 9 pm

Sunday N/A am N/A pm 24 Hours N/A

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

STOCK TRANSFER LEDGER

NAME OF STOCKHOLDER	PLACE OF RESIDENCE	TIME BECAME OWNER	CERTIFICATES ISSUED		FROM WHOM SHARES WERE TRANSFERRED (If Original Issue Enter As Such)	AMOUNT PAID THEREON	DATE OF TRANSFER OF SHARES	TO WHOM SHARES ARE TRANSFERRED	CERTIFICATES SURRENDERED	
			CERTIF. NOS.	NO. SHARES					CERTIF. NOS.	NO. SHARES
Mariana Tadros	Spyglass Dr. Corona, CA	6/28/17	1	50,000	Original					
Fady Zaki	Calle Soguello Albuquerque,NM	6/28/17	2	50,000	CANCELLED 2/12/18					

California Secretary of State
Electronic Filing

FILED
Secretary of State
State of California

Corporation - Statement of Information No Change

Entity Name:	3E PHARMACY CORP.
Entity (File) Number:	C4036741
File Date:	03/27/2020
Entity Type:	Corporation
Jurisdiction:	CALIFORNIA
Document ID:	GE37176

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

By signing this document, I certify that the information is true and correct and that I am authorized by California law to sign.

Electronic Signature: Michael Tadros

Use bizfile.sos.ca.gov for online filings, searches, business records, and resources.

Document ID: GE37176

18-608672

Secretary of State
Statement of Information 137
(California Stock, Agricultural Cooperative and Foreign Corporations)

SI-550

IMPORTANT — Read instructions **before completing this form.**

Fees (Filing plus Disclosure) – $25.00;

Copy Fees – First page $1.00; each attachment page $0.50;
Certification Fee - $5.00 plus copy fees

FILED
Secretary of State
State of California
FEB 13 2018

381|25|CC
This Space For Office Use Only

1. Corporation Name (Enter the **exact** name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name, see instructions.)

3E PHARMACY CORP.

2. 7-Digit Secretary of State File Number

C4036741

3. Business Addresses

	City (no abbreviations)	State	Zip Code
a. Street Address of Principal Executive Office - Do not list a P.O. Box 9 Spyglass Drive	Corona	CA	92883
b. Mailing Address of Corporation, **if different than item 3a**			
c. Street Address of Principal **California** Office, if any and if different than Item 3a - Do not list a P.O. Box 9194 Magnolia Avenue	Riverside	CA	92503

4. Officers The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

	First Name	Middle Name	Last Name	Suffix
a. **Chief Executive Officer/** Mariana			Tadros	
Address 9194 Magnolia Avenue			City (no abbreviations) Riverside	State CA	Zip Code 92503
b. **Secretary** Mariana			Tadros	
Address 9194 Magnolia Avenue			City (no abbreviations) Riverside	State CA	Zip Code 92503
c. **Chief Financial Officer/** Mariana			Tadros	
Address 9194 Magnolia Avenue			City (no abbreviations) Riverside	State CA	Zip Code 92503

5. Director(s) California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name **and** address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A (see instructions).

	Middle Name	Last Name	Suffix
a. First Name Mariana		Tadros	
Address 9194 Magnolia Avenue		City (no abbreviations) Riverside	State CA	Zip Code 92503
b. Number of Vacancies on the Board of Directors, if any			

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

	Middle Name	Last Name	Suffix
a. California Agent's First Name (if agent is **not** a corporation) Tony	J	Park	
b. Street Address (if agent is **not** a corporation) - **Do not enter a P.O. Box** Discovery, Suite	City (no abbreviations) Irvine	State CA	Zip Code 92618

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

Describe the type of business or services of the Corporation
Pharmacy

8. The information contained herein, including in any attachments, is true and correct.

02/12/2018	Peter Gregorovic	Attorney	
Date	Type or Print Name of Person Completing the Form	Title	Signature

List of Officers

3E Pharmacy Inc., DBA: The Medicine Shoppe
9194 Magnolia Ave.
Riverside, CA 92503

President/CEO/CFO/Secretary/Director - Mariana Tadros

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

March 17, 2020

THE MEDICINE SHOPPE
9194 MAGNOLIA AVE
RIVERSIDE CA 92503

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: THE MEDICINE SHOPPE

License Type: PHARMACY

License Number: PHY 56110

Status: ACTIVE

Issue Date: 04/23/2018

Expiration Date: 04/01/2021

Address of Record: 9194 MAGNOLIA AVE RIVERSIDE CA 92503

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

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

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 56110 ISSUE DATE APRIL 23, 2018

THE MEDICINE SHOPPE

9194 MAGNOLIA AVE
RIVERSIDE CA 92503

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

CORPORATION

PHARMACIST-IN-CHARGE

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

Renewal Certificate

Retail Pharmacy Permit

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

LICENSE NO. PHY 56110
RECEIPT NO. 90300113

VALID UNTIL APRIL 01, 2020

THE MEDICINE SHOPPE
9194 MAGNOLIA AVE
RIVERSIDE CA 92503

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

02/01/19

02/01/19 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHPHY 12/31/05I PH

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Sterile Compounding License

LICENSE NO. LSC 101301

ISSUE DATE MAY 03, 2019

THE MEDICINE SHOPPE

9194 MAGNOLIA AVE
IV ROOM
RIVERSIDE CA 92503

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

CORPORATION

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2020

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 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 non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

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

----- POST IN PUBLIC VIEW -----

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mariana Tadros

Responsible Person of 3E Pharmacy Corp, DBA: The Medicine Shoppe 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.

Mariana. H.E

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

Mariana Tadros

Print Name of Authorized Person

1/17/20

Date

See attached acknowledgement and / or Jurat

1/17/2020

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 Riverside)

On JANUARY 17, 2020 before me, K. DUNN - NOTARY PUBLIC
(insert name and title of the officer)

personally appeared MARIANA TADROS,
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/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.

WITNESS my hand and official seal.

Signature _____ (Seal)

NRO1 K. DUNN COMM. #2290617 Notary Public - California Riverside County My Comm. Expires June 24, 2023 NRO1

4S

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: PREMIER MEDICAL PRODUCTS INC.

Physical Address: 2217 PLAZA DRIVE, STE. 101, ROCKLIN CA 95765
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: AS ABOVE

City:_____ State:_____ Zip Code:_____

Telephone: 833 819 5012 Fax: 888 560 4819

E-mail: marc e bill premier. com. Website: N/A

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: 8am to 5pm

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MARC REYNOLDS

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: OME - Compression Pumps + Bracing

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

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:

Medicare	7729420001	

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 ☐

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? Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

- Practitioner — Name: _____
- Advanced Practitioner of Nursing — Name: _____
- Physician's Assistant — Name: NO
- Physical Therapist — Name: _____
- Occupational Therapist — Name: _____
- Registered Nurse — Name: _____
- Respiratory Therapist — 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 ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

Marc Reynolds
Print Name of Authorized Person

3/9/2020
Date

Board Use Only	Received: 4·20·2020	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: CA

Parent Company if any: —

Corporation Name: PREMIER MEDICAL PRODUCTS INC

Mailing Address: 2217 PLAZA DRIVE, STE. 101

City: ROCKLIN State: CA Zip: 95765

Telephone: 833 819 5012 Fax: 888 560 4819

Contact Person: MARC REYNOLDS

For any corporation non-publicly traded, disclose the following:

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

a) JEREMY PERKINS 2217 PLAZA DRIVE, STE. 101, ROCKLIN, CA 95765
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? $0.01c

4) What date did the corporation actually receive the cash assets? 6/6/2018.

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

JEREMY PERKINS, CEO.

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PREMIER MEDICAL PRODUCTS INC

FILE NUMBER:	C4144396
FORMATION DATE:	05/02/2018
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

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

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 22, 2020.

ALEX PADILLA
Secretary of State

Corporate Resolution of:
PREMIER MEDICAL PRODUCTS INC

We, the undersigned, being all the directors of this corporation and the incorporator consent and agree that the following corporate resolution or "minutes of the first meeting" was made: On 05/04/2018

We do hereby consent to the adoption of the following as if it was adopted at a regularly called meeting of the board of directors of this corporation. In accordance with State law and the bylaws of this corporation, by unanimous consent, the board of directors decided that: Being that no Directors were present on the Articles of Incorporation, we hereby elect the directors of this corporation to be:

Jeremy Perkins

Upon motion duly made, seconded and unanimously carried, it was resolved since no officers were listed on the articles of incorporation, the following persons were appointed as officers:

Jeremy Perkins	- President/ CEO
Jeremy Perkins	- Secretary
Jeremy Perkins	- Treasurer

Therefore, it is resolved, that any director or officer of the corporation shall:
Open a bank account in the state of their choice and with the bank of their choice. Act as signers on that bank account, and conduct regular banking duties. Also Officers shall exercise the rights and powers and to perform the duties and obligations in accordance with the corporation's organizing documents

Upon motion duly made, seconded and unanimously carried, it was resolved since no shareholders were indicated on the Articles of Incorporation, the shareholders are as follows:

Jeremy Perkins 1000 shares at $.01 cents per share ($10)

Shares must be purchased by investing capital into the bank account upon opening of the account. Shareholder agreements, term-sheets and authorizations may be created at a later date.

The officers of this corporation are authorized to perform the acts to carry out this corporate resolution in accordance to the bylaws of this Corporation.

Michael Guenther
Incorporators Signature

Michael Guenther
Printed name

05/04/2018
Date

Director signature

Jeremy Perkins
Printed name

05/04/2018
Date

The Secretary of the Corporation, certifies that the above is a true and correct copy of the resolution that was duly adopted at a meeting of the dated meeting of the board of directors.

Signature of Secretary

Jeremy Perkins
Printed name of Secretary

05/04/2018
Date

Analyzed Business Checking

Account number: **3600518165** ■ June 1, 2018 - June 30, 2018 ■ Page 1 of 1

WELLS FARGO

PREMIER MEDICAL PRODUCTS INC
2217 PLAZA DR
ROCKLIN CA 95765-4421

Questions?

Available by phone 24 hours a day, 7 days a week:
1-800-CALL-WELLS (1-800-225-5935)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

Account summary

Stock transfer

Analyzed Business Checking

Account number	*Beginning balance*	*Total credits*	*Total debits*	*Ending balance*
	$0.00	$10.00	$0.00	$10.00

Credits

Electronic deposits/bank credits

Effective date	*Posted date*	*Amount*	*Transaction detail*
		10.00	Online Transfer From Perkins J Ref #Ib04Pdvfgd Portfolio Checking Initial Shares Funding
		$10.00	**Total electronic deposits/bank credits**
		$10.00	**Total credits**

Daily ledger balance summary

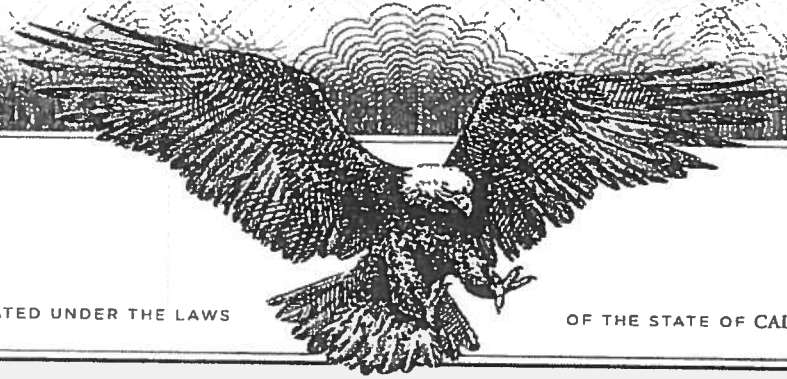
Date	*Balance*	*Date*	*Balance*
	0.00	06/06	10.00

Average daily ledger balance **$8.33**

NOTICE: Wells Fargo Bank, N.A. may furnish information about accounts belonging to individuals, including sole proprietorships, to consumer reporting agencies. If this applies to you, you have the right to dispute the accuracy of information that we have reported by writing to us at: Overdraft Collections and Recovery PO Box 5058 Portland, OR. 97208-5058. You must describe the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that relates to an identity theft, you will need to provide us with an identity theft report.

©2010 Wells Fargo Bank, N.A.
All rights reserved. Member FDIC.

SUBJECT TO RESTRICTIONS. SEE BACK OF CERTIFICATE.



Number
-1-

Shares
-1,000-

INCORPORATED UNDER THE LAWS OF THE STATE OF CALIFORNIA

PREMIER MEDICAL PRODUCTS INC

AUTHORIZED COMMON 1,000 SHARES NO PAR VALUE

This Certifies that Jeremy Perkins *is the owner of*

One Thousand and No/100 (1,000)----------

COMMON SHARES *fully paid and non-assessable*

NO PAR VALUE OF Premier Medical Products Inc

transferable on the books of the Corporation in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

IN WITNESS WHEREOF, *the said Corporation has caused this Certificate to be signed by its duly authorized officers this* 2nd *day of* May *A.D.* 2018.

Jeremy Perkins, Secretary

Jeremy Perkins, Chief Executive Officer

For Value Received, _____ *hereby sell, assign and transfer unto* _____

_____ *Shares represented by the within Certificate, and do hereby irrevocably constitute and appoint* _____, *Attorney to transfer the said Shares on the books of the within named Corporation with full power of substitution in the premises.*

Dated _____, _____

In presence of

_____ _____

NOTICE: THE SIGNATURE TO THIS ASSIGNMENT MUST CORRESOND WITH THE NAME AS WRITTEN UPON THE FACE OF THE CERTIFICATE IN EVERY PARTICULAR, WITHOUT ALTERATION OR ENLARGEMENT, OR ANY CHANGE WHATEVER.

THE SECURITIES REPRESENTED BY THIS CERTIFICATE HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED (THE "ACT"), OR THE SECURITIES LAWS OF ANY STATE (THE "STATE LAWS"), BUT HAVE BEEN ISSUED IN RELIANCE UPON EXEMPTIONS THEREFROM. NO TRANSFER OF THESE SECURITIES OR ANY INTEREST THEREIN MAY BE MADE EXCEPT PURSUANT TO AN EFFECTIVE REGISTRATION STATEMENT UNDER THE ACT AND THE APPROPRIATE STATE LAWS, UNLESS SUCH TRANSFER IS EXEMPT FROM REGISTRATION.

THE SECURITIES REPRESENTED BY THIS CERTIFICATE ARE ISSUED AND SHALL BE HELD SUBJECT TO ALL THE PROVISIONS OF THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE COMPANY AND ANY AMENDMENTS THERETO, COPIES OF WHICH ARE ON FILE AT THE PRINCIPAL OFFICE OF THE COMPANY AND MADE A PART HEREOF AS FULLY AS THOUGH THE PROVISIONS OF SAID ARTICLES OF INCORPORATION AND BYLAWS WERE IMPRINTED IN FULL ON THIS NOTICE, TO ALL OF WHICH THE HOLDER OF THIS NOTICE, BY ACCEPTANCE HEREOF, ASSENTS.

THIS SPACE IS NOT TO BE COVERED IN ANY WAY

(RESERVE THIS SPACE TO PASTE BACK CANCELLED STOCK CERTIFICATE)

Certificate No. -1-	For -1,000- Shares	IF NOT AN ORIGINAL ISSUE SHOW DETAILS OF TRANSFER BELOW				
Common Stock of PREMIER MEDICAL PRODUCTS INC			Original Certificate		No. of Orig'l. Shares	No. of Shrs. Trans'd
Dated: May 2, 2018		Transferred from	No.	Date		
Issued to Jeremy Perkins		Original Issue				

Received this Certificate _____
(DATE)

_____
(SIGNATURE)

Surrendered this Certificate _____
(DATE)

_____
(SIGNATURE)

IF THIS CERTIFICATE IS SURRENDERED FOR TRANSFER SHOW DETAILS

New Certificate Issued to	No. of New Certificate	No. of Shares Transferred

PRECMED-03 WMCQUAIDE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/4/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0757776 HUB International Insurance Services Inc. 3390 University Avenue, Suite 300 Riverside, CA 92501	CONTACT NAME: Wendy McQuaide PHONE (A/C, I FAX (A/C, No): E-MAIL ADDR: @hubinternational.com
INSURED Precision Medical Products, Inc. 2217 Plaza Dr. Rocklin, CA 95765	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Hanover American Insurance — 36064 INSURER B : Great American Excess & Surplus — 37532 INSURER C : Landmark American Insurance Company — 33138 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ZZFH07120700	10/11/2019	10/11/2020	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ Excluded
	OTHER:							$
A	AUTOMOBILE LIABILITY			ZZFH07120700	10/11/2019	10/11/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB X OCCUR			XS2665978	10/11/2019	10/11/2020	EACH OCCURRENCE	$ 4,000,000
	X EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$ 4,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A					PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Prof. Liability			LHM838678	10/11/2019	10/11/2020	Each Claim	1,000,000
C	Claims Made			LHM838678	10/11/2019	10/11/2020	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Insured: Precision Medical Products, Inc.; Ortho8, Inc.; Precision Disposable Products, Inc. DBA: Emphasource; Premier Medical Products, Inc.

Professional Liability Retro Date: 10/11/19

Insurer Letter B:
Products Liability - $1,000,000 Each Occurrence / $2,000,000 Products-Completed Operations Aggregate Limit

CERTIFICATE HOLDER

Precision Medical Products, Inc.
2217 Plaza Drive
Rocklin, CA 95765

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☑ Partnership - Pages 1,2,3,7,8 (LLC)
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Amici Pharmaceuticals LLC

Physical Address: 425 Broadhollow Rd., Suite 315

City: Melville State: NY Zip Code: 11747

Telephone Number: 631-396-0129 Fax Number: 888-480-7215

Toll Free Number: _____

E-mail: amici@AltaLawGroup.com Website: www.amicipharma.com

Facility Manager: Corey Greco

Professional qualifications and experience of facility manager: Corey Greco has over 12 years of pharmaceutical industry experience, including the previous six years in a senior management position responsible for prescription drug distribution, operations and compliance.

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: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☑ No ☐ FDA Labeler code is attached
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Innogenix, LLC
Address: 8200 New Horizons Blvd, Amityville, NY 11701

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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 ☑

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

Corey Greco, Vice President
Print Name of Authorized Person

5-8-2020
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION Limited Liability Company

State of Incorporation: New York

Parent Company if any: n/a

Mailing Address: 425 Broadhollow Rd., Suite 315

City: Melville State: NY Zip: 11747

Telephone: 631-396-0129 Fax: 888-480-7215

Contact Person: Amanda Samojedny

For any corporation non-publicly traded, disclose the following:

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

a) Nancy Greco — 425 Broadhollow Rd., Suite 315, Melville, NY 11747
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. n/a - 100% of LLC membership interest issued to Nancy Greco

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

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

AMICI PHARMACEUTICALS LLC

FDA Labeler Code

Amici Pharmaceuticals LLC holds FDA Labeler Code 69292.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 15-OCT-14
Labeler DUNS: 079536824
Labeler Name: Amici Pharmaceuticals LLC
Labeler Code: 69292

The Food and Drug Administration (FDA) has assigned the above Labeler Code Number to your firm. The number cannot be used until you have confirmed the assignment. Please resubmit your Labeler Code Request SPL with the assigned number above to confirm the assignment and complete the process. **To do this, open the previous Labeler Code request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new id root and new version number with the original set id root and the appropriate effective time.**

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Verified
MS
5/28/20

246

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

Current through May 28, 2020

You have searched Finished drug products

Search Results: *'69292'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
captopril	69292-528-01	100 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-528	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-528-01)
captopril	69292-522-10	12.5 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-522	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-522-10)
captopril	69292-524-01	25 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-524	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-524-01)
captopril	69292-526-10	50 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-526	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-526-10)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
captopril	69292-522-01	12.5 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-522	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-522-01)
captopril	69292-524-10	25 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-524	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-524-10)
captopril	69292-526-01	50 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-526	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-526-01)
captopril	69292-528-50	100 mg/1	TABLET	ORAL	ANDA074677	AMICI PHARMACEUTICALS LLC	69292-528	captopril	CAPTOPRIL	HUMAN PRESCRIPTION DRUG	08/20/2019	N/A	ANDA	500 TABLET in 1 BOTTLE (69292-528-50)
Flurbiprofen Sodium	69292-722-25	.3 mg/mL	SOLUTION/ DROPS	OPHTHALMIC	ANDA074447	AMICI PHARMACEUTICALS LLC	69292-722	Flurbiprofen Sodium	FLURBIPROFEN SODIUM	HUMAN PRESCRIPTION DRUG	03/31/2018	N/A	ANDA	1 BOTTLE, DROPPER in 1 CARTON (69292-722-25) > 2.5 mL in 1 BOTTLE, DROPPER
metronidazole	69292-207-50	250 mg/1	TABLET	ORAL	ANDA070772	AMICI PHARMACEUTICALS LLC	69292-207	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	08/26/2019	N/A	ANDA	500 TABLET in 1 BOTTLE (69292-207-50)
metronidazole	69292-208-50	500 mg/1	TABLET	ORAL	ANDA070772	AMICI PHARMACEUTICALS LLC	69292-208	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	11/22/2019	N/A	ANDA	500 TABLET in 1 BOTTLE (69292-208-50)
metronidazole	69292-208-01	500 mg/1	TABLET	ORAL	ANDA070772	AMICI PHARMACEUTICALS LLC	69292-208	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	11/22/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-208-01)
Pilocarpine Hydrochloride	69292-274-10	5 mg/1	TABLET, FILM COATED	ORAL	ANDA076963	AMICI PHARMACEUTICALS LLC	69292-274	PILOCARPINE HYDROCHLORIDE	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/01/2018	N/A	ANDA	100 TABLET, FILM COATED in 1 BOTTLE (69292-274-10)
pilocarpine Hydrochloride	69292-275-50	7.5 mg/1	TABLET, FILM COATED	ORAL	ANDA076963	AMICI PHARMACEUTICALS LLC	69292-275	PILOCARPINE HYDROCHLORIDE	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/01/2018	N/A	ANDA	500 TABLET, FILM COATED in 1 BOTTLE (69292-275-50)
Pilocarpine Hydrochloride	69292-274-50	5 mg/1	TABLET, FILM COATED	ORAL	ANDA076963	AMICI PHARMACEUTICALS LLC	69292-274	PILOCARPINE HYDROCHLORIDE	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/01/2018	N/A	ANDA	500 TABLET, FILM COATED in 1 BOTTLE (69292-274-50)
pilocarpine Hydrochloride	69292-275-10	7.5 mg/1	TABLET, FILM COATED	ORAL	ANDA076963	AMICI PHARMACEUTICALS LLC	69292-275	PILOCARPINE HYDROCHLORIDE	PILOCARPINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/01/2018	N/A	ANDA	100 TABLET, FILM COATED in 1 BOTTLE (69292-275-10)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Propranolol Hydrochloride	69292-534-10	40 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-534	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-534-10)
Propranolol Hydrochloride	69292-536-10	60 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-536	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-536-10)
Propranolol hydrochloride	69292-538-01	80 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-538	Propranolol hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-538-01)
Propranolol Hydrochloride	69292-530-01	10 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-530	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-530-01)
Propranolol Hydrochloride	69292-534-01	40 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-534	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-534-01)
Propranolol Hydrochloride	69292-532-01	20 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-532	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-532-01)
Propranolol Hydrochloride	69292-530-10	10 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-530	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-530-10)
Propranolol hydrochloride	69292-538-50	80 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-538	Propranolol hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	500 TABLET in 1 BOTTLE (69292-538-50)
Propranolol Hydrochloride	69292-532-10	20 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-532	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-532-10)
Propranolol Hydrochloride	69292-536-01	60 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-536	Propranolol Hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	100 TABLET in 1 BOTTLE (69292-536-01)
Propranolol hydrochloride	69292-538-10	80 mg/1	TABLET	ORAL	ANDA070322	AMICI PHARMACEUTICALS LLC	69292-538	Propranolol hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	10/31/2019	N/A	ANDA	1000 TABLET in 1 BOTTLE (69292-538-10)

Showing 1 to 27 of 27 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration

Center for Drug Evaluation and Research
Division of Data Management and Services

AMICI PHARMACEUTICALS LLC

Resident state (NY) license

Copy of Amici's New York license #033305 (exp 30 September 2021).

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

NAME OF SUPERVISOR
COREY GRECO

2018-21

THIS IS TO CERTIFY

AMICI PHARMACEUTICALS LLC.
425 BROADHOLLOW RD.
SUITE 315
MELVILLE, NY 11747

is duly recorded as a

REGISTERED WHOLESALER
OF DRUGS AND/OR DEVICES

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

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF OCTOBER, 2018.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF SEPTEMBER, 2021.

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
033305

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

AMICI PHARMACEUTICALS LLC

Resident state (NY) license verification

Attached is online verification of the drug license issued by the New York Board of Pharmacy to Amici Pharmaceuticals LLC. This verification was conducted at http://www.op.nysed.gov/opsearches.htm#rx.

NYSED.gov

OP OFFICE OF THE PROFESSIONS

Office of the Professions | Search OP

RSS | News | Online Services | Professions | State Boards | Enforcement | Corporate Entities | Consumers | Find Answers

Online Services

Verifications

- Licensees, by name
- Licensees, by license number
- Permits, by name
- Pharmacy Establishments
- Professional Business Entities (other than pharmacies)
- Help with Searches
- Terms of Use

Registration Renewal

- Renewal Information

NYSED / OP / Online Services

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 *

04/23/2020

Type : WHOLESALER
Legal Name : AMICI PHARMACEUTICALS LLC.
Trade Name :
Street Address :
425 BROADHOLLOW RD.
SUITE 315
MELVILLE, NY 11747-0000

Registration No : 033305
Date First Registered : 10/22/15
Registration Begins : 10/01/18
Registered through : 09/30/21
Supervisor : GRECO COREY
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 search to see if there has been recent disciplinary action against this registered establishment.

Corporate Good Standing Cert.

State of New York
Department of State } ss:

I hereby certify, that AMICI PHARMACEUTICALS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/31/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of AMICI PHARMACEUTICALS LLC was filed on 10/14/2014.

A Biennial Statement was filed 11/30/2018.

I further certify, that no other documents have been filed by such Limited Liability Company.

STATE OF NEW YORK ★ DEPARTMENT OF STATE ★ EXCELSIOR

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of April two thousand and twenty.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

202004100503 * MT

AMICI PHARMACEUTICALS LLC
Company Information

Name: Amici Pharmaceuticals LLC

State of Incorporation: New York (NY Corporate # 4614998)

Ownership: Nancy Greco (100% owner)
425 Broadhollow Rd., Suite 315
Melville, NY 11747

Officers:

Nancy Greco - President
425 Broadhollow Rd., Suite 315
Melville, NY 11747
Phone: 631-396-0109

Corey Greco – Vice President
425 Broadhollow Rd., Suite 315
Melville, NY 11747
Phone: 631-396-0109

COREY GRECO

GAINSBORO LN., SYOSSET, NY 11791

Experience:

July 2014 - Present: Amici Pharmaceuticals LLC – Vice President

- Oversee all aspects of operations, sales and distribution.
- Responsible for compliance with legal, recordkeeping and regulatory requirements.
- Meet with wholesale customers and negotiate pricing and distribution terms.
- Responsible for oversight of third party logistics provider (3PL).
- Evaluate 3PL compliance with distribution requirements, policies and procedures.
- Responsible for review of distribution activities.
- Responsible for policies to ensure wholesale customer compliance with state licensing requirements.
- Responsible for design and implementation of policies regarding suspect or counterfeit drug products.
- Responsible for returned and expired products policies and issues.

February 2010 to May 2015: Taro Pharmaceuticals USA, Inc. – Pharmaceutical Sales

- Represented publicly traded, global pharmaceutical company that markets and sells both generic and branded drug products; responsible for high profile territory.
- Established relationships with and worked with dermatologists, pediatricians and allergists with respect to Taro's products.
- Significant training in pharmaceutical products, sales and marketing, distribution, the FDA regulatory landscape and compliance with drug laws
- Assisted with launch of new line of Topicort (desoximetasone) line of steroid products.
- Received CEO Inner Circle Award for outstanding performance.

February 2010 to Present: Altro Pharmaceuticals – Business Development Consultant
June 2008 to November 2008: Altro Pharmaceuticals – National Account Manager

- As Consultant, worked on several projects for Altro, a consulting company to the pharmaceutical industry with expertise in drug distribution, sales and marketing
- As National Account Manager, established sales within the national retail chain drugstore and wholesale class of trade for drug manufacturer clients.
- Developed sales and marketing programs for the introduction of 23 prescription products.
- Assisted in the procurement and negotiation of API and components to develop drug portfolio for manufacturer clients.

Other Experience: Worked as Sales Representative for Tiber Laboratories (now closed), worked as marketing intern for Altana Inc.; worked as legal assistant for law firm; worked as office assistant at large drug wholesaler.

Education: Ursinus College (Collegeville, PA), B.A., Business and Economics, May 2008

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. 12BSBII2807

Application/License No. _____

Amici Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 425 Broadhollow Rd., Ste 315, Melville, NY 11747 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), 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 4/23/20 (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 22 day of April, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Jessica Ciccone, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: STERLING & STERLING LLC
Agency Code: 12-120209

- [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 Jessica Ciccone 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. 12BSBII2807
Naming Amici Pharmaceuticals, LLC as Principal,
and Nevada State Board of Pharmacy as Obligee,

in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant 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.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)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 (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 22, 2020.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

4U

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 WH02790
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Foamix Pharmaceuticals Inc.

Physical Address: 520 US Highway 22, Suite 204

City: Bridgewater State: NJ Zip Code: 08807

Telephone Number: (800) 775-7936 Fax Number: N/A

Toll Free Number: _____

E-mail: Matt.wiley@foamix.com Website: http://www.foamix.com

Facility Manager: Matthew Wiley

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Specialty Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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: Aerosol-Service AG
Address: Industriestrasse 11, Mohlin, Switzerland, CH - 4313

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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 ☒

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

Matthew Wiley
Print Name of Authorized Person

5/6/2020
Date

Board Use Only Date Processed:_____ Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Foamix Pharmaceuticals Ltd.

Mailing Address: 2 Holzman Street

City: Rehovot State: Israel Zip: 7670402

Telephone: 8007757936 Fax: _____

Contact Person: Matthew Wiley

For any corporation non-publicly traded, disclose the following:

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

a) See attached
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

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

3) What was the price paid per share? _____

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

Include with the application for a non-publicly traded corporation

List of officers and directors

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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738078

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual liable in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as ☑ manufacturer ☑ wholesaler which conducts business at the following locations in this State

520 US HWY 22, STE 204 BRIDGEWATER, NJ 08807-

Reg. No
5005633

FOAMIX PHARMACEUTICALS INC
520 US HWY 22, STE 204
BRIDGEWATER, NJ 08807-

ISSUED PURSUANT TO
N.J.S.A. 24:6B
EXPIRES: January 31, 2021

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 5/14/2020

Registration Number: 5005633 **Registered as:** Manufacturer and Wholesale

Parent Company Name: FOAMIX PHARMACEUTICALS INC.

Trade Name:

Original Issue Date: 06/14/2019 **Expiration Date:** 01/31/2021

Current Issue Date: 12/26/2019

Disciplines: No

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOAMIX PHARMACEUTICALS INC." WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

5527724 8300

SR# 20202688143

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

Authentication: 202736974

Date: 04-08-20

Foamix Pharmaceuticals

Description of Operations

Foamix Pharmaceuticals Inc. ("Foamix") is a Virtual Manufacturer. Foamix's product is manufactured by the following contract manufacturer...

Aerosol-Service AG
Industriestrasse 11
Mohlin| CH - 4313 | Switzerland
FDA Establishment Number: 3005439256

Foamix will be utilizing a (3PL) to distribute their product...

Integrated Commercialization Solutions LLC
420 International Drive Suite 500
Brooks, KY 40109
Contact: Stan Byrum
(469) 712-0355
stan.byrum@absg.com
FDA: 3002478693

Foamix's hours of operation are 8:00am-5:00pm Eastern Standard Time.

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through November 05, 2019

You have searched Finished drug products

Search Results: *'Foamix'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	
AMZEEQ	72356-101-03	40 mg/g	AEROSOL, FOAM	TOPICAL	NDA212379	Foamix Pharmaceuticals Inc	72356-101	Minocycline	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	(
AMZEEQ	72356-101-90	40 mg/g	AEROSOL, FOAM	TOPICAL	NDA212379	Foamix Pharmaceuticals Inc	72356-101	Minocycline	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	(

Showing 1 to 2 of 2 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified MS 5/16/20

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

Current through May 18, 2020

You have searched Finished drug products

Search Results: *'72356'*

Back to Search Page () | Search Again ()

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class	DEA	Sample Package	Listing Record Certified Through:
AMZEEQ	72356-101-03	40 mg/g	AEROSOL, FOAM	TOPICAL	NDA212379	Foamix Pharmaceuticals Inc.	72356-101	Minocycline	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/02/2020	N/A	NDA	1 CAN in 1 CARTON (72356-101-03) > 30 g in 1 CAN	Tetracycline-class Drug [EPC], Tetracyclines [CS]	N/A	No	12/31/2020
AMZEEQ	72356-101-90	40 mg/g	AEROSOL, FOAM	TOPICAL	NDA212379	Foamix Pharmaceuticals Inc.	72356-101	Minocycline	MINOCYCLINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/02/2020	N/A	NDA	1 CAN in 1 CARTON (72356-101-90) > 7 g in 1 CAN	Tetracycline-class Drug [EPC], Tetracyclines [CS]	N/A	No	12/31/2020

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration

foamix®
Pharmaceuticals

Ownership

Foamix Pharmaceuticals Inc., a Delaware corporation who is privately owned by Foamix LTD. Foamix LTD. is privately owned by Menlo Therapeutics Inc. whom is publicly traded on the NASDAQ as "MNLO."

Grandparent Company:
Menlo Therapeutics Inc.
Tax ID: 45-3757789
520 US Highway 22, Suite 204
Bridgewater, NJ 08808

Parent Company:
Foamix LTD.
Israel Registration: 513368811
2 Holzman Street
Weizmann Science Park
Rehovot 7670402, Israel

Licensed Company
Foamix Pharmaceuticals Inc.
Tax ID: 47-0985424
520 US Highway 22, Suite 204
Bridgewater, NJ 08807
Phone: (800) 775-7936

Corporate Officers

David Domzalski, Chief Executive Officer

Mutya Harsch, General Counsel and Chief Legal Officer

Iain Stuart, Chief Scientific Officer

Matthew Wiley, Chief Commercial Officer

MATTHEW WILEY

Villanova, PA 19085 ◆ 4[illegible] 2 ◆ [illegible]@yahoo.com

SENIOR PHARMACEUTICAL EXECUTIVE

Product Commercialization – Sales & Marketing – Analytics – Market Research

Farsighted commercial operations leader with demonstrated success translating strategic business vision into executable initiatives that provide significant market penetration and profit potential. Energized by opportunities to launch brands and companies or revitalize underperforming products and operations. Dedicated to actions that make a profoundly positive impact on patient experience over the long term. Deeply committed to developing team members into outstanding performers with professional growth opportunities.

Selected Career Highlights

- Drove 515% increase in net revenue for major sleep product. (Jazz Pharmaceuticals)
- Built successful, commercial U.S. operation from the ground up. (Azur Pharma)
- Positioned three businesses for profitable sale. (Azur Pharma; Guilford Pharmaceuticals, Inc., Jazz Women's Health Division)
- Consistently improved value of products/portfolios, including Xyrem (Jazz), Elestrin (Azur), Gliadel Wafer and Aquavan Injection (MGI Pharma), and Colazal (Salix Pharmaceuticals).

Core Strengths & Expertise

◆ Commercial team buildout/scaling	◆ Strategic Planning	◆ Business Acquisition Positioning
◆ Product Turnaround/Re-Launch	◆ Specialty Pharmacy	◆ Buy & Bill
◆ Marketing Strategy and Execution	◆ Retail Distribution	◆ Open- & Closed-Loop Distribution
◆ Market Access & Market Share Increase	◆ New Product Launch	◆ Multiple Therapeutic Areas

PROFESSIONAL EXPERIENCE

Foamix Pharmaceuticals, Bridgewater, NJ — 2018 – Present

CHIEF COMMERCIAL OFFICER

Responsible for **overseeing the successful direction, planning, and execution of all aspects of Foamix's commercial objectives, initiatives, and policies.** This includes the development of product life-cycle marketing strategies, pre-launch development, commercialization, launch and maximization of approved products.

Jazz Pharmaceuticals, Philadelphia, PA — 2012 – 2018

VICE PRESIDENT, MARKETING LEAD, Sleep Medicine

Scope: Manage 12 direct reports and cross-functional teams of 50+ members; A&P budget of $50+ million and franchise P&L responsibility. Focus on near- and long-term U.S. marketing strategy for sleep product portfolio. Lead Joint Steering Committee for rest-of-world (ROW) marketing with UCB Pharma.

Requested to fill current role upon acquisition of Azur Pharma. Challenged to develop long-term strategy and commercial discipline to accelerate growth of most important product, Xyrem. Created plan to motivate patients to seek diagnosis, educate physicians regarding diagnosis, and reposition Xyrem in the market.

- **Drove Xyrem baseline growth from $233 million to $1.2 billion in 6 years.** Conducted consumer awareness campaign that resulted in 44% increase of narcolepsy diagnosis over a 4-year period. Generated key volume increases from 2011 to 2017 as follows:

Demand Volume	222,000 (2011)	374,300 (2017)	**69% growth**
Patient Volume	9,200 (2011)	13,500 (2017)	**47% growth**

- **Launched commercial efforts successfully for new Risk Evaluation & Mitigation Strategies** (REMS) program on Xyrem.
- **Orchestrated go to market strategy and built out marketing team to launch solriamfetol**, a novel wake-promoting drug for narcolepsy and obstructive sleep apnea.

Azur Pharma, Philadelphia, PA (acquired by Jazz Pharmaceuticals) 2007 – 2012
VICE PRESIDENT OF MARKETING (2010 – 2012)
SENIOR/EXECUTIVE DIRECTOR OF MARKETING (2007 – 2010)
Scope: Recruited by U.S. general manager to assist in startup of U.S. operations, with charter to build successful, profitable pharmaceutical company from concept through execution. Established trade, distribution, and marketing functions; negotiated wholesaler contracts; and assessed business development opportunities for 40+ products.

Created domestic commercial infrastructure to support $577 million acquisition by Jazz Pharmaceuticals.

- **Generated substantial sales and revenue growth with 25% CAGR on net revenue.** Key actions included driving acquisition and expansion of commercial products and spearheading relaunch of FazaClo product.

Net Sales	$4 million (2006)	$100+ million (2011)	
Net Revenue (FazaClo)	$20 million (2007)	$37 million (2011)	*+10% generic market share*

- **Drove profitability of all brands and divisions** by managing commercial forecast, brand contribution, and divisional P&L, which resulted in consistently positive cash flow since inception.
- **Built top-quality internal contract sales team** of 20 representatives for women's health division to expand footprint for women's health portfolio and achieve 20% division revenue growth in 2009.

MGI Pharma (formerly Guilford Pharmaceuticals, Inc.), Baltimore, MD 2004 – 2007
DIRECTOR, MARKETING
Recruited to revitalize and relaunch Gliadel Wafer sales and execute strategic launch planning for Aquavan Injection. **Improved Gliadel annual revenues 39%—from $18 million to $25+ million—and created Aquavan launch plan that served as key driver of Guilford sale to MGI Pharma.**

Salix Pharmaceuticals, Inc., Raleigh, NC 2002 – 2003
SENIOR PRODUCT MANAGER
Recruited from previous company to join startup organization. Developed strategic and tactical marketing plans for company's only revenue source, Colazal. **Realized 27% increase from prior year in NRx and TRx market share and top line sales of $55.8 million, exceeding projections by $5+ million.**

Cephalon, Inc., West Chester, PA 1999 – 2002
SENIOR PRODUCT MANAGER (2002); PRODUCT MANAGER (2000 – 2001)
Previous positions: Sales Training Manager; Territory Sales Specialist.

EDUCATION & PROFESSIONAL DEVELOPMENT

- Syracuse University, Syracuse, NY: Bachelor of Arts (B.A.) in English; minor in Psychology, 1994
- University of Chicago, Graduate School of Business, Chicago, IL: Financial Analysis for Nonfinancial Managers, 2006; Strategic Marketing Management, 2003

PUBLICATIONS

- Wiley, M., Halpern, G. "The ideal product profile for moderate sedation: A preference study of gastroenterologists." Presented at the American College of Gastroenterology 70th Annual Scientific Meeting, Honolulu, HI, 2005
- Wiley, M., Halpern, G. "The ideal product profile for moderate sedation: A preference study of anesthesiologists." Presented at the Society of Ambulatory Anesthesia Meeting, Washington, DC, 2006

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. 41424616

Application/License No. _____

Foamix Pharmaceuticals Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 520 US Highway 22 Suite 204 Bridgewater, NJ 08807 (Address of Applicant/Principal), as PRINCIPAL, and Platte River Insurance Company (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1600 Aspen Commons, Middleton WI 53562 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), 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 January 20,2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of January, 2020.

APPLICANT/PRINCIPAL

COMPANY
Foamix Pharmaceuticals Inc.

Authorized Representative

SURETY

Platte River Insurance Company

Surety Company's Representative

Christine Brubaker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41424616

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

----------CORBAN M. ENNS; STEVE SHIKE; BEULAH M. HADLEY-VOTH; CHRISTINE BRUBAKER;----------
----------LAURA A.MARSLAND; VICTORIA HATEFI;KATRINA EGGER FEARN----------

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

----------ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000----------

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"**RESOLVED**, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent
Assistant Secretary

PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
CEO & President

STATE OF WISCONSIN
COUNTY OF DANE } S.S.

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

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 20th day of January 20 20.

Antonio Celii
General Counsel, Vice President & 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. 10-2017)

NUMBER
O-1

INCORPORATED UNDER THE LAWS OF THE STATE OF ISRAEL

FOAMIX PHARMACEUTICALS LTD.

SHARES
65

ORDINARY SHARES

THE COMPANY WILL FURNISH WITHOUT CHARGE TO ANY SHAREHOLDER WHO SO REQUESTS THE POWERS, DESIGNATIONS, PREFERENCES AND RELATIVE, PARTICIPATING, OPTIONAL OR OTHER SPECIAL RIGHTS OF EACH CLASS OF SHARES OR SERIES THEREOF AND THE QUALIFICATIONS, LIMITATIONS OR RESTRICTIONS OF SUCH PREFERENCES AND/OR RIGHTS

THIS IS TO CERTIFY THAT **MENLO THERAPEUTICS INC.** IS THE OWNER OF

*** Sixty Five***

FULLY PAID AND NON-ASSESSABLE ORDINARY SHARES OF

FOAMIX PHARMACEUTICALS LTD.

SUBJECT TO THE COMPANY'S ARTICLES OF ASSOCIATION

Witness, the signatures of the Company's duly authorized officers.

Dated: March 9, 2020

David Domzalski, Director

COPY

THIS CERTIFICATE IS SUBJECT TO THE RESTRICTIONS SET FORTH ON THE BACK

NUMBER
O-2

INCORPORATED UNDER THE LAWS OF THE STATE OF ISRAEL

FOAMIX PHARMACEUTICALS LTD.

SHARES
35

ORDINARY SHARES

THE COMPANY WILL FURNISH WITHOUT CHARGE TO ANY SHAREHOLDER WHO SO REQUESTS THE POWERS, DESIGNATIONS, PREFERENCES AND RELATIVE, PARTICIPATING, OPTIONAL OR OTHER SPECIAL RIGHTS OF EACH CLASS OF SHARES OR SERIES THEREOF AND THE QUALIFICATIONS, LIMITATIONS OR RESTRICTIONS OF SUCH PREFERENCES AND/OR RIGHTS

THIS IS TO CERTIFY THAT **MENLO THERAPEUTICS INC.** IS THE OWNER OF

*** Thirty Five ***

FULLY PAID AND NON-ASSESSABLE ORDINARY SHARES OF

FOAMIX PHARMACEUTICALS LTD.

SUBJECT TO THE COMPANY'S ARTICLES OF ASSOCIATION

Witness, the signatures of the Company's duly authorized officers

Dated: March 9, 2020

David Donzalski, Director

THIS CERTIFICATE IS SUBJECT TO THE RESTRICTIONS SET FORTH ON THE BACK

foamix®
Pharmaceuticals

Via Fed Ex
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, Nevada 89509

To Whom It May Concern,

On behalf of Foamix Pharmaceuticals Inc., please accept this Application as a formal notification to your office that Foamix Pharmaceuticals LTD. has become a wholly owned subsidiary of Menlo Therapeutics Inc., effective March 9th, 2020. Foamix Pharmaceuticals Inc. is still 100% owned by their Parent Company Foamix Pharmaceuticals LTD. Foamix LTD is now 100% owned by Menlo Therapeutics Inc. who is Publicly Traded on the NASDAQ (MNLO). Foamix Pharmaceuticals LTD now resides as a wholly owned subsidiary, while its affiliates continue as surviving corporations following the acquisition and Foamix Pharmaceuticals Inc., corporate structure remains otherwise unaffected by the acquisition.

Foamix Pharmaceuticals Inc., of which Melo Therapeutics Inc. is now the grandparent, is licensed in your state as a wholesale drug distributor. Foamix Pharmaceuticals Inc. holds the following license in your state:

License #	License Type
WH02790	Wholesaler

The licensed location of Foamix Pharmaceuticals Inc. has continued business operations, with no immediate changes to Foamix Pharmaceuticals Inc.'s name, federal tax ID number or operating location. Furthermore, the parent company remains intact (no change to Tax ID# or Company name) with the only immediate change being at the Grandparent level. Please see a copy of the old organization structure and new organization structure attached to this letter.

The Press Release related to this acquisition is enclosed as Exhibit A.

If you have any questions or concerns regarding this notice, please contact me at (614) 620-6898 or via email at krista.jones@twolabs.com so that we may provide any additional information requested.

Sincerely,

Krista Jones
Licensing Analyst
PharmaLicense

TwoLabs
PHARMA SERVICES

foamix Pharmaceuticals

Exhibit A
Press Release

Menlo Therapeutics and Foamix Pharmaceuticals Complete Merger, Creating a Combined Company Focused on the Development and Commercialization of Therapeutics for Dermatologic Indications March 9, 2020 BRIDGEWATER, N.J., March 9, 2020 /PRNewswire/ -- Menlo Therapeutics Inc. (Nasdaq: MNLO) ("Menlo" or the "Company") announced today the completion of its merger with Foamix Pharmaceuticals Ltd. (Nasdaq: FOMX) ("Foamix") following the satisfaction of all closing conditions required by the merger agreement. Upon completion of the merger, pursuant to the terms of the merger agreement, Foamix became a wholly owned subsidiary of Menlo. Under the terms of the merger, Foamix shareholders received 0.5924 of a share of Menlo common stock for each Foamix share owned, as well as a non-transferrable contingent stock right. These contingent stock rights potentially allow Foamix shareholders to receive additional shares of Menlo common stock based on the results of Menlo's Phase 3 trials of serlopitant for the treatment of pruritus associated with prurigo nodularis, as more fully described in the companies' joint proxy statement/prospectus on Form S-4. Foamix ordinary shares ceased trading as of the close of trading on March 6, 2020. On March 9, 2020, newly issued Menlo shares will commence trading under the ticker "MNLO" on Nasdaq. "This is an exciting day as we take a significant step toward becoming a broad dermatology franchise. The combined company already has an approved, commercial-stage product, AMZEEQ™, and several late-stage product candidates with several meaningful near-term catalysts," said David Domzalski, who became the Chief Executive Officer of Menlo upon the closing of the merger. "I am excited about the opportunities ahead for the combined company as we work towards improving the lives of patients with a differentiated and innovative product pipeline." Since announcing the transaction on November 11, 2019, the Company achieved a major milestone with the launch of its first product, AMZEEQ™ for the treatment of inflammatory lesions of non-nodular moderate to severe acne vulgaris in adults and pediatric patients 9 years of age and older. "We are encouraged by the initial performance and activities in support of the launch of AMZEEQ," continued Mr. Domzalski. In the coming weeks, the Company anticipates announcing the results of its Phase 3 clinical trials of serlopitant for the treatment of pruritus associated with prurigo nodularis. Additionally, the Company expects to announce the results of its Phase 2 clinical trial for FCD105 (minocycline 3% and adapalene 0.3% foam) for the treatment of acne in the second quarter of 2020. The Company has also taken meaningful steps towards facilitating a successful integration and capitalizing on expected cost synergies. Company Management and Board Appointees Effective upon the closing of the merger, Foamix's management team will manage the Company, led by David Domzalski as Chief Executive Officer. As part of the transaction, Foamix has designated five of its pre-closing directors, David Domzalski, Sharon Barbari, Rex Bright, Anthony Bruno and Stanley Hirsch to serve as members of the Menlo Board of Directors. Menlo has designated two of its pre-closing

directors, Steve Basta, Menlo's Chief Executive Officer prior to the consummation of the merger, and Elisabeth Sandoval, to be directors of the Company following the merger. Tax Consequences For a summary of the tax ruling the parties received from the Israeli Tax Authority relating to the transaction, please see Menlo's Current Report on Form 8-K it intends to file with the SEC later today. Exchange Agent Foamix shareholders with questions about their shares can contact American Stock Transfer & Trust Company, LLC at (877) 248-6417. Conference Call There will be a conference call at 8:30 a.m. Eastern Time on Thursday, March 12th during which management of Menlo will provide a corporate update. Toll Free: 877-407-0784 International: 201-689-8560 Conference ID: 13700089 Webcast: http://public.viavid.com/index.php?id=138439 A replay of the call will be archived on the Company's website at www.menlotherapeutics.com promptly after the conference call. Advisors Barclays acted as exclusive financial advisor to Foamix. Skadden, Arps, Slate, Meagher & Flom, LLP and Meitar | Law Offices acted as Foamix's legal counsel in connection with the transaction. Guggenheim Securities, LLC acted as exclusive financial advisor to Menlo. Latham & Watkins LLP and Herzog, Fox & Neeman acted as Menlo's legal counsel in connection with the transaction. About Menlo Therapeutics Menlo Therapeutics Inc. is a different type of biopharmaceutical company working to solve some of today's most difficult therapeutic challenges in dermatology and beyond. With expertise in topical medicine innovation as a springboard, the Company is working to develop and commercialize a variety of solutions using its proprietary Molecule Stabilizing Technology (MST™), and has received FDA approval for the world's first topical minocycline, AMZEEQ™. In addition, the Company is focused on the development of serlopitant, a once-daily oral NK1 receptor antagonist, as a novel potential treatment option for pruritus associated with prurigo nodularis. Menlo uses its website as a channel to distribute information about Menlo and its products and product candidates from time to time. Menlo may use its website to comply with its disclosure obligations under Regulation FD. Therefore, investors should monitor Menlo's website in addition to following its press releases, filings with the U.S. Securities and Exchange Commission, public conference calls, and webcasts. For more information, visit www.menlotherapeutics.com. Cautionary Statement Regarding Forward-Looking Statements This release includes forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, including, but not limited to, statements regarding expectations with respect to the anticipated announcement of results of Menlo's clinical trials for pruritus associated with prurigo nodularis, statements regarding the development and commercialization of Menlo's products and product candidates and other statements regarding the future expectations, plans and prospects of Menlo. All statements in this press release which are not historical facts are forward-looking statements. Any forward-looking statements are based on Menlo's current knowledge and its present beliefs and expectations regarding possible future events and are subject to risks, uncertainties and assumptions that could cause actual results to differ materially and adversely from those set forth or implied by such forward-looking statements. These risks and uncertainties include, but are not limited to, Menlo's ability to successfully integrate the two companies; the achievement of certain expected cost synergies; the outcome of any legal proceedings related to the merger; the outcome and cost of clinical trials for current and future product candidates, including those for serlopitant; determination by the FDA that results from Menlo's clinical trials are not sufficient to support registration or marketing approval of product candidates; adverse events associated with the commercialization of AMZEEQ™; the outcome

of pricing, coverage and reimbursement negotiations with third party payors for AMZEEQ™ or any other products or product candidates that Menlo may commercialize in the future; whether, and to what extent, third party payors impose additional requirements before approving AMZEEQ™ prescription reimbursement; the eligible patient base and commercial potential of AMZEEQ™ or any of Menlo's other product or product candidates; risks that Menlo's intellectual property rights, such as patents, may fail to provide adequate protection, may be challenged and one or more claims may be revoked or interpreted narrowly or will not be infringed; risks that any of Menlo's patents may be held to be narrowed, invalid or unenforceable or one or more of Menlo's patent applications may not be granted and potential competitors may also seek to design around Menlo's granted patents or patent applications; additional competition in the acne and dermatology markets; inability to raise additional capital on favorable terms or at all; Menlo's ability to recruit and retain key employees; and Menlo's ability to stay in compliance with applicable laws, rules and regulations. For a discussion of other risks and uncertainties, and other important factors, any of which could cause Menlo's actual results to differ from those contained in the forward-looking statements, see the sections titled "Risk Factors" in (i) Menlo's most recent annual report on Form 10-K, (ii) Foamix's most recent quarterly report on Form 10-Q and (iii) Menlo's definitive joint proxy statement/prospectus filed with the U.S. Securities and Exchange Commission under Rule 424(b)(3) on January 7, 2020, as well as discussions of potential risks, uncertainties, and other important factors in Menlo's subsequent filings with the U.S. Securities and Exchange Commission. Although Menlo believes these forward-looking statements are reasonable, they speak only as of the date of this announcement and Menlo undertakes no obligation to update publicly such forwardlooking statements to reflect subsequent events or circumstances, except as otherwise required by law. Given these risks and uncertainties, you should not rely upon forward-looking statements as predictions of future events. Media Relations: Vusi Moyo Zeno Group 312-396-9703 vusi.moyo@zenogroup.com Investor Relations: Joyce Allaire LifeSci Advisors, LLC 646-889-1200 jallaire@lifesciadvisors.com Exchange Agent: American Stock Transfer & Trust Company, LLC (877) 248-6417 View original content:http://www.prnewswire.com/news-releases/menlo-therapeutics-and-foamix-pharmaceuticals-complete-merger-creatinga-combined-company-focused-on-the-development-and-commercialization-of-therapeutics-for-dermatologic-indications-301019699.html

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: ICU Medical Sales, Inc.

Physical Address: 4455 Atherton Drive

City: Salt Lake City State: UT Zip Code: 84123 Telephone Number: 801-264-1346 Fax Number: 801-264-1494

Toll Free Number: _____

E-mail: wesley.davis@icumed.com Website: www.icumed.com

Facility Manager: Shunig Feng

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☒ Other: Medical Devices- Rx and Non Rx
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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: UPS Supply Chain Solutions, Inc.
Address: 2210 Outer Loop Road, Louisville, KY, 40219

Name: UPS Supply Chain Solutions, Inc.
Address: 1811 Landon Drive Suite 100, Mira Loma, CA, 91752

Name: N/A
Address:

Name: N/A
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with 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 ☒

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.

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

Wesley Davis
Print Name of Authorized Person

12/13/19
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: ICU Medical, Inc.

Mailing Address: 600 N. Field Drive

City: Lake Forest State: IL Zip: 60045

Telephone: 801-264-1346 Fax: 801-264-1494

Contact Person: Wesley Davis

For any corporation non publicly traded, disclose the following:

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

a) ICU Medical, Inc. — 951 Calle Amanecer, San Clemente, CA 92673
Name — Business Address

b) _____
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? $1.00

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

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

Corporate Officer Information

ICU Medical Sales, Inc.

4455 Atherton Dr
Salt Lake City, UT 84123
FEIN: 06-1211921
Incorporated in the State of Delaware on 7/16/2011

ICU Medical, Inc. - Parent Company

Address: 951 Calle Amanecer, San Clemente, CA 92673
Ownership: 100%

Scott E. Lamb- Secretary, Treasurer and CFO

Business Address: Calle Amanecer, San Clemente, CA
Business Phone: 4227

Kevin McGrody- Controller

Business Address: Calle Amanecer, San Clemente, CA
Business Phone: -4247

Flora Feng, MBA & MS

E Bowden St• Sandy, UT84070 • (

SUMMARY OF QUALIFICATIONS

Seasoned, dedicated, and results-driven professional, with 10+ years of experience in **Supply Chain Management, Sourcing, and NPI.** Exemplify strategic thinking and analytical skills in developing long term supply chain strategy. Demonstrate proven effectiveness in leading cross-functional teams and working with various professionals in fast-paced and challenging environments while establishing productive relationships with customers, vendors, and colleagues with diverse industries. Possess technical proficiency with Microsoft applications, SAP, etc. Leverage bilingual proficiency in English and Chinese. Areas of Expertise include:

- Global Strategic Sourcing
- Lean & Process Improvement
- NPI Management
- KPI Metrics modeling
- Supplier/CM/OEM Management
- Contract Negotiations
- Demand Planning, S&OP
- Purchasing & Cost Reduction
- Outsourcing/Contract Mfg
- Inventory Control/ Management
- Master Scheduling

PROFESSIONAL EXPERIENCES

Sr. MANAGER, MATERIALS **12/2019-Present**
ICU Medical

- Direct manager for warehouse and planning supervisors along with all buyers
- Performs Bi-annual employee performance reviews
- Performs analysis of demand requirements, capacity constraints, and material requirements in order to drive a production plan
- Coordinates with cross functional teams (Production, Tooling, Maintenance, etc) in the planning and execution of the production plan
- Drives improvements and is the key owner of KPI metrics associated with service to internal and external customers.
- Establishes and implements best practices related to the systems and processes that support planning, scheduling, purchasing and material control
- Leads the materials department in identifying potential problems with systems or processes and identifying possible solutions and process improvements
- Gather, analyze and validate data
- Provide input to the Supply Planning organization in developing Finished Goods inventory, safety stock, and target inventory strategies for existing items, new products, and product phase-outs
- Coordinate and proactively communicate supply shortages and plans for recovery with customer service and demand planning teams
- Achieves financial objectives by working with the management group in preparing and managing to the materials budget
- Participates as a member of the operations management team in making cross-functional operational decisions
- Maintains a safe and healthy work environment by implementing, maintaining and aligning with plant safety objective

Sr. MANAGER, SUPPLY CHAIN & SOURCING **7/2015-11/2019**
Nortek Security & Control, Lehi, UT

- Directly managed and led a team of supply chain and sourcing managers in managing materials purchase, developing and executing sourcing strategies to support NPI and drive for cost reduction for all Nortek's products (30+projects with medium to high in complexity and spend involving a variety of electronic, electro-mechanical, mechanical components and finished goods OEM sourcing)
- Drove, developed and established new 3rd party supplier and manufacturer relationships to build for future demand, managed daily analysis of supplier capacity constraints, and drove material readiness per requirements in order to meet the demand and production plan
- Developed supplier relationship management strategies, optimized supply base moving towards strategic suppliers during the NPI phase, and led the team to implement the negotiation strategy and contracts so the company got competitive pricing and annual cost reductions on key components
- Led the team to continuously drive for lean, process improvement, maintained Standard Operating Procedures (SOP's) and Key Performance Indicators (KPIs) that ensure ongoing productivity and performance

1 U.S. News & World Report 2009 Best Business Schools Specialty Rankings.

- Led the team to coordinate with cross functional teams (engineering, product management, PMO, planning, manufacturing etc.) in planning and executing new product development builds and ramp ups and accountable for all NPI operations deliverables within the timeline and budget requirements
- Defined supply chain requirement during the early definition and design phase of new product/software/hardware development and release, and bridged the communications gap between overseas manufacturers and the production development team

SUPPLY CHAIN PROGRAM MANAGER **10/2013-7/2015**
Nortek Security & Control, Lehi, UT

- Led the team, and worked with NS&C' biggest customer Vivint for NPI, and generated over $100 million revenue from new products (New 7" security panels, sensors) release within 2 years
- Led cross-functional teams in planning and executing new product development builds and ramp ups per required functionality within cost and schedule targets.
- Managed strategic sourcing for finished goods and key components on projects, resolve issues, and served as the point of contact to the engineering and product development team to confirm supplier readiness in terms of pricing, production capacity, certification, etc. prior to key product milestones.
- Performed product cost analysis and responsible for achieving cost targets for projects through collaboration with contract manufacturers and the product development team, and resolved discrepancies between cost targets and quoted costs
- Ensured the complete documentation of new products in terms of accurate BOM, assembly drawings, test requirements, etc., and worked with manufacturers for component readiness to ensure part availability, quality, and cost to support product goals.
- Negotiated master supply agreements with new suppliers for projects, and make sure Nortek obtains competitive terms with mitigated risks

MATERIAL/SOURCING MANAGER **8/2012-10/2013**
2GiG Technologies Inc. (Acquired by Nortek Security &Control), Lehi, UT

- Managed $120 million spend, and managed a network of relationships with suppliers, contract manufacturers, & OEMs; met with suppliers to discuss issues, performance, and future strategies; Evaluated suppliers' processes and partners with them to improve quality, cost and delivery performance
- Led strategic sourcing and product engineering efforts to maximize the development of a robust supply chain with materials, processes and/or components that improve reliability, manufacturability & supply availability while reducing cost by about 33.7% during NPI process & 3 months' MP
- Performed analysis of demand requirements, capacity constraints, and material requirements in order to drive a production plan
- Responsible for developing, approving and enforcing all applicable procurement policies and procedures
- Worked with Finance to provide management with monthly inventory & sales projections; proactively identified delivery issues; Provided suppliers & CMs with production volumes after capacity analysis
- Led in developing quantitative modules & KPI to reduce cost, improve OTD, optimize inventory turns, balance supply and demand in accordance with business rules
- Managed a portfolio of supply and manufacturer contracts for 2GIG, and negotiated supply agreements & NDAs with key suppliers to obtain best pricing, terms, and conditions

MASTER SCHEDULER **1/2011-8/2012**
Harman International Industries (HMG), SANDY, UT

- Led monthly SO&P and created the capacity-constrained Master Schedule based on the Demand Forecast created by Sales, Marketing and Demand Planning; verifies the reasonability of the supply plan that drives Supply Planning, Purchasing, Manufacturing, Packaging, Outsourcing, Distribution and their support groups, making adjustments for errors, oversights, and omissions as required.
- Performed analysis of demand requirements, capacity constraints, and material requirements in order to drive a production plan
- Provided direction and priorities to outside suppliers and contract manufacturers to ensure supply meeting demand requirements; verified list of purchase requisitions and forecast before sending to CMs
- Created, evaluated, maintained, and monitored inventory strategies to meet or surpass customer service levels and financial objectives set forth by Management, and assured proper safety stocks, lead times, MOQ and re-order points, and monitored the performance of execution across sites using KPIs
- Participated and supported NPI, new market and new channel development efforts by providing expertise and knowledge in supply planning; reviewed CM bid proposals and negotiated contracts within budgetary limitations and scope of authority before outsourcing to CMs
- Experienced in analyzing complicated materials liabilities situations, and successfully settled about $300K excess of materials without taking inventory when discontinuing relationships with a CM.

SUPPLY CHAIN ANALYST INTERN **5/2010-8/2010**

1 U.S. News & World Report 2009 Best Business Schools Specialty Rankings.

WALTER MEIER (Manufacturing) AMERICAS, Nashville, TN

- Collected large amount of data from BW Report & SAP, developed new VPE matrix & models to analyze supply chain KPIs (OTD, Fill Rate, Cost, Quality& Responsiveness), improved evaluation accuracy by 15%, and reported supplier performance to Senior Management in monthly performance review
- Implemented strategic process improvement initiatives by streamlining processes in purchase acquisition, information sharing, and transportation consolidation to improve efficiency by 11%
- Improved supply chain financial performance by working with marketing product development team to improve forecast accuracy through using statistic models & APO forecasting, and by reducing excess inventory so as to increase inventory turnover

SUPPLY CHAIN & LOGISTICS CORDINATOR, **1/2006-7/2007**
SWATCH GROUP, LIMITED. Calvin Klein Brand, Shanghai, China

- Managed monthly demand for over 100 products specifications by analyzing supply chain matrix (spend, usage, PPV, quality, delivery, savings) through statistic modeling, and established cost modeling with market variances (raw materials, currency exchange rates, international labor, commodity surcharges), forecast EAU, and issued POs to suppliers
- Developed and sustained relationships with distributors by establishing standards and process (lead time window, safety stock level, accelerated order cycle times) while reducing costs in order fulfillment

EDUCATION

- **MBA, SUPPLY CHAIN MANAGEMENT & FINANCE**, GPA 3.9/4.0 **12/2010**
  University of Tennessee, Knoxville, TN – *Ranked #9 in Supply Chain/Logistics*[1]
- **MS in COMMUNICATION & INFORMATION**, GPA 3.6/4.0 **05/2009**
  University of Tennessee, Knoxville, TN
- **BS in English, Minor FINANCE,** Dean of Student Award **06/2006**
  Shanghai International Studies University, Shanghai, China. Student body president

1 U.S. News & World Report 2009 Best Business Schools Specialty Rankings.

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: 12/10/2019

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

Name of Licensee (as it appears in our records): ICU Medical Sales, Inc.

Classification of License Issued: Pharmacy - Class C

License Number: 11453825-1710

Obtained By: Application

Current Status: Active

Original Date of Licensure: 10/07/2019

Expiration Date: 09/30/2021

Agency and Disciplinary Action: NO

Docket Number: N/A

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • PO Box 146741 • Salt Lake City • UT 84114-6741
phone: (801)530-6628 • toll-free in Utah:(866)275-3675 • fax:(801)530-6511 • investigations fax:(801)530-6301

Establishment Registration & Device Listing

FDA

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ICU MEDICAL, INC
4455 ATHERTON DR
Salt Lake Cty, UT 84123
Registration Number: 1713468
FEI Number*: 1713468
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types
Please Review Listings For Further Information
Date Of Registration Status: 2020

Owner/Operator:
ICU MEDICAL, INC.[6]
951 Calle Amanecer
San Clemente, CA 92673
Owner/Operator Number: 2025816[7]

Official Correspondent:
Krishna Uppugonduri
951 Calle Amanecer
San Clemente, CA 92673
Phone: 949-3664366

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/MedicalDevices/default.htm
5. https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Databases/default.htm
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2025816&OwnerOperatorNa
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2025816&OwnerOperatorNa

Verified DZ

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
ICU MEDICAL, INC
4455 ATHERTON DR.
Salt Lake City , UT 84123
Registration Number: 1713468
FEI Number*: 1713468
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2020

Owner/Operator:
ICU MEDICAL, INC.[6]
951 Calle Amanecer
San Clemente, CA 92673
Owner/Operator Number: 2025816[7]

Official Correspondent:
Krishna Uppugonduri
951 Calle Amanecer
San Clemente, CA 92673
Phone: 949-3684368

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/MedicalDevices/default.htm
5. https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Databases/default.htm
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2025816&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2025816&OwnerOperator

Page Last Updated: 10/28/2019

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/MedicalDevices/default.htm
5. https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Databases/default.htm
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2025816&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2025816&OwnerOperator

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

ICU Medical Sales, Inc.

EFFECTIVE 10/07/2019 EXPIRATION 09/30/2021

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

11453825-1710 Pharmacy - Class C

Manufacturer

SIGNATURE OF HOLDER

IMPORTANT LICENSURE REMINDERS:

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

ICU MEDICAL SALES, INC.
4455 ATHERTON DR
SALT LAKE CITY UT 84123

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **10/07/2019**

EXPIRATION DATE: **09/30/2021**

ISSUED TO: **ICU Medical Sales, Inc.**
4455 Atherton Dr
Salt Lake City UT 84123

THE GREAT SEAL OF THE STATE OF UTAH 1847 1896

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

11453825-1710 **Pharmacy - Class C**

Manufacturer

SIGNATURE OF HOLDER

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

3414573 8300

SR# 20202065049

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

Authentication: 202562995

Date: 03-11-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICU MEDICAL SALES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

3414573 8300

SR# 20197796734

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

Authentication: 203891941

Date: 10-29-19

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: Pharmaceutical Wholesaler Surety Bond

Bond No. : 107049195

Dated effective: February 27, 2020
(MONTH, DAY, YEAR)

executed by: ICU Medical Sales, Inc., as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America, as Surety,
(SURETY)

and in favor of : State of Nevada and the Nevada State Board of Pharmacy, as Obligee
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Address	2901 N. Houston School Road Lancaster, TX 75134	4455 Atherton Drive Salt Lake City, UT 84123

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective July 8, 2020
(MONTH, DAY, YEAR)

Signed and Sealed June 8, 2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Gillian Bhaskaran, ATTORNEY-IN-FACT

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 Contra Costa)

On June 8, 2020 before me, T. Le, Notary Public
(insert name and title of the officer)

personally appeared Gillian Bhaskaran,
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/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.

WITNESS my hand and official seal.

T. LE
COMMISSION #2172612
Notary Public - California
SAN FRANCISCO COUNTY
MY COMMISSION EXPIRES
November 17, 2020
PNS1 PNS1

Signature T. Le (Seal)

TRAVELERS

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

POWER OF ATTORNEY

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

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

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

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

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

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

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

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

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

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

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

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

Dated this **27th** day of **February**, **2020**

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

THUYDUONG LE

ARTHUR J GALLAGHER & CO.
1255 BATTERY ST STE 450
SAN FRANCISCO, CA 94111-6235

is authorized to transact business as described above

License No: 3378064 Issue Date: 09-25-2018 Expiration Date: 10-01-2021

Generated by Sircon 182136151

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

THUYDUONG LE
ARTHUR J GALLAGHER & CO., 1255 BATTERY ST STE 450, SAN FRANCISCO, CA 94111-6235

LICENSE NUMBER: 3378064

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 09-25-2018 Expiration Date: 10-01-2021

Generated by Sircon 182136151

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. 107049195

Application/License No. _____

ICU Medical Sales, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2901 N. Houston School Road, Lancaster, TX 75134 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), 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 February 27, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

TRAVELERS

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

POWER OF ATTORNEY

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

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January, 2019.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **17th** day of **January, 2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

_____
Anna P. Nowik, Notary Public

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

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

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

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

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

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

Dated this **8th** day of **June**, **2020**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

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 Contra Costa)

On February 27, 2020 before me, Gillian C. Bhaskaran, Notary Public
(insert name and title of the officer)

personally appeared T. Le,
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/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.

WITNESS my hand and official seal.

GILLIAN C. BHASKARAN
Notary Public - California
Contra Costa County
Commission # 2196923
My Comm. Expires May 13, 2021

Signature _____ (Seal)

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 27th day of February, 2020.

APPLICANT/PRINCIPAL
ICU Medical Sales, Inc.
COMPANY

Authorized Representative

SURETY
Travelers Casualty and Surety Company of America

Surety Company's Representative

T. Le, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

~~Nevada Resident Agent~~
Thuyduong Le, Nevada Non-Resident Agent

POWER OF ATTORNEY
STATE CONTROLLED SUBSTANCE REGISTRATIONS
STATE WHOLESALE DISTRIBUTOR LICENSING/PERMIT APPLICATIONS
DRUG ENFORCEMENT ADMINISTRATION REGISTRATION APPLICATIONS AND RENEWALS

Name of Registrant: ICU Medical Sales, Inc.

Known all by these presents that ICU Medical Sales, Inc., a corporation organized and existing under the laws of Delaware, and with offices at 951 Calle Amanecer, San Clemente, CA 92673 (the "Corporation") do hereby, constitute and appoint Wesley Davis as its true and lawful attorney-in-fact, in its name, place, and stead, to do the following acts and things related to the pharmaceutical and consumer health distribution facilities of the Corporation and its divisions:

1. In accordance with the regulations of the Drug Enforcement Administration , and state controlled substance regulations, to execute and verify the controlled substance distribution, import and export applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute, import and export drug products regulated as controlled substances from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state controlled substance application or Drug Enforcement Administration renewals.

2. In accordance with each State's administrative code to execute and verify the wholesale distributor licensing/permit applications and renewals and all future amendments, as are necessary to permit the Corporation lawfully to distribute pharmaceutical and consumer health products from its distribution sites, until this Power of Attorney is revoked. The Attorney-in-Fact understands that a copy of this Power of Attorney must accompany the state wholesale distributor licensing/permit application.

ICU Medical Sales, Inc.

Signature: _____
Scott Lamb, CFO

Date: December 9th, 2019

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)
) ss
COUNTY OF ORANGE)

Subscribed and sworn to (or affirmed) before me on this 9th day of December 2019, by Scott Lamb, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal:

JENIFER L. OLSEN
Notary Public – California
Orange County
Commission # 2228191
My Comm. Expires Jan 8, 2022

_____
Notary Public, State of California

4W

VM

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
☐ 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: Medimetrics pharmaceuticals, Inc

Physical Address: 383 Rt. 46 west

City: Fairfield State: NJ. Zip Code: 07004

Telephone Number: 973-882-7512 Fax Number: 973-882-7502

Toll Free Number: N/A

E-mail: Agoldstein@medimetrics.com Website: www.medimetrics.com

Facility Manager: Alan Goldstein

Professional qualifications and experience of facility manager: See Attachment Alan Goldstein CV.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers
☐ Other:

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☑ Other: OTC, cosmetics and Dietary Supplements
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

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: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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 ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of 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

Alan Goldstein

Print Name of Authorized Person

4/22/2020

Date

Board Use Only	Date Processed: _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Mailing Address: 383 Route 46 west

City: Fairfield State: N.J. Zip: 07004

Telephone: 973-882-7512 Fax: 973-882-7502

Contact Person: Mon Goldstein

For any corporation non publicly traded, disclose the following:

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

a) Irb Glassman — 383 Rt. 46 west, Fairfield, NJ 07004
Name — Business Address

b) Brad Glassman — 383 Rt. 46 west, Fairfield, NJ 07004
Name — Business Address

c) _____
Name — Business Address

d) _____
Name — Business Address

2) Provide the number of shares issued by the corporation. see attachment

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

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

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0737957

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

4580 MENDENHALL RD MEMPHIS, TN 38141-

Reg. No.
5003654

MEDIMETRIKS PHARMACEUTICALS, I
ATTN: BRAD GLASSMAN
383 ROUTE 46 WEST
FAIRFIELD, NJ 07004-

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

EXPIRES: January 31, 2021

Establishment Copy

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Medimetriks Pharmaceuticals, Inc.** , as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/18/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/20/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200120521382
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

01/14/2020

Work Order Item Number:	W2019110102092-209765
Filing Number:	20190298565
Filing Type:	Initial List
Filing Date/Time:	10/18/2019 4:06:00 PM
Filing Page(s):	1

Indexed Entity Information:

Entity ID: E2985512019-2

Entity Name: Medimetriks Pharmaceuticals, Inc.

Entity Status: Active

Expiration Date: None

N/A

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

11/20/2019

Work Order Item Number:	W2019110102092-209764
Filing Number:	20190298550
Filing Type:	Foreign Qualification
Filing Date/Time:	10/18/2019 4:06:00 PM
Filing Page(s):	11

Indexed Entity Information:

Entity ID: E2985512019-2

Entity Name: Medimetriks Pharmaceuticals, Inc.

Entity Status: Active

Expiration Date: None

N/A

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE

STATE OF NEVADA

FOREIGN CORPORATION (80) QUALIFICATION

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Medimetriks Pharmaceuticals, Inc.** did on **10/18/2019** file in this office its Qualification to do Business in this State and is now on file and of record in the office of the Nevada Secretary of State, and further, that said corporation is at the date of this Certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/20/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191120381582
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Medimetriks Pharmaceuticals, Inc.

Nevada Business Identification # NV20191644889
Expiration Date: 10/31/2020

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/14/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200114510041
You may verify this certificate online at http://www.nvsos.gov

MEDIMETRIKS
PHARMACEUTICALS, INC.

MEDIMETRIKS PHARMACEUTICALS, INC.
VIRTUAL MANUFACTURER STATEMENT

Medimetriks Pharmaceuticals Inc. is a virtual manufacturer of prescription drugs, therefore, does not handle prescription drugs at any time for physical manufacturing or distribution. However, they do maintain product ownership and are responsible for the oversight and sale of product.

383 Route 46 West • Fairfield, New Jersey 07004-2402 USA • Phone: (973) 882-7512 • Fax: (973) 882-7502 • www.medimetriks.com

MEDIMETRIKS
PHARMACEUTICALS, INC.

Corporate Officers

Bradley Glassman, President & Chief Executive Officer
Medimetriks Pharmaceuticals, Inc
383 Route 46 West
Fairfield, NJ 07004
973-882-7512 Ext. 513
Social Security – XXX-XX
DOB –

Residence
Witte Place
West Orange, NJ

R. Brent Lenczycki, Chief Financial Officer
Medimetriks Pharmaceuticals, Inc
383 Route 46 West
Fairfield, NJ 07004
973-882-7512
Social Security – XXX-XX
DOB –
CPA, State of PA, #CA036627L

Residence
Northridge Court
Hackettstown, NJ

Alan Goldstein, Executive V.P. Business Development
Medimetriks Pharmaceuticals, Inc
383 Route 46 West
Fairfield, NJ 07004
973-882-7512 Ext. 597
Social Security – XXX-XX
DOB –

Residence
West Mountain Road
Ridgefield, CT

State & Date of incorporation – Delaware, 4/14/2008

FEIN number – 26-2417237

DUNS number – 019903816

Labeler Code – 43538 Verified MS 5/12/2020

GS1 Prefix # 0343538
GLN# 0343538000006
Exp Date 09/30/2020

MEDIMETRIKS
PHARMACEUTICALS, INC.

The following individuals own approximately 65% and 12% respectively of the issued and outstanding shares of stock of the Company. No other person owns more than 10% of the outstanding stock of the Company.

Iris Glassman – Director

___ East __ Street – New York, N\

0740

@hotmail.com

Brad Glassman – Chairman of the Board, President & CEO

383 Route 46 West – Fairfield, NJ 07004

(973) 882-7512

@medimetriks.com

Note: Medimetriks Pharmaceuticals, Inc. Federal Tax I.D.

Donna Heren

From: CDRH Registration and Listing [reglist@CDRH.FDA.GOV]
Sent: Monday, June 06, 2016 3:36 PM
To: Donna Heren
Subject: Registration Number has been assigned – Your registration number is 3008297643

DEPARTMENT OF HEALTH & HUMAN SERVICES — Public Health Service

Food and Drug Administratio
10903 New Hampshire Av
Silver Spring, MD 20993

Dear Owner/Operator and/or Official Correspondent:

This email is being sent to inform you that a registration number has been assigned to the following establishment:

MEDIMETRIKS PHARMACEUTICALS
383 Route 46 W
Fairfield, NJ 07004
UNITED STATES

Registration Number: 3008297643 verified MS 5/12/20
Owner Operator Number: 10051115

If you have any questions or need assistance, please contact CDRH Registration and Listing Office by email at reglist@cdrh.fda.gov.

Curriculum Vitae: ALAN GOLDSTEIN

EXPERIENCE:

May 2008 - present		Medimetriks Pharmaceuticals, Inc. Executive Vice President, Business Development
Mar. 2004 – Feb. 2008		Bradley Pharmaceuticals, Inc. Vice President, Corporate Development
Jun. 2002 – Feb. 2004		Bradley Pharmaceuticals, Inc. Director, Corporate Development
Nov. 2000 – May 2002		Kaye Scholer LLP Legal Counsel, Corporate Development
Mar. 1998 – Oct. 2000		Winick & Rich, P.C. Law Partner
Jan. 1994 – Feb. 1998		Reid & Priest, LLP Law Partner
1987 – Jan. 1994		Spengler Carlson Gubar Brodsky & Frischling Associate

EDUCATION:

1984	J.D., University of Pittsburg
1981	B.A. University of Michigan

CONTINUING EDUCATION: Annual CLE's

PATENTS:

Method and Apparatus for Dispensing a Composition	US 20090048579

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDIMETRIKS PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDIMETRIKS PHARMACEUTICALS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Jeffrey W. Bullock, Secretary of State

4528701 8300

100678230

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

AUTHENTICATION: 8069074

DATE: 06-22-10

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Eversana Life Science Services, LLC

located at

4580 Mendenhall Road, Memphis, TN 38141

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

October 17, 2018 - October 16, 2021
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | *www.nabp.pharmacy*

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

Current through May 12, 2020

You have searched Finished drug products

Search Results: *'43538'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Beser	43538-970-60	.5 mg/mL	LOTION	TOPICAL	ANDA091553	Medimetriks Pharmaceuticals, Inc.	43538-970	fluticasone propionate	FLUTICASONE PROPIONATE	HUMAN PRESCRIPTION DRUG	04/01/2019	N/A	ANDA	1 BOTTLE in 1 CARTON (43538-970-60) > 60 mL in 1 BOTTLE

323

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Beser	43538-971-60		KIT		ANDA091553	Medimetriks Pharmaceuticals, Inc	43538-971	Fluticasone propionate		HUMAN PRESCRIPTION DRUG	04/01/2019	N/A	ANDA	2 CARTON in 1 KIT (43538-971-60) > 1 KIT in 1 CARTON * 1 BOTTLE in 1 CARTON (43538-970-60) > 60 mL in 1 BOTTLE * 1 TUBE in 1 CARTON > 255 g in 1 TUBE
+ CENTANY	43538-300-24	20 mg/g	OINTMENT	TOPICAL	NDA050788	Medimetriks Pharmaceuticals Inc	43538-300	mupirocin	MUPIROCIN	HUMAN PRESCRIPTION DRUG	02/26/2009	N/A	NDA	24 PACKET in 1 CARTON (43538-300-24) > .5 g in 1 PACKET (43538-300-99)
+ Centany	43538-310-30	20 mg/g	OINTMENT	TOPICAL	NDA050788	Medimetriks Pharmaceuticals, Inc.	43538-310	Mupirocin	MUPIROCIN	HUMAN PRESCRIPTION DRUG	11/15/2010	N/A	NDA	1 KIT in 1 CARTON (43538-310-30) > 1 TUBE in 1 KIT > 30 g in 1 TUBE
+ CENTANY	43538-300-30	20 mg/g	OINTMENT	TOPICAL	NDA050788	Medimetriks Pharmaceuticals Inc	43538-300	mupirocin	MUPIROCIN	HUMAN PRESCRIPTION DRUG	02/26/2009	N/A	NDA	1 TUBE in 1 CARTON (43538-300-30) > 30 g in 1 TUBE
+ Ciclodan	43538-500-06	2.28 g/mL	SOLUTION	TOPICAL	ANDA078233	Medimetriks Pharmaceuticals, Inc.	43538-500	ciclopirox	CICLOPIROX	HUMAN PRESCRIPTION DRUG	04/10/2011	N/A	ANDA	6.6 mL in 1 BOTTLE, WITH APPLICATOR (43538-500-06)
+ Clindacin ETZ	43538-172-60	10 mg/1	SWAB	TOPICAL	ANDA065049	Medimetriks Pharmaceuticals, Inc.	43538-172	clindamycin phosphate	CLINDAMYCIN PHOSPHATE	HUMAN PRESCRIPTION DRUG	06/15/2013	N/A	ANDA	60 PACKET in 1 CARTON (43538-172-60) > 1 SWAB in 1 PACKET
+ Clindacin ETZ	43538-173-60		KIT		ANDA065049	Medimetriks Pharmaceuticals, Inc.	43538-173	clindamycin phosphate		HUMAN PRESCRIPTION DRUG	06/15/2013	N/A	ANDA	1 KIT in 1 CARTON (43538-173-60) * 473 mL in 1 BOTTLE * 60 SWAB in 1 CARTON
+ Clindacin P	43538-170-69	10 mg/1	SWAB	TOPICAL	ANDA065049	Medimetriks Pharmaceuticals, Inc.	43538-170	clindamycin phosphate	CLINDAMYCIN PHOSPHATE	HUMAN PRESCRIPTION DRUG	02/20/2011	N/A	ANDA	69 SWAB in 1 JAR (43538-170-69)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Clindacin PAC	43538-171-69	10 mg/1	SWAB	TOPICAL	ANDA065049	Medimetriks Pharmaceuticals, Inc.	43538-171	clindamycin phosphate	CLINDAMYCIN PHOSPHATE	HUMAN PRESCRIPTION DRUG	02/20/2011	N/A	ANDA	1 JAR in 1 KIT (43538-171-69) > 69 SWAB in 1 JAR
+ Clodan	43538-950-04	.5 mg/mL	SHAMPOO	TOPICAL	ANDA090974	Medimetriks Pharmaceuticals	43538-950	clobetasol propionate	CLOBETASOL PROPIONATE	HUMAN PRESCRIPTION DRUG	06/22/2014	N/A	ANDA	1 BOTTLE in 1 CARTON (43538-950-04) > 118 mL in 1 BOTTLE
+ Clodan Kit	43538-951-04		KIT		ANDA090974	Medimetriks Pharmaceuticals	43538-951	clobetasol propionate		HUMAN PRESCRIPTION DRUG	06/15/2014	N/A	ANDA	1 KIT in 1 CARTON (43538-951-04) * 1 BOTTLE in 1 CARTON (43538-950-04) > 118 mL in 1 BOTTLE * 1 BOTTLE in 1 CARTON > 454 g in 1 BOTTLE
+ Ketodan	43538-530-10	20 mg/g	AEROSOL, FOAM	TOPICAL	ANDA091550	Medimetriks Pharmaceuticals, Inc.	43538-530	ketoconazole	KETOCONAZOLE	HUMAN PRESCRIPTION DRUG	06/15/2012	N/A	ANDA	1 CAN in 1 CARTON (43538-530-10) > 100 g in 1 CAN
+ Ketodan	43538-531-10		KIT		ANDA091550	Medimetriks Pharmaceuticals, Inc.	43538-531	ketoconazole		HUMAN PRESCRIPTION DRUG	06/15/2012	N/A	ANDA	1 KIT in 1 CARTON (43538-531-10) * 100 g in 1 CAN * 454 g in 1 BOTTLE, PUMP
+ Loprox	43538-550-60	7.7 mg/mL	SUSPENSION	TOPICAL	NDA019824	Medimetriks Pharmaceuticals, Inc.	43538-550	ciclopirox olamine	CICLOPIROX OLAMINE	HUMAN PRESCRIPTION DRUG	10/14/2016	N/A	NDA	1 BOTTLE in 1 CARTON (43538-550-60) > 60 mL in 1 BOTTLE
+ Loprox	43538-541-90		KIT		NDA018748	Medimetriks Pharmaceuticals, Inc.	43538-541	Ciclopirox Olamine		HUMAN PRESCRIPTION DRUG	06/13/2016	N/A	NDA	1 KIT in 1 CARTON (43538-541-90) * 454 g in 1 BOTTLE, PUMP * 90 g in 1 TUBE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Loprox	43538-551-60		KIT		NDA019824	Medimetriks Pharmaceuticals, Inc.	43538-551	Ciclopirox Olamine		HUMAN PRESCRIPTION DRUG	10/14/2016	N/A	NDA	1 KIT in 1 CARTON (43538-551-60) * 60 mL in 1 BOTTLE * 454 g in 1 BOTTLE, PUMP
+ Loprox	43538-540-90	7.7 mg/g	CREAM	TOPICAL	NDA018748	Medimetriks Pharmaceuticals, Inc.	43538-540	ciclopirox olamine	CICLOPIROX OLAMINE	HUMAN PRESCRIPTION DRUG	01/14/2016	N/A	NDA	1 TUBE in 1 CARTON (43538-540-90) > 90 g in 1 TUBE
+ Morgidox	43538-600-30	100 mg/1	CAPSULE	ORAL	ANDA062396	Medimetriks Pharmaceuticals, Inc.	43538-600	doxycycline hyclate	DOXYCYCLINE HYCLATE	HUMAN PRESCRIPTION DRUG	03/15/2011	N/A	ANDA	30 CAPSULE in 1 BLISTER PACK (43538-600-30)
+ Morgidox	43538-611-60	100 mg/1	CAPSULE	ORAL	ANDA062396	Medimetriks Pharmaceuticals, Inc.	43538-611	doxycycline hyclate	DOXYCYCLINE HYCLATE	HUMAN PRESCRIPTION DRUG	03/15/2011	N/A	ANDA	1 BLISTER PACK in 1 KIT (43538-611-60) > 60 CAPSULE in 1 BLISTER PACK
+ Morgidox	43538-601-30	100 mg/1	CAPSULE	ORAL	ANDA062396	Medimetriks Pharmaceuticals, Inc.	43538-601	doxycycline hyclate	DOXYCYCLINE HYCLATE	HUMAN PRESCRIPTION DRUG	03/15/2011	N/A	ANDA	1 BLISTER PACK in 1 KIT (43538-601-30) > 30 CAPSULE in 1 BLISTER PACK
+ Morgidox	43538-610-60	100 mg/1	CAPSULE	ORAL	ANDA062396	Medimetriks Pharmaceuticals, Inc.	43538-610	doxycycline hyclate	DOXYCYCLINE HYCLATE	HUMAN PRESCRIPTION DRUG	03/15/2011	N/A	ANDA	60 CAPSULE in 1 BLISTER PACK (43538-610-60)
+ Neo-Synalar	43538-940-60	3.5 mg/g, .25 mg/g	CREAM	TOPICAL	ANDA060700	Medimetriks Pharmaceuticals	43538-940	neomycin sulfate and fluocinolone acetonide	NEOMYCIN SULFATE; FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	06/11/1963	N/A	ANDA	1 TUBE in 1 CARTON (43538-940-60) > 60 g in 1 TUBE
+ Neo-Synalar	43538-940-99	3.5 mg/g, .25 mg/g	CREAM	TOPICAL	ANDA060700	Medimetriks Pharmaceuticals	43538-940	neomycin sulfate and fluocinolone acetonide	NEOMYCIN SULFATE; FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	06/11/1963	N/A	ANDA	4 TUBE in 1 CARTON (43538-940-99) > 3 g in 1 TUBE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Neo-Synalar	43538-941-60		KIT		ANDA060700	Medimetriks Pharmaceuticals	43538-941	neomycin sulfate and fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	07/15/2014	N/A	ANDA	1 KIT in 1 CARTON (43538-941-60) * 1 TUBE in 1 CARTON (43538-940-60) > 60 g in 1 TUBE * 1 TUBE in 1 CARTON > 255 g in 1 TUBE
Neuac	43538-176-45	10 mg/g, 50 mg/g	GEL	TOPICAL	ANDA090979	Medimetriks Pharmaceuticals	43538-176	clindamycin phosphate and benzoyl peroxide	CLINDAMYCIN PHOSPHATE; BENZOYL PEROXIDE	HUMAN PRESCRIPTION DRUG	06/15/2014	N/A	ANDA	1 TUBE in 1 CARTON (43538-176-45) > 45 g in 1 TUBE
Neuac Kit	43538-177-45		KIT	TOPICAL	ANDA090979	Medimetriks Pharmaceuticals	43538-177	clindamycin phosphate and benzoyl peroxide		HUMAN PRESCRIPTION DRUG	06/15/2014	N/A	ANDA	1 KIT in 1 CARTON (43538-177-45) * 45 g in 1 TUBE (43538-176-45) * 85 g in 1 TUBE
Niseko Sunscreen SPF 25	43538-290-99	30 mg/g, 75 mg/g, 50 mg/g	CREAM	TOPICAL	part352	Medimetriks Pharmaceuticals, Inc.	43538-290	Avobenzone, Octinoxate, and Octisalate	AVOBENZONE; OCTINOXATE; OCTISALATE	HUMAN OTC DRUG	11/15/2013	N/A	OTC MONOGRAPH FINAL	6 TUBE in 1 CARTON (43538-290-99) > 3 g in 1 TUBE
Niseko Sunscreen SPF 25	43538-290-03	30 mg/g, 75 mg/g, 50 mg/g	CREAM	TOPICAL	part352	Medimetriks Pharmaceuticals, Inc.	43538-290	Avobenzone, Octinoxate, and Octisalate	AVOBENZONE; OCTINOXATE; OCTISALATE	HUMAN OTC DRUG	11/15/2013	N/A	OTC MONOGRAPH FINAL	1 TUBE in 1 CARTON (43538-290-03) > 85 g in 1 TUBE
Rosadan	43538-183-45		KIT		ANDA078178	Medimetriks Pharmaceuticals, Inc.	43538-183	metronidazole		HUMAN PRESCRIPTION DRUG	08/01/2011	N/A	ANDA	1 KIT in 1 CARTON (43538-183-45) * 1 TUBE in 1 CARTON > 45 g in 1 TUBE * 1 BOTTLE, PUMP in 1 CARTON > 454 g in 1 BOTTLE, PUMP
Rosadan	43538-181-45	7.5 mg/g	CREAM	TOPICAL	ANDA077549	Medimetriks Pharmaceuticals, Inc.	43538-181	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	08/30/2011	N/A	ANDA	1 TUBE in 1 KIT (43538-181-45) > 45 g in 1 TUBE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Rosadan	43538-180-45	7.5 mg/g	CREAM	TOPICAL	ANDA077549	Medimetriks Pharmaceuticals, Inc.	43538-180	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	08/30/2011	N/A	ANDA	45 g in 1 TUBE (43538-180-45)
+ Rosadan	43538-182-45	7.5 mg/g	GEL	TOPICAL	ANDA078178	Medimetriks Pharmaceuticals, Inc.	43538-182	metronidazole	METRONIDAZOLE	HUMAN PRESCRIPTION DRUG	04/15/2012	N/A	ANDA	1 TUBE in 1 CARTON (43538-182-45) > 45 g in 1 TUBE
+ Sumadan	43538-191-16		KIT			Medimetriks Pharmaceuticals Inc.	43538-191	sulfacetamide sodium and sulfur		HUMAN PRESCRIPTION DRUG	08/01/2011	N/A	UNAPPROVED DRUG OTHER	1 KIT in 1 CARTON (43538-191-16) * 1 BOTTLE, PUMP in 1 CARTON > 454 g in 1 BOTTLE, PUMP * 1 BOTTLE, PUMP in 1 CARTON > 454 g in 1 BOTTLE, PUMP
+ Sumadan Wash	43538-190-16	90 mg/g, 45 mg/g	CREAM	TOPICAL		Medimetriks Pharmaceuticals Inc.	43538-190	sulfacetamide sodium and sulfur	SULFACETAMIDE SODIUM; SULFUR	HUMAN PRESCRIPTION DRUG	07/10/2011	N/A	UNAPPROVED DRUG OTHER	1 BOTTLE, PUMP in 1 CARTON (43538-190-16) > 454 g in 1 BOTTLE, PUMP
+ SUMADAN XLT	43538-192-16		KIT			Medimetriks Pharmaceuticals Inc.	43538-192	sulfacetamide sodium, sulfur, avobenzone, octinoxate, and octisalate		HUMAN PRESCRIPTION DRUG	12/01/2013	N/A	UNAPPROVED DRUG OTHER	1 KIT in 1 CARTON (43538-192-16) * 454 g in 1 BOTTLE, PUMP (43538-190-16) * 85 g in 1 TUBE (43538-290-03)
+ Sumaxin	43538-100-60	100 mg/g, 40 mg/g	CLOTH	TOPICAL		Medimetriks Pharmaceuticals, Inc.	43538-100	sulfacetamide sodium and Sulfur	SULFACETAMIDE SODIUM; SULFUR	HUMAN PRESCRIPTION DRUG	01/01/2009	N/A	UNAPPROVED DRUG OTHER	60 PACKET in 1 CARTON (43538-100-60) > 3.7 g in 1 PACKET

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Sumaxin CP	43538-101-60		KIT			Medimetriks Pharmaceuticals, Inc.	43538-101	sulfacetamide sodium and sulfur		HUMAN PRESCRIPTION DRUG	08/01/2011	N/A	UNAPPROVED DRUG OTHER	1 KIT in 1 CARTON (43538-101-60) * 60 PACKET in 1 CARTON > 3.7 g in 1 PACKET * 1 BOTTLE, PUMP in 1 CARTON > 454 g in 1 BOTTLE, PUMP
+ Sumaxin Wash	43538-130-16	90 mg/g; 40 mg/g	LOTION	TOPICAL		Medimetriks Pharmaceuticals, Inc.	43538-130	sulfacetamide sodium and sulfur	SULFACETAMIDE SODIUM; SULFUR	HUMAN PRESCRIPTION DRUG	10/30/2009	N/A	UNAPPROVED DRUG OTHER	1 BOTTLE, PUMP in 1 CARTON (43538-130-16) > 454 g in 1 BOTTLE, PUMP
+ Synalar	43538-900-12	.25 mg/g	CREAM	TOPICAL	NDA012787	Medimetriks Pharmaceuticals, Inc.	43538-900	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	09/27/2012	N/A	NDA	1 TUBE in 1 CARTON (43538-900-12) > 120 g in 1 TUBE
+ Synalar	43538-910-99	.25 mg/g	OINTMENT	TOPICAL	NDA013960	Medimetriks Pharmaceuticals, Inc.	43538-910	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	09/27/2012	N/A	NDA	6 TUBE in 1 CARTON (43538-910-99) > 3 g in 1 TUBE
+ Synalar	43538-920-60	.1 mg/mL	SOLUTION	TOPICAL	NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-920	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	05/31/2012	N/A	NDA	1 BOTTLE, WITH APPLICATOR in 1 CARTON (43538-920-60) > 60 mL in 1 BOTTLE, WITH APPLICATOR
+ Synalar	43538-911-12		KIT	TOPICAL	NDA013960	Medimetriks Pharmaceuticals, Inc.	43538-911	Fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	12/15/2012	N/A	NDA	1 KIT in 1 CARTON (43538-911-12) * 1 TUBE in 1 CARTON > 120 g in 1 TUBE * 255 g in 1 TUBE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Synalar	43538-920-90	.1 mg/mL	SOLUTION	TOPICAL	NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-920	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	08/15/2012	N/A	NDA	1 BOTTLE, WITH APPLICATOR in 1 CARTON (43538-920-90) > 90 mL in 1 BOTTLE, WITH APPLICATOR
+ Synalar	43538-901-12		KIT	TOPICAL	NDA012787	Medimetriks Pharmaceuticals, Inc.	43538-901	Fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	12/15/2012	N/A	NDA	1 KIT in 1 CARTON (43538-901-12) * 255 g in 1 TUBE * 1 TUBE in 1 CARTON > 120 g in 1 TUBE
+ Synalar	43538-910-12	.25 mg/g	OINTMENT	TOPICAL	NDA013960	Medimetriks Pharmaceuticals, Inc.	43538-910	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	09/27/2012	N/A	NDA	1 TUBE in 1 CARTON (43538-910-12) > 120 g in 1 TUBE
+ Synalar	43538-920-99	.1 mg/mL	SOLUTION	TOPICAL	NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-920	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	08/15/2012	N/A	NDA	1 BOTTLE, WITH APPLICATOR in 1 CARTON (43538-920-99) > 13 mL in 1 BOTTLE, WITH APPLICATOR
+ Synalar	43538-900-99	.25 mg/g	CREAM	TOPICAL	NDA012787	Medimetriks Pharmaceuticals, Inc.	43538-900	fluocinolone acetonide	FLUOCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	09/27/2012	N/A	NDA	6 TUBE in 1 CARTON (43538-900-99) > 3 g in 1 TUBE
+ Synalar TS	43538-921-90		KIT		NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-921	fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	08/15/2012	N/A	NDA	1 KIT in 1 CARTON (43538-921-90) * 1 BOTTLE, WITH APPLICATOR in 1 CARTON > 90 mL in 1 BOTTLE, WITH APPLICATOR * 454 g in 1 BOTTLE, PUMP

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
+ Synalar TS	43538-921-60		KIT		NDA015296	Medimetriks Pharmaceuticals, Inc.	43538-921	fluocinolone acetonide		HUMAN PRESCRIPTION DRUG	08/15/2012	N/A	NDA	1 KIT in 1 CARTON (43538-921-60) * 60 mL in 1 BOTTLE, WITH APPLICATOR * 454 g in 1 BOTTLE, PUMP

Showing 1 to 50 of 52 entries

Previous 1 2 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

1 result found for **Establishment Registration or FEI Number :** *3008297643*

New Search[6]

Establishment Name	▲[7] ▼[8]	Registration Number	Current Registration Yr
MEDIMETRIKS PHARMACEUTICALS[9]	NJ/USA	3008297643	2020

Can't find what you're looking for? Try a new search[10]

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3008297643&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3008297643&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=191160
10. ./rl.cfm

Page Last Updated: 05/11/2020

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of **Health & Human Services**

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. ../cfrl/rl.cfm
7. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3008297643&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName20%ASC
8. ../cfrl/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=3008297643&OwnerOperatorNumber=&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=EstablishmentName%20DESC
9. ./rl.cfm?rid=191160
10. ./rl.cfm

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. 810005342

Application/License No. _____

Medimetriks Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 383 US Highway 46, Fairfield, New Jersey 07004-2473 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, 31st Floor, New York, NY 10004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), 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 June 02, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of June, 20 20.

APPLICANT/PRINCIPAL
Medimetriks Pharmaceuticals, Inc.

Authorized Representative

SURETY COMPANY
Atlantic Specialty Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Karla Luongo

Witness

Countersigned by:

Nevada Resident Agent

OneBeacon

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Robyn Rost, Raymond C. Carman, Theresa A. Lanfranco, Kim Spinello, Dan E. Ries, Denese Thompson, Marlena Brower, Jessica J. Bentley, Laura L Brown,** each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-ninth day of April, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

MANDALY ANN LAMERE
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2023

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 3rd day of June, 2019

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2023

_____
Christopher V. Jerry, Secretary

OneBeacon
INSURANCE GROUP

Atlantic Specialty Insurance Company

Period Ended 12/31/2019

Dollars displayed in thousands

Admitted Assets	
Investments:	
Bonds	$ 1,219,332
Preferred Stocks	-
Common Stocks	791,167
Mortgage Loans	-
Real Estate	-
Contract Loans	-
Derivatives	-
Cash, Cash Equivalents & Short Term Investments	62,383
Other Investments	17,350
Total Cash & Investments	2,090,232
Premiums and Considerations Due	261,176
Reinsurance Recoverable	51,892
Receivable from Parent, Subsidiary or Affiliates	21,005
All Other Admitted Assets	59,800
Total Admitted Assets	2,484,105

Liabilities and Surplus	
Liabilities	
Loss Reserves	$ 750,516
Loss Adjustment Expense Reserves	243,193
Total Loss & LAE Reserves	993,709
Unearned Premium Reserve	520,053
Total Reinsurance Liabilities	17,061
Commissions, Other Expenses, and Taxes due	40,497
Derivatives	-
Payable to Parent, Subs or Affiliates	-
All Other Liabilities	165,932
Total Liabilities	1,737,252
Capital and Surplus	
Common Capital Stock	9,001
Preferred Capital Stock	-
Surplus Notes	-
Unassigned Surplus	49,392
Other including Gross Contributed	688,460
Capital & Surplus	746,853
Total Liabilities and C&S	2,484,105

State of Minnesota
County of Hennepin

I, Christopher Jerry, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2019, according to the best of my information, knowledge and belief.

Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 27th day of February, 2020.

Notary Public

SHANNON MARIE LAUBY-WOLF
Notary Public
Minnesota
My Commission Expires
Jan 31, 2025

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. 810005342

Application/License No. _____

Medimetriks Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 383 US Highway 46, Fairfield, New Jersey 07004-2473 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, 31st Floor, New York, NY 10004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), 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 June 02, 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.

Mark I. Sedar

From: Michelle Aquino)@medimetriks.com>
Sent: Thursday, June 18, 2020 5:50 AM
To: Mark I. Sedar
Subject: RE: Check

Hi Mark,

Mr. Goldstein (Alan) is our HR/Corporate lawyer. Alan is considered the company's Designated Representative/Corporate Officer and he is the company representative on all of our official State Licensing applications. Alan is usually in the office every day except Fridays, but he is available 24/7 by mobile # 917-763-9820. Alan has been with the company since its inception. He has access to any and all information pertaining to day to day operations, contracts, Quality Agreements with our CMO's & 3PL and personnel among many other things. Please keep in mind we are a small operation and up until this whole debacle with our application occurred, I could state with confidence that we were efficient...LOL.

Our 3PL, Eversana (formerly DDN) handles all distribution of our products and they are VAWD accredited. We are seeking licensure so we can have a Sales Representative in state and ship Rx samples to their in state storage unit. I've found our business model (Virtual Manufacturer) is not recognized in many states and we are usually classified as a Wholesale Distributor. Please feel free to call Alan, he will be happy to answer any questions. And we will supply you with any documentation you request.

Thank you again.

Have a great day,

Michelle Aquino
Regulatory Affairs & Quality Assurance Associate
Medimetriks Pharmaceuticals, Inc.
383 Route 46 West
Fairfield, NJ 07004

Office- 973-882-7512, ext. 520
Fax-973-882-7502
Mobile-862-432-7846

www.medimetriks.com

NOTICE: The content of this e-mail message and any attachments is confidential, may be legally privileged and is intended solely for the use of the intended recipient. If you are not the intended recipient, be advised that any use, dissemination, distribution or copying of this e-mail and any attachment is strictly prohibited. If you are not the intended recipient, you should not review, retransmit, convert to hard copy, copy, use or disseminate this e-mail or any attachment. If you have received this e-mail in error, please immediately notify us by return e-mail and delete this message and any attachment from your computer system. Thank you.

From: Mark I. Sedar [redacted]r@pharmacy.nv.gov]
Sent: Wednesday, June 17, 2020 7:20 PM
To: Michelle Aquinc [redacted]medimetriks.com>
Subject: Check

Hi Michelle, the check showed up this afternoon. I still have one item that the board will potentially question. The experience of Mr. Goldstein listed as Facility Manager, from his resume does not match our required regulations. Although he may have the qualifications highlighted below, it would be best to get additional information verifying such. You are also welcome to submit a new person in place of Mr. Goldstein if he or she has the required qualifications.

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;

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ 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: Pharmacosmos Therapeutics Inc.

Physical Address: 776 Mountain Boulevard, Suite 101B

City: Watchung State: NJ Zip Code: 07069

Telephone Number: 908-769-7100 Fax Number: N/A

Toll Free Number: N/A

E-mail: PTIDR@pharmacosmos.com Website: www.pharmacosmos.com

Facility Manager: Thomas A. Halvorson

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distributors, Nursing Home Pharmacies and Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment C (pending)

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: See Attachment D
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with 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 ☒

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

Michael Ryde
Print Name of Authorized Person

12/20 2019
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Pharmacosmos A/S

Mailing Address: 776 Mountain Boulevard, Suite 101B

City: Watchung State: NJ Zip: 07069

Telephone: 908-769-7100 Fax: N/A

Contact Person: Thomas A. Halvorson

For any corporation non-publicly traded, disclose the following:

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

a) Pharmacosmos Therapeutics Inc., Roervangsvej 30, DK-4300 Denmark
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? $0.10

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

Include with the application for a non-publicly traded corporation

List of officers and directors See Attachment E

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

Attachment A

Regarding the Resident State License and Online Verification

An application is currently pending with the resident state licensing agency, the New Jersey Department of Health (Department). The Department no longer completes license verification forms. Upon issuance, a copy of the resident state license and online license verification will be provided to your office.



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738679

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

776 MOUNTAIN BLVD, STE 101B WATCHUNG, NJ 07069-

Reg. No.
5005723

PHARMACOSMOS THERAPEUTICS INC.
776 MOUNTAIN BLVD, STE 101B
WATCHUNG, NJ 07069-

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

EXPIRES: January 31, 2021

Establishment Copy

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738679

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

776 MOUNTAIN BLVD, STE 101B WATCHUNG, NJ 07069-

Reg. No.
5005723

PHARMACOSMOS THERAPEUTICS INC.
776 MOUNTAIN BLVD, STE 101B
WATCHUNG, NJ 07069-

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

EXPIRES: January 31, 2021

Establishment Copy

Attachment B

Facility Manager's Resume

Thomas A. Halvorson
Ivy Lane
Hillsborough, N.
Cel
E-mail: @aol.com

CAREER SUMMARY

Executive with considerable experience in managing cross-functional teams in pre-launch, launch and mature phases of product life cycles, including traditional and managed care market segments. Success in building business' including launching numerous brand and generic products in the pharmaceutical industry. Responsibilities included direct pharmaceutical sales, Managed Care Contracting, Distribution planning and profit and loss.

PHARMACEUTICAL BUSINESS EXPERIENCE

Pharmacosmos Therapeutics Inc
US-Operations Manager/Designated Representative

Responsible for being the primary contact person, for the wholesale distributor, to receive correspondence from respective states for purposes of registration of the company.

Halvorson Pharmaceutical Consulting Services -

Provides support for pharmaceutical company marketing, sales, managed care/Access and distribution needs, excluding acting as a Designated Representative for other than Pharmacosmos.

Watson/Actavis/Allergan Pharmaceuticals March
Executive Director
Cranbury, New Jersey
Urology/Women's Health
Nephrology IV Iron Business

Overall responsibility for profit and loss for the respective business segments. Responsibility for approving all managed care contracts, directing sales force to achieve strategic objectives and business planning. Responsibilities also included directing the plan for distribution and sales of existing and new pharmaceutical products.

Natrel Communications Advertising Agency
Parsippany, NJ
Vice President

Responsible for the account management of a diabetes and ocular business.

TaroPharma Pharmaceuticals, Inc.
Director of Marketing

Built sales and marketing organization for the Dermatology business segment.

Carter Wallace Laboratories, (acquired by MedPointe, Inc. in 2001 and resold to Meta Pharmaceuticals)
Cranbury, NJ
Vice President prescription products division

Responsibility for sales and profit for the Prescription product division. This included strategic direction of the sales and managed care business segments, all marketing responsibilities in the launch of various pharmaceutical products and direction of the sales force to achieve respective brand objectives.

PRIOR EXPERIENCE:

Previous experience at **ORTHO PHARMACEUTICALS (division of Johnson and Johnson)** included sales, sales management, training and development, new product development and product management.

EDUCATION

Dartmouth College, Amos Tuck School of Business Administration - Executive Program
University of Minnesota – Certificate in Business
University of Minnesota – BA Liberal Arts

PROFESSIONAL ASSOCIATIONS:

Kidney Care Partners Board of Directors
American Pediatric Nephrology Association Corporate Liaison Board of Directors

THERAPEUTIC CATEGORIES

Experienced in the following therapeutic categories: Urology; Women's Health; Nephrology/Dialysis; Oncology; Cardiovascular disease; respiratory disease; diabetes, anticonvulsants; antiepileptics; sedative/hypnotics; muscle relaxants; Systemic and topical dermatologics; Ocular disease; Otic preparations.

Attachment C

Regarding the FDA Registration

Please note that FDA labeler code registration is currently pending. Upon receipt, proof of registration will be provided to your office.



Subject: FW: Labeler Request Received - Pharmacosmos Therapeutics Inc. - 117344166

Importance: High

From: CDER Electronic Drug Registration and Listing < fda.hhs.gov>
Sent: Monday, February 3, 2020 9:09 AM
To: Ruth Andersen pharmacosmos.com>; Pharmacosmos Therapeutics Inc - Regulatory Affairs pharmacosmos.com>
Subject: RE: Labeler Request Received - Pharmacosmos Therapeutics Inc. - 117344166

Hello, below is another copy of the email we sent:

eDRLS - Electronic Drug Registration & Listing System

Verified 2/1/2020 MS

Current Date: 28-JAN-2020
Labeler DUNS: 117344166
Labeler Name: Pharmacosmos Therapeutics Inc.
Labeler Code: 73594

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

From: Ruth Andersen <ra@pharmacosmos.com>
Sent: Monday, February 03, 2020 3:08 AM
To: CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>; Pharmacosmos Therapeutics Inc - Regulatory Affairs <ptira@pharmacosmos.com>
Subject: RE: Labeler Request Received - Pharmacosmos Therapeutics Inc. - 117344166

Dear Sir/Madam

When can we expect to receive the labeler code? Sorry to push.

ational Drug Code Directory

ARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

WEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

NKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

N IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY) +

MAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

nt through June 01, 2020

ve searched Finished drug products

Results: *'73594'*

o Search Page () | Search Again ()

V Excel

y 50 records per page

Search for text in the table:

prietary ne	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class
Monoferric	73594-9301-2	100 mg/mL	SOLUTION	INTRAVENOUS	NDA208171	Pharmacosmos Therapeutics Inc.	73594-9301	Ferric derisomaltose	FERRIC DERISOMALTOSE	HUMAN PRESCRIPTION DRUG	01/16/2020	N/A	NDA	5 VIAL in 1 BOX (73594-9301-2) > 1 mL in 1 VIAL (73594-9301-3)	N/A
Monoferric	73594-9305-1	500 mg/5mL	SOLUTION	INTRAVENOUS	NDA208171	Pharmacosmos Therapeutics Inc.	73594-9305	Ferric derisomaltose	FERRIC DERISOMALTOSE	HUMAN PRESCRIPTION DRUG	01/16/2020	N/A	NDA	1 VIAL in 1 BOX (73594-9305-1) > 5 mL in 1 VIAL	N/A
Monoferric	73594-9310-1	1000 mg/10mL	SOLUTION	INTRAVENOUS	NDA208171	Pharmacosmos Therapeutics Inc.	73594-9310	Ferric derisomaltose	FERRIC DERISOMALTOSE	HUMAN PRESCRIPTION DRUG	01/16/2020	N/A	NDA	1 VIAL in 1 BOX (73594-9310-1) > 10 mL in 1 VIAL	N/A

g 1 to 3 of 3 entries

Previous 1 Next

ground Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

Verified MS 6/1/2020 6/1/2020 7:10 AM

Drug Establishments Current Registration Site

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

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

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Pharmacosmos**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Pharmacosmos A/S	3002807874	309706968	MANUFACTURE;	Roervangsvej 30, Holbaek, 4300, Denmark (DNK)	12/31/2020

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Tuesday, Mar 3, 2020

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

Attachment D

Nature of Business

Pharmacosmos Therapeutics Inc. (Pharmacosmos) is a virtual manufacturer of prescription drugs. Pharmacosmos will initially sell MonoFerric, an injection for the treatment of iron deficiency anemia. The company will not handle prescription drugs at its Watchung, NJ business office. Third parties will be used to manufacture and distribute Pharmacosmos' product. Provided below are the third parties that will be used to manufacture the product. The company has not yet signed an agreement with a third party logistics provider.

Contract Manufacturers:

Wasserburger Arzneimittelwerk GmbH
Herderstrasse
Wasserburg
Germany
FDA Establishment #:

Solupharm Pharmazeutische Erzeugnisse GmbH
Industriestrasse
Melsungen
Germany
FDA Establishment #:

Attachment E

Corporate Officer and Director Information

Pharmacosmos Therapeutics Inc.
776 Mountain Boulevard, Suite 101B
Watchung, NJ 07069

Corporate Officers:

Michael F. Ryde
Chief Executive Officer

Joshua B. Franklin
Chief Commercial Officer

Director:

Robert Guglielmetti

All the corporate officers and director may be reached at the above address.

Attachment F

Delaware Certificate of Good Standing

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMACOSMOS THERAPEUTICS INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7517957 8300

SR# 20201037246

Authentication: 202372591

Date: 02-12-20

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

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMACOSMOS THERAPEUTICS INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7517957 8300

SR# 20201037246

Authentication: 202372591

Date: 02-12-20

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHARMACOSMOS THERAPEUTICS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHARMACOSMOS THERAPEUTICS INC." WAS INCORPORATED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7517957 8300

SR# 20197617734

Authentication: 203821408

Date: 10-18-19

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

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. 810004267

Application/License No. _____

Pharmacosmos Therapeutics Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 776 Mountain Boulevard, Suite 101B, Watchung, NJ 07069 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 605 Highway 169 North, Suite 800, Plymouth, MN 55441 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), 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 February 25, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $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.

OneBeacon
INSURANCE GROUP

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Michelle Anne McMahon, Donna M Planeta, Joshua Sanford, Aimee R Perondine, Aiza Anderson, Danielle D Johnson, Bethany Stevenson, Tanya Nguyen, Saykham Chanthasone, Rebecca Stevenson, Bryan M. Caneschi,** each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-ninth day of April, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

MANDALY ANN LAMERE
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2023

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 25th day of February, 2020

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2023

_____
Christopher V. Jerry, Secretary

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Servier Pharmaceuticals LLC

Physical Address: 200 Pier Four Blvd

City: Boston State: MA Zip Code: 02210

Telephone Number: (312) 909-4678 Fax Number: (845) 544-2481

Toll Free Number: (800) 807-6124

E-mail: SVR@slsny.com Website: www.servier.us

Facility Manager: ~~Michael J. Bolton~~ Bob Paglia - MS 6/22/20

Professional qualifications and experience of facility manager: Manages and directs US legal function.
Supports governance and manager leadership for corporate entity. Structures Servier start-up processes, policies, systems, and applications to ensure efficiency and reduce legal risk.

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: Biologics
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Labeler Code: 72694 Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Exelead Bio Pharma
Address: 6925 Guion Road, Indianapolis, IN 46268

Name: Lonza Biologics
Address: Rottenstrasse 6, 3930 Visp, Switzerland

Name: Ipsen Biosciences, Inc.
Address: One Kendall Square, Cambridge, MA 02129

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with 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 ☒

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

David King Lee _____ 11/11/19 _____

Print Name of Authorized Person Date

Board Use Only	Date Processed: _____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Servier US, Inc

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

City: Florida State: NY Zip: 10921

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

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

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

a) Servier US, Inc (100% owner) 200 Pier Four Blvd., Boston, MA 02110
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A- 100% Owned by Servier US, Inc.

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

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

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)
PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)
EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)
PRINT

Current through January 06, 2020

You have searched Finished drug products

Search Results: '72694'

Back to Search Page () | Search Again ()

CSV

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date
asparlas	72694-515-01	750 U/mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761102	Servier Pharmaceuticals LLC	72694-515	calaspargase pegol	CALASPARGASE PEGOL	HUMAN PRESCRIPTION DRUG	09/27/2019	N/A
ONCASPAR	72694-954-01	750 [IU]/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	BLA103411	Servier Pharmaceuticals	72694-954	Pegaspargase	PEGASPARGASE	HUMAN PRESCRIPTION DRUG	01/02/2020	N/A

Showing 1 to 2 of 2 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified
MS
5/6/20

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) PRINT

Current through May 06, 2020

You have searched Finished drug products

Search Results: *'72694'*

Back to Search Page () | **Search Again ()**

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
asparlas	72694-515-01	750 U/mL	INJECTION, SOLUTION	INTRAVENOUS	BLA761102	Servier Pharmaceuticals LLC	72694-515	calaspargase pegol	CALASPARGASE PEGOL	HUMAN PRESCRIPTION DRUG	09/27/2019	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (72694-515-01) > 5 mL in 1 VIAL, SINGLE-USE
ONCASPAR	72694-954-01	750 [iU]/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	BLA103411	Servier Pharmaceuticals	72694-954	Pegaspargase	PEGASPARGASE	HUMAN PRESCRIPTION DRUG	01/02/2020	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (72694-954-01) > 5 mL in 1 VIAL, SINGLE-USE

Showing 1 to 2 of 2 entries Previous 1 Next

37

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Servier Pharmaceuticals LLC

Corporate Address: 200 Pier Four Blvd, Boston, MA 02210 USA
FEIN: 37-1897970

servier.us

Drug Labeler Code: 72694
Incorporation State: DE
Incorporation Date: 04/13/2018

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BOS	200 Pier Four Blvd Boston, MA 02210 County: Suffolk	N/A	N/A - No CS	116608503	No	(312) 909-4678	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Michael J. Bolton	114 Appleton Street Boston, MA 02116	General Counsel US	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Servier US, Inc	200 Pier Four Blvd Boston, MA 02110		100%	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
David King Lee	396 Chestnut Street West Newton, MA 02465	Chief Executive Officer	No
Donna C. Vieraitis	40 Battery Street #501 Boston, MA 02109	Vice President of Human Resources	No
Deniz Razon	7 Philbrook Terrace Lexington, MA 02421	Vice President, Head of Commercial	No
Bartholomeus A. van Rhijn	153 Lake Street Sherborn, MA 01770	Treasurer	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
InCorp

3PLS

Name	Address	Title	Prescribing Authority
RXC ACQUISITION COMPANY dba RxCrossroads 3PL LLC	5101 JEFF COMMERCE DRIVE LOUISVILLE, KY 40219		

Company Particulars

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVIER 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 SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVIER PHARMACEUTICALS LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2018.

Jeffrey W. Bullock, Secretary of State

Authentication: 203035013

Date: 06-02-20

6843531 8300

SR# 20205439135

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

Good Standing (Incorp State)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVIER 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 FIFTH DAY OF DECEMBER, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

6843531 8300

SR# 20198449089

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

Authentication: 204147928

Date: 12-05-19

HOME STATE GOOD STAND

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

January 7, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of registration of a Foreign Limited Liability Company was filed in this office by

SERVIER PHARMACEUTICALS LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **May 29, 2018**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **DOMINIQUE BRISSY, DAVID LEE**

I further certify that the name of persons authorized to act with respect to real property instruments listed in the most recent filings are: **MICHAEL BOLTON**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:KMT

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500
Boston, MA 02114

Tel: 617-973-0949
TTY : 617-973-0988
www.mass.gov/dph/boards

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

January 10, 2020

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To whom it may concern:

Please be advised that **Servier Pharmaceuticals LLC (MA0000086)**, located at **200 Pier Four Boulevard, Boston MA, 02210** has an active MCSR as a Drug Distributor and is in good standing. The current registration has an issue date of **07/30/2019** and expires on **07/30/2020**. This Facility was last Reviewed by the Drug Control Program on **07/30/2019** and has met all of the requirments for the Drug Distrubtor Controlled Substances Registration.

As of the date on this letter, there has been no disciplinary action issued by the Drug Control Program for this registrant.

Please note that the licensing authority for Drug Manufacturers and Distributors in Massachusetts is the Drug Control Program (DCP) and not the Massachusetts Board of Pharmacy.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Signed,

Ryan Walker

Ryan Walker, MPA
Director, MCSR
Massachusetts Department of Public Health

Online Licensure Verification Services: https://www.mass.gov/service-details/registration-verification-for-mcsr . The Information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Division of Health Professions Licensure and its licensing boards. Facilities are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement'. Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000086	07/30/2019	07/30/2020	Virtual Drug Manufacturers and Distributors

ISSUED TO

SERVIER PHARMACEUTICALS, LLC
200 PIER FOUR BOULEVARD
BOSTON, MA 02210
ATTN: DAVID LEE CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

802149

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000086	07/30/2019	07/30/2020	Virtual Drug Manufacturers and Distributors

ISSUED TO

SERVIER PHARMACEUTICALS, LLC
200 PIER FOUR BOULEVARD
BOSTON, MA 02210
ATTN: DAVID LEE CHIEF EXECUTIVE OFFICER

NEW

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000086	07/30/2019	07/30/2020	Virtual Drug Manufacturers and Distributors

ISSUED TO SERVIER PHARMACEUTICALS, LLC
200 PIER FOUR BOULEVARD
BOSTON, MA 02210
ATTN: DAVID LEE CHIEF EXECUTIVE OFFICER

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW

802149

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. 83BSBIH4048

Application/License No. _____

SERVIER PHARMACEUTICALS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 200 Pier Four Blvd, Boston, MA 02210 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 24, 2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

83BSBIH4048

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 24th day of February, 2020.

APPLICANT/PRINCIPAL

SERVIER PHARMACEUTICALS, LLC

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Derek J. Elston, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness 2/24/2020

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

Lina M. Terranova
NOTARY PUBLIC
Commonwealth of Massachusetts
My Commission Expires September 25, 2026

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 *or fax:* 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK SERVICES CENTRAL INC
Agency Code: 83-511334

- [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
Derek J. Elston

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. 83BSBIH4048
Naming SERVIER PHARMACEUTICALS, LLC as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant 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.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } **ss.** Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)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 (s)he signed his/her name thereto by like authority.

Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 24, 2020.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF WILL

On this 24th day of February, 2020, before me, Paul M Allen, a Notary Public, within and for said County and State, personally appeared Derek J. Elston to me personally known to be the Attorney-in-Fact of and for Hartford Fire Insurance Company and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Notary Public in the State of Illinois
County of Will

OFFICIAL SEAL
PAUL M ALLEN
NOTARY PUBLIC, STATE OF ILLINOIS
WILL COUNTY
MY COMMISSION EXPIRES 07/06/2022

Robert G. Paglia, RPh, MBA

www.linkedin.com/in/robert-paglia

Pricing and Market Access Executive

Biopharmaceutical executive who enhances the global value of products with substantial pricing, market access, and strategic consulting expertise. Significant experience in oncology, hematology, immunology and non-alcoholic steatohepatitis (NASH): Thought leader with numerous industry presentations and publications.

- Head US Market Access for a biotechnology start-up, Servier Pharmaceuticals US, that focuses on oncology and rare diseases
- Led US and global pricing and market access consulting teams of 30+ experts in the launch and life-cycle management (LCM) of several immunology and oncology agents, for numerous biopharmaceutical companies
- Have established payer contacts in US, Canada, UK, Spain, Germany, and France
- Supported the launch of 30+ brands, and life cycle management of 80+ brands
- Developed US and global value propositions, payer messages, HEOR strategies and models

Professional Experience

Oncology/Hematology Launch and LCM Experience (Selected Examples)

Global and US Pricing & Market Access – Value Strategy

- Immuno-oncology
  - Checkpoint inhibitors (PD-L1)
    - Bavencio (avelumab) (Pfizer/EMD)
      - Non small-cell lung cancer (NSCLC)
      - Merkel cell carcinoma
    - Tecentriq (atezoluizumab), Genentech
  - Tumor Suppressive Immunotherapy
    - Interleukin-24 based therapy (NSCLC)
  - T-cell Costimulators
    - PTX-25 (Pelican Therapeutics)

Oncology/Hematology Therapy Areas (Selected)

- Acute Lymphoblastic Leukemia (ALL)
  - Besponsa, Pfizer
  - Oncaspar, Servier
  - Asparlas, Servier
- Acute Myeloid Leukemia (AML)

        - Glasdegib, Pfizer
    - NTRK+ Solid Tumors
        - Entrectinib, Roche
    - Non small-cell lung cancer (NSCLC)
        - Iressa (gefatinib) MedImmunce/AstraZeneca
        - AZD 9291 MedImmune/AstraZeneca
        - MEDI 4736 (PD-L1) MedImmune/AstraZeneca
    - Ovarian cancer
        - Lynparza (olaparib) MedImmune/AstraZeneca
    - Multiple Myeloma
        - MT-4019ND Molecular Templates
        - Velcade (bortezomib) Takeda Oncology
        - Ixazomib Takeda Oncology
    - Chronic Lymphocytic Leukemia (CLL) and indolent Non-Hodgkin Lymphoma (iNHL)
        - Teanda (bendamustine HCl) Teva Pharmaceuticals

Immunology Experience

Payer Strategy – Market Research – Value Development

- Multiple Sclerosis
    - Ocrevus (ocrelizumab)
- Rheumatoid Arthritis
    - Fostamatinib (AstraZeneca-global)
    - Enbrel (etanercept) Amgen/Pfizer
    - Cimzia (certolizumab) UCB Pharma
- Crohn's Disease
    - Cimzia (certolizumab) UCB Pharma
    - Entyvio (vedolizumab) Takeda
- Ulcerative Colitis
    - Entyvio (vedolizumab) Takeda
- Psoriasis
    - Ixekizumab (Lilly)
- Respiratory Syncitial Virus
- Synagis (palivizumab) AstraZeneca

Original immunology-payer research and thought leadership (See more at end of resume)

- *How will payers manage the cost of new, advanced biologic and oncologic agents as therapy areas become crowded with drugs with similar mechanisms of action?*
    - Awarded a podium presentation at ISPOR-EU, and published in *Value in Health*, Nov 2017

Employment Experience

January 2019 – Present **Servier Pharmaceuticals US, Boston, MA**

Head of US Market Access

- Responsible for all aspects of headquarter-based pricing, contracting, market access strategy, government pricing and contracting, Federal and State healthcare policy, channel strategy and field-based account management/customer engagement
- Led the pricing and market access launch of Asparlas, Servier's biologic for pediatric ALL
- Led the pricing and market access strategy for Servier's asparaginase portfolio of drugs
- Established the pricing strategy, payer value platform, launch tactics and HEOR strategy for Asparlas
- Led all aspects of Trade and Distribution, from establishing the Department to executing contracts, training distributors and communicating with customers and field sales representatives strategy
- Member of Compliance and Ethics Committees
- Led healtheconomics and outcomes research (HEOR) and real-world evidence (RWE) functions
  - Conceptualized, planned, executed and published multiple HEOR/RWE studies and models
- Collaborated with Global Corporate Development on the acquisition of late-stage assets, potential opportunities for drug licensure and company acquisition
- Integrated market access strategy with Commercial, Medical, Regulatory, Field Sales, and Finance

2017-2018 **Consulting at McCann Health (**formerly Double Helix Consulting**), NY, NY**

June 2017: Managing Director, Head US Practice and Global Pricing and Market Access

- Promoted to Head of Global Pricing and Market Access consulting
- Led a team of 30+ consultants in 4 offices, in UK and US
- Conducted numerous thought leadership studies in US and global markets. Published in peer-reviewed journals and awarded podium presentations at ISPOR-EU (2017) and ISPOR-Asia (2018)

March 2017: Managing Director, Pricing and Market Access

- Hired as individual contributor in Pricing and Market Access practice and quickly promoted to head of global practice head
- Demonstrated leadership ability with business development, practice leadership and industry thought leadership
- Established and expanded global launch strategy engagements with key biopharma clients in the US, EU and Asia

2015-2016 **ICON (**formerly **PriceSpective), North Wales, PA**

US Practice Lead, Global Pricing & Market Access

- Led a team of 40 consultants in 5 offices, in US and global
  - Global pricing and contracting research/strategy
  - Global market access and reimbursement strategy
  - Global value development
  - Asset valuation

- Responsible for P&L of US consulting practice, leading Business Development and Project Delivery Teams
  - Engaged clients through integration with ICON divisions including Healtheconomics, Epidemiology, Market Access/Payer Communications, and as a member of ICON's Biosimilar Expert Panel

2013-2015 **Entrée Health Princeton, a division of Omnicom Princeton, NJ**

Senior Vice President, Payer Strategy Development

- Led all aspects of Payer Marketing Strategy, Value Proposition Development, Market Research, and Project Delivery with regard to payers

2011-2013 **PAREXEL International Waltham, MA**

Vice President, Commercialization

- Divisional Vice President of global healthcare consulting practice
- Responsible for divisional P&L and management of consultants in US and EU
- Led global payer strategy teams in pricing, value demonstration, market access, and HEOR
- Industry thought-leadership included presentations and publications at ISPOR, Evidence Expo, Webinars, regional seminars, and presentation to Government of South Korea's Drug Development Fund

2008-2011 **Beacon Healthcare Communications, Bedminster, NJ**

Managing Director, Managed Markets

- Divisional head of market-access and strategy organization
- Responsible for divisional P&L, management of 10 consultants and a multifunctional team of 30
- Led Strategic Planning for multiple biopharmaceutical agents
- Developed loss-of-exclusivity strategy for 2 leading brands
- Initiated HEOR strategy and models for product launches

2006-2008 **Sudler & Hennessey, a WPP Company, New York, NY**

Executive VP-Managing Director, Managed Markets

- Responsible for leading all managed markets strategic and tactical initiatives at Sudler & Hennessey.
- Expanded client base and capabilities to include payer strategy, market-research, healtheconomics, disease management, medical education, and interactive communications

1995–2006 **Evolution Health Initiatives, Princeton, NJ**

President and Co-owner

- Developed a joint-venture with Publicis Healthcare Group to establish this market access consulting and payer communications company
- Responsible for P&L and staff of 65+ market access consultants and creatives

- Grew from one person to the largest market access firm in the US
- Established Network of payer stakeholders for conducting market research and strategic initiatives
- Developed strategies and tactics for pharmaceutical products in a broad range of therapeutic areas
- Contributed to the launch and life-cycle management of 50+ biopharmaceutical products
- Led value programs, pricing research, strategy development and tactical implementation

RELEVANT HEALTHCARE MARKETING EXPERIENCE

- **Product Manager, Janssen Pharmaceutica, a division of Johnson and Johnson**
- **Pharmaceutical field and hospital sales, Bristol-Myers Squibb and Purdue Pharma**

Education

Bachelors of Science in Pharmacy	**Rutgers College of Pharmacy, Piscataway, NJ**
▪ Registered Pharmacist in New Jersey	
MBA in Marketing	**Fairleigh Dickinson University, Madison, NJ**
HEOR Training	**University of Arizona College of Pharmacy, Tucson, AZ**
International Business Management	**University College, Dublin, Ireland**

Thought Leadership-Presentations and Publications

Recent Presentations

THE INTRODUCTION OF HEALTH TECHNOLOGY ASSESSMENT IN JAPAN; LESSONS LEARNED FROM THREE OTHER NEW HTA MARKETS (BRAZIL, POLAND AND SOUTH KOREA). Awarded podium presentation at ISPOR-Asia (Tokyo, Japan, Aug 2018). Research-study finalist. Published in *Value in Health,* Sept 2018

HOW WILL PAYERS MANAGE THE COST OF NEW, ADVANCED BIOLOGIC AND ONCOLOGIC AGENTS AS THERAPY AREAS BECOME CROWDED WITH DRUGS WITH SIMILAR MECHANISMS OF ACTION? Awarded podium presentation at ISPOR-EU (Glasgow, Scotland, Nov 2017). Research-study finalist. Published in *Value in Health*, Nov 2017

Rutgers University Business School, Department of Pharmaceutical Management
Guest Lecturer on Global Pricing and Market Access, September 2017, 2018 and 2019

Integrating Payer Strategy Throughout Product Development to Maximize Commercial Success. Korean Drug Development Fund (an institution of the South Korean Government). June 2013, Seoul, South Korea

Critical Success Factors for Access and Reimbursement of Oncology Drugs in China. Health Network Evidence Expo, London, UK, February 2013.

Essential Insights to Ensure Your Drug Development Plan Achieves Clinical and Commercial Success. PAREXEL Symposium, April, 2012, Copenhagen, Denmark and Stockholm, Sweden

Practical Solutions and Strategies for Commercial Success through Utilizing Health Outcomes Data. ISPOR 17th Annual International Meeting, Washington, DC, June, 2012

Imperatives for Commercial Success In Global Biopharmaceutical Markets. PAREXEL International Webinar, December, 2012.

Recent Publications

HOW WILL PAYERS MANAGE THE HIGH COST OF COMBINATIONS OF NEW BIOLOGIC AND ONCOLOGICY AGENTS, AS MANY OF THESE THERAPIES BECOME THE PREFERRED TREATMENT OPTIONS TO OPTIMIZE PATIENT OUTCOMES? Poster ISPOR-US and publication, *Value in Health*, April 2018

WHAT IS THE FUTURE OF USING OUTCOMES-BASED CONTRACTS BETWEEN PAYERS AND PHARMACEUTICAL MANUFACTURERS TO GAIN MARKET ACCESS FOR ADVANCED ONCOLOGIC AND BIOLOGIC AGENTS? Poster ISPOR-US and publication, *Value in Health*, April 2018

THE GROWING NUMBER OF HIGH-COST ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS) POSE UNPRECEDENTED PRICING AND FUNDING CHALLENGES TO CURRENT MODELS OF HEALTHCARE Poster ISPOR-US and publication, *Value in Health*, April 2018

WHAT IS THE FUTURE OF INDICATION-BASED PRICING AND CONTRACTING (IBPC) FOR MARKET ACCESS OF NEW ONCOLOGIC AND BIOLOGIC AGENTS IN MAJOR GLOBAL MARKETS? Poster ISPOR-US and publication, *Value in Health*, April 2018

ACHIEVING FORMULARY (DRUG LIST) ACCESS AND UTILIZATION OF ONCOLOGY DRUGS IN CHINA. Poster ISPOR-US and publication in *Value in Health*, May 2013

THE IMPACT OF PRICING METHODOLOGIES ON COMMUNITY ACQUIRED PNEUMONIA (CAP) DRUGS IN BRAZIL. Poster ISPOR-US and publication in *Value in Health*, May 2013

GAINING A PRODUCT ORPHAN DESIGNATION IS NOT INDICATIVE OF IMPROVED MARKET ACCESS SUCCESS IN EUROPEAN COUNTRIES. Poster ISPOR and publication in *Value in Health*, May 2013

Professional Membership

International Society of Pharmacoeconomics and Outcomes Research (ISPOR)-Member

Academy of Managed Care Pharmacy (AMCP)-Member

Delta Sigma Fraternity-Alumnus

Robert Paglia, RPh, MBA

Relevant Pharmacy Experience

1982 Registered Pharmacist, New Jersey

1986-1997 Milltown Pharmacy **Milltown, NJ**

Staff pharmacist and pharmacy manager for this community pharmacy

- Dispensed prescription drugs
- Counseled patients on prescription and non-prescription agents
- Utilized computer-based pharmacy applications for patient prescription record-keeping and evaluating drug interactions
- Utilized electronic applications for ordering and maintaining pharmacy inventory

Total hours approximately 6,600

1982-1986 Central Drug Company **East Rutherford, NJ**

Staff pharmacist and pharmacy manager for this community pharmacy

- Dispensed prescription drugs
- Counseled patients on prescription and non-prescription agents
- Utilized computer-based pharmacy applications for patient prescription record-keeping and evaluating drug interactions
- Utilized electronic applications for ordering and maintaining pharmacy inventory

Total hours approximately 2,400

1979-1982 St. Peter's Medical Center **New Brunswick, NJ**

Hospital Pharmacy Technician

- Compounded sterile and non-sterile prescription pharmaceuticals
- Filled prescription orders for inpatient pharmacy
- Utilized computer-based pharmacy applications for patient prescription record-keeping and evaluating drug interactions
- Utilized electronic applications for ordering and maintaining pharmacy inventory

Total hours approximately 2,400

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: RPH PARTNERS, INC dba SAN DIEGO WHOLESALE DISTRIBUTION

Physical Address: 4295 E. JURUPA ST, SUITE 102

City: ONTARIO State: CA. Zip Code: 91761

Telephone Number: 909-687-7005 Fax Number: 909-490-0341

Toll Free Number: N/A

E-mail: tstreck@rphpartners.net Website: rphpartners.net

Facility Manager: Timothy STRECK

Professional qualifications and experience of facility manager: BACHELOR OF SCIENCE AND I AM THE DESIGNATED REPRESENTATIVE IN CHARGE FOR RPH PARTNERS, INC dba SAN DIEGO WHOLESALE DISTRIBUTION FOR THE LAST 4 YEARS. I HAVE BEEN A DESIGNATED REPRESENTATIVE IN CHARGE FOR A TOTAL OF 16 YEARS. I HAVE A HIGH SCHOOL DIPLOMA AND A MY FACILITY EXPERIENCE INCLUDES MANAGING THE DAILY FUNCTIONS OF OUR WHOLESALE BUSINESS WHICH INCLUDES SUPPLY CHAIN, SHIPPING, AND INVENTORY CONTROL. WE ARE A VAWD ACCREDITED FACILITY.

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: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☒ No ☐
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: TAKEDA PHARMACEUTICALS U.SA., INC
Address: 95 HAYDEN AVENUE, LEXINGTON, MA. 02421

Name: MCKESSON PLASMA&BIOLOGICS
Address: 2615 MEDICAL CENTER PARKWAY, STE 1580, MURFREESBORO, TN. 37129

Name: SANOFI/GENZYME
Address: 50 BINNEY ST., CAMBRIDGE, MA. 02142

Name: MCKESSON MEDICAL-SURGICAL
Address: 16043 EL PRADO AVE, CHINO, CA. 91708

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with 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 ☒

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

PHILLIP K. MONTANO
Print Name of Authorized Person

5.18.2020
Date

Board Use Only	Date Processed:_____	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: RPH PARTNERS, INC.

Mailing Address: 4295 E. JURUPA ST., SUITE 102,

City: ONTARIO State: CA. Zip: 91761

Telephone: 909-687-7005 Fax: 909-490-0341

Contact Person: TIMOTHY STRECK

For any corporation non-publicly traded, disclose the following:

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

a) PHILLIP R. MONTANO 4295 E. JURUPA ST., SUITE 102, ONTARIO, CA. 91761
Name Business Address

b) BRENDA A. BROWN 4295 E. JURUPA ST., SUITE 102, ONTARIO, CA. 91761
Name Business Address

c) JEFFREY S. GRIFFITH 4295 E. JURUPA ST., SUITE 102, ONTARIO, CA. 91761
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. 1200

3) What was the price paid per share? $55.00

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

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

Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION
Apply
Criteria
Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

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
San Diego Wholesale Distribution	4295 E Jurupa St, Ste 102 Ontario, CA 91761	12/18/17

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

Verified
MS
6/2/2

NABP ACCREDITED

DRUG DISTRIBUTOR

RPH Partners, Inc dba San Diego Wholesale Distribution

located at

4295 E Jurupa St, Ste 102, Ontario, CA 91761

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary

12/18/2017 - 12/17/2020
Period of Accreditation

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: RPH PARTNERS, INC dba SAN DIEGO WHOLESALE DISTRIBUTION

Address: 4295 E. JURUPA ST., SUITE 102

City: ONTARIO State: CA. Zip: 91761

I hereby authorize the CALIFORNIA Board of PHARMACY to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [signature]

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 encumbered in any way? ☐ Yes ☐ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☐ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☐ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☐ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☐ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal

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

May 11, 2020

RPH PARTNERS, INC
DBA SAN DIEGO WHOLESALE DISTRIBUTION
4295 E JURUPA SUITE 102
ONTARIO CA 91761

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: RPH PARTNERS, INC
DBA SAN DIEGO WHOLESALE DISTRIBUTION

License Type: WHOLESALER

License Number: WLS 6928

Status: ACTIVE

Issue Date: 06/14/2016

Expiration Date: 06/01/2021

Address of Record: 4295 E JURUPA SUITE 102 ONTARIO CA 91761

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

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

List of Officers and Directors

Name	Title	Business Address
Phillip R. Montano	Chief Executive Officer	4295 E. Jurupa St.,Suite 102, Ontario, CA. 91761
Brenda A. Brown	Chief Financial Officer	4295 E. Jurupa St.,Suite 102, Ontario, CA. 91761
Jeffrey S. Griffith	Secretary	4295 E. Jurupa St.,Suite 102, Ontario, CA. 91761
Timothy Streck	Director	4295 E. Jurupa St.,Suite 102, Ontario, CA. 91761

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

RPH PARTNERS, INC.

FILE NUMBER:	C3781504
FORMATION DATE:	04/27/2015
TYPE:	DOMESTIC CORPORATION
JURISDICTION:	CALIFORNIA
STATUS:	ACTIVE (GOOD STANDING)

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

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

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

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 05, 2020.

ALEX PADILLA
Secretary of State

401

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal License

Wholesale Drug Permit

LICENSE NO. WLS 6928
RECEIPT NO. 00165870

VALID UNTIL JUNE 01, 2021

RPH PARTNERS, INC DBA SAN DIEGO WHOLESALE DISTRIBUTION
4295 E JURUPA SUITE 102
ONTARIO CA 91761

In accordance with the provisions of section 4160 of the Business and Professions Code, th 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, shareholde (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

04/21/20

04/21/20 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHWLS (09/30/19)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 4438290

Application/License No. _____

RPH Partners Inc. dba San Diego Wholesale Distr (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4295 E Jurupa St., Suite 102 Ontario, CA 91761 (Address of Applicant/Principal), as PRINCIPAL, and SureTec Insurance Company (Surety Company), a corporation organized under the laws of the state of Texas (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 3131 Camino Del Rio N, Ste. 1450, San Diego, CA 92108 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), 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 May 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.

THIS BOND is subject to the following conditions: **Bond No. 4438290**

(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 26th day of May, 2020.

APPLICANT/PRINCIPAL
RPH Partners Inc. dba San Diego Wholesale Distr

Authorized Representative

SURETY COMPANY
SureTec Insurance Company

Surety Company's Representative

Evan M. DeBow, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POA #: 4438290

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

Ron H. Ballard, Gloria S. Becerra, Dave B. Roalkvam, David Melman, Arianne Adair, Jessica Donaghe, Ruth Alonso, Amanda Harvey, Evan M. DeBow, Judy Burton

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, providing the bond penalty does not exceed

Fifty Million and 00/100 Dollars ($50,000,000.00)

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:

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 20th of April, 1999.)*

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 17th day of January , A.D. 2019 .

SURETEC INSURANCE COMPANY

By: _____
John Knox Jr., CEO

State of Texas ss:
County of Harris

On this 17th day of January , A.D. 2019 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 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, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

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 26th day of May, 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.
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.

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.

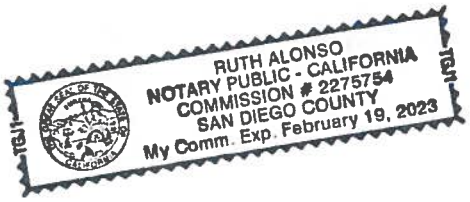
State of California

County of San Diego

On May 26, 2020 before me, Ruth Alonso, Notary Public

personally appeared Evan M. DeBow

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/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.

WITNESS my hand and official seal.

Ruth Alonso
Signature of Notary

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☐ INDIVIDUAL
- ☐ CORPORATE OFFICER
- ☐ PARTNER(S)
- ☐ MEMBER of LLC
- ☒ ATTORNEY-IN-FACT
- ☐ TRUSTEE(S)
- ☐ GUARDIAN/CONSERVATOR

OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

SureTec Insurance Company

DESCRIPTION OF ATTACHED DOCUMENT

Bond 4438290
Title or Type of Document

_____
Number of Pages

_____
Date of Document

_____
Signer(s) other than named above

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 Los Angeles)

On 05-29-2020 before me, Ravinder Pal Singh, notary public
Date *Here Insert Name and Title of the Officer*

personally appeared Phillip Rene Montano
Name(s) of Signer(s)

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/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.

WITNESS my hand and official seal.

RAVINDER PAL SINGH
Notary Public - California
Los Angeles County
Commission # 2300173
My Comm. Expires Aug 3, 2023

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: Bond 4438290
Document Date: 05-29-2020 Number of Pages: 1
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	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 ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

©2016 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5907

Timothy F. Streck

7 Mountain Laurel Drive
Highland, CA 92346

Summary of Qualifications

Varied experience in purchasing, Manufacture negotiations, warehouse operations, customer service, and supervising wholesale distribution of dangerous drugs and devices and renewal of wholesale licensing applications.

Professional Experience

RPH Partners, Inc dba San Diego Wholesale Distribution- Ontario, CA.
3/2016-Present
Supply Chain Manager/Designated Representative In-Charge
Job Duties:
Manage the daily operations of the Wholesale Distribution of Specialty Pharmaceuticals for the purchasing of pharmaceuticals and ancillary items for distribution and product shipping. Monitor inventory records and coordinate the purchasing, receiving, shipping, FedEx tracking, storing of product, and ensure that packing and shipping of orders are processed in a timely manner. Develop a partnership with manufactures, authorized distributors, and other wholesalers, to get the best pricing available for both factor items and ancillary supplies. Manage inventory levels based on company demand for both factor and ancillary items. Maintain adequate shipping supplies to avoid unnecessary delays. Conduct a full physical inventory at least once a year and perform scheduled cycle counts each month to ensure the accuracy of inventory. Process the Wholesale license renewal on an annual basis, apply for out-of-state wholesale licenses as needed, process wholesale license renewals, and every odd year update the Wholesaler Dangerous Drugs & Dangerous Devices Self-Assessment form from the Board of Pharmacy. Review SOP manual annually to see if we can improve our overall operations and processes of the warehouse.

National Cornerstone Healthcare Services, Inc. – Loma Linda, CA.
11/2003 – March/2016
Warehouse Manager/Designated Representative In-Charge
Job Duties:
Manage the daily operations of the wholesale distribution of specialty pharmaceuticals for the purchasing of pharmaceuticals and ancillary items for distribution and product shipping. Monitor and coordinate the receiving and storing of product; ensure that packing and shipping orders are processed timely; manage inventory levels, including performing cycle counts on a monthly basis to ensure accuracy of inventory, and par levels in order to provide the highest level of customer service to minimize loss and maximize revenue; and responsible for the development of activity reports to the manufactures on a monthly basis. Directly supervise warehouse support staff. Monitor wholesale licenses for 34 states, and ensure renewal.

Education:
California State University San Bernardino – Bachelor of Science – 1989

Professional Licenses and Certifications
California Designated Representative License: EXE#17328
Florida Designated Representative Certificate: CDR:10647

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_____
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
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: ADMA Biologics, Inc.

Physical Address: 5800 Park of Commerce Blvd., NW

City: Boca Raton State: FL Zip Code: 33487

Telephone Number: 561 989 5800 Fax Number: 561 989 5801

Toll Free Number: N/A

E-mail: licensing@admabio.com Website: https://www.admabiologics.com/

Facility Manager: Adam Grossman

Professional qualifications and experience of facility manager:
See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ 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? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See attached
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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 ☒

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

Adam Grossman
Print Name of Authorized Person

April 23rd 2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: ADMA Biologics, Inc.

Mailing Address: 5800 Park of Commerce Blvd., NW

City: Boca Raton State: FL Zip: 33487

Telephone: 561-989-5800 Fax: N/A

Contact Person: Adam Grossman

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 06/02/2006

Registration number issued: 4168997

Stock Exchange: ADMA

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

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

List of officers and directors.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

ADMA BIOMANUFACTURING, LLC
ADMA BIOMANUFACTURING, LLC
5800 & 5900 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

20358 ISSUED: 03/24/2020

PRESCRIPTION DRUG MANUFACTURER
ADMA BIOMANUFACTURING, LLC
ADMA BIOMANUFACTURING, LLC

HAS REGISTERED under the provisions of Ch 499 FS.
Expiration date APR 30, 2022 L2003240000509

DETACH HERE

RON DESANTIS, GOVERNOR

HALSEY BESHEARS, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
20358

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2022

ADMA BIOMANUFACTURING, LLC
ADMA BIOMANUFACTURING, LLC
5800 & 5900 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

ISSUED: 03/24/2020 DISPLAY AS REQUIRED BY LAW SEQ # L2003240000509

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

ADMA BIOMANUFACTURING, LLC
ADMA BIOLOGICS
5800 & 5900 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

20358 ISSUED: 04/22/2018

PRESCRIPTION DRUG MANUFACTURER
ADMA BIOMANUFACTURING, LLC
ADMA BIOLOGICS

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date : APR 30, 2020 L1804220000812

DETACH HERE

RICK SCOTT, GOVERNOR JONATHAN ZACHEM, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
20358	

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2020

ADMA BIOMANUFACTURING, LLC
ADMA BIOLOGICS
5800 & 5900 PARK OF COMMERCE BLVD NW
BOCA RATON FL 33487

ISSUED: 04/22/2018 DISPLAY AS REQUIRED BY LAW SEQ # L1804220000812

1:49:16 PM 3/4/2020

Licensee Details

Licensee Information

Name:	**ADMA BIOMANUFACTURING, LLC (Primary Name)**
	ADMA BIOMANUFACTURING, LLC (DBA Name)
Main Address:	**5800 & 5900 PARK OF COMMERCE BLVD NW** **BOCA RATON Florida 33487**
County:	**PALM BEACH**
License Mailing:	
LicenseLocation:	**5800 & 5900 PARK OF COMMERCE BLVD NW** **BOCA RATON FL 33487**
County:	**PALM BEACH**

License Information

License Type:	**Prescription Drug Manufacturer**
Rank:	**"Rx Drug Manu"**
License Number:	**20358**
Status:	**Current**
Licensure Date:	**04/20/2018**
Expires:	**04/30/2020**

Special Qualifications	Qualification Effective
Limited Liability Corporation	

Alternate Names

View Related License Information

View License Complaint

The State of Florida is an AA/EEO employer. Copyright 2007-2010 State of Florida. Privacy Statement

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

Corporate Headquarters
465 Route 17 South
Ramsey, NJ 07446
p 201 478 5552 f 201 478 5553

Florida Campus
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487
p 561 989 5800 f 561 989 5801

List of Officers to include Full Name, Title, and Business Address

ADMA Biologics, Inc.
5800 Park of Commerce Blvd., NW
Boca Raton, FL 33487
Phone: (561)989-5800
Website: https://www.admabiologics.com/
E-mail: Licensing@admabio.com

FEIN:
State of Formation: Delaware
Date Incorporated: 6/2/2006
File Number

ADMA Biologics, Inc. is a Publicly Traded company on the NASDAQ stock exchange under the symbol ADMA.

Adam S. Grossman
Founder, Director, President and Chief Executive Officer
ADMA Biologics, Inc.
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487

Brian Lenz, CPA
Executive Vice President, Chief Financial Officer
ADMA Biologics, Inc.
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487

James Mond, M.D., Ph.D.
Chief Scientific and Medical Officer
ADMA Biologics, Inc.
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487

Description of Operations

ADMA Biologics, Inc. is a Self-Manufacturer. ADMA Biologics, Inc.'s products are manufactured at their facility and will be self-distributed to specialty distributors, specialty pharmacies, physician officers and wholesalers and also distributed by their Third-Party Logistics Provider, Cardinal Health DBA Specialty Pharmaceutical Services , who is licensed to ship pharmaceutical products into your state.

Labeler Code:
69800

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal Health DBA Specialty Pharmaceutical Services acts as ADMA Biologics, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of ADMA Biologics, Inc.'s product to specialty distributors, specialty pharmacies, physician officers and wholesalers throughout the United States. Cardinal Health DBA Specialty Pharmaceutical Services's address is:

Cardinal Health DBA Specialty Pharmaceutical Services
15 Ingram Bld.
La Verne, TN 37086
Contact: James Moore (615) 287-0468

ADMA Biologics, Inc.'s hours of operation are 9:00 am – 5:00pm Monday through Friday.

Verified MS 5/21/20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADMA BIOLOGICS, 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 FIFTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADMA BIOLOGICS, INC." WAS INCORPORATED ON THE SECOND DAY OF JUNE, A.D. 2006.

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

Jeffrey W. Bullock, Secretary of State

4168997 8300

SR# 20200842396

Authentication: 202329019

Date: 02-05-20

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

ADMA BIOLOGICS

Corporate Headquarters
465 Route 17 South
Ramsey, NJ 07446
p 201 478 5552 f 201 478 5553

Florida Campus
5800 Park of Commerce Blvd., N.W.
Boca Raton, FL 33487
p 561 989 5800 f 561 989 5801

Current Customers

The below list includes customers who are currently purchasing our finished products, as well as each customer's primary (billing) address.

Customer Name	Address 1	City	State
ABO Pharmaceuticals	7930 Arjons Dr Ste A	San Diego	CA
AmerisourceBergen Corporation	PO Box 247	Thorofare	NJ
ASD Healthcare	PO Box 247	Thorofare	NJ
Besse Medical	PO Box 247	Thorofare	NJ
Biocare Inc DBA Biocare SD	2826 S Potter Dr	Tempe	AZ
Cardinal Health	PO Box 182516	Columbus	OH
Cardinal Health PR 120 Inc	PO Box 366211	San Juan	Puerto Rico
Cardinal Health SPD	PO Box 982246	El Paso	TX
CVS (Caremark, LLC) and Coram CVS Specialty Infusion Services	9501 E Shea Blvd	Scottsdale	AZ
CVS (Caremark, LLC) and Coram CVS Specialty Infusion Services (PA Only)	200 Highland Corporate Dr	Cumberland	RI
FFF Enterprises Inc	44000 Winchester Rd	Temecula	CA
Health Coalition Inc	8320 NW 30th Terrace	Doral	FL
McKesson Corporation	PO Box 4017	Danville	IL
Morris & Dickson	PO Box 51367	Shreveport	LA

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through March 04, 2020

You have searched Finished drug products

Search Results: *'adma'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
ASCENIV	69800-0250-1	5 g/50mL	LIQUID	INTRAVENOUS	BLA125590	ADMA Biologics, Inc.	69800-0250	HUMAN IMMUNOGLOBULIN G	HUMAN IMMUNOGLOBULIN G	HUMAN PRESCRIPTION DRUG
BIVIGAM	59730-6503-1	10 g/100mL	INJECTION, SOLUTION	INTRAVENOUS	BLA125389	ADMA Biologics, Inc	59730-6503	HUMAN IMMUNOGLOBULIN G	HUMAN IMMUNOGLOBULIN G	PLASMA DERIVATIVE
BIVIGAM	59730-6502-1	5 g/50mL	INJECTION, SOLUTION	INTRAVENOUS	BLA125389	ADMA Biologics, Inc	59730-6502	HUMAN IMMUNOGLOBULIN G	HUMAN IMMUNOGLOBULIN G	PLASMA DERIVATIVE
BIVIGAM	69800-6503-1	10 g/100mL	LIQUID	INTRAVENOUS	BLA125389	ADMA Biologics, Inc.	69800-6503	Immune Globulin Intravenous (Human) 10%	HUMAN IMMUNOGLOBULIN G	HUMAN PRESCRIPTION DRUG
BIVIGAM	69800-6502-1	5 g/50mL	LIQUID	INTRAVENOUS	BLA125389	ADMA Biologics, Inc.	69800-6502	Immune Globulin Intravenous (Human) 10%	HUMAN IMMUNOGLOBULIN G	HUMAN PRESCRIPTION DRUG
NABI-HB	59730-4203-1	1560 [iU]/5mL	INJECTION	INTRAMUSCULAR	BLA103945	ADMA Biologics, Inc	59730-4203	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN PRESCRIPTION DRUG
Nabi-HB	69800-4203-1	1560 [iU]/5mL	LIQUID	INTRAMUSCULAR	BLA103945	ADMA Biologics, Inc.	69800-4203	Hepatitis B Immune Globulin (Human)	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN PRESCRIPTION DRUG
Nabi-HB	69800-4202-1	312 [iU]/mL	LIQUID	INTRAMUSCULAR	BLA103945	ADMA Biologics, Inc.	69800-4202	Hepatitis B Immune Globulin (Human)	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN PRESCRIPTION DRUG
NABI-HB	59730-4202-1	312 [iU]/mL	INJECTION	INTRAMUSCULAR	BLA103945	ADMA Biologics, Inc	59730-4202	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN HEPATITIS B VIRUS IMMUNE GLOBULIN	HUMAN PRESCRIPTION DRUG

Showing 1 to 9 of 9 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

TABLE OF CONTENTS

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 90549

SCHEDULE 14A

(RULE 14a-101)
INFORMATION REQUIRED IN PROXY STATEMENT
SCHEDULE 14A INFORMATION

Proxy Statement Pursuant to Section 14(a) of the Securities Exchange Act of 1934

Filed by the Registrant ☒
Filed by a Party other than the Registrant ☐

Check the appropriate box:

- ☐ Preliminary Proxy Statement
- ☐ **Confidential, For Use of the Commission Only (as permitted by Rule 14a–6(e)(2))**
- ☒ Definitive Proxy Statement
- ☐ Definitive Additional Materials
- ☐ Soliciting Material under Rule 14a-12

ADMA BIOLOGICS, INC.

(Name of Registrant as Specified in its Charter)
(Name of Person(s) Filing Proxy Statement, if Other Than the Registrant)

Payment of Filing Fee (Check the appropriate box):

- ☒ No fee required.
- ☐ Fee computed on table below per Exchange Act Rules 14a-6(i)(1) and 0-11.
  - (1) Title of each class of securities to which transaction applies:
  - (2) Aggregate number of securities to which transaction applies:
  - (3) Per unit price or other underlying value of transaction computed pursuant to Exchange Act Rule 0-11 (set forth the amount on which the filing fee is calculated and state how it was determined):
  - (4) Proposed maximum aggregate value of transaction.
  - (5) Total fee paid:
- ☐ Fee paid previously with preliminary materials:
- ☐ Check box if any part of the fee is offset as provided by Exchange Act Rule 0-11(a)(2) and identify the filing for which the offsetting fee was paid previously. Identify the previous filing by registration statement number, or the Form or Schedule and the date of its filing.
  - (1) Amount previously paid:
  - (2) Form, Schedule or Registration Statement No.:
  - (3) Filing Party:
  - (4) Date Filed:

TABLE OF CONTENTS

ADMA BIOLOGICS, INC.
465 State Route 17
Ramsey, New Jersey 07446

Dear Stockholder:

You are cordially invited to the annual meeting of stockholders (the "**Annual Meeting**") of ADMA Biologics, Inc. (the "**Company**"), which will be held virtually at 10:00 a.m. Eastern Time on June 18, 2020. We have adopted a virtual format for our Annual Meeting to provide a consistent experience to all stockholders regardless of location, and to support the health and well-being of our employees and stockholders due to the emerging public health impact of the coronavirus (COVID-19) pandemic. You will be able to attend the Annual Meeting and vote during the Annual Meeting via live webcast through the link www.virtualshareholdermeeting.com/ADMA2020.

In connection with the Annual Meeting, you will be asked to consider and vote on certain proposals that are more fully described in the accompanying proxy statement. Whether or not you plan to attend the Annual Meeting, we urge you to read the proxy statement and consider such information carefully before voting.

The Board of Directors unanimously recommends that our stockholders vote "FOR" all of the proposals presented in the proxy statement.

Your vote is very important. Even if you plan to attend the Annual Meeting, if you are a stockholder of record of common stock, please submit your proxy by Internet, mail or telephone as soon as possible to make sure that your shares are represented at the Annual Meeting, or you may submit your proxy at the Annual Meeting. If you hold your shares of common stock in "street name" through a bank, broker or other nominee, you must vote in accordance with the voting instructions provided to you by such bank, broker or other nominee, which include instructions for voting by Internet or telephone.

On behalf of the Board of Directors, I thank you for your continued support of ADMA Biologics, Inc.

Yours sincerely,

/s/ Adam S. Grossman
Adam S. Grossman
President, Chief Executive Officer and Director

This proxy statement is dated April 29, 2020. Holders of record of the Company's common stock at the close of business on April 24, 2020 are entitled to receive notice of, and to vote at, the Annual Meeting. Instructions on how to vote your shares are contained on the "Important Notice Regarding the Availability of Proxy Materials," which is expected to be mailed on or about April 29, 2020.

TABLE OF CONTENTS

ADMA BIOLOGICS, INC.
465 State Route 17
Ramsey, New Jersey 07446

NOTICE OF ANNUAL MEETING OF STOCKHOLDERS OF ADMA BIOLOGICS, INC.
To Be Held On June 18, 2020

To the Stockholders of ADMA Biologics, Inc. ("**we**," "**our**" or the "**Company**"):

NOTICE IS HEREBY GIVEN that the 2020 annual meeting of stockholders of the Company (the "**Annual Meeting**") will be held virtually at 10:00 a.m. Eastern Time on June 18, 2020.

Virtual Annual Meeting

In light of on-going developments related to coronavirus (COVID-19) and after careful consideration, the Company's Board of Directors (the "**Board**") has determined to hold a virtual annual meeting in order to facilitate stockholder attendance and participation by enabling stockholders to participate from any location and at no cost. We believe this is the right choice for the Company at this time, as it enables engagement with our stockholders, regardless of size, resources, or physical location while safeguarding the health of our stockholders, directors, management and employees. We are committed to ensuring that stockholders will be afforded the same rights and opportunities to participate as they would at an in-person meeting. You will be able to attend the Annual Meeting online and vote your shares electronically during the Annual Meeting by visiting www.virtualshareholdermeeting.com/ADMA2020. To participate in the virtual Annual Meeting, you will need the 16-digit control number included on your "Important Notice Regarding the Availability of Proxy Materials" proxy card or voting instruction form. The Annual Meeting webcast will begin promptly at 10:00 a.m. Eastern Time. We encourage you to access the Annual Meeting prior to the start time. Online check-in will begin at 9:00 a.m. Eastern Time, and you should allow ample time for the check-in procedures. We will have technicians ready to assist you with any technical difficulties you may have accessing the virtual Annual Meeting. A phone number where you can obtain technical assistance will be made available on the day of the Annual Meeting.

Items of Business

At the Annual Meeting, you will be asked to consider and vote upon the following proposals:

1. A proposal to elect two Class I directors to serve on the Company's Board of Directors for a term expiring at the 2023 annual meeting of stockholders and until their successors are duly elected and qualified, or until such director's earlier resignation, removal or death.
2. A proposal to ratify the appointment of CohnReznick LLP as the Company's independent registered public accounting firm for the fiscal year ending December 31, 2020.
3. A proposal to transact such other business as may properly come before the Annual Meeting or any adjournment or postponement thereof.

The foregoing items of business are more fully described in the accompanying proxy statement, which you should read in its entirety and carefully consider prior to casting any votes in connection with such proposals. The Board has set the close of business on April 24, 2020 as the record date (the "**Record Date**") for determining stockholders entitled to notice of, and to vote at, the Annual Meeting. A list of the stockholders as of the Record Date will be available for inspection by stockholders, for any purpose germane to the Annual Meeting, at the Company's offices and at the offices of Continental Stock Transfer & Trust Company, the Company's independent stock transfer agent, during normal business hours for a period of 10 days prior to the Annual Meeting. The list will also be made available electronically upon request for inspection by stockholders in attendance at the virtual Annual Meeting.

All stockholders are cordially invited to attend the Annual Meeting virtually. Regardless of whether you plan to attend the Annual Meeting, we hope you will vote as soon as possible. Instructions on how to vote your shares via the Internet are contained on the "Important Notice Regarding the Availability of Proxy Materials," which is expected to be mailed on or about April 29, 2020. Instructions on how to obtain a paper copy of our proxy statement and annual report to stockholders for the fiscal year ended December 31, 2019 are listed on the "Important Notice Regarding the Availability of Proxy Materials." These materials can also be viewed online by following the instructions listed on our proxy card. If you choose to receive a paper copy of our proxy statement and annual report, you may vote your shares by completing and returning the proxy card that will be enclosed.

TABLE OF CONTENTS

IMPORTANT NOTICE REGARDING THE AVAILABILITY OF PROXY MATERIALS FOR THE 2020 ANNUAL MEETING OF STOCKHOLDERS TO BE HELD ON JUNE 18, 2020

OUR PROXY STATEMENT AND ANNUAL REPORT FOR THE FISCAL YEAR ENDED DECEMBER 31, 2019 ARE AVAILABLE AT *WWW.PROXYVOTE.COM.*

By Order of the Board of Directors

/s/ Adam S. Grossman
Adam S. Grossman
President, Chief Executive Officer and Director

April 29, 2020
Ramsey, New Jersey

TABLE OF CONTENTS

TABLE OF CONTENTS

QUESTIONS AND ANSWERS	2
THE DIRECTOR ELECTION PROPOSAL	7
ADMA CORPORATE GOVERNANCE	12
ADMA SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT AND RELATED STOCKHOLDER MATTERS	17
ADMA EXECUTIVE OFFICERS AND DIRECTOR AND OFFICER COMPENSATION	19
THE AUDITOR RATIFICATION PROPOSAL	27
CERTAIN ADMA RELATIONSHIPS AND RELATED TRANSACTIONS	29
STOCKHOLDER PROPOSALS AND OTHER INFORMATION	32
ANNUAL REPORT	32
HOUSEHOLDING OF MEETING MATERIALS	32
EXPENSES AND SOLICITATION	32
OTHER MATTERS	33
WHERE YOU CAN FIND ADDITIONAL INFORMATION	34

TABLE OF CONTENTS

ADMA BIOLOGICS, INC.
465 State Route 17
Ramsey, New Jersey 07446

PROXY STATEMENT
2020 ANNUAL MEETING OF STOCKHOLDERS
TO BE HELD ON JUNE 18, 2020

This proxy statement is being made available via Internet Access, beginning on or about April 29, 2020, to the owners of shares of common stock of ADMA Biologics, Inc. (the "**Company**," "**our**," "**we**," or "**ADMA**") as of April 24, 2020, in connection with the solicitation of proxies by our Board of Directors for our 2020 annual meeting of stockholders (the "**Annual Meeting**"). On or about April 29, 2020, we expect to send an "Important Notice Regarding the Availability of Proxy Materials" to our stockholders. You will not automatically be entitled to receive by mail our proxy statement and annual report to stockholders for the fiscal year ended December 31, 2019. If you would like to receive a printed copy of our proxy statement, annual report and proxy card, please follow the instructions for requesting such materials in the notice. Upon request, we will promptly mail you paper copies of such materials free of charge.

TABLE OF CONTENTS

QUESTIONS AND ANSWERS

The following section addresses certain questions about this proxy statement and the proposals described herein, which are to be presented at the Annual Meeting.

The Annual Meeting will be held virtually at 10:00 a.m. Eastern Time on June 18, 2020. You will be able to attend and vote at the Annual Meeting via live webcast through the link www.virtualshareholdermeeting.com/ADMA2020.

The following questions and answers may not include all of the information that is important to you as a stockholder of the Company. We urge our stockholders to read this entire proxy statement and carefully consider such information before casting any votes with respect to the proposals presented herein.

Why did I receive an "Important Notice Regarding the Availability of Proxy Materials"?

In accordance with Securities and Exchange Commission ("**SEC**") rules, instead of mailing a printed copy of our proxy materials, we may send an "Important Notice Regarding the Availability of Proxy Materials" to stockholders. All stockholders will have the ability to access the proxy materials on a website referred to in the notice or to request a printed set of these materials at no charge. You will not receive a printed copy of the proxy materials unless you specifically request one from us. Instead, the notice instructs you as to how you may access and review all of the important information contained in the proxy materials via the Internet and submit your vote via the Internet.

Why is the Annual Meeting a virtual, online meeting?

We have adopted a virtual format for our Annual Meeting to provide a consistent experience to all stockholders regardless of location, and to support the health and well-being of our employees and stockholders due to the emerging public health impact of the coronavirus (COVID-19) pandemic. We have designed the virtual Annual Meeting to provide substantially the same opportunities to participate as you would have at an in-person meeting. Detailed instructions on how to participate at the Annual Meeting may be found online at www.virtualshareholdermeeting.com/ADMA2020.

What is the purpose of this document?

We are soliciting stockholder votes with respect to the following proposals:

1. A proposal to elect two Class I directors to serve on the Company's Board of Directors (the "**Board**") for a term expiring at the 2023 annual meeting of stockholders and until their successors are duly elected and qualified, or until such director's earlier resignation, removal or death (the "**Director Election Proposal**");
2. A proposal to ratify the appointment of CohnReznick LLP as the Company's independent registered public accounting firm for the year ending December 31, 2020 (the "**Auditor Ratification Proposal**"); and
3. A proposal to transact such other business as may properly come before the Annual Meeting or any adjournment or adjournments thereof.

For more information about these proposals, please see the sections entitled "*Director Election Proposal*" and "*The Auditor Ratification Proposal.*"

Who is entitled to vote at and attend the Annual Meeting?

Only stockholders of record and beneficial owners of the Company's common stock at the close of business on April 24, 2020 (the "**Record Date**") are entitled to receive notice of, vote at and attend the Annual Meeting. At the close of business on the Record Date, there were 86,345,313 shares of our common stock issued and outstanding and entitled to vote at the Annual Meeting, held by nine holders of record. Each outstanding share of the Company's common stock as of the Record Date entitles its holder to cast one vote on each matter to be voted upon.

TABLE OF CONTENTS

ADMA SECURITY OWNERSHIP OF CERTAIN BENEFICIAL OWNERS AND MANAGEMENT AND RELATED STOCKHOLDER MATTERS

The following table sets forth information regarding the beneficial ownership (as such term is defined in Rule 13d-3 under the Exchange Act) of our stock as of April 3, 2020, except as noted below, by:

- each of our directors;
- each of our named executive officers (as defined in Item 402(m)(2) of Regulation S-K);
- each person, or group of affiliated persons, who is known by us to beneficially own more than 5% of our common stock; and
- all of our directors and executive officers as a group.

Shares of our common stock subject to options, warrants, restricted stock units ("RSUs") or other rights currently exercisable or exercisable or expected to vest within 60 days of April 3, 2020 are deemed to be beneficially owned and outstanding for purposes of computing the share ownership and percentage of the person holding such options, warrants or other rights, but are not deemed outstanding for computing the percentage of any other person. Except as indicated in the footnotes below, each holder listed below possesses sole voting and/or investment power with respect to their shares of stock and such holder's address is c/o ADMA Biologics, Inc., 465 State Route 17, Ramsey, New Jersey 07446. An asterisk (*) denotes less than 1% of ownership of stock. The information is not necessarily indicative of beneficial ownership for any other purpose. Percentage ownership calculations for beneficial ownership are based on an aggregate of 86,345,313 shares of common stock outstanding as of April 3, 2020. This table does not give effect to any transactions by any of the persons below that have occurred after April 3, 2020.

	Shares Beneficially Owned	
Name of Beneficial Owner	**Number**	**Percent**
Dr. Jerrold B. Grossman(1)	467,503	*%
Adam S. Grossman(2)	2,818,114	3.2%
Steven A. Elms(3)	3,768,240	4.4%
Dov A. Goldstein, M.D.(4)	160,069	*%
Bryant E. Fong(5)	1,593,373	1.8%
Lawrence P. Guiheen(6)	231,069	*%
Martha J. Demski	0	*%
Brian Lenz(7)	514,280	*%
James Mond, M.D., Ph.D.(8)	590,898	*%
All directors and executive officers as a group (9 persons)	10,143,546	11.7%
Owners of more than 5% of our stock		
Perceptive Life Sciences Master Fund, Ltd. and affiliates(9)	18,194,802	20.7%
Consonance Capital Management LP and affiliates(10)	5,166,961	6.0%

* Less than 1%.

(1) Amount consists of 38,294 shares owned by the Genesis Foundation Inc. ("**Genesis**"), 31,381 shares owned by the Jerrold Grossman 2019 Irrevocable Trust (the "**Trust**"), 132,864 shares owned directly by Dr. Grossman, 22,857 shares owned by Brookwood LLC ("**Brookwood**") and 175 shares owned by Dr. Grossman's wife. Dr. Grossman is the President of Genesis, an investment trustee of the Trust, the managing member of Brookwood, the Vice Chairman of the Board and Hariden, LLC's ("**Hariden**") designee for nomination to the Board. Amount also includes options to purchase 240,057 shares of common stock and 1,875 RSUs, but does not include options to purchase 11,980 shares of common stock and 5,625 RSUs, which have not vested and will not vest within 60 days of April 3, 2020.

(2) Amount consists of 66,098 shares owned directly by Mr. Grossman, 580,957 shares owned by Hariden, of which Mr. Grossman is the managing member, and 878,444 shares owned by Areth, LLC ("**Areth**"), of which Mr. Grossman is a control person. Mr. Grossman is the President and Chief Executive Officer of the Company. Amount also includes options to purchase 1,286,365 shares of common stock and 6,250 RSUs, but does not include options to purchase 913,062 shares of common stock and 93,750 RSUs which have not vested and will not vest within 60 days of April 3, 2020.

(3) Amount includes options to purchase 158,194 shares and 1,875 RSUs, but does not include options to purchase 11,980 shares of common stock and 5,625 RSUs, which have not vested and will not vest within 60 days of April 3, 2020. Amount also includes 3,608,171 shares of common stock directly owned by Aisling Capital II LP ("**Aisling**"). Mr. Elms is Aisling's designee for nomination to the Board. As a Managing Member of Aisling Capital Partners, LLC ("**Aisling Partners**"), a control person of Aisling, and as a

Adam S. Grossman
Brookwood Drive, Boca Raton, FL., 33496

Current Activities

ADMA Biologics Inc., Ramsey, NJ & Boca Raton, FL (NASD: "ADMA")
Founded 2004, IPO 2013
www.admabiologics.com

Founder, Director, President and Chief Executive Officer

ADMA is a vertically integrated biopharmaceutical and specialty immunoglobulin company that develops, manufactures and markets specialty plasma-based biologics for the treatment of Primary Immune Deficiency Disease ("PIDD") and the prevention and treatment of certain infectious diseases in at-risk patients.

- Responsible for the management and operations of an FDA approved biologics manufacturing facility with over 250 employees.
- SEC reporting, corporate financing and public markets experience with various financing instruments and transactions
- M&A and business development transactional experience
- Regulatory Affairs/FDA (CBER) experience
- Clinical trial operations experience, Phase II & Phase III

Lead inventor for ADMA's U.S. Patents 9,107,906 and 9,714,283 related to the composition of Immune Globulins and methods for the treatment of immune deficiency. These patents cover certain aspects of ADMA's lead product candidate RI-002.

Prior Experience

The Genesis Group, Hackensack, NJ
Genesis Bio-Pharmaceuticals, National Hospital Specialties, GenesisBPS, Genesis Bio-Pharmaceuticals, Canada.
September 1998 to October 2011
www.GenesisBPS.com / www.NHSUSA.com

Vice President Marketing & Business Development
2001-2011

- Responsible for all sales, marketing and development activities and opportunities for all related corporate entities
- Responsible for day to day business operations
- Launched new products in US, Canadian and European markets
- Expanded operations into over 30+ countries across the globe
- Acquired exclusive distribution rights for pharmaceuticals and laboratory devices
- Provided consulting services to various companies and health care agencies

Product Manager/Sales Manager
1998 to 2001

- Responsible for all aspects of product management – Regulatory Affairs, Marketing, Sales, Clinical Projects & Vendor Management
- Direct Selling to Physicians, pharmacists, RN's & transplant coordinators
- Managed sales reps in Canada

MedImmune Inc., Gaithersburg, MD
1996-1997, May 1998-September 1998

- Assisted with marketing plan development for specialty bio-pharmaceutical products: CytoGam and RespiGam
- Preformed market research necessary for market growth and expansion
- Researched market data for manufacture of new Plasma Fractionation Facility
- Provided key materials for training new sales representatives
- Left company to join Genesis when rights to Medi products were granted for Canada

American Red Cross, Biomedical Services, Roslyn, VA
March 1997 – April 1998

- Assisted with marketing plan development for product launch of Plas+SD
- Developed sales training materials for new representatives
- Performed market research on plasma products use, collection and allocation in US
- Understanding of Plasma Derivatives market and viral inactivation methods
- Assisted with promotion and marketing of other ARC products including Plas+SD, Monarc-M, Polygam SD, Panglobulin

Education

American University
Kogod College of Business Administration
Degree: BS – Marketing & International Business
Graduation: May 17, 1998

Associations

Member:

- American Association of Blood Banks (AABB)
- Plasma Protein Therapeutics Association (PPTA)
- New Jersey Blood Bank Task Force
- Community Blood Services, Foundation Board of Trustees, (Past)
- Appointed to the Town of Saddle River, NJ Planning Board 2014-2017

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Argenx US, Inc.

Physical Address: 33 Arch St, floor 32 Suite 3201

City: Boston State: MA Zip Code: 02110

Telephone Number: 857-326-6009 Fax Number: N/A

Toll Free Number: N/A

E-mail: distribution.operations@argenx.com Website: www.argenx.com

Facility Manager: Robert Woods

Professional qualifications and experience of facility manager:
See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Specialty Pharmacies, Distributors, LTC

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

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 ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A, not currently shipping product into Nevada
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with 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 ☒

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.

Robert Woods

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

Robert Woods

Print Name of Authorized Person

4/24/20

Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Argenx, BV

Corporation Name: Argenx US, Inc.

Mailing Address: 33 Arch St, floor 32 Suite 3201

City: Boston State: MA Zip: 02110

Telephone: 857-326-6009 Fax: N/A

Contact Person: Robert Keith Woods

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: 10/10/2017

Registration number issued: 6574237

Stock Exchange: ARGX

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 publicly traded corporation

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

List of officers and directors.

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000579	12/30/2019	12/30/2020	Virtual Drug Manufacturers

ISSUED TO

ARGENX US, INC.
33 ARCH STREET
FLOOR 32, SUITE 3201
BOSTON, MA 02110
ATTN: KEITH WOODS CHIEF COMMERCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

NEW

834065

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000579	12/30/2019	12/30/2020	Virtual Drug Manufacturers

ISSUED TO

ARGENX US, INC.
33 ARCH STREET
FLOOR 32, SUITE 3201
BOSTON, MA 02110
ATTN: KEITH WOODS CHIEF COMMERCIAL OFFICER

NEW

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000579	12/30/2019	12/30/2020	Virtual Drug Manufacturers

ISSUED TO ARGENX US, INC.
33 ARCH STREET
FLOOR 32, SUITE 3201
BOSTON, MA 02110
ATTN: KEITH WOODS CHIEF COMMERCIAL OFFICER

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

NEW

834065

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500
Boston, MA 02114

Tel: 617-973-0949
TTY : 617-973-0988
www.mass.gov/dph/boards

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

May 6, 2020

RE: Verification of Massachusetts Controlled Substances Registration (MCSR)

To whom it may concern:

Please be advised that **ARGENX US, INC. (MA0000579)**, located at **33 ARCH STREET, FLOOR 32, SUITE 3201, BOSTON MA, 02110** has an active MCSR as a Drug Distributor and is in good standing. The current registration has an issue date of **12/30/2019** and expires on **12/30/2020**.
This Facility was last Reviewed by the Drug Control Program on **12/30/2019** and has met all of the requirements for the Virtual Drug Manufacturer Controlled Substances Registration.

As of the date on this letter, there has been no disciplinary action issued by the Drug Control Program for this registrant.

Please note that the licensing authority for Drug Manufacturers and Distributors in Massachusetts is the Drug Control Program (DCP) and not the Massachusetts Board of Pharmacy.

Should you have any questions or concerns regarding the above information, please contact us at 617-973-0949.

Signed,

Ryan Walker, MPA
Director, MCSR
Massachusetts Department of Public Health

Online Licensure Verification Services: https://www.mass.gov/service-details/registration-verification-for-mcsr . The Information provided in this 'Certified Statement' is based on the records maintained by the Massachusetts Division of Health Professions Licensure and its licensing boards. Facilities are deemed to be in good standing if their license is current and not subject to any disciplinary status on the date of issuance of the 'Certified Statement'. Disciplinary status is defined as voluntary surrender, revocation, suspension, or probation of a license.

argenx

Ownership Information

Grandparent Company: Argenx, SE (ARGX)
Willemstraat 5, 4811 AA
Breda, Netherlands +31
+31 763 030488
Ownership: 100% of Argenx, BV

Parent Company: Argenx, BV
Industriepark-Zwijnaarde 7, Building B-9052
Zwijnaarde, Belgium +32
+32 931 03400
Ownership: 100% of Argenx US, Inc.

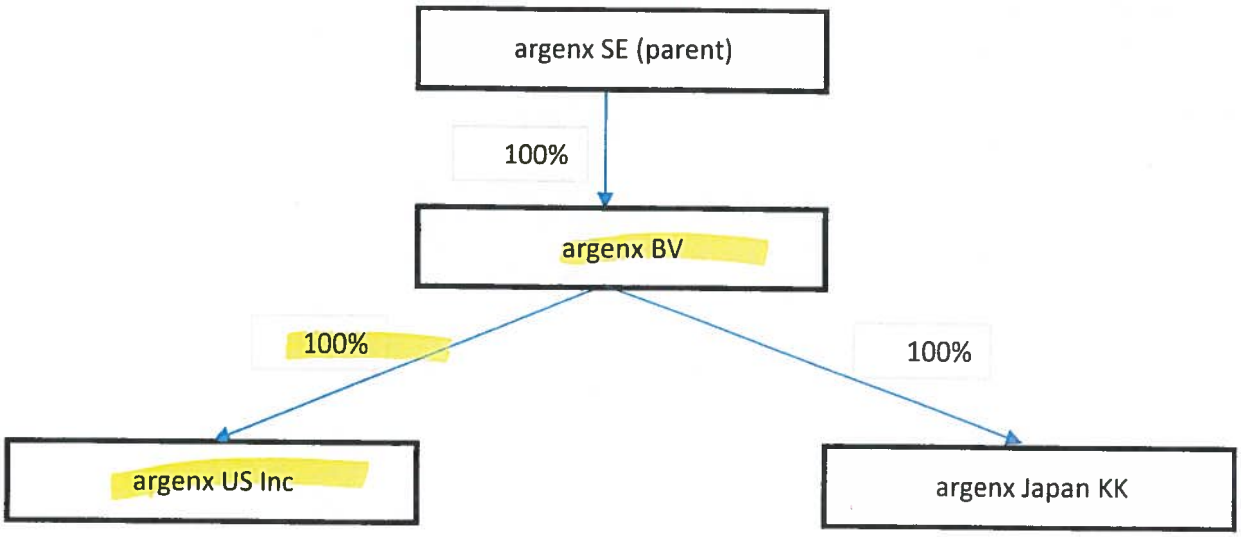
Company Information

Company Name: Argenx US, Inc.
Address: 33 Arch St, floor 32 Suite 3201
City, State, Zip: Boston, MA 02110
Phone: 857-326-6009
Website: www.argenx.com
E-mail: distributionoperations@argenx.com

FEIN: 36-4880497
State of Formation: DE
Date Incorporated: 10/10/2017

Officers

Keith Woods, Chief Operating Officer
Business Address: 33 Arch St, floor 32 Suite 3201, Boston, MA 02110
Business Phone: 857-326-6009


argenx SE (parent)
100%
argenx BV
100%
100%
argenx US Inc
argenx Japan KK

argenx

Description of Operations

Argenx US, Inc. ("argenx) is a privately owned biotechnology company operating as a Virtual Manufacturer, located in Boston, MA. Argenx is focused on the treatment of Auto Immune Disease and Cancer. Argenx products are manufactured by a Contract Manufacturer and will be distributed to specialty distributors and specialty pharmacies by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

We are using the following contract manufacturer to produce our product:

Vetter Pharma Fertigung GmbH & Co. KG
Eisenbahnstrasse 2-4
Langenargen am Bodensee, Germany 88085
+49 751- 3700 – 1668
Contact: Katja Kotter
FDA Establishment No: 3002808846

We are using the following 3PL to ship our product:

Cardinal Health/SPS
15 Ingram Blvd
La Vergne,TN 37086
Contact: Wade Helleman
615.287.0407
wade.hellemn@cardinalhealth.com

Product Description
Vetter Pharma Fertigung manufactures Argenx product and packages finished product. At no time does Vetter Pharma own the product, contract with Argenx customers, invoice, nor sell argenx product. Argenx product is not a Controlled Substance.

Labeler Code:
73475

Argenx hours of operation are 8:00 am – 6:00pm PST Monday through Friday.

B0263-9492 02/13/2020 Received by ND Secretary of State Alvin A. Jaeger

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARGENX US, INC." WAS INCORPORATED ON THE TENTH DAY OF OCTOBER, A.D. 2017.

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





6574237 8300

SR# 20201098185

Authentication: 202383265

Date: 02-13-20

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

From da.hhs.gov <la.hhs.gov>
Sent: Friday, November 22, 2019 8:44 AM
To: Distribution Operations argenx.com>
Subject: Labeler Code Request Approved

CAUTION: This email originated from outside argenx. Do not click links or open attachments unless you recognize the sender and know the content is safe.

eDRLS - Electronic Drug Registration & Listing System

Current Date: 22-NOV-2019
Labeler DUNS.
Labeler Name: Argenx Us, Inc
Labeler Code: 73475

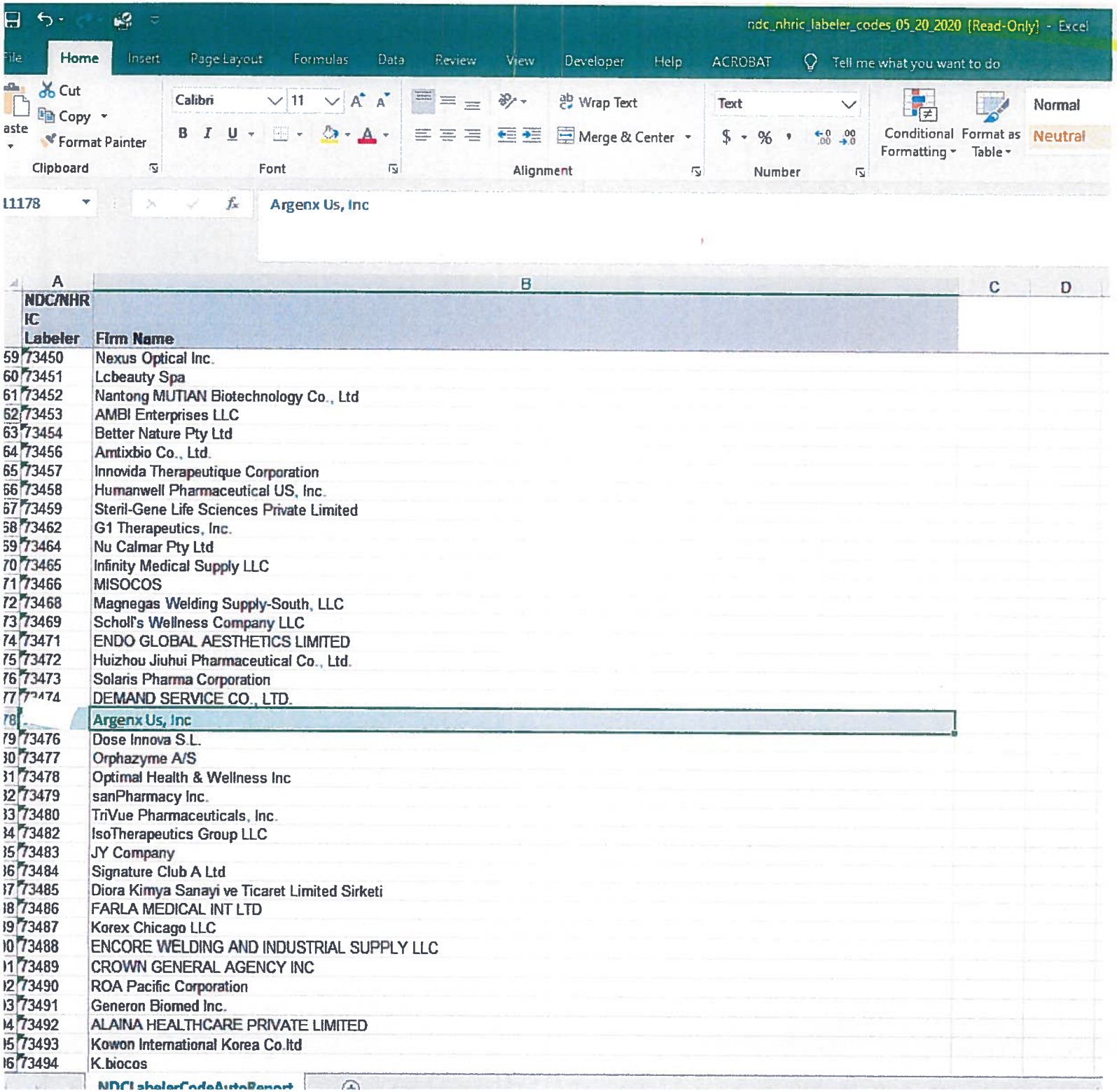
The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Verified MS 1/20/25


ndc_nhric_labeler_codes_05_20_2020 [Read-Only] - Excel
File
Home
Insert
Page Layout
Formulas
Data
Review
View
Developer
Help
ACROBAT
Tell me what you want to do
Cut
Copy
Format Painter
Clipboard
Calibri
11
Font
Wrap Text
Merge & Center
Alignment
Text
Number
Conditional Formatting
Format as Table
Normal
Neutral
L1178
Argenx Us, Inc
A
B
C
D
NDC/NHRIC Labeler
Firm Name
59 73450 Nexus Optical Inc.
60 73451 Lcbeauty Spa
61 73452 Nantong MUTIAN Biotechnology Co., Ltd
62 73453 AMBI Enterprises LLC
63 73454 Better Nature Pty Ltd
64 73456 Amtixbio Co., Ltd.
65 73457 Innovida Therapeutique Corporation
66 73458 Humanwell Pharmaceutical US, Inc.
67 73459 Steril-Gene Life Sciences Private Limited
68 73462 G1 Therapeutics, Inc.
69 73464 Nu Calmar Pty Ltd
70 73465 Infinity Medical Supply LLC
71 73466 MISOCOS
72 73468 Magnegas Welding Supply-South, LLC
73 73469 Scholl's Wellness Company LLC
74 73471 ENDO GLOBAL AESTHETICS LIMITED
75 73472 Huizhou Jiuhui Pharmaceutical Co., Ltd.
76 73473 Solaris Pharma Corporation
77 73474 DEMAND SERVICE CO., LTD.
78 Argenx Us, Inc
79 73476 Dose Innova S.L.
80 73477 Orphazyme A/S
81 73478 Optimal Health & Wellness Inc
82 73479 sanPharmacy Inc.
83 73480 TriVue Pharmaceuticals, Inc.
84 73482 IsoTherapeutics Group LLC
85 73483 JY Company
86 73484 Signature Club A Ltd
87 73485 Diora Kimya Sanayi ve Ticaret Limited Sirketi
88 73486 FARLA MEDICAL INT LTD
89 73487 Korex Chicago LLC
90 73488 ENCORE WELDING AND INDUSTRIAL SUPPLY LLC
91 73489 CROWN GENERAL AGENCY INC
92 73490 ROA Pacific Corporation
93 73491 Generon Biomed Inc.
94 73492 ALAINA HEALTHCARE PRIVATE LIMITED
95 73493 Kowon International Korea Co.ltd
96 73494 K.biocos
NDCLabelerCodeAutoReport

argenx

Product List

ARGX-113 – efgartigimod – labeler code - 73475

KEITH WOODS

North Redington Beach, FL 33708 / (5 / s@gmail.com

Senior Executive in Building Capability and Driving Growth in Rare Disease Markets

Over 25 years of successful biotech / pharmaceutical experience with a proven track record of success. High-integrity leader of people with strengths in creating the vision, short and long range planning, establishing and communicating direction, guidance of large cross functional teams, business and financial acumen, and ultimately delivering results for patients and the organization.

Professional Experience

Alexion Pharmaceuticals Inc. **2010 – 2017**

Global biopharma company focused on developing and delivering life-transforming therapies for patients with devastating and rare disease. Over 3000 employees serving patients in 50 countries.

Senior Vice President, North America Business Operations **2015 – 2017**
(New Haven, CT)

- Commercial and Operations leader managing a business with over $1.5Bn in annual sales and over 400 employees. Reported directly to the CCO and presented N.A. commercial performance to the CEO and Chairman of the Board on regular basis.
- Launched two new enzyme replacement therapies, including one that was the most successful ERT launch in history. Far exceeding original forecast and leading country in global performance.
- Enhanced operational excellence with restructure of global commercial business operations, creation of U.S. commercial business operations, expansion of product distribution options in U.S., a development and launch of new global CRM platform to improve ease of data entry and consolidation of information.
- Attracted talent and drove people development. Hired New VP of Sales, stabilized a team that had above average turnover, built promotional tracks, executed plans for cross functional job experience, enhanced gender diversity

Vice President, Managing Director, Alexion UK **2013 – 2015**
(London, UK)

- Assigned by CEO and Chairman of the Board to provide leadership and operational excellence to an underperforming organization.
- Built cross functional team that included hiring new Business Unit Leaders, Senior Medical Director, Senior Finance Director, Head of UK Business Operations (Distribution, Incentive Compensation, CRM, Business Reports), Human Resources Director and grew team from 20 people to 55 people in two years.
- Successfully navigated Soliris for Atypical Hemolytic-Uremic Syndrome (aHUS) through the first ever NICE Highly Specialized Technology (HST) review.
- Assigned as Managing Director of Synageva UK post acquisition to successfully merge assets and integrate personnel as to not delay launch of newly acquired enzyme replacement therapy.

KEITH WOODS

North Redington Beach, FL 33708 / / :@gmail.com

Vice President, U.S. Commercial Operations
Executive Director, U.S. Sales **2010 – 2013**
(Cheshire, CT)

- Responsible for, and direct reporting line from Sales, National Accounts, Regional Clinical Specialist, Diagnostic Lab Specialist, Distribution, and Case Management
- Planned and executed two commercial expansions. This includes but not limited to region and territory restructure, redeployment of personnel, hiring and training to expand U.S. from 69 people in 2010 to 207 people by 2013.
- Cross-Functional success – Medical Affairs, Two Marketing Teams, Case Management, Distribution, Regional Clinical Specialist, Diagnostic Lab Specialist, National Accounts, Global Business Analytics, Finance, Legal, Human Resources, etc.
- Delivered Financially - Lead team to twelve consecutive quarters of growth in Paroxysmal nocturnal hemoglobinuria (PNH) sales and launched Soliris for aHUS. (Which has turned out to be Alexion's single most successful launch and business to date.)

Eisai Inc. **2008 – 2010**
National Sales Director Oncology / Critical Care **2008 – 2010**
(Woodcliff Lake, NJ)

- National Oncology / Critical Care Sales Leader. Responsible for four sales teams with eleven direct reports, thirty three district managers and over two hundred and seventy sales representatives.
- Personally selected by Eisai's CEO & CCO to National Sales Director after 18 months with organization
- Lead cross-functional team to create and implement field force optimization. This includes but not limited to territory restructure, redeployment of personnel, incentive compensation plans, business plan format
- Formed new GPO Director position and hired two new Regional Business Directors
- Delivered above goal performance financially for the organization
- Selected as one of two sales directors in the US to participate in Eisai's E_ELITE program for development of future executive level leaders.

AMGEN **1997 - 2008**
(Thousand Oaks, CA)
National Account Director **2004 – 2008**
(Tampa, FL)

- Director for Amgen Nephrology's largest National Account. Responsible for greater than $1.3 Billion in Amgen revenue.
- Work closely with Account's CEO, CFO, COO, CMO, Presidents and Vice Presidents to create and implement strategic business approach.
- Participated in creation and oversee operations of Amgen's five year exclusive sourcing and supply agreement. Work with Vice President of Corporate Pricing and Contracting and Vice President of Finance to execute account milestones.
- Responsible for leading 8 managers directly and providing direction to 20 District Managers and 160 Professional Sales Representatives

KEITH WOODS

North Redington Beach, FL 33708 / (; / s@gmail.com

Regional Sales Director **2001 – 2004**
(Thousand Oaks, CA)

- Launched and responsible for fifty percent of Amgen non-ESRD Nephrology Sales in USA.
- Brand plan development with Marketing Director, including strategy, tactics, messaging.
- Worked on Corporate Pricing and Contracting to create and execute Amgen's first Nephrology Office based contract.

Early Professional Experience

Oncology District Sales Manager **1998 – 2001**
(Nashville, TN & Tampa, FL)

- Front-line sales manager responsible for leading staff to exceed revenue goal.
- Successfully delivered three consecutive years of President's Club Award Winning Leadership. (1999 – 2001)
- 2000 results include number one district in the nation on four of five performance metrics. Appointed by Regional Manager in 2001 to take over underperforming district. 2001 results include number one district in the region and number four in the nation

Amgen Professional Sales Representative **1997 – 1998**
HOFFMAN LA-ROCHE PHARMACEUTICALS **1990 – 1997**
(Nutley, NJ)

Education & Professional Development

Florida State University, Bachelor of Science
Marketing Major
Communications Minor

Dale Carnegie Training, Attendee and Graduate Assistant
High Impact Presentations
Leadership and Management

References Available Upon Request

May 7, 2020

Via Fed Ex

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

To Whom It May Concern:

Enclosed please find the initial application for Argenx US, Inc.

Argenx US, Inc. ("argenx") is a clinical-stage biotechnology company developing a deep pipeline of differentiated antibody-based therapies for the treatment of severe auto immune diseases and cancer. Argenx is located in Boston, MA and is a privately owned company whose grandparent company is publicly traded on the NASDAQ (ARGX). Argenx is focused on treatment that addresses auto immune diseases and cancer. Argenx is preparing to launch its newest product, efgartigimod, an infusion used to treat patients with severe auto immune diseases associated with high levels of pathogenic immunoglobulin G or IgG where a severe unmet medical need exists. Argenx is a Virtual Manufacturer, meaning their product will be manufactured by a CMO and distributed by a 3PL, whom is licensed to do business in your state.

If you have any questions regarding this application, please contact me at 614-370-2801 or via email at stacie.borngrebe@twolabs.com. Please also address all written communication to me. My address is 2123 English Turn Dr. Grove City, OH 43123. Thank you in advance for your consideration.

Best Regards,

Stacie Borngrebe
Licensing Analyst
PharmaLicense

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 20-F

(Mark One)

☐ **REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934**

OR

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2018

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

OR

☐ **SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Date of event requiring this shell company report _____

Commission file number 001-38097

ARGENX SE
(Exact name of registrant as specified in its charter and translation of Registrant's name into English)

The Netherlands
(Jurisdiction of incorporation or organization)

Willemstraat 5
4811 AH, Breda, the Netherlands
(Address of principal executive offices)

Tim Van Hauwermeiren
argenx BVBA
Industriepark Zwijnaarde 7,
Building C
9052 Zwijnaarde (Ghent)
Belgium
+32 9 310 34 00
TVanHauwermeiren@argenx.com
(Name, telephone, e-mail and or facsimile number and address of company contact person)

Securities registered or to be registered pursuant to Section 12(b) of the Act:

Title of each class:	Name of each exchange on which registered
American Depositary Shares, each representing one ordinary share with a nominal value of €0.10 per share	Nasdaq Global Select Market
Ordinary shares with a nominal value of €0.10 per share *	Nasdaq Global Select Market*

* Not for trading, but only in connection with the registration of the American Depositary Shares.

Securities registered or to be registered pursuant to Section 12(g) of the Act: None.

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act: None.

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report:

As of December 31, 2018 35,975,312 ordinary shares were outstanding, including ordinary shares represented by American Depositary Shares.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes X No ☐

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.

Yes ☐ No X

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days:

Yes X No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files):

Yes X No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer X Accelerated filer ☐ Non-accelerated filer ☐ Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13(a) of the Exchange Act.

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board X Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow.

Item 17 ☐ Item 18 ☐

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

Yes ☐ No X

EX-21.1 6 a2234043zex-21_1.htm EX-21.1

QuickLinks -- Click here to rapidly navigate through this document

Exhibit 21.1

Subsidiaries

Name of Subsidiary	Jurisdiction of Incorporation or Organization
argenx BVBA	Belgium
argenx US, Inc.	United States

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: electroCore, Inc.

Physical Address: 150 Allen Road, Suite 201

City: Basking Ridge State: New Jersey Zip Code: 07920

Telephone Number: 973-290-0097 Fax Number: 973-290-9171

Toll Free Number: N/A

E-mail: Leanne.usa@electrocore.com Website: www.electrocore.com

Facility Manager: David M. Talish

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Veterinarians

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

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) See attachment

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: Moxie Print, LLC
Address: 14 Worlds Fair Drive, Unit D Somerset, NJ 08873

Name: Mars International, Inc.
Address: 60 Kingsbridge Road Piscataway, NJ 08854

Name: Parker Laboratories, Inc.
Address: 4 Sperry Road Fairfield, NJ 07004

Name: Uline
Address: P.O. Box 88741 Chicago, IL 60680

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with 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 ☒

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

David M. Talish
Print Name of Authorized Person

5/8/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: electroCore, Inc.

Mailing Address: 150 Allen Road, Suite 201

City: Basking Ridge State: New Jersey Zip: 07920

Telephone: 973-290-0097 Fax: 973-290-9171

Contact Person: Mike Romaniw

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: 6/21/2018

Registration number issued: 4029515

Stock Exchange: ECOR

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

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

List of officers and directors. **See Attachment**

Attachment A

Letter of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELECTROCORE, 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 THIRTIETH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELECTROCORE, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2005.

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

Jeffrey W. Bullock, Secretary of State

4029515 8300

SR# 20200665270

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

Authentication: 202289206

Date: 01-30-20

Attachment B

Resident State License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0738426

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

150 ALLEN RD. STE 201 BASKING RIDGE, NJ 07970-

Reg. No.
5005230

ELECTROCORE, INC.
150 ALLEN RD, STE 201
BASKING RIDGE, NJ 07970-

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

EXPIRES: January 31, 2021

Establishment Copy

Attachment C

Proof of FDA Registration

Please note that electroCore, Inc. formerly operated under the legal name "electroCore LLC" and is in the process of updating its registered name with the US Food and Drug Administration.

U.S. Department of Health & Human Services

A A A

FDA U.S. FOOD & DRUG ADMINISTRATION

Follow FDA | En Español

SEARCH

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary | Cosmetics | Tobacco Products

Establishment Registration & Device Listing

FDA Home › Medical Devices › Databases

1 result found for **Establishment Registration or Business Trade Name : *ELECTROCORE LLC***

New Search

Establishment Name	Registration Number	Current Registration Yr
ELECTROCORE LLC NJ/USA	3009060963	2020
Non-Invasive Vagus Nerve Stimulator - Headache - GammaCore		Manufacturer; U.S. Manufacturer of Export Only Devices; Complaint File Establishment
Non-Invasive Vagus Nerve Stimulator - Headache - GammaCore Sapphire; GammaCore-2; GammaCore-S		Manufacturer; U.S. Manufacturer of Export Only Devices; Complaint File Establishment

Can't find what you're looking for? Try a new search

Page Last Updated: 01/20/2020

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.

Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

FDA

Accessibility | Contact FDA | Careers | FDA Basics | FOIA | No FEAR Act | Nondiscrimination | Website Policies

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government | For Press

Combination Products
Advisory Committees
Science & Research
Regulatory Information
Safety
Emergency Preparedness
International Programs
News & Events
Training and Continuing Education
Inspections/Compliance
State & Local Officials
Consumers

U.S. Department of Health & Human Services

Verified 5/14/20 MS

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
ELECTROCORE LLC
150 Allen Rd Ste 201
Basking Ridge , NJ 07920
Registration Number: 3009060963
FEI Number*: 3009060963
Status: Active
Date Of Registration Status: 2020

Owner/Operator:
ElectroCore, Inc.[6]
150 Allen Road
Suite 201
Basking Ridge, NJ US 07920
Owner/Operator Number: 10038007[7]

Official Correspondent:
Michael Romaniw
150 Allen Road
Suite 201
Basking Ridge, NJ 07920
Phone: 973-3556702

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

---

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices

5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10038007&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10038007&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Page Last Updated: 05/18/2020

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of **Health & Human Services**

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10038007&OwnerOperatorName=&ProductCode=&DeviceName=&

ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&
RegistrationNumber=&OwnerOperatorNumber=10038007&OwnerOperatorName=&ProductCode=&DeviceName=&
ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=

Attachment D

Corporate Officer and Director Information

electroCore, Inc.
150 Allen Road, Suite 201
Basking Ridge, NJ 07920

Corporate Officers:

Daniel S. Goldberger
Chief Executive Officer

Brian M. Posner
Chief Financial Officer

Peter Staats, M.D.
Chief Medical Officer

Michael Romaniw
Executive Vice President, Systems & Operations

Directors:

Michael G. Atieh
Nick Colucci
Peter Cuneo
JP Errico
Thomas J. Errico
John Gandolfo
Daniel S. Goldberger
Trevor Moody
Stephen L. Ondra
Tom Patton
Jim Tullis

Attachment E

Facility Manager's Resume

David M. Talish

Townview Court, Flemington, NJ 08822
• d

Quality Assurance professional with 20 plus years of experience in Quality Assurance / Regulatory Compliance, most recently as Director of Quality Assurance responsible for Complaints, Field Actions, Internal Audits, CAPA, Supplier Quality, Training Software System and over-all Quality Systems, as well as responsible for FDA/Notified Body Audits

Experience

February 2014 – Current

Director of Quality Assurance; electroCore, Inc.

- Manage and maintain effectiveness of Quality Management System
- Managing compliance activities to assure that all phases of product development and operating procedures and systems are in compliance with FDA's Quality System Regulations (QSR), ISO 13485, EU MDD, and the Canadian Medical Device Regulation requirements.
- Managing the CAPA, internal auditing, complaint handling, supplier quality, and change control processes.
- Ensure effective/efficient quality techniques/methods are identified and implemented during the product realization/design controls process and post design transfer phase
- Identify, develop, and report Quality Management System metrics and communicates the status of the QMS at management review through the use of these metrics
- Participates in, or identifies / initiates continuous improvement activity and process re-engineering projects in support of the Company's continual improvement initiatives
- Ensures that the QMS processes are reviewed to optimize accuracy and process efficiency.
- Develop and conduct effective training programs on related QA topics
- Serve as designated Site Management Representative
- During this time, initial device received FDA approval for US use, also transitioned from a private startup company to a public company, IPO - June 2018

March 2007 – February 2014

Regulatory Compliance Manager; Biomet, Inc.

Started as CAPA Specialist, to Regulatory Compliance Supervisor to Regulatory Compliance Manager

- Managed a team of 9 with oversight of the Quality Systems, including: Complaints, CAPA, Suppliers, Internal and External Audits, and Calibration
- Lead the development and implementation of regulatory compliance activities as they relate to Biomet's manufacturing facilities and perform training of personnel on relevant procedures and general compliance awareness
- Site lead for two sites for implementation of a Global Quality System Software Solution among all site, that consisted of; Complaints, CAPA, Nonconformances, Auditing, amongst other Quality Systems
    - Working with worldwide facilities for common systems to be used by all
    - Working with internal groups for implementation of each module
- Assumed ownership from HR for the Learning Management System (LMS) Software training system. Took over numerous issues from the implementation of the system. Mapping entire population in the system to better align training plans
- Site Management Representative
- As processes become globalized, incorporate all Corporate procedures into the site Quality System
- Responsible for all Notified Bodies interactions
- Develop and conduct Site Management Review annual meetings for Senior Management

January 1995 – December 2006

Quality Engineer II, CAPA and Nonconformance; Cordis Corporation, a Johnson & Johnson Company

Started as QA Technician in lab, to QA Analyst I, II, to QA Engineer I, II

- Responsible for QE support of the site CAPA and Nonconformance systems
- 6 month tenure of QE support for both Miami Lakes and Warren site CAPA and Nonconformance systems, based in both locations on bi-weekly intervals
- Support metric gathering/formatting for Management Reviews (Tier I, II, and III) metrics reported by CAPA Managers
- Support Warren Site CAPA Review Board meetings – scheduling meetings, generating agendas and minutes
- Lead all Back-Room support for external regulatory inspections, mainly FDA inspections

July 1991 – January 1995

Assistant Project Manager; Exogen, Inc.

- Responsibilities included Design, Scheduling, Procurement and Documentation Control when company was a small startup.

Education

June 1994

- Bachelor of Science Degree in Business Management; William Paterson College (University)
- New Jersey Institute of Technology, 2 years towards Electrical Engineering

Skills

- 20 Plus years in Quality Assurance / Regulatory Compliance
- Strong computer skills, including word processing, spreadsheet and data programs
- Good oral and written communication skills

Activities

Use this section to highlight your relevant passions, activities, and how you like to give back. It's good to include Leadership and volunteer experiences here. Or show off important extras like publications, certifications, languages and more.

- American Society for Quality (Senior), 1999-present
    - Certified Quality Auditor, ASQ (12/1999-12/2002)
- Colonial Little League Board of Directors (2017 and 2018)
- Team in Training volunteer Mentor and Training Ride Captain (2009 – 2011)

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

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

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Revance Therapeutics, Inc.

Physical Address: 7555 Gateway Boulevard

City: Newark State: CA Zip Code: 94560

Telephone Number: 510-742-1000 Fax Number: 510-742-3401

Toll Free Number: N/A

E-mail: vvergara@revance.com Website: www.revance.com

Facility Manager: Victor M. Vergara

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Clinics, distributors and manufacturers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other:
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

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) See Attachment C

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: See Attachment C
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with 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 ☒

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. N/A

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

Victor M. Vergara
Print Name of Authorized Person

May 07 2020
Date

Board Use Only	Date Processed:_____	Amount: $500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: Revance Therapeutics, Inc.

Mailing Address: 7555 Gateway Boulevard

City: Newark State: CA Zip: 94560

Telephone: 510-742-1000 Fax: 510-742-3401

Contact Person: Victor M. Vergara

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. See Attachment F

Date of Incorporation: August 10, 1999

Registration number issued: 3074007

Stock Exchange: NASDAQ

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 publicly traded corporation

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

List of officers and directors. See Attachment E

Attachment A

Resident State License and Verification

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

DRUG MANUFACTURING LICENSE

Revance Therapeutics, Inc.
7555 Gateway Blvd.
Newark, CA 94560

LICENSE NUMBER: 54653
EXPIRATION DATE: 11/19/2021

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the provisions of 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 is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 11/5/2019

OSP 07 102308

Attachment B

Facility Manger's Resume

VICTOR VERGARA

Web Profile : http://www.linkedin.com/in/vergaravictor

Professional Experience

REVANCE THERAPUTICS INC

DIRECTOR SUPPLY CHAIN AND MATERIALS (Sept 2019 to Present – Newark, CA)

- Develop and implement the Supply Chain strategies, tactics and operations, including Demand Forecast, Inventory and Materials management, Procurement, Production Planning, Transportation and trade compliance.
- Define, Evaluate and implement the best ERP solution in order to support company objectives.
- Develop a dashboard with KPI that monitors the performance of forecast accuracy, Safety stocks, Inventory Turns, Service Level and costs.
- Maintain an optimum level of inventory, to ensure an efficient manufacturing process, without increasing working capital.
- Partner with commercial to identify value added opportunities and to secure a high level of service.
- Participate in inspections readiness effort, ensuring materials management is fully prepared for both internal and external audits.
- Provide accurate and timely information to upper management to support strategic decision processes.

GUERBET PHARMACEUTICAL AND MEDICAL DEVICES 2015 to Present – St Louis, MO

GENERAL MANAGER LATIN AMERICA (MAY 01 2017 to Present – St Louis, MO)

- Senior executive responsible for the management of Guerbet's business in Chile/Colombia/Panama. Coordinating operations from Europe. Asia and US, to Latam.
- Overall responsibility for P&L and the strategic growth initiatives for all present and new business lines.
- Build and manage global logistics network, including 3PLs, Courier, US and ex-US shipping lanes, freight forwarding/customs clearance partners for trials and commercial launch
- Develop and report Key Performance Indicators including forecast accuracy, inventory levels, inventory reserve, months of supply, and customer delivery performance.
- Build long-term strategic partnerships with key players and customers, focused on integrating services and operation with clients.
- Anticipate and articulate client needs to become a trusted advisor and strategic marketing/business partner.
- Develop and Manage the successful implementation of strategic initiatives that enable revenue growth and/or accelerate company profitability and efficiency
- Ensure compliance in each market according to quality assurance standards and regulatory affairs requirements
- Supervises, coaches and develops a high-performing team

DIRECTOR OF SUPPLY CHAIN AND LOGISTICS AMERICAS (DEC 01 2015 to APR 30 2017 – St Louis, MO)

Oversee/manage all regional supply chain and logistics activities in Americas and Caribbean. Lead, from an operational standpoint, the integration between Guerbet and Mallickrodt.

- Establishes and executes Supply Chain Master Plan over multiple locations and markets in coordination with regional VP and country managers
- Collaborates and oversees the development of demand and aggregate forecasts, as appropriate, for input into planning models. Coordinating operations between Europe, US and Latam.
- Develops, formally documents, implements and manages supply chain strategies and processes including purchasing and GMP warehouse operations
- Manages inventory reconciliation and partners with Finance for financial closes
- Develops a network of global transport providers, customs brokers and logistics partners.
- Main Responsibilities: inventory mgmt., trade compliance, customer service, logistics, demand forecast, Replenishment Planning, International freight and Packaging engineering
- Implementation of SIOP to ensure right level of service without jeopardizing working capital.
- Find, select and negotiate with 3P across the region: 3PLs, Freight Forwarder, Carriers, Custom Brokers, etc.
- Strategic planning and execution of projects in US, Mexico and Brazil: Logistics, DC, Sales FCST and trade compliance.

MALLINCKRODT PHARMACEUTICAL AND MEDICAL DEVICES 2014 to 2015 – St Louis, MO

DIRECTOR, SUPPLY CHAIN & COMMERCIAL FOR LATIN AMERICA (MAY 2014 to DEC 2015 – St Louis, MO)

Overall responsibility for the P&L of the Contrast Media, Specialty Pharma and Nuclear Imagine business for Argentina, Chile, Panama, Central America, Colombia, Bolivia, Paraguay, Peru, Ecuador, and Venezuela.

- Ensures all supply chain strategies and processes follow company policies, procedures and applicable regulatory authority directives and regulations
- Ensures supply chain compliance to GMP documentation requirements and training
- Leads and/or participates in the selection process of vendors. Leads co-negotiation of agreements with key partners
- Works closely with manufacturing sites and storage facilities to execute against detailed logistics and temperature management specifications
- key leader in the execution of sales, operations, and planning processes (S&OP)
- Negotiate and Maintain business relationship with distributors in LATAM, defining short/long term strategies.
- Anticipate any problem, mitigate any risk and take proactive action to ensure the sales forecast.
- Main achievements:
  - Stop sales erosion the first year and increase net sales by 20% ($5 mill) the second year.
  - Increase EBITDA from 0% to 14%.
  - Open new markets: Honduras, Costa Rica and Dominican Republic.
  - Reduce Sales Ops Cost and OCOS in 15% ($4 mill).

COVIDIEN 2012 to 2014 – St Louis, MO

DIRECTOR OF SUPPLY CHAIN LATAM (SEP 2012 to MAY 2014 – St Louis, MO)

After company spin-off, develop and manage LATAM Supply Chain activities, defining short/long term strategies.

- Creates, maintains and ensure compliance of Supply Chain related Standard Operating Procedures (SOPs)

- Provides oversight for importation/exportation compliance of labeled supplies to the appropriate drug depot and subsequent shipment to the clinical sites (as required)
- Monitor supply plan execution, forecast accuracy, inventory levels and remaining shelf life
- Establish & measure key metrics for the supply related performance of our supply chain partners & internal function
- Establish safety stock & inventory targets & work with Finance to analyze financial impacts
- Ensure transport & warehouse providers understand & comply with our Material Safety Data requirements
- Working closely with Tax/Finance departments to accurately account for import duties, trade tariffs, VAT, and insurance limits
- Main Areas: DC operations, inventory mgmt, trade compliance, customer service, logistics and demand forecast.
- Find, select and negotiate with 3P across the region: 3PLs, Freight Forwarder, Carriers, Custom Brokers, etc.
- Provide strategic operations visibility to the country managers to support regional growth.

NEOLOGISTIC *2008 to 2012 - Miami, FL*

OWNER - DIRECTOR OF BUSINESS DEVELOPMENT, LOGISTICS AND GLOBAL SUPPLY CHAIN

Startup Company that provided int. logistics and supply chain consulting services.

- Main services: Global operational cost reduction, improvement of lead times and negotiate with vendors/manufacturer.
- Manage day to day operations, including maintenance, repair, construction, renovation, security, janitorial and development projects for multiple buildings
- Main products: 3PL, supply chain, freight forwarding, logistics, inventory management and warehousing services.
- Company: 30,000 sq-ft facilities, 6 employees, $1 mill net sales with 20% Operative Income.

LAN CHILE CARGO AIRLINES *Santiago, Chile and Miami, FL 1999 to 2008*

DIRECTOR OF IMPORTS OPERATIONS (JAN 2006 to SEPT 2008 - Miami, FL)

Direct top cargo handler at Miami Intl. Airport where almost all perishables from South America are received.

- Manage the imports operations of international flights (1.200 ton/day, 40 flights/day, 320 employees, 300,000 sq-ft, 800 customers) within an environment of high level of customer services expectation.
- Support all safety programs and OHSA compliance to ensure a safe work environment for all employees and customers.
- Support key customers efforts to improve their Supply Chain flows from end to end (Food, Fish, Produce and Flowers).
- Other Activities: Relationship CBP, SAP, P&L, relationship with 3PLs, carries, and customers.

SENIOR MANAGER OF EXPORT OPERATIONS (OCT 2003 to JAN 2006 – Miami, FL)

Transferred from Chile to US, to improve Export operation.

- Manage the Exports operation for international flights (800 ton/day, 30 flights/day, 250 employees, 400,000 sq-ft, 600 customers) in a very demanding and high-pressure environment.

- Other Activities: Procurement, quality assurance, inventory management, domestic's logistics and customer service.
- Products: General cargo, parcels, mail, pharma, high-tech, oversized, dangerous goods, high-value and live animals.
- Support key customers efforts to improve their Supply Chain flows from end to end (HP, Intel, Pfizer, Dell).

OPERATIONS MANAGER (AUG 1999 to OCT 2003 – Santiago, Chile)

- Manage and monitor air freight itineraries, export and import operational procedures, and quality assurance.
- Supervise 320 employees.
- Establish new air freight operations in France, Australia, and New Zealand.

EDUCATION & CERTIFICATIONS

- **M.S. Strategic Management**; Indiana University, Bloomington, IN.
- **MBA** – IEDE Business School; Madrid, Spain & Santiago, Chile.
- **B.S. & M.S. - Civil Engineering,** P. Universidad Católica de Chile; Santiago, Chile.
- **Strategic Supply Chain Management,** Massachusetts Institute of Technology (MIT), Boston, MA.
- **Project Management,** Stanford University; Stanford, CA
- **LEAN Six Sigma,** Purdue University; West Lafayette, IN

Attachment C

Nature of Business and FDA Registration

Revance Therapeutics, Inc. (Revance) is a prescription device manufacturer. Revance will utilize a contract manufacturer to produce its product and a third party logistics provider to ship. Revance will not physically handle its prescription device product. Provided below is the contact information for the third parties that will be used:

Contract Manufacturer:

Teoxane SA
Rue de Lyon 105, CH-1203
Geneva, Switzerland
FDA Establishment Registration: 3005975625

Third Party Logistics Provider:

Cardinal Health
501 Mason Rd. Suite 200,
La Vergne, TN 37086

Verified
MS
5/26/20

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
REVANCE THERAPEUTICS, INC
7555 Gateway Blvd
Newark , CA 94560
Registration Number: 3007772056
FEI Number*: 3007772056
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types
Please Review Listings For Further Information
Date Of Registration Status: 2020

Owner/Operator:
Revance Therapeutics, Inc.[6]
7555 Gateway Blvd
Newark, CA US 94560
Owner/Operator Number: 10062439[7]

Official Correspondent:
Michelle Frazier
7555 Gateway Blvd
Newark, CA 94560
Phone: 1-510-7423441

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10062439&OwnerOpe
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10062439&OwnerOpe

Page Last Updated: 04/13/2020

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

Links on this page:

Drug Establishments Current Registration Site

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

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

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **Revance**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Revance Therapuetics, Inc.	3007772056	113114321	ANALYSIS; API MANUFACTURE; MANUFACTURE;	7555 Gateway Boulevard, Newark, California (CA) 94560, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Tuesday, May 26, 2020

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

Attachment D

Certificate of Good Standing

Delaware

The First State

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2007, AT 6:03 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE ELEVENTH DAY OF DECEMBER, A.D. 2007, AT 3:07 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE EIGHTH DAY OF DECEMBER, A.D. 2009, AT 12:19 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTH DAY OF MARCH, A.D. 2010, AT 6:12 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TENTH DAY OF MAY, A.D. 2010, AT 1:04 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE EIGHTH DAY OF NOVEMBER, A.D. 2012, AT 3:13 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF FEBRUARY, A.D. 2013, AT 12:50 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2013, AT 4:59 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTEENTH DAY OF MAY, A.D. 2013, AT 8:39 O`CLOCK P.M.





3074007 8310

SR# 20200885030

Authentication: 202339271

Date: 02-06-20

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "REVANCE THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TENTH DAY OF AUGUST, A.D. 1999, AT 2 O`CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRD DAY OF JULY, A.D. 2002, AT 9 O`CLOCK A.M.

RESTATED CERTIFICATE, FILED THE SIXTH DAY OF APRIL, A.D. 2004, AT 11:56 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "ESSENTIA BIOSYSTEMS, INC." TO "REVANCE THERAPEUTICS, INC.", FILED THE NINETEENTH DAY OF APRIL, A.D. 2005, AT 1:19 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2006, AT 8:15 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

3074007 8310

SR# 20200885030

Authentication: 202339271

Date: 02-06-20

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

Attachment E

Corporate Officer and Director Information

Revance Therapeutics, Inc.
7555 Gateway Boulevard
Newark, CA 94560

Corporate Officers:

Mark Foley
President & Chief Executive Officer

Abhay Joshi
Chief Operating Officer, President, R&D and Product Operations

Tobin C. Schilke
Chief Financial Officer

Dwight Moxie
SVP, General Counsel & Corporate Secretary

Dustin Sjuts
Chief Commercial Officer

Board of Directors:

Angus C. Russell
Jill Beraud
Robert Byrnes
Mark Foley
Phyllis Gardner, M.D.
Chris Nolet
Julian S. Gangolli
Philip J. Vickers

Subject: FW: License Verification Request for Revance Therapeutics, Inc. (license #: 54653)

From: FDB MedDevice [mailto:FDBMedDevice@cdph.ca.gov]
Sent: Tuesday, April 14, 2020 10:37 AM
Cc: Jones, Taylor I.
Subject: RE: License Verification Request for Revance Therapeutics, Inc. (license #: 54653)

Hello,

Thank you for contacting the California Department of Public Health – Food and Drug Branch. In reference to your inquiry, please see the information **below**.

Please let us know if you have any further questions or concerns.

Thank you,

FDB Med Device
+1 (916) 650-6500
FDBMedDevice@cdph.ca.gov

From: Jones, Taylor I. <jones@porziols.com>
Sent: Friday, April 10, 2020 11:23 AM
To: FDB MedDevice <FDBMedDevice@cdph.ca.gov>
Subject: License Verification Request for Revance Therapeutics, Inc. (license #: 54653)

[EXTERNAL MESSAGE] FROM: jones@porziols.com
Only open links and attachments from known senders. Do not provide your username or password. To report suspicious emails, click "Report Phish" button.

Dear Sir or Madam,

On behalf of our client, Revance Therapeutics, Inc. (license #: 54653), kindly verify the information requested below and send verification of licensure to the Michigan Board of Pharmacy's e-mail address: bpldata@michigan.gov. Please note that Michigan will accept an e-mail verification as long as it comes directly from your office.

Please include the following information in the e-mail to Michigan:

Company Name: Revance Therapeutics, Inc.
License #: 54653
Date of Issuance: 10/14/2010
Expiration Date: 11/19/2021
Status: VALID/ACTIVE

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☒ Publicly Traded Corporation – Pages 1,2,3,4
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Partnership - Pages 1,2,3,7,8
☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Verrica Pharmaceuticals Inc.

Physical Address: 10 North High Street, Suite 200

City: West Chester State: PA Zip Code: 19380

Telephone Number: 484-453-3300 Fax Number: 484-453-3299

Toll Free Number: 800-641-1577

E-mail: gscavola@verrica.com Website: www.verrica.com

Facility Manager: Eugene R. Scavola

Professional qualifications and experience of facility manager: Eugene R. Scavola has over 10 years of experience working for pharmaceutical companies.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☒ No ☐
(If yes, provide a copy of your FDA registration) See Attachment B

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: N/A - Verrica Pharmaceuticals Inc. is a start-up company.
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with 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 ☒

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

Eugene R. Scavola
Print Name of Authorized Person

5/6/2020
Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: N/A

Corporation Name: Verrica Pharmaceuticals Inc.

Mailing Address: 10 N. High Street, Suite 200

City: West Chester State: PA Zip: 19380

Telephone: 484-838-7608 Fax: 484-453-3299

Contact Person: Eugene R. Scavola

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.

See Attachment C

Date of Incorporation: 07/03/2013

Registration number issued: 5361531

Stock Exchange: NASDAQ: VRCA

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 publicly traded corporation

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

See Attachment D

List of officers and directors.

See Attachment E

Attachment A

Regarding the Resident State License and Online Verification

Please note that the resident state licensing agency, the Pennsylvania Department of Health does not license entities that do not physically handle products. As such, a resident state license and online verification are not available. Enclosed please find a copy of the Pennsylvania letter of record.

Certificate of Record

Certificate No. 9500000206

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:
Office/Corporate Location
No product onsite

VERRICA PHARMACEUTICALS INC.
10 NORTH HIGH STREET
SUITE 200
WEST CHESTER, PA 19380

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: February 13, 2020

Expiration Date: The Last Day of February, 2021

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

pennsylvania
DEPARTMENT OF HEALTH

February 13, 2020

717.787.4779

Verrica Pharmaceuticals Inc.
10 North High Street
Suite 200
West Chester, PA 19380

Dear Sir or Madam:

The Pennsylvania Department of Health, Drug, Device & Cosmetic Program acknowledges that the company, Verrica Pharmaceuticals Inc., is an entity within the Commonwealth that is performing business activities related to the pharmaceutical, medical device, or cosmetic industry at the stated address. The company is not engaging in the physical manufacture, storage, distribution or retailing of product at this address.

The company has voluntarily provided information and has attested that no pharmaceutical product, medical device or cosmetic of any kind is physically manufactured, stored, distributed or retailed at the address stated above. This information serves only to place the company at the specified location, on file as a courtesy and does not subject it to any on-site inspection or regulatory requirements under the purview of this office. The information is recorded under record number #9500000206 and reviewed annually.

If at any time the business function changes and pharmaceutical product, medical devices or cosmetics are physically manufactured, stored, distributed or retailed at the address stated above, an application for registration/licensure will be required by Department of Health and the facility would be subject to all laws and regulations applicable to those activities. You may visit our website at https://apps.health.pa.gov/ddc/ or contact our office for additional information.

Sincerely,

Theresa A. Ritchie, R.Ph.
Drug & Device Program Specialist
Division of Home Health

Attachment B

FDA Registration

Gene Scavola

From: edrls@fda.hhs.gov
Sent: Wednesday, March 22, 2017 6:32 AM
To: Gene Scavola
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 22-MAR-2017
Labeler DUNS: 015664551
Labeler Name: Verrica Pharmaceuticals, Inc.
Labeler Code: 71349

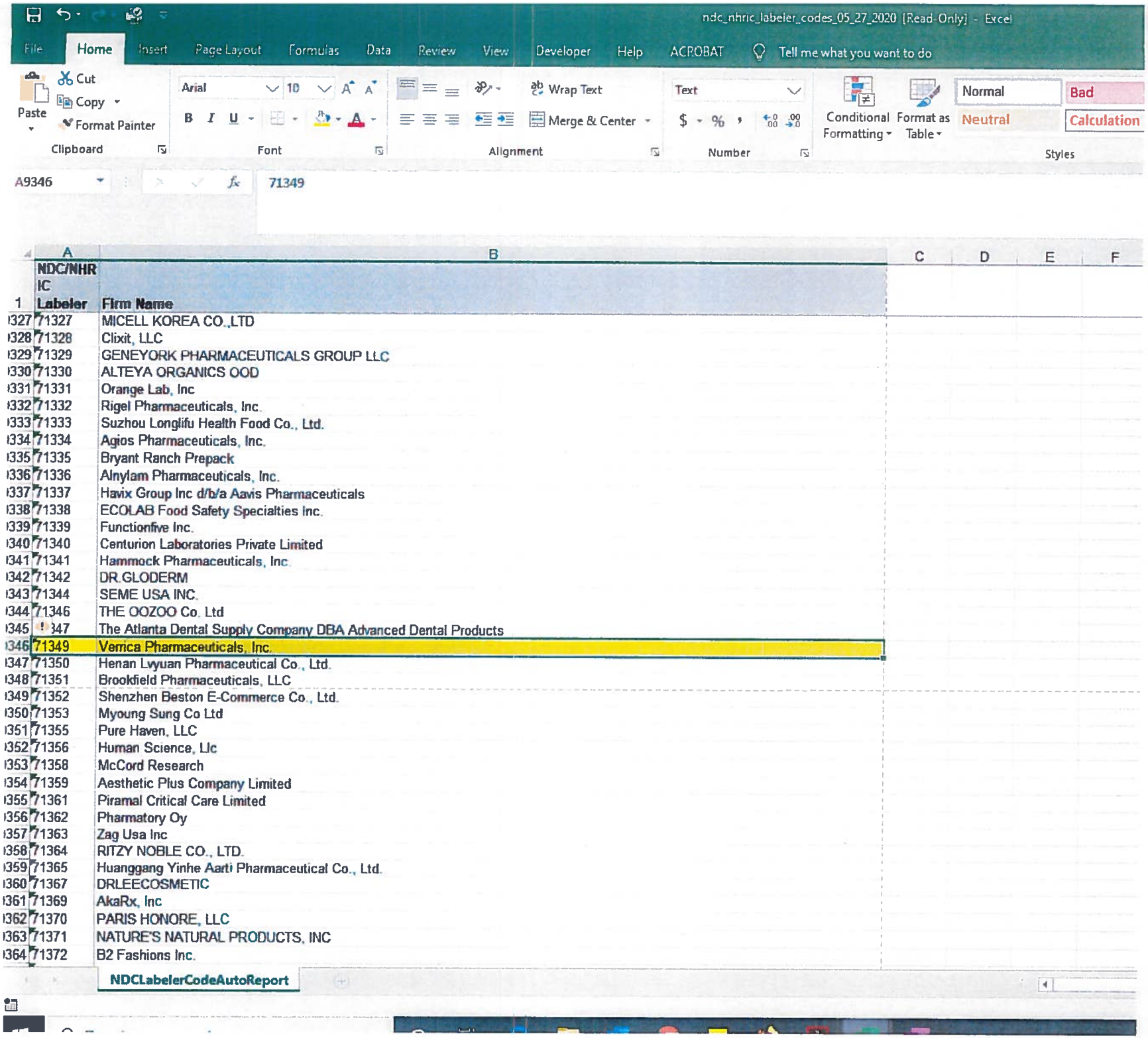
The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Verified
NS
5/27/20



ndc_nhric_labeler_codes_05_27_2020 [Read-Only] - Excel

File Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT Tell me what you want to do

Cut Copy Format Painter Paste — Clipboard

Arial 10 — Font

Wrap Text Merge & Center — Alignment

Text — Number

Conditional Formatting Format as Table — Styles

Normal Bad Neutral Calculation

A9346 71349

	A	B	C	D	E	F
1	NDC/NHRIC Labeler	Firm Name				
1327	71327	MICELL KOREA CO.,LTD				
1328	71328	Clixit, LLC				
1329	71329	GENEYORK PHARMACEUTICALS GROUP LLC				
1330	71330	ALTEYA ORGANICS OOD				
1331	71331	Orange Lab, Inc				
1332	71332	Rigel Pharmaceuticals, Inc.				
1333	71333	Suzhou Longlifu Health Food Co., Ltd.				
1334	71334	Agios Pharmaceuticals, Inc.				
1335	71335	Bryant Ranch Prepack				
1336	71336	Alnylam Pharmaceuticals, Inc.				
1337	71337	Havix Group Inc d/b/a Aavis Pharmaceuticals				
1338	71338	ECOLAB Food Safety Specialties Inc.				
1339	71339	Functionfive Inc.				
1340	71340	Centurion Laboratories Private Limited				
1341	71341	Hammock Pharmaceuticals, Inc.				
1342	71342	DR.GLODERM				
1343	71344	SEME USA INC.				
1344	71346	THE OOZOO Co. Ltd				
1345	347	The Atlanta Dental Supply Company DBA Advanced Dental Products				
1346	71349	Verrica Pharmaceuticals, Inc.				
1347	71350	Henan Lvyuan Pharmaceutical Co., Ltd.				
1348	71351	Brookfield Pharmaceuticals, LLC				
1349	71352	Shenzhen Beston E-Commerce Co., Ltd.				
1350	71353	Myoung Sung Co Ltd				
1351	71355	Pure Haven, LLC				
1352	71356	Human Science, Llc				
1353	71358	McCord Research				
1354	71359	Aesthetic Plus Company Limited				
1355	71361	Piramal Critical Care Limited				
1356	71362	Pharmatory Oy				
1357	71363	Zag Usa Inc				
1358	71364	RITZY NOBLE CO., LTD.				
1359	71365	Huanggang Yinhe Aarti Pharmaceutical Co., Ltd.				
1360	71367	DRLEECOSMETIC				
1361	71369	AkaRx, Inc				
1362	71370	PARIS HONORE, LLC				
1363	71371	NATURE'S NATURAL PRODUCTS, INC				
1364	71372	B2 Fashions Inc.				

NDCLabelerCodeAutoReport

Attachment D

Delaware Certificate of Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERRICA PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH 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 "VERRICA PHARMACEUTICALS INC." WAS INCORPORATED ON THE THIRD DAY OF JULY, A.D. 2013.

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

Jeffrey W. Bullock, Secretary of State

5361531 8300

SR# 20200156501

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

Authentication: 202150016

Date: 01-08-20

Attachment E

Corporate Officer and Director Information

Verrica Pharmaceuticals Inc.
10 North High Street, Suite 200
West Chester, PA 19380

Corporate Officers:

Ted W. White
President & CEO

Alfred Brian Davis
Chief Financial Officer

Joseph Bonaccorso
Chief Commercial Officer

Patrick Burnett, MD, PhD, FAAD
Chief Medical Officer

Directors:

Paul Manning (Chairman)
Ted W. White
Gary Goldenberg, MD
Craig Ballaron
Mark Prygocki
Sean Stalfort

EUGENE R. SCAVOLA

Carlyle Place • Charlottesville, VA 22903 • Mob

SENIOR LIFE SCIENCES EXECUTIVE

ACCOMPLISHED, ENERGETIC EXECUTIVE WITH SIGNIFICANT EXPERIENCE IN DOMESTIC AND INTERNATIONAL OPERATIONS OF BOTH START-UPS AND GROWTH ENTITIES.

RESULTS ORIENTED PROFESSIONAL WITH PROVEN SUCCESS CREATING VALUE BY IMPLEMENTING DECISIVE CHANGE NEEDED TO INCREASE ORGANIZATION AND OPERATIONAL EFFICIENCY.

ENGAGING, APPROACHABLE LEADER SKILLED AT BUILDING WORLD CLASS TEAMS AND COMFORTABLE ARTICULATING THE VISION TO ALL COMPANY LEVELS FROM THE SHOP FLOOR TO SENIOR EXECUTIVES.

CORE COMPETENCIES

Operational & Financial Management
Strategy Translation into Action Plans
Due Diligence and M&A Transactions
Start-up Cultivation and PE Exit Planning
Organizational Restructuring
Bank and Investor Relationships
Budgeting, Forecasting & Modeling
Broad FDA Regulated Industry Expertise
Risk Assessment and Management

PROFESSIONAL EXPERIENCE

PBM CAPITAL GROUP, LLC **5/2012 – present**

MANAGING PARTNER– Portfolio Company Operations

Key leader of a small private equity team focused exclusively in the life sciences space. Serve in Chief Operating Officer (COO) role to lead all product development and supply chain functions for portfolio companies with an eye toward successful transition to stand-alone entities.

Extensive experience in the following:

- Full FDA product development cycle for drugs, biologics and devices - managing multiple contractors for engineering, development, manufacturing, packaging and testing
- Comprehensive supply chain setup from raw material suppliers through third party logistic services
- Organization restructuring and integration for efficiency and cost savings
- Management of FDA interactions for Chemistry Manufacturing and Controls (CMC) and field inspections
- Multi-site management - P&L responsibility, KPI establishment and accountability
- High-visibility project management – product launches, due diligence, integration, systems implementation

Seven successful exits, including three IPO's, aggregating over $1.5 billion in market value creation

- **PBM Pharmaceuticals, Inc. –** Specialty pharma company. Quadrupled EBITDA to $30 million annual run rate. Sold to publicly traded specialty pharma company for more than $325 million in cash and equity.
- **Human Design Medical, LLC –** Startup obtained 510K approval on a unique respiratory device. Managed successful 2013 launch. Created quality management systems resulting in successful initial FDA inspection. Managed successful merger into Breas Medical AB.
- **Triangle Research Labs, LLC –** Biologic material supplier reorganized operations to achieve EBITDA exceeding 20% after years of significant losses. Sold to a multi-national life sciences entity for $17 million.
- **Xalud Therapeutics, LLC –** Startup biologics company focused on pain therapy. Multiple US and international clinical trials active. Supply of all clinical materials.
- **BREAS Medical AB** – Integrated US operations and design transfer of two new ventilators from R&D team for this large medical device manufacturer. Created North American distribution systems. Managed multiple successful regulatory inspections. Sold to a publicly traded healthcare conglomerate for over $ 110 million.
- **Dova Pharmaceuticals, Inc. –** Coordinated CMC section of the NDA submission. Direct management of launch activities; including, forecasting, packaging/labeling preparation, and distribution setup. Distribution within two weeks of PADUFA date. Successful IPO with market cap of $425 million in June 2017.

- **Avexis, Inc.** – Novel gene therapy startup focused on rare childhood disease. Initial site evaluations for clinical material production and testing. Successful IPO with market cap of $450 million in February 2016.
- **BUILDING BLOCK NUTRITIONALS, LLC** – Developing new advanced infant formula base platform (patent pending). Coordinated contract manufacture and testing activities. Managed multiple FDA approved feeding studies. Awaiting product non-objection from FDA.
- **Verrica, Inc.** – Led CMC activity for this specialty dermatology company, including engineering efforts for novel applicator design (patent pending). Successful IPO with market cap of $375 million in June 2018.
- **BC Holdings, LLC** – Leading development efforts and CMC interactions for proprietary non-porcine pancreatic enzyme replacement therapy product. Human clinical trials commencing in 2020.
- **TOLERION, INC** – Plasmid DNA platform company with active clinical trials. Drove fill-finish processing enhancements to reduce cycle time and improve stability of drug product. Supply of all clinical materials.

FAREVA USA, INC. **10/2011 – 5/2012**

Chief Financial Officer

Established all financial functions for new $300M+ start-up entity after successful sale transition. Responsible for deployment of new SAP system, creation of new financial reporting and budgeting requirements, establishment of process to respond to prospective customer bid requests, all cash & treasury functions, and management of relationships with banks, external auditors and tax authorities.

- **Reduced income tax burden by nearly $1M in first quarter** of operations through establishment of appropriate intercompany fee arrangements and advantageous state apportionment strategy.
- **Led successful bid for $7M revenue contract with new customer** using newly created processes and successfully negotiated $1.25M bank loan to fund equipment needed to meet the contract requirements.
- **Coordinated efforts to restructure employee benefits and compensation plans** to meet aggressive targets. Realized total savings of more than 15% and successful establishment of 401k plan for first payroll.

PFIZER PHARMACEUTICALS/WYETH PHARMACEUTICALS **09/1996 – 10/2011**

Director, Finance & Administration in Richmond, VA • 03/2010 – 10/2011

Led initiative to sell existing manufacturing site through private placement. Functioned as the principal site contact for corporate transaction team, external investment bankers, and all prospective buyers. Developed private placement memorandum, including all pro-forma financial data. Successful exit of facility through strategic sale to Fareva Group, SA.

Director, Global Manufacturing Systems in Great Valley, PA • 06/2008 – 03/2010

Promoted to define, develop, deploy, and support multiple IT shop floor systems across global network of 20+ manufacturing sites and product development centers. Managed team of 20+ FTEs and contractors.

- **Reduced preventative maintenance work by nearly 70%** and delivered $15M+ in expected network savings by leading pilot project to progress toward automated condition-based maintenance practices.
- **Enabled real-time process data reporting and analysis online and automated atypical result identification in LIMS** by leading projects to standardize data aggregation from MES, process automation layer, SAP, and LIMS.
- **Reduced overall deployment costs by $1M+ per site** by driving initiative to redesign Manufacturing Execution System (MES) architecture and standardize methodologies.

Senior Director, Viviant Primary Processing Unit in Guayama, PR • 04/2007 – 06/2008

Selected for expatriate assignment to establish new $83M solids oral dosage facility for new drug application product. Managed final phase of construction, commissioning, qualification, start-up, supply planning and manufacturing section submission responses for 20+ markets. Led team of 7 direct reports and up to 30 contractors.

- **Reduced testing and report closure cycle times by 70%+** through work practice improvements.
- **Completed entire equipment and facility qualification** and process validation in one year.
- **Readied site for initial launch build** by partnering with numerous international affiliates to complete SAP master data setup for all 60+ components and finished goods SKUs, equipment standards, and labor capacities.

Senior Director, Respiratory Primary Processing Unit in Richmond, VA • 10/2005 – 04/2007

Promoted to direct operations and strategic planning for $350M business unit with 5 direct and ~200 indirect reports. Managed all safety, maintenance, and technology functions; operating, capital, and inventory budgets; and entire production cycle from rough-cut demand planning through to finished goods release. Led S&OP process and interfaced with Commercial and Development groups for all new product introductions and market launches.

- **Led business unit to successfully pass FDA** biennial and pre-approval inspections and several international regulatory inspections with no 483 observations.
- **Maintained 98%+ fill-rate** on key SKUs and met all inventory write-off targets during relaunch of 21 SKUs by leading OTC business unit in response to a voluntary withdrawal of PSE-containing products.
- **Facilitated consistent cycle time of 9 days** through QA release for all designated "A" SKUs.
- **Boosted customer service levels** from under 95% to 99%+ by optimizing use of SAP production planning.
- **Lowered inventory levels by 30%+** through comprehensive ABC inventory component assessment, segregation, and reset of lead times and safety stock levels.
- **Cut lost time OSHA incidents in half** by preparing for successful OSHA VPP application.

Director, Business Process Systems & Strategy in Richmond, VA • 11/2003 – 10/2005

Promoted to set site strategy, manage project portfolio, and lead all enterprise and local system deployment and process/packaging engineering activities. Led site's Operational Excellence group comprised of Lean, Six Sigma, 5S, and SMED experts. Managed team of 10 process, packaging, and control system engineering professionals.

- **Initiated Operational Excellence program** that established program governance, organizational structure, Lean Six Sigma training, and formal site-wide project evaluation and tracking tools.
- **Saved $1.5M in annual operating costs**, reduced WIP inventory by 10%+, lowered total production cycle time by three days, and nearly eliminated batch process record recording errors by leading implementation of paperless MES for end-to-end process for pilot product family.
- **Delivered ~$17M in savings network-wide** by leading cross-functional team to transfer seven packaging lines, renovate facility, install/validate equipment, and produce FDA submission batches.

Production Manager in Richmond, VA • 12/2000 – 11/2003

Selected for career development opportunity to direct operations of 100M-unit, three-shift pharmaceutical and OTC liquids manufacturing and packaging business unit. Managed production, scheduling, and purchasing functions. Interviewed, hired, trained, managed, and evaluated performance of more than 300 employees.

- **Consolidated nine packaging lines into five,** increased available capacity by 50%+, and doubled productivity per employee by developing and implementing multi-year packaging equipment upgrade plan.
- **Reduced average cycle times by more than one week** and virtually eliminated WIP by developing physical pull kan-ban from packaging area.
- **Cut labor requirements in half** and delivered 10% average annual reduction in total production cost per unit for three consecutive years by aligning and streamlining manufacturing processes and batch records, standardizing SOPs, decreasing direct processing times, and leading conversion to self-directed work teams.

Plant Finance Director in Richmond, VA • 07/1998 – 12/2000

Compliance Manager in Madison, NJ • 09/1996 – 07/1998

PRICE WATERHOUSE LLC **09/1989 – 09/1996**

EDUCATION, CREDENTIALS & SYSTEMS

Master of Science in Systems Engineering • University of Virginia • 2004
Bachelor of Science in Applied Economics • Wharton School, University of Pennsylvania • 1989
AICPA Member • CPA • CGMA • Lean Six Sigma Trained • APICS CPIM & CIRM • ISPE Member
Microsoft Office Suite • MiniTab • S-Plus • SAP ECC6.0 • RS PMX MES
Pennsylvania CPA • License Number CA-034438-L

DEC 20, 2019

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: US VET, INC.

Physical Address: 5040 WINGS WAY, SUITE 2

City: HAMILTON State: NY Zip Code: 13346 Telephone Number: 315-824-0627 Fax Number: 315-824-0356

Toll Free Number: _____

E-mail: vdurante@pharma-crx.com Website: _____

Facility Manager: BRAD BISHAL

Professional qualifications and experience of facility manager: SEE ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: PRESCRIPTION & OTC VETERINARY 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 ☒ 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: World Gen, LLC.
Address: 2192 Spring Street, Hamilton, NY 13346

Name: GC Hanford Manufacturing Company
Address: 304 Oneida Street, Syracuse, NY 13201

Name: N/A
Address:

Name: N/A
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NONE

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 ☒

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

VINCENT DURANTE, EXECUTIVE DIRECTOR
Print Name of Authorized Person

2/28/2020
Date

Board Use Only	Date Processed:_____	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: NEW YORK

Parent Company if any: PHARMASPHERE, INC.

Mailing Address: 120 ROUTE 17 NORTH

City: PARAMUS State: NJ Zip: 07652

Telephone: 201-261-7333 Fax: 201-857-8211

Contact Person: VINCENT DURANTE

For any corporation non publicly traded, disclose the following:

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

a) JOSEPH PIZZA, PRESIDENT (Name) 120 ROUTE 17 NORTH, PARAMUS, NJ 07652 (Business Address)

b) RONALD MANNINO, RPh.,CHAIRMAN (Name) 120 ROUTE 17 NORTH, PARAMUS, NJ 07652 (Business Address)

c) N/A (Name) (Business Address)

d) N/A (Name) (Business Address)

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? NO PAR VALUE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NONE

Include with the application for a non publicly traded corporation

List of officers and directors

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

BRAD BISHAL

PO Box
Chittenango, NY 130

SUMMARY OF QUALIFICATIONS

- **20+ Years of Pharmaceutical, Cosmetic and Dairy Manufacturing Experience both in Production, Quality Control and Quality Assurance (personal care, biologics, antibiotics)**
- **Instrumental in Developing a Risk-Based Categorization of Manufacturing Deviations**
- **Supervise Groups of Production and Quality Personnel Responsible for Warehousing, Maintenance, Manufacturing Production and Quality Review, Inspection, Investigations/ CAPA and Laboratory Testing**
- **Excellent Teacher and Coach with a Strong Desire for Positive Results**
- **Utilize on a daily basis strong written and verbal communication, planning, implementation, project management and interpersonal skills.**
- **Lead teams, challenge safety culture, develop strategies and implement change that consistently drives productivity, reduces costs, promotes growth, develops people, optimizes resource utilization, and elevates business to the next level of success.**
- **BS in Biology**
- **Fortune 100 Exposure/Training (Quality & Compliance)**
- **International Auditing, Supplier/Vendor Auditing, Laboratory/Service Provider Auditing**
- **Change Agent - Strong Results, Excellent Communicator, Business Savvy**
- **Participative Leadership Philosophy**
- **Certificates Obtained in:**
  1. **NSF Implementing SQF Systems 2. NSF Auditing SQF Systems**
  3. **NSF Certified HACCP Manager**
  4. **Cornell University/NYS Ag & Mkts HTST Pasteurizer Operator**
  5. **World Class Performance Leadership for Managers (MACNY Association)**
  6. **Principles of Effective Cleaning Validation (CfPIE)**
  7. **Deviation and CAPA (Michael Anisfeld – Globepharm)**
  8. **Strategic Organizational Leadership (Villanova)**

EXPERIENCE

Feb 8, 2019 – Present US Vet, Inc. Hamilton, New York

SITE MANAGER (Quality Assurance/ Facilities)

- Responsible for providing operational leadership and Quality Assurance oversight of the distribution facilities.

  Maintaining and coordinating facilities related tasks and projects, procurement of building supplies, tools and equipment, sourcing and overseeing contract work. Responsible for dealing with the contract manufacturers and customers on any issues related to the products. Providing leadership and oversight of the following: Temperature monitoring/warehouse qualifications; Evaluating internal investigations, deviations, CAPA (Corrective and Preventive Action), Suppliers/CMOs; Change Control management; Complaint investigation and resolution management; Review of

supplier/CMO validation and qualification documents; Validation preparation and implementation; Initiate and/or assisting with investigations. Responsible as the Designated Representative for the Board of Pharmacy license to ensure that the Wholesale Distributors operates in compliance with the governing laws and rules at both the state and federal level.

Jan 27, 2014 – Jun 22, 2016 Hanford Pharmaceuticals Hamilton, New York

10 employees, Produces a dual antibiotic product suspended in an oil base for bovine mastitis prevention; owned, marketed and distributed by WG Critical Care Animal Health

SITE SUPERVISOR

- Responsible for providing operational leadership and tactical execution of the manufacturing facility. Directly supervising and coordinating all production areas and personnel to meet sales forecasts, company goals and objectives. Responsible for dealing with the Contract Manufacturing customers on any issues related to their product.

Mar 2009 – May 2013 West Agro d/b/a DeLaval Manufacturing Hamilton, New York

13 employees, Pharmaceutical Manufacturing for Animal Health, Estimated $10MM in Sales, produces a dual antibiotic product suspended in an oil base for bovine mastitis prevention; marketed and distributed by Pfizer

QUALITY ASSURANCE / QUALITY CONTROL MANAGER

- Planning and directing a quality control and quality assurance program for a GMP manufacturing facility. Primary duties include managing, training and developing two Quality Technicians within a Quality Control Laboratory and Quality Assurance Plant Operation.
- Responsible for Quality Control Program - Wet Chemistry, HPLC, Karl Fischer, TLC, Stability Studies, Inventory & Ordering Laboratory Reagents/Supplies, Calibration & Maintenance of Laboratory Instruments and Equipment.
- Responsibilities and activities with Quality Systems (Change Control, Deviations, CAPA, PM, OOS, APQR, Annual Drug Experience Reporting Data, Product Complaint Investigations, Vendor Complaints, Document Control, SOPs, Training, Validation, Internal Auditing, Vendor & Service Provider Auditing (Domestic & International).
- Oversight and QA Inspection and Release of Production Process Steps and Records, Batch Record Review & Release of Finished Product, Inspection of Incoming Goods (Raw Materials & Packaging/Labeling Components).
- GMP Training and Liaison to Regulatory Agencies (FDA Inspections), Authoring responses to Regulatory Agency report of findings, Implementing remediation efforts to correct FDA-483/Observations, Continuous Improvement initiatives, Process Validation studies/protocols/summary reports and Organizing, Tracking, Collaborating and Overall Coordination/Management of Projects.

Feb 2007 – Sep 2008 Byrne Dairy Syracuse, New York

1300 employees, 3 Dairy production facilities, 50+ Retail Stores, Estimated $200+MM in Total Sales, producing 1200+MM pounds dairy product annually

QUALITY ASSURANCE MANAGER

- Planned and directed a quality control and quality assurance program for a multi-site dairy, juice, ice cream and bakery operation. Primary duties included managing a group of ten Quality Control technicians and Lab Supervisors, for two around-the-clock laboratory operations.
- Included oversight of weekly schedules, approval of time sheets, conducting performance reviews, and handling all staffing responsibilities. In one year's time, reduced department employee turnover rate by 67.0%, saving the company at a minimum, $48,000.

- Provided oversight of customer and material specification databases. Optimized acceptable ranges for fat content on several products, accounting for 17.1% of the average annual reduction in production costs of $7MM.
- Monitored quality and performance trends. Reported results at routine Quality meetings with senior management. Contributed to a 100.0% improvement in the average Shelf Life Compliance figure.
- Provided oversight of plant HACCP program & beginning stages of implementing an SQF System. Provided oversight of raw material receipt, vendor certificates of analysis, laboratory document control and all written policies, methods, procedures and forms utilized within the Quality System.

Dec 2006 - Feb 2007 AMGEN West Greenwich, Rhode Island
1600 employees, dedicated to the manufacture of Enbrel® (etanercept), running 24 hours a day, seven days a week, on a 73-acre campus, one of the world's largest mammalian protein therapeutic drug manufacturing facilities.

Manager - Quality Assurance Facility Support
- Supervised Small Group of QA Technicians Responsible for Routine Environmental Control Sampling, Facility Work Orders, Excursion Investigations and CAPA.
- Managed oversight and approval of team schedules and staff time off.
- Ensured staff training status was current on all related SOP and Global Standards; ensured all work performed in the facility was completed by trained personnel.
- Shared responsibility for completion of annual staff reviews utilizing the HR SAP system.
- Conducted periodic one-on-ones with entire Environmental Control staff to ensure business continuity with regards to smooth daily operations, and meeting company and departmental goals. All weekly operational issues were addressed. Career development strategies were discussed and progress reviewed. Also promoted "stretch goals", additional technical training and healthy interactions with other team members and client groups.

May 2001 – Dec 2006 Bristol-Myers Squibb Syracuse, New York
Approx 800 employees, former penicillin manufacturer, 90-acre site, world class biologics protein therapeutic drug development and manufacturing operations for autoimmune disorders, oncology manufacturing, and research laboratories.

Quality Assurance Specialist (Acting Supervisor) 2004 - 2006
- Supervised Small Group of QA Specialists Responsible for Investigations and CAPA Process, Review and Final Approval.
- Managed Deviation and CAPA Systems for Accuracy and Effectiveness, Tracking and Trending, and Regularly Reported Trends. Prepared Deviation Summary Reports for the Product Release Group.
- Managed Quality Pre- and Post-Approval of Facility, Equipment and Area Shutdowns and Miscellaneous Work. Ensured Post-Approval and Return to Service Criteria Met for Release for GMP Operations.
- Addressed and Responded to Internal Audit Findings.
- Managed Contract Staff, Addressed Personnel, Process and System Deficiencies.
- Provided Quality Assurance Leadership to Manufacturing Operations Group and Technical Services.
- Reviewed Personnel Training Status.
- Participated in Response to Successful External Audits and Regulatory Agency PAI Inspections (FDA/ EMEA/ CANADA HEALTH). Responsible for Assuring that the Investigation and CAPA Programs were 100% compliant with all Regulatory Requirements.
- Lead Cross-Functional Teams for SOP Alignment, Validation and Configuration of TrackWise Quality Management System for Manufacturing, Lab and Microbiological Lab Investigations, Audits and CAPA.

Quality Assurance Specialist – Deviations 2003–2004
- Provided Database Tracking for all Manufacturing Nonconformances (Failures, Environmental Monitoring Excursions, Water Quality) and Corrective Actions and Preventive Actions (CAPA).

- Proactively Worked with Manufacturing and Technical Services throughout the Investigation Process. Performed Root Cause Analysis and Trending Associated with Deviations to Identify Recurring Issues; Assessed CAPA Effectiveness and Ensured Timely Closure of records.
- Lead a Deviation Review Board and Owned the Metrics Presentation.
- Updated SOPs for the Nonconformance Program and Conducted Classroom Training for all Affected Departments.
- Proactively recommended and implemented improvements to the Program induced by changing regulations, emerging technologies, and internal needs.

Quality Assurance Specialist – Field 2001 - 2003

- Assisted in the Development and Implementation of the Quality Assurance Field Operations program.
- Performed Quality Oversight of Critical Manufacturing Operations. Inspected Areas for General Compliance, Reviewed Manufacturing Batch Records and Log Books. Assisted with Process Deviations regarding Product Impact and Immediate Corrections.
- Supervised Raw Material & Production Sampling. Reviewed and Approved all Material and Drug Substance Labeling and Reconciliation.
- Assisted Quality and Operations Management with resolving discrepancies and promoting continuous improvement through Daily & Weekly Reports and Team Charters.

1999 – 2001 Burrows Paper Corp (Recycled Paper Pulp Processor) Little Falls, NY

Quality Control Tester

Responsible for Collection and Lab Analysis of Process Water and Paper Pulp Samples from All Critical Sample Points within the Mill. Cross-Trained for Rotation within the Mill Process Team. Areas and Specific Duties Included Spare Man, Loader, and Wetlap Press Operator.

1996 – 1999 LaSalle Laboratories (Cosmetics-Del Laboratories) Little Falls, NY

Quality Control Microbiologist

Directly Responsible for Raw Material, Bulk and Finished Microbiological Quality Control Testing and Compliance for Cosmetics, and Pharmaceutical Products. Inspected Manufacturing Areas for GMP Compliance. Conducted Environmental Monitoring and Investigated Trends. Executed Validation Protocols for Lab Equipment, Tests and Methods.

EDUCATION

MAY 1993	SUNY-ONEONTA Bachelors Degree (B.S.) Major in Biology	US–New York–Oneonta
SEP 2006	VILLANOVA Certification Strategic Organizational Leadership	US–Pennsylvania–Villanova
Some Coursework Completed :	TEMPLE School of Pharmacy QA/RA Master Certification Program	US–Pennsylvania–Ft. Washington
	SUNY-ESF College of Environmental Science and Forestry Advanced Study of Bioprocessing Certification Program	US–New York–Syracuse

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of US VET INC. was filed on 02/04/2019, 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 31st day of January two thousand and twenty.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

202002030047 119

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of US VET INC. was filed on 02/04/2019, 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 31st day of January two thousand and twenty.

Brendan C Hughes

Brendan C Hughes
Executive Deputy Secretary of State

202002030047 119

US Vet, Inc. - 5040 Wings Way, Suite 2, Hamilton, NY 13346, Tel (315) 824-0627
FEIN #: Toll free: (833) 551-0306
Incorporated: Feb 4, 2019
Business ID

Owners and Corporate Officers of US Vet, Inc.

Mr Joseph Pizza Middle Road Palm Beach FL Tel.	DOB NJ drivers license interchem.com	President	50% ownership
Mr Ronald Mannino Miller Court Wyckoff NJ Te	DOB NJ drivers license NJ Pharmacist license # 28RI01418500 nterchem.com	Chairman Registered Pharmacist in NJ	50% ownership
Mr Vincent Durante Yeoman Drive, Upper Saddle River, NJ	DOE NJ drivers license @pharma-crx.com	Executive Vice President Secretary Treasurer	0% ownership

Verified

US Vet, Inc. - 5040 Wings Way, Suite 2, Hamilton, NY 13346, Tel (315) 824-0627
FEIN : Toll free: (833) 551-0306
Incorporated: Feb 4, 2019
Business ID:

Employees of US Vet, Inc.

Mr Vincent Durante Yeoman Drive, Upper Saddle River, NJ (	DOB: NJ drivers license @pharma-crx.com	Executive VP Treasurer Secretary
Mr Brad Bishal Mead Place Chittenango, NY 3	DOB: NY drivers license)worldgenrx.com	Site Manager
Mr Yasser Olejo Glenburn Road Liverpool NY	DOB: NY drivers license)interchem.com	Site Supervisor

MS 3/24/2020

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 µ Reno, NV 89509 µ (775) 850-1440

LICENSE VERIFICATION

PLEASE SEE ATTACHED ONLINE VERIFICATION

Name: US VET, INC.

Address: 5040 WINGS WAY, SUITE 2

City: HAMILTON State: NY Zip: 13346

I hereby authorize the _____ 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 encumbered in any way?	Type of Encumbrance: (if any
☐ Yes ☐ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

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

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

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

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

Signature of State Official	Title	State	Date	State Seal

NYSED.gov

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 *

02/26/2020

Type : WHOLESALER
Legal Name : US VET, INC.
Trade Name :
Street Address :
5040 WINGS WAY
SUITE 2
HAMILTON, NY 13346-0000

Registration No : 037578
Date First Registered : 01/23/20
Registration Begins : 01/23/20
Registered through : 12/31/22
Supervisor : ALEJO YASSER
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 search to see if there has been recent disciplinary action against this registered establishment.

MS 3/24/2020

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2020-22

NAME OF SUPERVISOR
YASSER ALEJO

THIS IS TO CERTIFY

US VET, INC.
5040 WINGS WAY
SUITE 2
HAMILTON, NY 13346

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

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

THIS CERTIFICATE IS EFFECTIVE ON THE TWENTY-THIRD DAY OF JANUARY, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF DECEMBER, 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

037578

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

523

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. 106934263

Application/License No. _____

World Gen, LLC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
120 Route 17 North, Suite 127, Paramus, N.J. 07652, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
Hartford, Connecticut as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND 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 7th day of June, 2018.
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 7th day of June, 2018.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Richard Loschiavo, Attorney-in-fact
print name
Richard Loschiavo

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

TRAVELERS

RIDER

To be attached to and form part of Blanket Bond No. **106934263**

Issued on behalf of **WORLD GEN, LLC** as Principal, and in favor of **NEVADA STATE BOARD OF PHARMACY** as Obligee.

It is agreed that:

☒ 1. The Surety hereby gives its consent to Change the address:

From: 120 Route 17 North, Suite 127, Paramas, NJ 07652
To: 5040 Wings Way, Suite 2, Hamilton, NY 13346

☒ 2. The Surety hereby gives its consent to Add the following entity to the bond:

U.S. Vet, Inc.

2. This rider shall become effective as of **February 19, 2020**.

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this Rider shall not be cumulative.

Signed, sealed and dated **February 21, 2020**.

Travelers Casualty and Surety Company of America

Attorney-in-Fact

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
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. 220223 **Certificate No.** 002504465

KNOW ALL MEN BY THESE PRESENTS: That Seaboard Surety Company is a corporation duly organized under the laws of the State of New York, 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

John M. Scirocco Jr., Sandra Smyth, Geraldine F. McCarthy, Madelyn Lux, and Richard Loschiavo

of the City of Hasbrouck Heights, State of New Jersey, 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.

WARNING THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 17th day of July, 2008.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
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.

By: George W. Thompson, Senior Vice President

On this the 17th day of July, 2008, 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., Seaboard Surety Company, 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.

MARIE C. TETREAULT NOTARY PUBLIC CONNECTICUT

Marie C. Tetreault, Notary Public

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, 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, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such power of attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, 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 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.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

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.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF JUNE 30, 2019

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	$ 126,044,492	UNEARNED PREMIUMS	$ 1,044,254,065
BONDS	3,657,484,389	LOSSES	786,554,485
STOCKS	301,556,879	LOSS ADJUSTMENT EXPENSES	165,965,315
INVESTMENT INCOME DUE AND ACCRUED	37,505,938	COMMISSIONS	33,039,858
OTHER INVESTED ASSETS	4,298,731	TAXES, LICENSES AND FEES	12,314,734
PREMIUM BALANCES	291,611,840	OTHER EXPENSES	32,884,644
NET DEFERRED TAX ASSET	51,102,309	CURRENT FEDERAL AND FOREIGN INCOME TAXES	7,883,423
REINSURANCE RECOVERABLE	24,272,783	REMITTANCES AND ITEMS NOT ALLOCATED	16,516,275
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	5,320,191	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	29,111,086
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	15,814,022	RETROACTIVE REINSURANCE RESERVE ASSUMED	799,095
OTHER ASSETS TRI-PARTY / TAX CREDIT BONDS	3,691,530	POLICYHOLDER DIVIDENDS	11,240,864
ASSUMED REINSURANCE RECEIVABLE AND PAYABLE	567,396	PROVISION FOR REINSURANCE	7,641,356
OTHER ASSETS	1,043,260	ADVANCE PREMIUM	1,256,693
		PAYABLE FOR SECURITIES LENDING	5,320,191
		ESCHEAT LIABILITY	1,232,614
		CEDED REINSURANCE NET PREMIUMS PAYABLE	46,393,646
		OTHER ACCRUED EXPENSES AND LIABILITIES	75,783
		TOTAL LIABILITIES	$ 2,202,484,127
		CAPITAL STOCK	$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,877,545,873
		TOTAL SURPLUS TO POLICYHOLDERS	$ 2,317,829,633
TOTAL ASSETS	$ 4,520,313,760	TOTAL LIABILITIES & SURPLUS	$ 4,520,313,760

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT, FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 30TH DAY OF JUNE, 2019.

Michael J Doody
VICE PRESIDENT, FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
23RD DAY OF AUGUST, 2019

NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

TRAVELERS

Travelers Casualty and Surety Company of America
Hartford, CT 06183

License No. _____

RIDER

To be attached to and form part of Bond No. **106934263**.

Issued on behalf of **WORLD GEN, LLC.** as Principal, and in favor of **Nevada State Board of Pharmacy** as Obligee.

It is agreed that:

☐ 1. The Surety hereby gives its consent to change the Name:

from: _____

to: _____

☒ 2. The Surety hereby gives its consent to change the Address:

from: **5040 WINGS WAY, SUITE 2, HAMILTON, NY 13346**

to: **5040 WINGS WAY, HAMILTON, NY 13346**

☐ 3. The Surety hereby gives its consent to change the _____:

from: _____

to: _____

This rider shall become effective as of **June 07, 2019**

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this rider shall not be cumulative.

Signed, sealed and dated **February 26, 2020**.

Travelers Casualty and Surety Company of America

By: _____
Attorney-in-Fact

Accepted: **Nevada State Board of Pharmacy**
Obligee

By: _____

or **WORLD GEN, LLC.**
Principal

By: _____

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
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. 220223 **Certificate No.** 002504466

KNOW ALL MEN BY THESE PRESENTS: That Seaboard Surety Company is a corporation duly organized under the laws of the State of New York, 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

John M. Scirocco Jr., Sandra Smyth, Geraldine F. McCarthy, Madelyn Lux, and Richard Loschiavo

of the City of Hasbrouck Heights, State of New Jersey, 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.

WARNING THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 17th day of July, 2008.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
Seaboard Surety Company
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.

By: George W. Thompson, Senior Vice President

On this the 17th day of July, 2008, 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., Seaboard Surety Company, 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.

MARIE C. TETREAULT NOTARY PUBLIC CONNECTICUT

Marie C. Tetreault, Notary Public

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, 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, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such power of attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., Seaboard Surety Company, 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 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.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 26th day of February, 20 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.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF JUNE 30, 2019

CAPITAL STOCK $ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	$ 126,044,492	UNEARNED PREMIUMS	$ 1,044,254,065
BONDS	3,657,484,389	LOSSES	786,554,485
STOCKS	301,556,879	LOSS ADJUSTMENT EXPENSES	165,965,315
INVESTMENT INCOME DUE AND ACCRUED	37,505,938	COMMISSIONS	33,039,858
OTHER INVESTED ASSETS	4,298,731	TAXES, LICENSES AND FEES	12,314,734
PREMIUM BALANCES	291,611,840	OTHER EXPENSES	32,884,644
NET DEFERRED TAX ASSET	51,102,309	CURRENT FEDERAL AND FOREIGN INCOME TAXES	7,883,423
REINSURANCE RECOVERABLE	24,272,783	REMITTANCES AND ITEMS NOT ALLOCATED	16,516,275
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	5,320,191	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	29,111,086
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	15,814,022	RETROACTIVE REINSURANCE RESERVE ASSUMED	799,095
OTHER ASSETS TRI-PARTY / TAX CREDIT BONDS	3,691,530	POLICYHOLDER DIVIDENDS	11,240,864
ASSUMED REINSURANCE RECEIVABLE AND PAYABLE	567,396	PROVISION FOR REINSURANCE	7,641,356
OTHER ASSETS	1,043,260	ADVANCE PREMIUM	1,256,693
		PAYABLE FOR SECURITIES LENDING	5,320,191
		ESCHEAT LIABILITY	1,232,614
		CEDED REINSURANCE NET PREMIUMS PAYABLE	46,393,646
		OTHER ACCRUED EXPENSES AND LIABILITIES	75,783
		TOTAL LIABILITIES	$ 2,202,484,127
		CAPITAL STOCK	$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,877,545,873
		TOTAL SURPLUS TO POLICYHOLDERS	$ 2,317,829,633
TOTAL ASSETS	$ 4,520,313,760	TOTAL LIABILITIES & SURPLUS	$ 4,520,313,760

STATE OF CONNECTICUT)

COUNTY OF HARTFORD) SS.

CITY OF HARTFORD)

MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT, FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 30TH DAY OF JUNE, 2019.

Michael J Doody
VICE PRESIDENT, FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS
23RD DAY OF AUGUST, 2019

NOTARY PUBLIC

SUSAN M. WEISSLEDER
Notary Public
My Commission Expires November 30, 2022

SUSAN M. WEISSLEDER NOTARY PUBLIC CONNECTICUT

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current 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 ☐ Partnership - Pages 1,2,6,10,11a&b

☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Optum Infusion Services 501, Inc.

Physical Address: 1650 Spring Gate Lane, Suite 100

City: Las Vegas State: Zip Code: 89134 Telephone: 855-855-8754

Fax: 800-311-0185 Toll Free Number: 855-855-8754

E-mail: orxpharmlic@optum.com

Website: www.optum.com

Managing Pharmacist: Alysia Heller License Number: 19575 OK

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☐	☒ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☒	☐ Other: Non-Dispensing, See Attached Description	☐	☒ Sterile Compounding
		☐	☒ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding
For the application to be complete		☒	☐ Other Services: See Attached Description

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.

DocuSigned by:
Karen Peterson
B3D7A64F7B4E478...

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

Karen Peterson

Print Name of Authorized Person

6/1/2020

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: UnitedHealth Group Incorporated - See Attached Chart

Corporation Name: Optum Infusion Services 501, Inc.

Mailing Address: 9900 Bren Road East

City: Minnetonka State: MN Zip: 55343

Telephone: 224-231-1594 Fax: 855-893-8626

Contact Person: Maleta Beahan

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: Please see attached copy of 10-K Report.

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday 5:00 am 5:00 pm Saturday Closed am _____ pm

Sunday Closed am _____ pm 24 Hours _____

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

Include with the application for a publicly traded corporation

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

List of officers and directors.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Karen Peterson

Responsible Person of Optum Infusion Services 501, 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.

DocuSigned by:
Karen Peterson
Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson
Print Name of Authorized Person

6/1/2020
Date

Managing Pharmacist

Pharmacist Name: Alysia Heller License #: 19575

Pharmacy Name: Optum Infusion Services 501, Inc.

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?	☐	☒
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 numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

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.

DocuSigned by:
Alysia Heller
6E7F73EE66F344C...

Alysia Heller

Signature

6/1/2020

Date

EXHIBIT "B"

ORGANIZATIONAL CHART

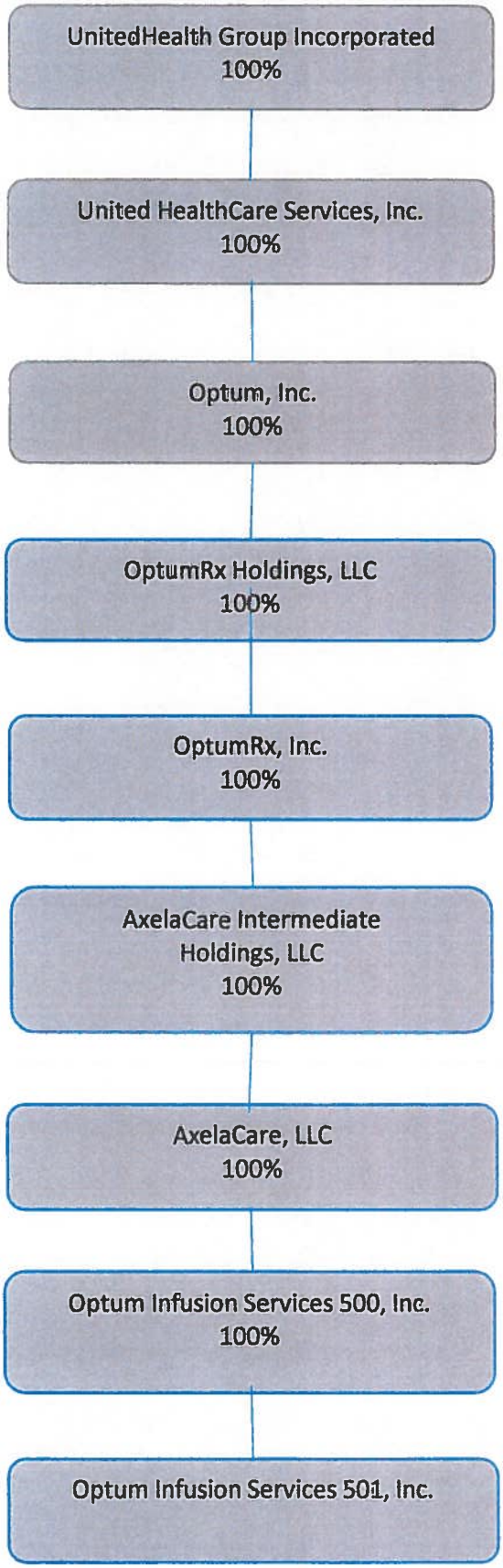

UnitedHealth Group Incorporated
100%
United HealthCare Services, Inc.
100%
Optum, Inc.
100%
OptumRx Holdings, LLC
100%
OptumRx, Inc.
100%
AxelaCare Intermediate Holdings, LLC
100%
AxelaCare, LLC
100%
Optum Infusion Services 500, Inc.
100%
Optum Infusion Services 501, Inc.

EXHIBIT "C"

DESCRIPTION OF SERVICES

OPTUM®

Description of Services

Optum Infusion Services 501, Inc.

Optum infusion pharmacies provide a variety of services to patients, including home delivery of medications, telephonic counseling, and prior authorization assistance. Optum Infusion Services 501, Inc. pharmacy location in Las Vegas, Nevada is a non-dispensing pharmacy and will not store any drug inventory. Work done at this location will include:

- Data entry of prescriptions by pharmacy technicians and pharmacist verification of the same;
- Pharmacist transcribing of telephonic prescriptions from a provider;
- Consultation with practitioner regarding interpretation or clarification of the prescription and date in patient profile;
- Telephonic patient counseling by a Nevada registered pharmacist;
- Resolution of paid claim adjudication issues.

This Nevada pharmacy will support dispensing activities for pharmacies located in California, Florida, Kansas, Maryland, Nebraska, New Jersey, Pennsylvania, and Tennessee.

Optum infusion pharmacies are accredited by URAC and/or ACHC.

Optum infusion pharmacies play an important role in providing healthcare services to patients with the convenience of receiving their medication by courier, which can improve medication adherence, lower medication cost for consumers, and allow underserved areas to receive high quality pharmacy services.

EXHIBIT "D"

CERTIFICATE OF INCORPORATION

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF 'OPTUM INFUSION SERVICES 501, INC.', FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2019, AT 4:37 O`CLOCK P.M.

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

Jeffrey W. Bullock, Secretary of State

7571800 8100
SR# 20196644138

Authentication: 203454308
Date: 08-22-19

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:37 PM 08/21/2019
FILED 04:37 PM 08/21/2019
SR 20196644138 - File Number 7571800

CERTIFICATE OF INCORPORATION
OF
OPTUM INFUSION SERVICES 501, INC.

ARTICLE I
NAME

The name of the corporation is Optum Infusion Services 501, Inc.

ARTICLE II
REGISTERED OFFICE AND AGENT

The address of the registered office of the Corporation in the State of Delaware is 1209 Orange Street, in the City of Wilmington, County of New Castle, and the name of the registered agent is The Corporation Trust Company.

ARTICLE III
PURPOSE AND POWERS

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 (the "Delaware General Corporation Law"). The Corporation shall have all power necessary or convenient to the conduct, promotion or attainment of such acts and activities.

ARTICLE IV
CAPITAL STOCK

The total number of shares of stock that the Corporation shall have the authority to issue is 100 shares, all of which shall be common stock having a par value of $0.01 per share.

ARTICLE V
INCORPORATOR

The name and mailing address of the incorporator (the "Incorporator") is Heather A. Lang, 9900 Bren Road East, Minnetonka, MN 55343. Upon filing of this Certificate of Incorporation and the execution of a written organizational consent by which the Incorporator resigns, the powers of the Incorporator shall terminate.

ARTICLE VI
BOARD OF DIRECTORS

The business and affairs of the Corporation shall be managed by or under the direction of a board of directors. The directors of the Corporation shall serve until the annual meeting of the stockholders of the Corporation or until their successor is elected and qualified. The number of directors of the Corporation shall be such number as from time to time shall be fixed by, or in the manner provided in, the bylaws of the Corporation. Unless and except to the extent that the bylaws of the Corporation shall otherwise require, the election of directors of the Corporation need not be by written ballot. Except as otherwise provided in this Certificate of Incorporation, each director of the Corporation shall be entitled to one vote per director on all matters voted or acted upon by the board of directors.

ARTICLE VII
LIMITATION OF LIABILITY; INDEMNIFICATION

No director of the Corporation shall be liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director, provided that this provision shall not eliminate or limit the liability of a director (a) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (b) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (c) under Section 174 of the Delaware General Corporation Law, or (d) for any transaction from which the director derived an improper personal benefit. The Corporation shall indemnify its directors and officers to the fullest extent permitted by law. The Corporation, by approval of its board of directors, may in its discretion, indemnify the Corporation's employees and agents. Any repeal or modification of this Article VII shall be prospective only and shall not adversely affect any right or protection of, or any limitation of the liability of, a director of the Corporation existing at, or arising out of facts or incidents occurring prior to, the effective date of such repeal or modification.

ARTICLE VIII
BYLAWS

In furtherance and not in limitation of the powers conferred by the Delaware General Corporation Law, the board of directors of the Corporation is expressly authorized and empowered to adopt, amend and repeal the bylaws of the Corporation.

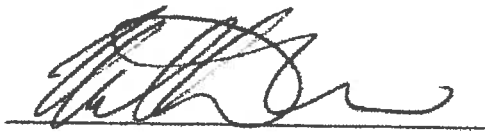
ARTICLE IX
RESERVATION OF RIGHT TO AMEND CERTIFICATE OF INCORPORATION

The Corporation reserves the right at any time, and from time to time, to amend, alter, change, or repeal any provision contained in this Certificate of Incorporation, and other provisions authorized by the laws of the State of Delaware in force at the time may be added or

inserted, in the manner now or hereafter prescribed by law; and all rights, preferences, and privileges of any nature conferred upon stockholders, directors, or any other persons by and pursuant to this Certificate of Incorporation in its present form or as hereafter amended are granted subject to the rights reserved in this Article IX.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned, being the Incorporator hereinabove named, for the purpose of forming a corporation pursuant to the Delaware General Corporation Law, hereby certifies that the facts hereinabove stated are truly set forth, and accordingly executes this Certificate of Incorporation this 20 day of August, 2019.



Heather A. Lang, Incorporator

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH IA03291
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
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Valley Health Surgery and Rehab Hospital Pharmacy

Physical Address: 8656 West Patrick Lane

City: Las Vegas NV State: Zip Code: 89148 Telephone:

(702) 777 - 7100 Fax: (702) 777-7101 Toll Free Number: N/A

E-mail: christopher.grawe@uhsinc.com

Website: TBD

Managing Pharmacist: Christopher Grawe License Number: 20044

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☐ Retail	☐	☒ Off-site Cognitive Services
☒	☒ Hospital (# beds 66)	☒	☐ Parenteral
☐	☐ Internet	☐	☒ Parenteral (outpatient)
☐	☐ Nuclear	☒	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☐	☒ Mail Service
☐	☐ Community	☐	☒ Long Term Care
☐	☐ Other:	☒	☐ Sterile Compounding
		☒	☐ Non Sterile Compounding
All boxes must be checked		☐	☒ Mail Service Sterile Compounding
For the application to be complete		☐	☐ Other Services:

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.

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

Steve Filton, Authorized Official
Print Name of Authorized Person

6/11/20
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Valley Health System LLC

Business Name: Valley Health Surgery and Rehab Hospital

Current Business Address: 8656 West Patrick Lane

City: Las Vegas State: NV Zip Code: 89148

Telephone: (702) 777-7100 Fax: (702) 777-7101

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 6:00 am 4:30 pm Saturday Closed am pm

Sunday Closed am pm 24 Hours 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 – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Steve Filton

Responsible Person of Valley Health System, 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

Steve Filton, Authorized Official
Print Name of Authorized Person

6/11/20
Date

Managing Pharmacist

Pharmacist Name: Christopher Grawe License #: 20044

Pharmacy Name: Valley Health Surgery and Rehab Hospital Pharmacy

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?	☐	☒
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 numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 6-9-20

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALLEY HEALTH SYSTEM 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 SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALLEY HEALTH SYSTEM LLC" WAS FORMED ON THE SIXTEENTH DAY OF JANUARY, A.D. 1998.

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

Jeffrey W. Bullock, Secretary of State

2847793 8300

SR# 20205453828

Authentication: 203035072

Date: 06-02-20

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

Officers and Directors of Valley Hospital Medical Center, Inc.
Sole Member of Valley Health System, LLC

Name	Title	Corporate Address
Marvin Pember	President & Director	367 South Gulph Road King of Prussia, PA 19406
Steve Filton	Vice President & Director	367 South Gulph Road King of Prussia, PA 19406
Matthew D. Klein	Vice President, Secretary & Director	367 South Gulph Road King of Prussia, PA 19406
George H. Brunner, Jr.	Assistant Secretary	367 South Gulph Road King of Prussia, PA 19406
Cheryl K. Ramagano	Treasurer	367 South Gulph Road King of Prussia, PA 19406
Robert M. Zurad	Assistant Treasurer	367 South Gulph Road King of Prussia, PA 19406

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

Date 6-9-20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for Hospital Pharmacy
Nature of Pharmacy or Wholesaler

Valley Health Surgery and Rehab Hospital Pharmacy, 8656 West Patrick Lane, Las Vegas, NV 89148
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Crowe | Christopher | Steven
Last Name | First Name | Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Flamenco Ct. | Las Vegas | NV, 89139
Present Residence Address-Street or RFD | City | State/Zip

Dates
Present Business Address | City | State/Zip

Dates
Present Position with the Pharmacy or Wholesaler | Phone: Residence | Business

Mt. Vernon, Jefferson City, Illinois
Date of Birth | Place of Birth (City, County, State)

26 | Male
Age | Social Security Number or ITIN | Sex

Brown | Brown | White | 175 lbs | Athletic | 6'0"
Color of Eyes | Color of Hair | Complexion | Weight | Build | Height

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

(Single) Married Separated Divorced Widowed Engaged

Applicant's initial

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden)_____ SS# or ITIN_____

Date of Birth_____ Place of Birth_____

Resident address_____
Street City State Zip

Telephone: Residence_____ Business .....

Spouse's employer_____ Occupation_____

Address of employer_____
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

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 _____

FAMILY INFORMATION-Continued

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

Name_____

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Steven Grauer			Factory Worker Lyle Dr Hoffman, IL 62256
Mother	Karen Grauer (Kirgan)			Lyle Dr, Hoffman IL, Accountant
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	N/A			
Spouse	N/A			
Spouse	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Trinity Lutheran Hoffman K-8	Hoffman IL	- 2008	Yes No
High School	Carlyle Community High School	Carlyle, IL	2008-2012	Yes No
College University				Yes No
Other	Southern IL University Edwardsville	Edwardsville, IL	2012 - 2018	No

Type of degree obtained, if any Pharm D.

College or university where obtained Southern IL University Edwardsville School of Pharmacy

Applicant's initial CL

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ~~No~~

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

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

B. Have you registered for the draft? Yes ~~No~~

County Clinton State Illinois Date registered 12-2-2012

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ~~No~~ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ~~No~~

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ~~No~~

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ~~No~~

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ~~No~~
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ~~No~~
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ~~No~~
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial CC

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → No → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → No → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2019-2020	; Flamenco Ct	Las Vegas	NV
2018-2019	830 E College St,	Carbondale,	IL
1993-2018	134 Lyle Dr,	Hoffman,	IL

Applicant's initial CG

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
04/2019-Current	Henderson Hospital, 1050 W Galleria Dr, Henderson NV	~3000 hrs
Title	Description of Duties	Name of Supervisor
Clinical Pharmacists		Evelyn Clair
8/2018-4/2019	Walgreens, 206 S Wall St, Carbondale IL	1000 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
~~Pharmacist~~ Pharmacists	Retail Pharmacists	Amanda Hertzog
Title	Description of Duties	Name of Supervisor
04/2013-04/2018	Walmart Pharmacy, 6610 Wesley Dr Wood River IL	~5000 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Intern	Counseling, Prescription Filling, Maintain Records, Dispense Prescriptions	Chris Hunter
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial CL

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Blythe Pruett	Home	Fairview Heights, Illinois, 62208.				8 yrs
Employer Express Scripts	Business					
Name Kimberly Shubert	Home	Las Vegas, Nevada, 89134,				1.6 yrs
Employer Henderson Hospital	Business					
Name Brandon Abernathy	Home	Carlyle, Illinois, 62231,				10 yrs
Employer Apex	Business					
Name Dixie Fritsche	Home	Hoffman, Illinois, 62250,				26 yrs
Employer Pipe Fitting	Business					
Name Charlee Fritsche	Home	Shattuc, Illinois, 62231,				22 yrs
Employer Social Worker	Business					

10. Have you ever held a privileged, occupational or professional license in any state, including but notlimited to the following:

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

Yes — (No)

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes — (No)
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — (No)

.....

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

.....

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

.....

.....

Applicant's initial _____

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

15. Have you or any person with whom you have been a participant in any group been the subject of any administrative action or proceeding relating to the pharmaceutical industry? Yes (No)

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes (No)

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes (No)

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes (No)

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? (Yes) No

20. Will you be employed fulltime with the pharmacy or wholesaler? (Yes) No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? (Yes) No



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 6-9-20

Applicant's initial

STATE OF Nevada
ss.

COUNTY OF Clark

I, Christopher Greene, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this 10 day of June 2020

Helen K Vitelle
Notary Public

(seal)

HELEN K. VITELLE
Notary Public, State of Nevada
Appointment No. 14-14994-1
My Appt. Expires Feb 15, 2023

Applicant's initial CG

Applicant's initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 6-9-20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for Hospital Pharmacy
Nature of License

Valley Health Surgery and Rehab Hospital Pharmacy
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Crowe (Last Name) Christopher (First Name) Steven (Middle Name)

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

3 Flamencodts (Present Residence Address-Street or RFD) Las Vegas (City) Nevada, 89139 (State/Zip)

Henderson Hospital (Present Business Address) Dates (Henderson (City) Nevada, 89014 (State/Zip)

Clinical Pharmacist (Occupation) Dates 04/2019-Current

Phone: Residence [redacted]

Business 702-963-7190

Date of Birth

Mt Vernon, Jefferson, Illinois (Place of Birth (City, County, State))

26 (Age)

Social Security Number or ITIN

Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	White	175lbs	Athletic	6'04

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

Are you a citizen of the United States? (Yes) No → If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

(Single) → Married → Separated → Divorced → Widowed → Engaged →

Applicant's initial

A. Current Marriage N/A
Date City, County and State

Spouse's full name (Maiden)_____ SS# or ITIN_____

Date of Birth_____ Place of Birth_____

Resident address_____
Street City State Zip

Telephone: Residence_____ Business .....

Spouse's employer_____ Occupation_____

Address of employer_____
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

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 _____

FAMILY INFORMATION-Continued

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

Name_____

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Steven Crowe		Lyle Dr, Hoffman IL	Factory Worker
Mother	Karen Crowe (Rogers)		Lyle Dr, Hoffman IL	Accountant
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	N/A			
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Trinity Lutheran Hoffman K-8	Hoffman IL	→ 2008	(Yes) No
High School	Carlyle Community High School	Carlyle IL	2008-2012	(Yes) No
College University				(Yes) No
Other	Southern IL University Edwardsville	Edwardsville IL	2012-2018	Yes No

Type of degree obtained, if any Doctor of Pharmacy

College or university where obtained STLE School of Pharmacy

Applicant's initial _____

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

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

B. Have you registered for the draft? (Yes) → No →

County Winnebago State Illinois Date registered 12-2-2015

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ← (No) ← (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ← (No) ← If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2019-2020	Flamenco Ct	Las Vegas	Nevada
2015-2019	830 E. College St	Carbondale	Illinois
1993-2015	134 Lyle Dr	Hoffman	Illinois

Applicant's initial CB

6. 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.

04/2019-Current | Henderson Hospital 1050 W Galleria Dr | N/A
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Clinical Pharmacist | Hospital Pharmacist | Evelyn Chu
Title | Description of Duties | Name of Supervisor

8/2018-4/2019 | Walgreens 206 S Wall St, Carbondale IL | New Job
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Pharmacist | Retail Pharmacist | Amanda Heisler
Title | Description of Duties | Name of Supervisor

04/2013-04/2018 | Walmart Pharmacy 610 Wesley Dr Wood River IL | Graduated
Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Pharmacy Intern / Pharmacy Tech | Chris Hutte
Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving

Title | Description of Duties | Name of Supervisor

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

Applicant's initial CH

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Blake Pruett	Home	Fairview Heights, IL, 62208,				8 yrs
Employer Express Scripts	Business					
Name Kimberly Shubert	Home	Las Vegas, NV, 89139,				6 yrs
Employer Henderson Hospital	Business					
Name Brendan Abernathy	Home	Carlyle, IL, 62231,				10 yrs
Employer Apex	Business					
Name Darren Fritsch	Home	Hoffman, IL, 62250,				22 yrs
Employer Pipe fitter	Business					
Name Charlee Fritsch	Home	Shattuc, IL, 62231,				22 yrs
Employer Social Worker	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes → No →
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes → No →
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes → No →
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial CD

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

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

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

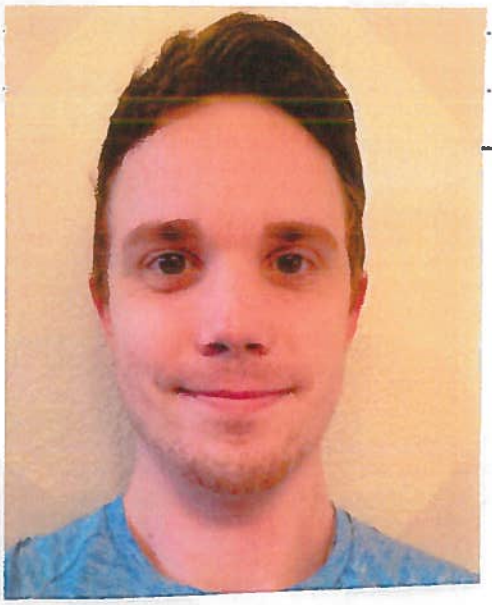
15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 6-9-22

Applicant's initial

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	$750.00	Counseling CE + $1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	$500.00	$1000.00	Hearing
Ingested with potential harm or adverse outcomes	$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from $0.00 to $10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES Reporting Period: January 2020 – June 2020			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
PTs DS and MY created fraudulent prescriptions and diverted controlled substances from their employing pharmacy.	N/A	Pharmaceutical technician registrations revoked.	N/A
RPH SS failed to maintain Schedule II perpetual inventories and complete invoices for the purchase of controlled substances.	N/A	Voluntary surrender of Nevada pharmacist registration; $750 administrative fee.	$3,000 fine; $750 administrative fee.
Wholesaler WP failed to comply with the requirements of NRS 639.500.	N/A	N/A	Wholesaler license suspended; suspension stayed pending receipt, review and verification of the required background check materials.
AN failed to timely renew his CS registration and wrote 33 prescriptions without a valid registration.	N/A	Letter of reprimand; $5,000 fine; $950 administrative fee.	N/A
RPH failed to identify a misbranding error.	N/A	$250 fine; $250 administrative fee; two additional CEs on error prevention.	$3,000 fine; $250 administrative fee.
RPH DC failed to comply with the 2/12/19 Board Order; failed to timely renew his pharmacist registration and engaged in the practice of pharmacy without a valid registration.	N/A	RPH registration revoked.	N/A
Wholesaler SWS failed to comply with the requirements of NRS 639.500.	N/A	N/A	Wholesaler surrendered license.
KH failed to timely renew her CS registration and wrote 263 prescriptions without a valid registration.	N/A	Letter of reprimand; $5,000 fine; $950 administrative fee.	N/A
RPH ST verified the data and final product as correct when it was not and dispensed losartan potassium 25mg tablets rather than the 50 mg. tablets prescribed. ST failed to provide adequate counseling.	N/A	Letter of reprimand; $1,000 fine; $1,000 attorney's fees and costs; 2 additional CEs on error prevention.	WG shall pay a $1,000 fine; $1,000 attorney's fees and costs.
MDs RB-R and AB pre-signed controlled substance prescriptions that were issued to patients while Respondents were travelling overseas. Respondents allowed APRN DC-L to prescribe controlled substances	N/A	Each respondent shall receive a letter of reprimand; $5,000 fine; $2,000 attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2020 – June 2020			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
and dangerous drugs prior to being licensed to do so.			
RPH JA failed to maintain perpetual inventories, biennial inventories, records of controlled substance purchases; aided or abetted a person not licensed to practice pharmacy; failed to properly store expired drugs; failure to properly label prescription drugs; continued to practice pharmacy even as his behavior rendered him incompetent, unskillful and neglident. RPH JA and PT FA engaged in unlawful dispensing and sales. PT FA practiced as a registered pharmacist without registration.	N/A	JA voluntarily surrendered pharmacist registration; may not work for any facility licensed by the Board unless he petitions and is grated reinstatement by the Board; if he applies for reinstatement, he shall appear before the Board and he shall successfully complete an evaluation of is competence to practice pharmacy. FA voluntarily surrendered technician registration. She may not work for any facility licensed by the Board unless she petitions and is grated reinstatement by the Board. Respondents are jointly liable and shall pay $2,500 fine; $3,000 attorney fees and costs.	DT voluntarily surrendered pharmacy license and may not operate in any capacity unless it has petitioned the Board and is granted reinstatement.

5A

FILED
JUN 11 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GLORY K. REMLEY, R.PH,** **Certificate of Registration No. 10562,** **JESSICA L. HUEY, R.PH.** **Certificate of Registration No. 18577, and** **WALMART PHARMACY #10-3728** **Certificate of Registration No. PH02226** **Respondents.**	**Case Nos. 18-096-RPH-A-S** **18-096-RPH-B-S** **18-096-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Glory K. Remley, R.Ph. (Remley), Certificate of Registration No. 10562, and Jessica L. Huey, R.Ph. (Huey), Certificate of Registration No. 18577, were pharmacists registered with the Board, and Walmart Pharmacy #10-3728 (Walmart) License No. PH02226, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Remley and Huey were employed by Walmart at the time of the events alleged herein.

III.

On August 3, 2018, A.L. was examined by a nurse practitioner and received a prescription for Tramadol 50 mg. with instructions to take one tablet every six hours as needed. The prescription allowed for a quantity of 12 tablets for a three day supply and "0" (zero) refills.

IV.

A.L. tendered the prescription to Walmart where pharmaceutical technician John Castro (Castro) performed data entry in Walmart's computer system. The computer system designated the prescription as No. 4466273.

V.

During data entry, Castro erroneously entered the days' supply of "3" in the refill field rather than the "0" refills written on the prescription by the prescriber.

VI.

Remley is on record as the verifying pharmacist for the four point data entry check for Prescription No. 4466273. She failed to detect the error in the number of refills when she verified data entry as accurate.

VII.

Huey performed the final visual check and failed to identify the refill error during the final product review.

VIII.

The initial fill of Prescription No. 4466273 was dispensed to A.L. on August 9, 2018.

IX.

Prescription No. 4466273 was subsequently refilled and dispensed on August 16, 2018, and again on August 26, 2018.

X.

The refill error was discovered when A.L.'s nurse practitioner reported unauthorized refills to the Prescription Monitoring Program.

FIRST CAUSE OF ACTION

Unprofessional Conduct, Failure to Verify Dispensed Medication
(Respondent Remley)

XI.

Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when labeling and dispensing a prescription. *See* NAC 639.945(1)(d). It also includes a licensee performing his duties in an "incompetent, unskillful or negligent manner". *See* NAC 639.945(1)(i).

Additionally, NAC 639.252 states in relevant part:

> If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, ***the pharmacist supervising the pharmaceutical technician*** is responsible for the filled prescription, including, but not limited to, verifying:
> (a) The selection and strength of the drug;
> (b) The dosage form; and
> (c) The labeling of the prescription.

NAC 639.252(2) (emphasis added.)

Remley violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified as accurate the data entry of Prescription No. 4466273, in which a technician's erroneous data entry error resulted in Walmart dispensing two unauthorized refills of Prescription No. 4466273. Remley is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION

Unprofessional Conduct, Failure to Verify Dispensed Medication
(Respondent Jessica Huey)

XII.

Respondent Huey violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified as accurate, the final product on Prescription No. 4466273, in which a technician's erroneous data entry error resulted in Walmart dispensing two unauthorized refills of Prescription No. 4466273. Huey is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

THIRD CAUSE OF ACTION

(Pharmacy/Pharmacy Owner Responsibility)
(Respondent Walmart Pharmacy #10-3728)

XIII.

NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board."

Additionally, "[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walmart #10-3728 is responsible for each of the violations alleged herein pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 11th day of June, 2020.

J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GLORY K. REMLEY, R.PH,** **Certificate of Registration No. 10562,** **Respondent.**	**CASE NO. 18-096-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 15, 2020, 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of June, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **GLORY K. REMLEY, R.PH,** **Certificate of Registration No. 10562,** **Respondent.**	**Case No. 18-096-RPH-A-S** **ANWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of June, 2020.

GLORY K. REMLEY, R.PH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of June, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Glory Remley, R.Ph.
7 Lois Ct.
Attleboro, MA 02703

Jessica Huey, R.Ph.
9270 Keystone Ridge Ave.
Las Vegas, NV 89148

Walmart Pharmacy #10-3728
3950 W. Lake Mead Blvd.
North Las Vegas, NV 89032

SHIRLEY HUNTING

5B

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JESSICA L. HUEY, R.PH.** **Certificate of Registration No. 18577,** **Respondent.**	**CASE NO. 18-096-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 15, 2020, 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of June, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JESSICA L. HUEY, R.PH.** **Certificate of Registration No. 18577,** **Respondent.**	**Case No. 18-096-RPH-B-S** **ANWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of June, 2020.

JESSICA L. HUEY, R.PH.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of June, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Glory Remley, R.Ph.
7 Lois Ct.
Attleboro, MA 02703

Jessica Huey, R.Ph.
9270 Keystone Ridge Ave.
Las Vegas, NV 89148

Walmart Pharmacy #10-3728
3950 W. Lake Mead Blvd.
North Las Vegas, NV 89032



SHIRLEY HUNTING

5C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALMART PHARMACY #10-3728** **Certificate of Registration No. PH02226,** **Respondent.**	**CASE NO. 18-096-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 15, 2020, 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of June, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALMART PHARMACY #10-3728** **Certificate of Registration No. PH02226,** **Respondent.**	**Case No. 18-096-PH-S** **ANWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of June, 2020.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALMART PHARMACY #10-3728

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of June, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Glory Remley, R.Ph.
7 Lois Ct.
Attleboro, MA 02703

Jessica Huey, R.Ph.
9270 Keystone Ridge Ave.
Las Vegas, NV 89148

Walmart Pharmacy #10-3728
3950 W. Lake Mead Blvd.
North Las Vegas, NV 89032

SHIRLEY HUNTING

5D

FILED
FEB 13 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA AIGHOBAHI, RPH,** **Certificate of Registration No. 18747,** **KATHERINE KUEHL, RPH,** **Certificate of Registration No. 11172,** **FELICIA AIGHOBAHI, PT,** **Certificate of Registration No. PT17660, and** **DIVINE TOUCH SERVICES PHARMACY,** **Pharmacy License No. PH03411,** **Respondents.**	**Case Nos. 19-035-RPH-A-S** **19-035-RPH-B-S** **19-035-PT-S** **19-035-PH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Joshua Aighobahi, R.Ph., Certificate of Registration No. 18747, and Respondent Katherine Kuehl, R.Ph., Certificate of Registration No. 11172 (Kuehl), were pharmacists registered by the Board, Respondent Felicia Aighobahi, Certificate of Registration No. PT17660, was a pharmaceutical technician registered by the Board, and Respondent Divine Touch Services Pharmacy, License No. PH03411 (Divine Touch), was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

II.

Joshua Aighobahi owns and operates Divine Touch; he was the managing pharmacist of Divine Touch and the only registered pharmacist employed in the pharmacy until approximately October 31, 2019.

III.

Felicia Aighobahi is Joshua Aighobahi's wife and employed as a pharmaceutical technician by Divine Touch.

IV.

Throughout 2019, Felicia Aighobahi performed functions that are limited by law to a registered pharmacist and attributed the performance of those functions to Joshua Aighobahi.

V.

During annual inspections of Divine Touch on or about September 7, 2017, September 8, 2018, and September 23, 2019, Board staff observed that Joshua Aighobahi failed to conduct a proper biennial inventory of the pharmacy.

VI.

During the September 23, 2019, annual inspection Board staff observed that Joshua Aighobahi exhibited behavior that rendered him incapable of safely and competently practicing pharmacy, that he failed to a maintain an accurate perpetual inventory of schedule II-controlled substances, and that he failed to maintain DEA 222 forms.

VII.

On or about October 10, 2019, Board staff conducted a joint inspection of Divine Touch with the Drug Enforcement Administration (DEA). During the DEA audit of controlled substances at Divine Touch, both Board staff and DEA investigators observed that Joshua

Aighobahi exhibited behavior that rendered him incapable of complying with the audit and/or of safely and competently practicing pharmacy.

VIII.

On or about October 21, 2019, Joshua Aighobahi represented to Board staff that he would voluntarily cease operation of Divine Touch until he either successfully completed an evaluation of his competence to practice pharmacy pursuant to NRS 639.2445 or, alternatively, placed a managing pharmacist approved by Board staff in charge of the pharmacy pursuant to NRS 639.220(1).

IX.

On or about October 31, 2019, Joshua Aighobahi represented to Board staff through his legal counsel that he had employed Kuehl as the managing pharmacist for Divine Touch and had ceased practicing pharmacy.

X.

On or about January 9, 2020, Board staff conducted an inspection of Divine Touch and observed that Joshua Aighobahi continued to practice pharmacy even as his behavior continued to render him incapable of safely and competently practicing pharmacy, that Kuehl as the new managing pharmacist failed to properly conduct an initial inventory of the pharmacy, and that prescription labels did not include the expiration date for the medication.

XI.

During the inspections of Divine Touch on or about September 23, 2019, October 10, 2019, and January 9, 2020, Board staff observed that the pharmacy had possession of expired controlled substances and dangerous drugs for dispensing that were not properly segregated.

XII.

On or about January 21, 2020, Kuehl represented to Board staff that Joshua Aighobahi continued to practice pharmacy and perform certain functions reserved for a managing pharmacist.

APPLICABLE LAW

XIII.

NRS 453.246 Recordkeeping and inventory requirements for registrants. Persons registered to dispense controlled substances pursuant to the provisions of NRS 453.011 to 453.552, inclusive, shall keep records and maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law and with any additional regulations the Board issues.

XIV.

NRS 453.251 Order forms. Controlled substances listed in schedules I and II may be distributed by a registrant or licensed pharmacy to another registrant or licensed pharmacy only pursuant to an order form and may be received by a registrant only pursuant to an order form. Compliance with the provisions of federal law respecting order forms shall be deemed in compliance with this section.

XV.

NRS 453.326 Unlawful acts relating to recordkeeping, inspections and knowingly keeping or maintaining a place where controlled substances are unlawfully used, kept or sold; penalty.

1. It is unlawful for a person:

(a) To refuse or fail to make, keep or furnish any record, notification, order form, statement, invoice or information required under the provisions of NRS 453.011 to 453.552, inclusive;

. . . .

XVI.

NRS 453.236 Suspension, revocation of registration; seizure, placement under seal of controlled substance owned or possessed by registrant; notification of Drug Enforcement Administration and Division concerning suspension, revocation or forfeiture; registrant prohibited from employing person whose pharmacist's certificate was suspended or revoked.

1. The Board may suspend or revoke a registration pursuant to NRS 453.231 to dispense a controlled substance upon a finding that the registrant has:

. . . .

(d) Committed an act that would render registration under NRS 453.231 inconsistent with the public interest as determined pursuant to that section.

XVII.

NRS 639.100(1)(a) states in relevant part: "It is unlawful for any person to sell or dispense, or permit to be . . . sold or dispensed, any drug, . . . unless the person . . . [i]s a registered pharmacist. *See also* 21 U.S.C. § 841(a).

XVIII.

NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:

1. Is not of good moral character;

. . . .

4. Is guilty of unprofessional conduct or conduct contrary to the public interest;

. . . .

9. Has willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of this chapter;

. . . .

11. Has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs;

12. Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit;

. . . .

15. Has, as a managing pharmacist, violated any provision of law or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state or federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision;

. . . .

17. Has failed to maintain and make available to a state or federal officer any records in accordance with the provisions of this chapter or chapter 453 or 454 of NRS;

XIX.

NRS 639.2445 Physical or mental examination of holder of certificate believed to be incompetent; competency hearing; probation for use of alcohol or drugs.

1. Whenever the Board believes that a holder of a certificate is or has become incompetent to practice pharmacy by reason of any physical or mental injury, illness or disability or by reason of chronic or excessive use of alcohol or drugs, the Board may order that the holder of the certificate submit to a physical or psychiatric examination, or both, at the expense of the Board.

2. The Board shall designate a physician or a psychiatrist or both, as the case may be, to conduct the examination or examinations of the holder of the certificate and furnish the Board and the holder of the certificate with a report of the findings. If the holder of the certificate is dissatisfied with the findings, the holder of the certificate may obtain an independent examination and report at his or her own expense, not later than 10 days following receipt of the initial report.

3. Upon receipt of the findings the Board shall conduct a hearing to determine whether the holder of the certificate is competent to practice pharmacy. Except as provided in subsection 4, if the Board finds that the holder of the certificate is not competent to practice pharmacy, it shall order an immediate suspension of his

or her right to practice pharmacy, and the suspension remains in effect until the Board determines that a certificate may be reinstated.

4. The Board may place on probation a holder of a certificate who is not competent to practice pharmacy by reason of chronic or excessive use of alcohol or drugs if the holder of the certificate voluntarily enters and completes a program of treatment approved by the Board and complies with any other conditions imposed by the Board.

XX.

NRS 639.282 Unlawful possession or sale of certain pharmaceutical preparations, drugs or chemicals; destruction.

1. Except as otherwise provided . . . it is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which:

. . . .

(d) Is no longer safe or effective for use, as indicated by the expiration date appearing on its label; or

XXI.

NAC 453.475 Initial and biennial inventory of controlled substances by new managing pharmacist.

1. A pharmacist who is hired or promoted to manage a pharmacy pursuant to the provisions of NRS 639.220 shall:

(a) Within 48 hours after first reporting for duty as the managing pharmacist, conduct an inventory of the controlled substances of the pharmacy with the pharmacist who preceded him or her as the managing pharmacist. The pharmacists shall sign the inventory.

(b) After the date on which the inventory required pursuant to paragraph (a) was taken, conduct an inventory of the controlled substances of the pharmacy at least once every 2 years during the course of his or her employment as managing pharmacist at the pharmacy. The managing pharmacist may conduct the biennial inventory on any date which is within 2 years of the date on which the previous biennial inventory was conducted.

2. An inventory required by subsection 1 must be:

(a) Conducted according to the method prescribed by the provisions of 21 C.F.R. Part 1304; and

(b) Placed in the records of the controlled substances of the pharmacy.

XXII.

NAC 639.050 Storage and destruction of certain controlled substances.

. . . .

2. Each practitioner or pharmacy shall physically separate each controlled substance which is outdated, damaged, deteriorated, misbranded or adulterated from the balance of its stock medications.

XXIII.

NAC 639.473 Procurement and storage of drugs.

1. The managing pharmacist of a pharmacy is responsible for the procurement and storage of drugs in that pharmacy.

. . . .

3. Outdated drugs must be removed from stock and identified and maintained separately from other stock until disposal.

XXIV.

NAC 639.482 Maintenance and availability of records.

1. Each record required to be kept pursuant to NAC 639.483 to 639.489, inclusive, must be kept by a pharmacy for at least 2 years after the date of the record.

2. Records maintained by a pharmacy must be made available for inspection and copying upon the request of the Board, its representatives, or another authorized local, state or federal law enforcement agency.

XXV.

NAC 639.485 Maintenance of records for controlled substances.

1. A pharmacy shall maintain records for controlled substances:

(a) In a readily retrievable manner.

(b) In a manner that establishes the receipt, distribution and destruction of all controlled substances handled by the pharmacy.

2. A pharmacy shall maintain a perpetual inventory of any controlled substance listed in schedule II.

3. Records of the distribution of controlled substances listed in schedule II, schedule III or schedule IV must include:

(a) The name of the drug, dosage form and strength.

(b) The name of the pharmacist distributing or authorizing the distribution of the controlled substance.

(c) The name of the authorized person receiving the controlled substance. This information may be included on the record of administration.

(d) The location to which the controlled substance is being distributed.

(e) Controlled substances returned to the pharmacy.

(f) A record of any waste of any prepared or partially administered dose of a controlled substance, which must be witnessed and cosigned by another person who is licensed to provide medical care.

XXVI.

NAC 639.487 Maintenance of additional records.

In addition to any other requirements for keeping records, a pharmacy shall maintain the following records:

1. Copy 3 of the order form of the Drug Enforcement Administration (DEA 222C), properly dated, initialed and filed, copies of each unaccepted or defective order form, and any attached statements or other documents.
2. Suppliers' invoices of controlled substances and dangerous drugs. The pharmacist or other personnel of the pharmacy shall clearly record on each invoice the actual date on which the controlled substance or dangerous drug was received.
3. Suppliers' credit memos for controlled substances and dangerous drugs.
4. The biennial inventory of controlled substances required by the Drug Enforcement Administration.
5. Any reports of theft or significant loss of controlled substances submitted to the Drug Enforcement Administration.
6. Reports of the surrender or destruction of controlled substances or dangerous drugs, or both, to an appropriate state or federal agency.
7. A register book for nonprescription drugs listed in schedule V.

XXVII.

NAC 639.510 Maintenance and storage of pharmaceutical stock.

. . . .

2. The managing pharmacist of a pharmacy:

(a) Is responsible for, and must have knowledge and control of, the acquisition and disposition by the pharmacy of the stock of the pharmacy; and

(b) Shall ensure that the records relating to the acquisition or disposition of the stock of the pharmacy are maintained as required by law.

3. The dangerous drugs, controlled substances, chemicals, biologicals and devices kept in the stock of a pharmacy must meet all of such standards of purity and strength as established by current official compendia or as established on the appropriate labels, and must be properly stored. Any preparation which varies from such standards of purity and strength or becomes unfit for use from deterioration or other cause must not be carried in stock and must be destroyed in a manner provided by law when so ordered by an agent of the Board.

XXVIII.

NAC 639.512 Class A and B packaging: Label; expiration date; log.

. . . .

2. Each unit dose of a controlled substance or dangerous drug packaged or repackaged by a pharmacy must contain a label which specifies:

. . . .

(c) The expiration date; and

. . . .

XXIX.

NAC 639.523 Physical address for delivery of drugs.

. . . .

3. A pharmacist employed by a pharmacy shall acknowledge on every invoice that the drugs listed in the invoice were physically received by the pharmacy at the physical address to which the Board has issued the license of the pharmacy.

XXX.

NAC 639.601 Prescription drugs: Separation and disposal of certain drugs.

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.

. . . .

XXXI.

NAC 639.945 Unprofessional conduct; owner responsible for acts of employees.

1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

. . . .

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

. . . .

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

. . . .

2. The owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ.

XXXII.

NAC 639.955 Imposition of fines; authority to take disciplinary action.

1. Except as otherwise provided in this section, the Board may impose a fine against a pharmacist or pharmacy pursuant to paragraph (f) of subsection 1 of NRS 639.255 according to the following schedule:

. . . .

(h) For failing to make or maintain a biennial inventory of controlled substances.....$1,000.00

. . . .

2. The Board may impose a fine for a violation listed in subsection 1 that is less than or greater than the amount set forth in that subsection for that violation after giving consideration to any aggravating and mitigating factors that relate to the violator's role in and responsibility for the conduct for which the fine is being imposed, and the unique circumstances of each case.

. . . .

5. The Board may, as it deems appropriate, impose a fine for a violation not listed in subsection 1 that is commensurate with the severity of the violation.

6. No fine imposed by the Board will exceed $10,000.

. . . .

8. This section will be construed and applied so as to preserve the discretion of the Board to take any disciplinary action authorized by NRS 639.255.

XXXIII.

21 C.F.R. § 1304.11 Inventory requirements.

. . . .

(c) ***Biennial inventory date.*** After the initial inventory is taken, the registrant shall take a new inventory of all stocks of controlled substances on hand at least every two years. The biennial inventory may be taken on any date which is within two years of the previous biennial inventory date.

XXXIV.

21 C.F.R. § 1304.21 General requirements for continuing records.

(a) Every registrant required to keep records pursuant to §1304.03 shall maintain, on a current basis, a complete and accurate record of each substance manufactured, imported, received, sold, delivered, exported, or otherwise disposed of by him/her, and each inner liner, sealed inner liner, and unused and returned mail-back package, except that no registrant shall be required to maintain a perpetual inventory.

XXXV.

21 U.S.C. § 842(a)(5) states in relevant part: "It shall be unlawful for any person . . . to refuse or negligently fail to make, keep, or furnish any record, report, notification, declaration,

order or order form, statement, invoice, or information required under this subchapter or subchapter II[.]"

FIRST CAUSE OF ACTION
Failure to Maintain Perpetual Inventories of Controlled Substances
(Respondents Joshua Aighobahi and Divine Touch)

XXXVI.

By failing to maintain at least two years' worth of perpetual inventories of schedule II-controlled substances in a readily retrievable manner, Joshua Aighobahi and Divine Touch violated NRS 453.246, NAC 639.485(1) and (2), and NAC 639.482(a) and (b), engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4), (12) and (17).

SECOND CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances
(Respondents Joshua Aighobahi and Divine Touch)

XXXVII.

By failing to maintain at least two years' worth of biennial inventories of its controlled substances in a readily retrievable manner, Joshua Aighobahi and Divine Touch violated NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b), NAC 639.487(4), NAC 639.510, 21 U.S.C. § 842(a)(5) and 21 CFR § 1304.11, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4), (12) and (17).

THIRD CAUSE OF ACTION
Failure to Maintain Records of Controlled Substance Purchases
(Respondents Joshua Aighobahi and Divine Touch)

XXXVIII.

By failing to maintain accurate and complete invoices for the controlled substances Divine Touch purchased and received, Joshua Aighobahi and Divine Touch violated NRS 453.246, NRS 453.251, NRS 453.326(1)(a), NAC 639.510, NAC 639.523(3), 21 U.S.C. §

842(a)(5) and 21 CFR § 1304.21, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4), (11), (12) and (17).

FOURTH CAUSE OF ACTION
Fraudulent or Deceitful Practice/Practicing as a Registered Pharmacist Without Registration
(Respondent Felicia Aighobahi)

XXXIX.

By performing functions that are limited by law to a registered pharmacist and attributing the performance of those functions to Joshua Aighobahi, Felicia Aighobahi was party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct as defined in NAC 639.945(1)(h) and (k), and is subject to discipline pursuant to NRS 639.210(4).

FIFTH CAUSE OF ACTION
Fraudulent or Deceitful Practice /Aiding or Abetting a Person Not Licensed to Practice Pharmacy
(Respondent Joshua Aighobahi)

XL.

By permitting Felicia Aighobahi to perform duties that are limited by law to a registered pharmacist, Joshua Aighobahi was party to a fraudulent or deceitful practice or transaction, aided or abetted a person not licensed to practice pharmacy in the State of Nevada, engaged in unprofessional conduct as defined in NAC 639.945(1)(h) and (j), and is subject to discipline pursuant to NRS 639.210(4).

SIXTH CAUSE OF ACTION
Unlawful Dispensing and Sales
(Respondents Joshua Aighobahi and Felicia Aighobahi)

XLI.

By permitting Felicia Aighobahi to perform functions that are limited by law to a registered pharmacist and attributing the performance of those functions to Joshua Aighobahi, Joshua Aighobahi and Felicia Aighobahi violated, attempted to violate, assisted or abetted in the

violation of or conspired to violate NRS 453.331(1)(c), NRS 453.381(8), NRS 453.401(l)(a), NRS 639.100(1)(a), NRS 639.284 and/or 21 U.S.C. § 841(a), and are subject to discipline pursuant to NRS 639.210(9), (11) and (12).

SEVENTH CAUSE OF ACTION
Failure to Conduct Initial Inventory of Controlled Substances
(Respondent Kuehl)

XLII.

By failing to properly conduct an initial inventory of the pharmacy as the new managing pharmacist, Kuehl violated NRS 453.246, NAC 453.475(1)(a) and (2) and NAC 639.510, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and is subject to discipline pursuant to NRS 639.210(4), (15) and (17).

EIGHTH CAUSE OF ACTION
Failure to Properly Store Expired Drugs
(Respondents Joshua Aighobahi, Kuehl and Divine Touch)

XLIII.

By failing to segregate expired drugs from unexpired drugs and secure those expired drugs in an area where they could not be used to administer or fill prescriptions, Joshua Aighobahi, Kuehl and Divine Touch violated NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), engaged in unprofessional conduct as defined in NAC 639.945(i), and are subject to discipline pursuant to NRS 639.210(4), (12) and (15).

NINTH CAUSE OF ACTION
Failure to Properly Label Prescription Drugs
(Respondents Joshua Aighobahi, Kuehl and Divine Touch)

XLIV.

By failing to include the expiration date for medication on prescription labels, Joshua Aighobahi, Kuehl and Divine Touch violated NAC 639.512(2)(c), engaged in unprofessional

conduct as defined in NAC 639.945(i), and are subject to discipline pursuant to NRS 639.210(4), (12) and (15).

TENTH CAUSE OF ACTION
Incompetent, Unskillful and Negligent Practice of Pharmacy
(Respondent Joshua Aighobahi)

XLV.

By continuing to practice pharmacy even as his behavior rendered him incapable of safely and competently practicing pharmacy, Joshua Aighobahi performing his duties as a registered pharmacist and as the owner of Divine Touch in an incompetent, unskillful or negligent manner, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), is subject to discipline pursuant to NRS 639.210(4), and should be required to submit to a physical or psychiatric examination, or both, pursuant to NRS 639.2445.

ELVENTH CAUSE OF ACTION
Managing Pharmacist Responsibilities
(Respondents Joshua Aighobahi and Kuehl)

XLVI.

As the managing pharmacists of Divine Touch at the time of the violations alleged herein, either Joshua Aighobahi and Kuehl are responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.220(1), NAC 639.473, NAC 639.510 and NAC 639.702, and are subject to discipline pursuant to NRS 639.210(15).

TWELVTH CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
(Respondent Joshua Aighobahi)

XLVII.

As the owner of Divine Touch at the time of each of the violations alleged herein, Joshua Aighobahi is responsible for the violations, including those of his employees, pursuant to NRS 639.230(5) and NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(1), (4), (9) (11), (12), (15) and (17).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration and/or licenses of these respondents.

DATED this 13th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KATHERINE KUEHL, RPH,** **Certificate of Registration No. 11172,** **Respondent.**	**CASE NO. 19-035-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KATHERINE KUEHL, RPH** **Certificate of Registration No. 11172,** **Respondent.**	**CASE NO. 19-035-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February 2020.

KATHERINE KUEHL, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Joshua Aighobahi, R.Ph.
9504 Empire Rock Street
Las Vegas, NV 89143

Katherine L. Kuehl, R.Ph.
700 North Las Vegas Blvd.
Las Vegas, NV 89101

Felicia Aighobahi, PT
2208 E. Charleston Blvd., #B
Las Vegas, NV 89104

Divine Touch Services Pharmacy
2208 E. Charleston Blvd., #B
Las Vegas, NV 89104

Persi J. Mishel, Esq.
10161 Park Run Drive, Ste. 150
Las Vegas, NV 89145

SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of March, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Katherine L. Kuehl, RPH
2000 Paradise Rd., #1205
Las Vegas, NV 89104



SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JOSHUA AIGHOBAHI, RPH,** **Certificate of Registration No. 18747,** **KATHERINE KUEHL, RPH,** **Certificate of Registration No. 11172,** **FELICIA AIGHOBAHI, PT,** **Certificate of Registration No. PT17660, and** **DIVINE TOUCH SERVICES PHARMACY,** **Pharmacy License No. PH03411,** **Respondents.**	**Case Nos. 19-035-RPH-A-S** **19-035-RPH-B-S** **19-035-PT-S** **19-035-PH-S** **STIPULATION AND ORDER** **(Respondent Katherine Kuehl)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Katherine Kuehl, R.Ph., Certificate of Registration No. 11172 (Kuehl), **HEREBY STIPULATE AND AGREE THAT**:

1. On or about March 19, 2020, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

2. Respondent is fully aware of her right to seek the advice of counsel in this matter prior to entering into this Stipulation.

3. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

4. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of Paragraph 7 below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. By failing to properly conduct an initial inventory of the pharmacy as the new managing pharmacist, Kuehl violated NRS 453.246, NAC 453.475(1)(a) and (2) and NAC 639.510, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and is subject to discipline pursuant to NRS 639.210(4), (15) and (17);

B. By failing to segregate expired drugs from unexpired drugs and secure those expired drugs in an area where they could not be used to administer or fill prescriptions, Kuehl violated NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), engaged in unprofessional conduct as defined in NAC 639.945(i), and is subject to discipline pursuant to NRS 639.210(4), (12) and (15);

C. By failing to include the expiration date for medication on prescription labels, Kuehl violated NAC 639.512(2)(c), engaged in unprofessional conduct as defined in NAC 639.945(i), and is subject to discipline pursuant to NRS 639.210(4), (12) and (15); and

D. As the managing pharmacist of Divine Touch at the time of the violations herein, Kuehl is responsible for those violations, including permitting Joshua Aighobahi to continue to practice pharmacy even as his behavior continued rendered him incapable of safely

and competently practicing pharmacy, pursuant to NRS 639.220(1), NAC 639.473, NAC 639.510 and NAC 639.702, and Kuehl is therefore subject to discipline pursuant to NRS 639.210(15).

6. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

7. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Katherine Kuehl, R.Ph., Certificate of Registration No. 11172, stipulate to the following penalties:

A. Kuehl shall receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a managing pharmacist.

B. Kuehl may not be designated as and shall not work as managing pharmacist in any facility licensed by the Board for a period of one (1) year;

C. Kuehl shall complete two (2) extra hours of continuing education (CE) on pharmacy management, in addition to the CE hours she must otherwise complete to maintain her licensure;

D. Kuehl shall pay a fine of One-Thousand Dollars ($1000.00) for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, in monthly installments of $250.00 for four (4) months and due on the first date of each month commencing September 1, 2020; and

E. Kuehl shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte

Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on July 15, 2020, in Las Vegas. Respondent will appear at the meeting to answer questions from the Board members and/or staff. The Board members may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of July, 2020

KATHERINE KUEHL, RPH,
Certificate of Registration No. 11172

Signed this ___ day of July, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Katherine Kuehl, R.Ph., Certificate of Registration No. 11172, in Case No. 19-035 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of July, 2020.

Helen Park, President
Nevada State Board of Pharmacy

5E

FILED
FEB 06 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEVONS WANG, PT,** **Certificate of Registration No. PT21836,** **Respondent.**	**CASE NO. 20-008-PT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Jevons Wang, Certificate of Registration No. PT21836, was a pharmaceutical technician registered by the Board.

FACTUAL ALLEGATIONS

II.

On January 17, 2019, the Board approved Respondent's application for registration as a pharmaceutical technician, subject to the requirement that Respondent enroll in the Professionals Reaching Nevada-Pharmacist/Tech Recovery Network (PRN-PRN) program for one year and comply with all terms and conditions of the PRN-PRN contract, due to a history of substance abuse.

III.

On January 15, 2020, Respondent was terminated from the PRN-PRN program due to lack of attendance. Respondent's Certificate of Registration No. PT21836 is therefore subject to revocation or suspension pursuant to NRS 639.210(5).

FIRST CAUSE OF ACTION

IV.

By failing to comply with all terms and conditions of the PRN-PRN contract, due to a history of substance abuse, Respondent is subject to discipline pursuant NRS 639.210(5) and NRS 639.2445(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 6th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEVONS WANG, PT,** **Certificate of Registration No. PT21836,** **Respondent.**	**CASE NO. 20-008-PT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, March 18, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEVONS WANG, PT** **Certificate of Registration No. PT21836,** **Respondent.**	**CASE NO. 20-008-PT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of February, 2020.

_____

JEVONS WANG, PT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jevons Wang
8797 Pinley Spring Street
Las Vegas, NV 89113



SHIRLEY HUNTING

6

FabianVanCott

JEFFREY B. SETNESS
Direct Dial: 702.333.4900
Cellular: 702.286.2626
jsetness@fabianvancott.com

December 11, 2019

VIA E-MAIL pedwards@pharmacy.nv.gov AND FEDERAL EXPRESS

Paul Edwards
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521



VIA E-MAIL bkandt@pharmacy.nv.gov AND FEDERAL EXPRESS

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Re: ***Nevada State Board of Pharmacy v. Craig Weingrow, M.D.***
Case No. 17-066-CS-S

Craig Weingrow's Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board

Dear Paul and Brett,

Please find enclosed Dr. Weingrow's "Petition for Reinstatement of Controlled Substance Registration and Request to Appear Before the Board" with exhibits.

We would respectfully request being permitted to appear at the Board's Meeting which is scheduled for January 15th and 16th, 2020 in Las Vegas.

I look forward to hearing from you.

Regards,

JEFFREY B. SETNESS
FABIAN VANCOTT

Enclosure

FILED
DEC 12 2019
NEVADA STATE
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of: **CRAIG WEINGROW, M.D.** **Certificate of Registration Nos. CS20272** **PD00502** **Petitioner**	**CASE NO. 17-066-CS-S**

PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

COMES NOW Petitioner Craig Weingrow, M.D. by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby petitions the Nevada State Board of Pharmacy ("Board") for reinstatement of Dr. Weingrow's Controlled Substance Registration pursuant to NRS 639.257 based on the following[1]:

I. INTRODUCTION

On July 25, 2018, in the case *of Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al,* Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order which states on Page 9, in pertinent part, as follows:

. . .

> 3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).
>
> 4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

[1] It should be noted that Dr. Weingrow is not petitioning for reinstatement of his dispensing practitioner registration because he no longer intends to dispense any medications.

In accordance with the terms and conditions of the above-mentioned Nevada State Board of Pharmacy Order and NRS 639.257, Dr. Weingrow files this Petition for Reinstatement of his Controlled Substance Registration and respectfully submits that reinstatement of his Controlled Substance Registration is justified based upon the following:

1. Dr. Weingrow has complied with the terms and conditions of the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1) based upon the fact that over 1 year has lapsed since the date of revocation that being July 18, 2018.

2. Dr. Weingrow has complied with the terms and conditions of the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, because Dr. Weingrow has:

a. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.

b. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.

c. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances.

d. Paid a fine totaling $12,000.

On December 6, 2019, at a hearing before the Nevada State Board of Medical Examiners, the Board approved Dr. Weingrow's request for a change in status Inactive-Probation to Active-Probation.

3. Dr. Weingrow has complied with the terms and conditions of the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, by fully paying $80,000 in civil penalties.

4. Dr. Weingrow accepts full responsibility for his actions and freely admits the various facts that establish the bases of violations alleged in the Accusation. Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses. As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

5. This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right. Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

6. The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

II. PROCEDURAL HISTORY

A. Nevada State Board of Pharmacy Proceeding

On July 23, 2012, Dr. Weingrow was issued Controlled Substance License No. CS20272 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 1.

On January 20, 2015, Dr. Weingrow was issued Practitioner Dispensing License No. PD00502 by the Nevada State Board of Pharmacy. A true and correct copy of a printout from the Nevada State Board of Pharmacy regarding this license is attached as Exhibit 2.

On February 27, 2018, in the case *of Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al,* Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Notice of Intended Action and Accusation. A true and correct copy of the Accusation is attached as Exhibit 3.

On March 23, 2018, Dr. Weingrow filed his Answer and Notice of Defense of Craig Weingrow, M.D. A true and correct copy of this Answer is attached as Exhibit 4.

Prior to the April 2018 Board Meeting, a proposed Stipulation and Order was negotiated between counsel for Dr. Weingrow and counsel for the Nevada State Board of Pharmacy, in which Dr. Weingrow admitted that evidence existed to establish a basis for violations alleged in the Accusation. The terms of the proposed Stipulation and Order included Dr. Weingrow's Controlled Substances Registration bring suspended and the suspension stayed and his registration placed on probation for a minimum of five years. In addition, Dr. Weingrow would surrender his Dispensing Practitioner Registration and he would not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. A former Board Member moved to deny the Stipulation and Order presented by Board Staff which was passed and the case was scheduled for hearing during the July 2018 Board Meeting. The relevant excerpts of the Minutes of the April 11th and 12th 2018 Board Meeting are attached as Exhibit 5.

On July 18, 2018, in a pleading entitled "Stipulated Facts", Dr. Weingrow freely and voluntarily admitted to various factual statements. A true and correct copy of the Stipulated Facts is attached Exhibit 6.

On July 25, 2018, the Nevada State Board of Pharmacy filed its Findings of Fact, Conclusions of Law and Order. A true and correct copy of this Order is attached as Exhibit 7. Page 9 of the Order states, in pertinent part, as follows:

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

. . .

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

B. Nevada State Board of Medical Examiners Proceeding

On August 16, 2018, *In the Matter of Charges and Complaint Against Craig Mitchell Weingrow, M.D., Respondent*, the Nevada State Board of Medical Examiners filed its Complaint. A true and correct copy of the Complaint is attached as Exhibit 8.

On September 10, 2018, the Nevada State Board of Medical Examiners filed a Settlement Agreement which was entered into between Dr. Weingrow and the Nevada State Board of Medical Examiners. A true and correct copy of the Settlement Agreement is attached as Exhibit 9. The Settlement Agreement on Pages 5 and 6 state, in pertinent part, as follows:

> . . .
>
> B. Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following.
>
> C. Respondent's license shall be subject to a term of probation for a period of time not to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the stay of revocation of Respondent's license shall be lifted, and his license shall be immediately revoked. The following terms and conditions shall apply during Respondent's probationary period:
>
> (1) Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the above to the satisfaction of the Board;
>
> (2) Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within thirty (30) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being $4,539.06, not including any costs that may be necessary to finalize this Agreement.
>
> (3) Respondent shall take twenty (20) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances within twelve (12) months from the date of the Board's acceptance,

adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

(4) Respondent shall pay a fine of $1,000 per count admitted to hereby, consisting of 12 counts, for a total of $12,000, within one hundred eighty (180) days of the Board's acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders, past or future, of the Nevada State Board of Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, specifically including the following: . . .

On December 6, 2019, Dr. Weingrow appeared at a hearing before the Nevada State Board of Medical Examiners and the Board approved Dr. Weingrow's change of status from Inactive-Probation to Active-Probation. See Exhibit 10.

C. United States Attorney's Office and Drug Enforcement Administration

On November 28, 2018, Dr. Weingrow entered into a Memorandum of Agreement with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration in which he agreed to pay $80,000 in civil penalties. See Exhibit 11. Dr. Weingrow has fully paid this amount. See Exhibit 12.

On March 22, 2019, Dr. Weingrow's DEA Certificate of Registration was revoked. See Exhibit 13.

III. LAW

NRS 639.257 entitled "Reinstatement of revoked certificate, license or permit." states, in pertinent part, as follow:

1. A person whose certificate, license or permit has been revoked may petition the Board for reinstatement after a period of not less than 1 year has lapsed since the date of revocation.

2. The petition shall state such facts as may be required by the Board and shall be heard by the Board at its next regular meeting held not earlier than 30 days after the petition is filed. Such petition may be considered by the Board while the petitioner is under sentence for any criminal offense, including any period during which the petitioner

is on probation or parole, only if the Board members, by a majority vote, find that the public interest would best be served by such reinstatement.

3. In considering reinstatement the Board may investigate and consider all activities of the petitioner since the time the original certificate, license or permit was issued and his or her ability, character and reputation. The affirmative vote of at least three members is necessary for reinstatement of a certificate, license or permit with or without terms, conditions and restrictions.

IV. REASONS WHY REINSTATEMENT IS JUSTIFIED

A. Dr. Weingrow has Fully Complied with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order

In compliance with the Nevada State Board of Pharmacy's Findings of Fact, Conclusions of Law and Order and NRS 639.257(1), over 1 year has lapsed since the date of revocation that being the date of the hearing which was July 18, 2018.

B. Dr. Weingrow has Fully Complied with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners

In compliance with the Settlement Agreement entered into with the Nevada State Board of Medical Examiners in September 2018, Dr. Weingrow has:

1. Completed the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment to the satisfaction of the Nevada State Board of Medical Examiners.

2. Paid the costs and expenses incurred in the investigation and prosecution by the Nevada State Board of Medical Examiners.

3. Completed twenty hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances which was in addition to any CME requirements that are regularly imposed.

4. Paid a fine of $1,000 per count admitted to hereby, consisting of 12 counts, for a total of $12,000.

1. PACE Program

Pursuant to the Settlement Agreement with the Nevada State Board of Medical Examiners, Dr. Weingrow attended the Physician Assessment and Clinical Education (PACE) Program at the University of California San Diego School of Medicine.

The PACE Program was of great benefit to Dr. Weingrow because it made him take a hard look at himself to determine how he could improve. It also helped Dr. Weingrow focus on those areas of his practice where he needed to improve so that he will be able to safely practice medicine and prescribe medication.

As a result of the PACE Program, Dr. Weingrow's physical exam taking skills have improved and he is now able to develop a broader range of differential diagnoses for clinical scenarios with the information he has learned. Dr. Weingrow is now also able to conduct a more thorough workup regarding a patient's condition.

2. University of Nevada, Reno School of Medicine "Best Practices and Tools for Prescribing Controlled Substances" Course

Dr. Weingrow also attended the "Best Practices and Tools for Prescribing Controlled Substances" course at University of Nevada, Reno School of Medicine. This course taught Dr. Weingrow how to prescribe controlled substances safely and helped him recognize substance abuse and patients who are at risk. This course also taught Dr. Weingrow to recognize his own personal characteristics which negatively impacted his past prescription practices. For example, by nature Dr. Weingrow is a non-confrontational person. So when patients requested certain medications, he simply gave in and prescribed the medication instead of holding his ground and offering more appropriate, safer alternatives.

This course helped change Dr. Weingrow's perspective and he now realizes there are many alternatives to prescribing opioid medications when patients are experiencing pain and that he must be mindful of the combinations of drugs one prescribes, since these can have additive effects and be harmful.

C. The Nevada State Board of Medical Examiners Approved Dr. Weingrow's Status to Active on December 6, 2019

On December 6, 2019, the Nevada State Board of Medical Examiners approved Dr. Weingrow's status from Inactive-Probation to Active-Probation.

D. Dr. Weingrow Has Complied with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration

In compliance with the Memorandum of Agreement entered into with the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration, Dr. Weingrow has paid $80,000 in civil penalties.

E. Dr. Weingrow Accepts Full Responsibility for His Actions

As set forth in the proposed Stipulation and Order (which was rejected) and the Stipulated Facts Dr. Weingrow signed on July 18, 2017, Dr. Weingrow accepts full responsibility for his actions and freely admitted various facts and that evidence existed to establish a basis of violations alleged in the Accusation.

Dr. Weingrow stands before the Board admitting what he did was wrong and he offers no excuses.

As a physician and as a prescriber of medication, Dr. Weingrow acknowledges that he is 100% responsible for everything that goes on in his office.

F. Dr Weingrow Appreciates That Practicing Medicine and Prescribing Medications is a Privilege and Not A Right

This has been a very humbling experience for Dr. Weingrow which has driven home the fact that practicing medicine and prescribing medication is a privilege and not a right.

Dr. Weingrow appreciates that he left his patients down, he let his profession down, and he let the Board of Pharmacy down because of the trust they placed in him.

G. Commitment to Maintaining the Highest Standards

The Nevada State Board of Pharmacy can rest assured that Dr. Weingrow's committed to maintaining the highest prescribing standards from this point forward if his Petition for Reinstatement of his Controlled Substances Registration is approved.

III. CONCLUSION

Dr. Weingrow respectfully requests that the Board reinstate his Controlled Substances Registration.

Dated December 11, 2019.

JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER CRAIG WEINGROW. M.D.

Approved as to form and content:

CRAIG WEINGROW, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 11th day of December, 2019, I served a true and correct copy of the:

PETITION FOR REINSTATEMENT OF CONTROLLED SUBSTANCE REGISTRATION AND REQUEST TO APPEAR BEFORE THE BOARD

by Federal Express and E-mail to the following:

Paul Edwards
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
pedwards@pharmacy.nv.gov

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov

An Employee of
FABIAN VANCOTT

Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
WEINGROW	CRAIG	CS20272				Yes	

License Number : CS20272
Name : WEINGROW, CRAIG
License Type : Controlled Substance
License Status : Revoked
License Date : 07/23/2012
Discipline : Yes
Expiration Date : 10/31/2018

Primary Source Verified

Copyright © 2018 | Nevada State Board of Pharmacy (http://bop.nv.gov/) | All Rights Reserved

EXHIBIT 1

Nevada State Board of Pharmacy

Online reporting of disciplinary action is currently being updated. For current information on disciplinary actions taken against licensees please contact Board Staff at shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov) or (775) 850-1440.

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
WEINGROW	CRAIG	PD00502				None	

License Number : PD00502
Name : WEINGROW, CRAIG
License Type : Practitioner Dispensing
License Status : Revoked
License Date : 01/20/2015
Discipline :
Expiration Date : 10/31/2018

Primary Source Verified

Copyright © 2018 | Nevada State Board of Pharmacy (http://bop.nv.gov/) | All Rights Reserved

EXHIBIT 2

FILED

FEB 27 2018

NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CRAIG WEINGROW, M.D., Certificate of Registration Nos. CS20272 PD00502, TERESA JAFFER, T.D., Certificate of Registration No. TD01408, and MARECXY RUBIO-VERONICA, T.D., Certificate of Registration No. TD01461, Respondents. /	)	CASE NOS. 17-066-CS-S 17-066-TD-A-S 17-066-TD-B-S NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Craig Weingrow, MD (Weingrow) had both a Controlled Substance Registration, Certificate No. CS20272 and a Practitioner Dispensing Registration, Certificate No. PD00502, with the Board. Respondents Teresa Jaffer (Jaffer), Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica (Rubio-Veronica), Certificate of Registration No. TD01461, each held Technician Dispensing Registrations with the Board.

EXHIBIT 3

FACTUAL ALLEGATIONS

II.

On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation at Respondent Weingrow's medical office.

III.

The investigators found evidence of misconduct and violations involving prescription records and the unlawful dispensing of controlled substances at Wiengrow's medical office. The misconduct and the violations the investigators observed and documented at Weingrow's medical office include:

1. Investigators obtained a sample of five hundred and eighty (580) prescriptions for controlled substances and dangerous drugs that Wiengrow's medical office dispensed to patients between October 14, 2017 and October 31, 2017. Of those 580 prescriptions, not one was signed by Weingrow personally.

2. Weingrow knowingly permitted Respondents Jaffer, Rubio-Veronica and three unlicensed office staff members, namely, two receptionists and one medical assistant/receptionist (collectively "Office Staff"), to falsify his signature or initials on his prescriptions.

3. Weingrow typically signs his full name when he signs prescriptions and other documents personally.

4. Weingrow trained and/or permitted Jaffer, Rubio-Veronica and Office Staff to write a "C" followed by a wavy line to falsify his signature to his prescriptions.

5. Jaffer, Rubio-Veronica, and Office Staff falsely documented *patient* initials and dates of service on patient's informed consent labels.

6. Weingrow allowed Jaffer, Rubio-Veronica and Office Staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

7. Weingrow, Jaffer, Ruboio-Veronica and Office Staff mailed controlled substances to patients who lived out-of-town.

8. Weingrow allowed Jaffer to transport controlled substances to a United States Post Office for mailing.

9. Weingrow, Jaffer, Rubio-Veronica and Office Staff also used Federal Express to ship medications to patients.

10. As examples of Weingrow's unlawful activities, the investigators found evidence that Weingrow vacationed outside of the country in October 2016, and again in July 2017. The following is a summary of the controlled substances Jaffer, Rubio-Veronica and Office Staff wrote for and/or dispensed to Weingrow's patients during those periods while Weingrow was absent.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

11. The "Medical Weight Loss" shipping log at Wiengrow's medical office for the time period between August 26, 2016, through October 31, 2017, indicates that his staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

IV.

Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

- Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;
- Falsely documented patient initials on informed consent forms;
- Dispensed controlled substances to patients by U.S. Mail and Federal Express; and
- Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature on the prescriptions.

APPLICABLE LAW

V.

Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* Nevada Revised Statutes (NRS) 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

VI.

"Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." Nevada Administrative Code (NAC) 639.945(1)(h).

VII.

A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

VIII.

A person must be a *licensed practitioner* in order to lawfully write a prescription. *See* NRS 453.226, NRS 453.231, and NRS 639.100.

IX.

"Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(k).

X.

NAC 639.742 states in relevant part:

> 1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.
>
> . . . .
>
> 3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:
>
> (a) All drugs are ordered by the dispensing practitioner;
>
> (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
>
> (d) All drugs are dispensed in accordance with NAC 639.745;
>
> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;
>
> . . . .
>
> 4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:
>
> (a) Enter the room or cabinet in which drugs are stored;
>
> (b) Remove drugs from stock;
>
> (c) Count, pour or reconstitute drugs;
>
> (d) Place drugs into containers;
>
> (e) Produce and affix appropriate labels to containers that contain or will contain drugs;
>
> (f) Fill containers for later use in dispensing drugs; or
>
> (g) Package or repackage drugs.

XI.

NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

XII.

Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. Nevada Revised Statue (NRS) 639.210(4).

FIRST CAUSE OF ACTION
Dispensing Without A Practitioner's Signature
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XIII.

By dispensing, and/or by allowing to be dispensed, controlled substances and dangerous

drugs to patients without Weingrow's handwritten signature on each written prescription, Respondents Weingrow, Jaffer and Rubio-Veronica each acted in violation of NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

SECOND CAUSE OF ACTION
Falsifying Signatures
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XIV.

By falsifying Weingrow's signature on written prescriptions for controlled substances and/or dangerous drugs that Weingrow's medical office dispensed, and/or by allowing Jaffer, Rubio-Veronica and Office Staff to falsify Weingrow's signature on prescriptions for controlled substances and/or dangerous drugs that Weingrow's medical office dispensed, Respondents, and each of them, engaged in fraudulent and/or deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

THIRD CAUSE OF ACTION
Unlicensed Practice of Medicine
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XV.

By signing prescriptions as if they were authorized practitioners, and/or by allowing Jaffer, Rubio-Veronica and Office Staff to sign prescriptions as if they were authorized practitioners, Respondents, and each of them, "performed acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur." Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

FOURTH CAUSE OF ACTION
Failure to Adequately Secure Drugs
(Respondent Weingrow)

XVI.

A dispensing practitioner must secure all controlled substances and dangerous drugs in his inventory in a locked storage area to which the dispensing practitioner has the only key or lock. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated those regulations by allowing Jaffer, Rubio-Veronica and Office Staff access to his inventory of controlled substances and dangerous drugs when he was not onsite at his facility.

FIFTH CAUSE OF ACTION
Unlawful Access to Drugs
(Respondents Weingrow, Jaffer and Rubio-Veronica)

XVII.

A dispensing technician may not access the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondents Jaffer and Rubio-Veronica accessed controlled substances and dangerous drugs when Weingrow was not onsite at the office, which conduct Weingrow allowed. By doing so, Respondents, and each of them, violated NAC 639.743.

SIXTH CAUSE OF ACTION
Dispensing When Practitioner Off-Site
(Respondent Weingrow)

XVIII.

A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing Jaffer, Rubio-Veronica and/or Office Staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

SEVENTH CAUSE OF ACTION
Dispensing When Practitioner Off-Site
(Respondents Jaffer and Rubio-Veronica)

XIX.

No person may dispense any controlled substance or dangerous drug from a dispensing practitioner's office when the dispensing practitioner is not on-site at his facility. *See* NAC 639.742(3)(e). Jaffer and Rubio-Veronica dispensed medications to patients while Weingrow was not on-site at his facility. By doing so Jaffer and Rubio-Veronica violated NAC 639.742(3)(e).

EIGHTH CAUSE OF ACTION
Dispensing to Off-Site Patients
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XX.

A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f). Wiengrow allowed Jaffer, Rubio-Veronica and Office Staff to dispense to patients who were not at Weingrow's facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow, Jaffer and Rubio-Veronica violated NAC 639.742(3)(f).

NINTH CAUSE OF ACTION
Dispensing Without Dispensing Practitioner Verification
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XXI.

By dispensing prescriptions for controlled substances and dangerous drugs that were not first checked and initialed by Weingrow – when Weingrow was not at the facility – and by allowing his staff to dispense prescriptions without personally checking the medications before they were dispensed, Respondents, and each of them, violated NAC 639.743(2)(a) and/or (b).

TENTH CAUSE OF ACTION
Falsifying Patient Records
(Respondents Weingrow, Jaffer, and Rubio-Veronica)

XXII.

By falsely documenting patient initials and dates of service on patient informed consent labels, and by allowing his staff to falsely document that information, Jaffer, Rubio-Veronica and Weingrow are each guilty of "unprofessional conduct and conduct contrary to the public interest", as defined at NAC 639.945(1)(h).

XXIII.

For the misconduct and violations described in each of the Causes of Action above, Respondents, and each of them, are subject to discipline per NRS 639.210(1), (4), (11) and/or (12), and NRS 639.255, as well as NAC 639.7445.

XXIV.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 27th day of February, 2018.

Larry Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

RECEIVED MAR 2 6 2018

FILED
MAR 23 2018
NEVADA STATE BOARD OF PHARMACY

Jason G. Weiner, Esq.
Nevada Bar No. 7555
Gregory V. Cortese, Esq.
Nevada Bar No. 6610
WEINER LAW GROUP, LLC.
2820 W. Charleston Blvd., #35
Las Vegas, Nevada 89102
Phone: (702) 202-0500
Fax: (702) 202-4999
gcortese@weinerlawnevada.com
Attorneys for Respondent
Craig Weingrow, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CRAIG WEINGROW, M.D., Certificate of Registration Nos. CS20272 PD00502, TERESA JAFFER, T.D. Certificate of Registration No. TD01408, and MARECXY RUBIO-VERONICA, T.D., Certificate of Registration No. TD01461 Respondents.	CASE NOS. 17-066-CS-S 17-066-TD-A-S 17-066-TD-B-S **ANSWER AND NOTICE OF DEFENSE OF CRAIG WEINGROW, M.D.**

Respondent CRAIG WEINGROW, M.D., in answer to the Notice of Intended Action and Accusation filed in the above entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: None.

EXHIBIT 4

WEINER LAW GROUP, LLC
2820 W. Charleston Blvd. #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Respondent CRAIG WEINGROW, M.D., admits the following allegations: I, III (3), III (7), III (8), III (9), IV, V, VI, VII, VIII, IX, X, XI, XII

Respondent CRAIG WEINGROW, M.D., denies the following allegations: III (1), III (2), III (4), III (5), III (6), III (10), XIII, XIV, XV, XVI, XVII, XVIII, XIX, XX, XXI, XXII, XXIII, XXIV

Respondent CRAIG WEINGROW, M.D., is without knowledge or information sufficient to form a belief as to the truth of the allegations contained in paragraphs: II, III (11),

Any paragraph not explicitly admitted or denied is hereby denied.

Therefore, Respondent CRAIG WEINGROW, M.D., respectfully requests:

1. That the Board deny the requested relief in the Complaint; and

2. For such other relief as the Board finds to be just and proper.

DATED this 22 day of March, 2018.

WEINER LAW GROUP, LLC

Jason G. Weiner, Esq.
Nevada Bar No. 7555
Gregory V. Cortese, Esq.
Nevada Bar No. 6610
2820 W. Charleston Blvd., Ste. 35
Las Vegas, NV 89102
Attorneys for Respondent
Craig Weingrow, M.D.

WEINER LAW GROUP, LLC
2820 W. Charleston Blvd. #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 22nd day of March, 2018, I served a true and correct copy of the aforementioned **ANSWER AND NOTICE OF DEFENSE OF CRAIG WEINGROW, M/D.** by facsimile and by U.S. Mail addressed to the following:

Larry Pinson, Pharm.D
Executive Secretary
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
FaX: (775) 850-1444

An Employee of the Weiner Law Group, LLC

WEINER LAW GROUP, LLC
2820 W. Charleston Blvd. #35
Las Vegas, Nevada 89102
Tel: (702) 202-0500 Fax: (702) 202-4999

NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

April 11 & 12, 2018

BOARD MEETING

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

Board Members Present:

Leo Basch	Kevin Desmond	Jason Penrod	Melissa Shake
Robert Sullivan	Darla Zarley		

Board Members Absent:

Kirk Wentworth was absent on April 11 & 12, 2018.

Jason Penrod was absent on April 12, 2018.

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Brett Kandt	Yenh Long	Ray Seidlinger	Kenneth Scheuber
Luis Curras	Dena McClish	Joe Dodge	Sophia Long
Kristopher Mangosing			

President Basch 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.

1. Public Comment April 11, 2018, 9:00 AM

There was no public comment.

2. Approval of March 7-8, 2018, Minutes

Melissa Shake recused from participation in this matter due to her absence from the March 2018 Board meeting.

EXHIBIT 5

X. Case Baldwin Healthcare Systems, Inc. – Wichita, KS
Y. McKesson Patient Care Solutions Inc. – Moorestown, NJ
Z. Unicare Biomedical, Inc. – Laguna Hills, CA

Applications for Nevada Pharmacy – Non-Appearance:

AA. AbacusRx Pharmacy – Henderson, NV
BB. Raley's Pharmacy #122 – Fernley, NV
CC. Raley's Pharmacy #116 – Reno, NV
DD. Raley's Pharmacy #124 – Reno, NV
EE. Raley's Pharmacy #120 – Tonopah, NV
FF. Raley's Pharmacy #123 – Yerington, NV
GG. Smith's Pharmacy #315 – Las Vegas, NV
HH. Smith's Pharmacy #376 – Las Vegas, NV

President Basch requested to have Items D & AA pulled from the Consent Agenda and have representatives from the companies appear at a future Board meeting.

Board Action:

Motion: Jason Penrod moved to approve the Consent Agenda with the exceptions of Items D & AA.

Second: Melissa Shake

Action: Passed unanimously

4. Discipline

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

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

Jason Weiner was present as counsel representing Dr. Weingrow.

Mr. Edwards summarized the facts of the case where Dr. Weingrow knowingly permitted Teresa Jaffer, Marecxy Rubio-Veronica and three unlicensed office staff members to falsify his signature or initials on his prescriptions. Investigators from the Nevada State Board of Medical Examiners and the Nevada State Board of Pharmacy obtained a sample of 580 prescriptions dispensed between October 14, 2017 and October 31, 2017. Not one of those 580 prescriptions were signed by Dr. Weingrow personally. Dr. Weingrow also allowed office staff access to his inventory of controlled substances and dangerous drugs to dispense to his patients when he was not present in the office. Dr. Weingrow and his office staff mailed controlled substances to patients who live out-of-town.

Mr. Edwards presented a Stipulation and Order regarding Dr. Weingrow for the Board's consideration. The Respondent admits that evidence exists to establish a basis for violations alleged in the Accusation.

Dr. Weingrow's Controlled Substance Registration shall be suspended. The suspension stayed, and his registration placed on probation for a minimum of five years. He shall surrender his Dispensing Practitioner Registration within three days, and will not be eligible to hold a Dispensing Practitioner Registration for a minimum of ten years. Dr. Weingrow shall dispose of his entire inventory with Board Staff present or with written approval. Dr. Weingrow shall pay a fine of $1,000.00 and an administrative fee of $4,000.00 within 60 days. Dr. Weingrow shall attend two of the next three Las Vegas Board Meetings, and shall create new policies and procedures to prevent these errors from occurring in the future.

After discussion, the Board expressed concern over the severity and quantity of violations by Dr. Weingrow and his office staff.

Board Action:

Motion: Jason Penrod moved to deny the Stipulation and Order presented by Board Staff and schedule the hearing for this case during the July 2018 Board Meeting.

Second: Melissa Shake

Action: Passed unanimously

B. Teresa Jaffer (17-066-TD-A-S)

Ms. Jaffer was not present.

Mr. Edwards explained that this case shares the same set of facts as Dr. Weingrow's case. He stated that Ms. Jaffer was a dispensing technician at Dr. Weingrow's office.

Mr. Edwards moved to have Exhibits 1-4 admitted into the record.

President Basch admitted Exhibits 1-4 into the record.

Mr. Edwards reviewed Exhibits 1-4 for the Board. He presented a copy of the certified mail receipt indicating that the Notice of Intended Action and Accusation was properly served to Ms. Jaffer, a letter notifying Ms. Jaffer of the date and time of her hearing, a letter from Ms. Jaffer surrendering her dispensing technician registration and a response from Board Staff.

Board Action:

Motion: Jason Penrod moved that Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Ms. Jaffer.

Second: Kevin Desmond

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CRAIG WEINGROW, M.D.,** **Certificate of Registration Nos. CS20272 PD00502,** **TERESA JAFFER, T.D.,** **Certificate of Registration No. TD01408,** **and** **MARECXY RUBIO-VERONICA, T.D.,** **Certificate of Registration No. TD01461,** **Respondents.** /	)	**CASE NOS. 17-066-CS-S** **STIPULATED FACTS** (Weingrow Only)

Respondent Craig Weingrow, M.D., Certificate of Registration Nos. CS20272 and PD00502, ("Weingrow" or "Respondent"), by and through his counsel of record, Jason Weiner, Esq., of Weiner Law Group, LLC,

HEREBY STIPULATES AND AGREES THAT:

1. The Board has jurisdiction over this matter because at the time of the events alleged herein, Weingrow had both a Board-issued Controlled Substance Registration, Certificate No. CS20272, and a Board-issued Practitioner Dispensing Registration, Certificate No. PD00502.

2. On or about February 27, 2018, Board Staff properly served the *Notice of Intended Action and Accusation* (Accusation) on file in this matter on Weingrow in compliance with Nevada Revised Statutes (NRS) 233B.127(3) and NRS 639.241.

3. Weingrow, through his counsel, filed an *Answer and Notice of Defense* with the Board on or about March 23, 2018.

4. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office.

EXHIBIT 6

5. During the inspection the Board's investigators obtained approximately 580 computer-generated unsigned prescriptions for controlled substances and dangerous drugs that indicate they were written between October 14, 2017 and October 31, 2017.

6. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.

7. Weingrow's medical office had already dispensed to patients the medications called for in those 580 unsigned prescriptions at the time of the inspection.

8. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board investigators requested them at the time of the inspection.

9. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.

10. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

11. Weingrow allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

12. Weingrow and Jaffer used Federal Express to ship medications to patients.

13. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

(a) Signed Weingrow's name of prescriptions for controlled substances and dangerous drugs;

(b) Falsely documented patient initials on informed consent forms;

(c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and

(d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials prescriptions.

14. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post dated by the Doctor, with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions, which had been post dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

18. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

Respondent has fully considered the factual allegations contained in the Notice of Intended Action and Accusation in this matter and the admissions in this Stipulation. He freely and voluntarily agrees to the factual statements set forth herein.

Signed this 18th **day of July 2017**

Craig Weingrow, M.D.
Certificate of Registration Nos. CS20272
and PD00502

FILED
JUL 25 2018
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NOS. 17-066-CS-S**
	)	**17-066-TD-A-S**
Petitioner,	)	**17-066-TD-B-S**
v.	)	
	)	
CRAIG WEINGROW, M.D.,	)	**FINDINGS OF FACT,**
Certificate of Registration Nos. CS20272	)	**CONCLUSIONS OF LAW**
PD00502,	)	**AND ORDER**
	)	
TERESA JAFFER, T.D.,	)	(Craig Weingrow, M.D. Only)
Certificate of Registration No. TD01408,	)	
	)	
and	)	
	)	
MARECXY RUBIO-VERONICA, T.D.,	)	
Certificate of Registration No. TD01461,	)	
	)	
Respondents.	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly-scheduled meeting on Wednesday, July 18, 2018, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of Board Staff. Respondent Craig Weingrow, M.D. (Weingrow), Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502, appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Weingrow, makes the following Findings of Fact, Conclusions of Law and Order.[1]

FINDINGS OF FACT

The allegations against Weingrow, as stated in the Accusation on file herein, and upon which the Board makes findings of fact, are as follows:

[1] The Board set a hearing for April 11, 2018, to hear this matter as to Respondents Teresa Jaffer, T.D., Certificate of Registration No. TD01408, and Marecxy Rubio-Veronica, T.D., Certificate of Registration No. TD01461. The Board held the hearing as scheduled, however, Respondents Jaffer and Rubio-Veronica each failed to appear. The Board entered default against each of them and revoked the Dispensing Technician Registration of each of those Respondents. *See Orders of Default, Case Nos. 17-066TD-A-S and 17-066TD-B-S*, dated April 23, 2018. Neither Jaffer nor Rubio-Veronica requested reconsideration or petitioned a district court for judicial review of the Board's orders.

[redacted]

EXHIBIT 7

1. On November 1, 2017, investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Weingrow's medical office, located at 7200 Smoke Ranch Road, Suite 120, in Las Vegas, Nevada.

2. During the inspection of Weingrow's medical office, the Board's investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions for controlled substances and dangerous drugs that each indicated a written date between October 14, 2017 and October 31, 2017.

3. The 580 unsigned prescriptions are designated by Weingrow's medical office to include prescription numbers Rx #136694 through Rx #137287.

4. Weingrow's medical office had already dispensed to patients the controlled substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the inspection.

5. Weingrow did not sign any of those 580 prescriptions.

6. Weingrow's medical office did not have and could not provide signed copies of those 580 prescriptions when the Board's investigators requested them at the time of the inspection.

7. Weingrow's medical office never produced to Board Staff or to the Board's investigators the original or a signed copy of the original of any of the 580 unsigned prescriptions.

8. Weingrow's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for among the 580 unsigned prescriptions—approximately 248 controlled substance prescriptions total—between October 14, 2017 and October 31, 2017.

9. Additionally, Weingrow routinely permitted unlicensed members of his office staff, including Respondent Teresa Jaffer (Jaffer), Respondent Rubio-Veronica (Rubio-Veronica) and other members of his staff, to falsify his signature on his prescriptions.

10. Weingrow typically signs his first and last name ("Craig Weingrow") when he signs prescriptions and other documents personally.

11. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for medications dispensed by his medical office by writing a "C" followed by a wavy line on his prescriptions.

12. Weingrow routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on patients' informed consent labels.

13. Weingrow routinely allowed Jaffer access to the keys and to access his locked cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

14. Weingrow and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town.

15. Weingrow routinely allowed Jaffer to transport controlled substances and dangerous drugs to a United States Post Office for mailing.

16. Weingrow and Jaffer routinely used Federal Express to ship medications to patients.

17. Weingrow and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and Office Staff:

a) Signed Weingrow's name on prescriptions for controlled substances and dangerous drugs;

b) Falsely documented patient initials on informed consent forms;

c) Dispensed controlled substances and dangerous drugs to patients by U.S. Mail and Federal Express; and

d) Dispensed medications for controlled substances and dangerous drugs without Weingrow's signature or initials on the prescriptions.

18. Weingrow vacationed outside of the country in October 2016, and again in July 2017. Jaffer and Rubio-Veronica dispensed to Weingrow's patients the following prescription medications during those periods in Weingrow's absence.

October 18, 2016 to October 28, 2016

Weingrow's medical office:

- Issued 18 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 14 patients.
- Dispensed 6 medications at Weingrow's office.
- Dispensed 4 medications to patients by mail.

July 1, 2017 to July 9, 2017

Weingrow's medical office:

- Issued 4 prescriptions, which had been post-dated by the Doctor, with Weingrow's signature on them to 3 patients.
- Dispensed 1 medication at Weingrow's office.

19. Weingrow's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Weingrow's staff shipped approximately 166 shipments containing controlled substances to Weingrow's patients.

20. Weingrow's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

21. The Board has jurisdiction over this matter because at the time of the events set forth above, Respondent Weingrow had both a Controlled Substance Registration, Certificate No. CS20272, and a Practitioner Dispensing Registration, Certificate No. PD00502, each issued by the Board.

22. The applicable law in this matter is as follows:

a. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See* NRS 453.128(1)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a) and NRS 639.2353(2); *see also* Nevada Administrative Code (NAC) 453.440(1)(c), NAC 453.410(1)(b)(8), NAC 454.060(1) and 21 C.F.R. § 1306.05.

b. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

c. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." Nevada Administrative Code (NAC) 639.945(1)(h).

d. A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(i).

e. A person must be a *licensed practitioner* in order to lawfully write a prescription. *See* NRS 453.226, NRS 453.231, and NRS 639.100.

f. "Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(k).

g. NAC 639.742 states in relevant part:

> 1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.
>
> . . . .
>
> 3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:
>
> (a) All drugs are ordered by the dispensing practitioner;
>
> (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
>
> (d) All drugs are dispensed in accordance with NAC 639.745;
>
> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;

. . . .

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;
(b) Remove drugs from stock;
(c) Count, pour or reconstitute drugs;
(d) Place drugs into containers;
(e) Produce and affix appropriate labels to containers that contain or will contain drugs;
(f) Fill containers for later use in dispensing drugs; or
(g) Package or repackage drugs.

h. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:
(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and
(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

i. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Board. Nevada Revised Statue (NRS) 639.210(4).

j. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(11).

k. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(12).

l. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

23. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent Weingrow violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(1)(c), NAC 453.410(1)(b)(8) and NAC 454.060(1).

24. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Weingrow engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(1)(h).

25. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Weingrow allowed members of his office staff to "perform[] acts, tasks or operations for which licensure, certification or registration is required without the required license,

certificate or registration, or knowingly allowed such conduct to occur." Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

26. A dispensing practitioner must secure all controlled substances and dangerous drugs in his office in a locked storage area to which the dispensing practitioner has the only key or lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(1)(c). Respondent Weingrow violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(1)(c) by allowing an unlicensed member of his office staff access to his locked storage cabinets for controlled substances and dangerous drugs when he was not on-site at his facility.

27. A dispensing practitioner must not allow a dispensing technician access to the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent Weingrow violated NAC 639.743 when he allowed a member of his office staff access to the key and to access the room and cabinet in which he stored controlled substances and dangerous drugs when he was not on-site at his office.

28. A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing members of his office staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Weingrow violated NAC 639.742(3)(e).

29. A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f). Weingrow allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. Mail and Federal Express. By doing so, Weingrow violated NAC 639.742(3)(f).

30. By allowing members of his Office Staff to falsely document patient initials and dates of service on patient informed consent forms, Weingrow is guilty of "unprofessional conduct and conduct contrary to the public interest," as defined at NAC 639.945(1)(h).

31. For the misconduct and violations described in each of the causes of action above, Weingrow is subject to discipline per NRS 639.210(1), (4), (11) and (12), NRS 639.255, and NAC 639.7445.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS:

1. Respondent Craig Weingrow's Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502, are each revoked effective as of the date of the hearing, July 18, 2018.

2. Unless and until Weingrow applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Board reinstates his registration(s), Weingrow:

a. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

b. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

c. May not prescribe any controlled substance for any patient.

d. May not dispense any controlled substance or dangerous drug.

3. Weingrow may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

4. In the event Weingrow applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

IT IS SO ORDERED.

Signed and entered this 25 day of July 2018.

Leo Basch, President
Nevada State Board of Pharmacy

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against CRAIG MITCHELL WEINGROW, M.D., Respondent.	**Case No. 18-39792-1**

FILED
AUG 16 2018
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Craig Mitchell Weingrow, M.D. (Respondent), a physician licensed in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

1. Respondent is a physician licensed to practice medicine in the State of Nevada (License No. 14309). He has been continuously licensed by the Board since April 5, 2012.

A. Respondent's Treatment of Patient A

2. Patient A was a 36-year-old female at the time she established care with Respondent. Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint (Patient Designation).

3. Respondent treated Patient A from October 15, 2014, through August 11, 2017. Respondent saw Patient A approximately 42 times during this period, during which Respondent prescribed controlled substances to Patient A, including but not limited to: Oxycodone and Acetaminophen, 5/325 mg and 10/325 mg tablets; Dextroamphetamine-amphetamine, 30 mg

[1] The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Theodore B. Berndt, M.D., and Mr. M. Neil Duxbury.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

tablets; Alprazolam 0.5 mg and 1 mg tablets; Phentermine 37.5 mg tablets; Hydrocodone and Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Diazapam, 5 mg tablets; Lorazepam, 0.5 mg tablets; Oxandrolone, 10 mg tablets; Guaitussin AC.

4. Respondent prescribed opioid analgesics to Patient A at higher than indicated starting dosages for various patient complaints, without establishing diagnoses through a history, physical exam or appropriate studies. Respondent continued to prescribe opioids to Patient A, which were incrementally increased without exploring other non-controlled substances and therapy alternatives. Pathological and possible life-threatening etiologies were not explored by Respondent.

5. Respondent prescribed anabolic steriods to Patient A without establishing diagnoses through a proper history, physical exam or appropriate studies, such as labs or imaging, to confirm and establish diagnosis related to the loss of muscle mass complained of. Respondent prescribed anabolic steroids, a pregnancy "Class X" (contraindicated) medication, to a female of child-bearing age without establishing or documenting risks of pregnancy or of breast cancer. Oxandralone has a "black-box" warning for peliosis hepatitis, which can lead to liver failure; Respondent did not perform appropriate studies of liver function and follow-up, and education on the risks of the medication were not offered.

6. Respondent prescribed benzodiazapines to Patient A at higher than indicated starting dosages for various patient complaints without establishing diagnoses through a proper history, physical and psychological exams or appropriate studies. Alternatives, such as non-controlled substances or psychological therapy, were not explored by Respondent. Respondent changed, increased and decreased benzodiazapine prescriptions and dosages for Patient A without further evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use were not explained to Patient A, and the use of benzodiazapines in conjunction with opioids was not assessed for risk of accidental overdose.

7. Respondent prescribed Adderall (dextroamphetamine-amphetamine) to Patient A at a higher than indicated starting dosage for various patient complaints without establishing

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

diagnoses through a proper focused history and assessment for DSM-V criteria for ADHD. Risks of dependence, tolerance and addiction were not explained to Patient A by Respondent.

8. Respondent prescribed Phentermine, an appetite suppressant, to Patient A at a higher than indicated starting dosage based on Patient A stating a desire to lose weight. Respondent prescribed the appetite suppressant without taking a complete medical history, without performing a physical examination and conducting appropriate studies to determine if there are any contraindications to the use of the appetite suppressant by the patient, without establishing that Patient A's obesity represented a threat to her health, and without including a program of dietary restrictions, modification of behavior and exercise. Patient A was continued on appetite suppressants for more than 3 months despite Patient A not losing an average of 2 pounds per month or more, and, on the contrary, gaining weight while under Respondent's care. Respondent prescribed Phentermine, a pregnancy "Class X" (contraindicated) medication, to a female of child-bearing age without establishing or documenting risks of pregnancy.

COUNT I

NRS 630.301(4) (Malpractice)

9. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

10. Malpractice is grounds for disciplinary action against a licensee pursuant to NRS 630.301(4).

11. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

12. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice with respect to his treatment of Patient A by failing to use reasonable care, skill, or knowledge ordinarily used under similar circumstance when treating Patient A.

13. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COUNT II

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

14. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

15. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

16. The Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

17. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* adopted by reference in NAC 630.187.

18. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

19. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

20. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

21. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

22. The Board adopted by reference the *Dietary Guidelines for Americans, 2010*, 7th edition, published jointly by the United States Department of Health and Human Services and the Department of Agriculture pursuant to 7 U.S.C. § 5341 (Dietary Guidelines).

23. NAC 630.205 sets forth the professional standards for the prescription of appetite suppressants, which specifically incorporates the Dietary Guidelines.

24. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

25. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

26. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

27. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

28. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

29. Respondent's conduct was unsafe and unprofessional.

30. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

31. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

32. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

33. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

34. Respondent's conduct was unsafe and unprofessional.

35. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

36. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

37. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

38. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient A, failing to document his compliance with the Model Policy, and failing to document his compliance with the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

39. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

B. Respondent's Treatment of Patient B

40. Patient A was a 24-year-old male at the time he established care with Respondent. Patient B's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation.

41. Respondent treated Patient B from February 1, 2017, through August 8, 2017. During this time, Respondent prescribed controlled substances to Patient B, including but not

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

limited to: Oxycodone and Acetaminophen, 10/325 mg tablets; Alprazolam 1 mg and 2 mg tablets.

42. Patient B established care on Febrary 1, 2017, with a complaint of a history of back pain. Respondent performed a focused history of the present illness and exam at this time. However, no further examinations were performed on Patient B through the rest of this period of care. Respondent initially prescribed Oxycodone and Acetaminophen, 10/325 mg tablets, twice a day, but this was increased on March 6, 2017, to three times a day without explanation. Three previous emergency room x-ray images of Patient B's lumbar spine from May 27, 2013, are negative for fracture, subluxation, destructive change, disc space narrowing or scoliosis, and sacroiliac joints were normal. Opioids were continued through the entire period, without documentation of previous modalities for treatment of Patient B's condition, without exploring other treatment modalities, such as NSAIDs, physical therapy, orthopedic or neurosurgical evaluation. Respondent did not establish the etiology of Patient B's pain, did not order additional imaging studies, did not evaluate or examine for changes or etiology of pain.

43. Respondent prescribed benzodiazapines to Patient B at higher than indicated starting dosages based on Patient B's complaint of a history of anxiety, without establishing diagnoses through a proper history, physical and psychological exams or appropriate studies. No previous treatment modalities to control his anxiety were explored, and treatment alternatives, such as non-controlled substances or psychological therapy, were also not explored by Respondent. Respondent increased the dosage from 1 mg to 2 mg for Patient B without explanation, noting only that the history of present illness was that "anxiety is severe now, as patient is going through personal issues with his family/girlfriend feels the Xanax is not controlling his anxiety." Respondent did not order any lab work or tests. Respondent increased the dosage without further evaluation, diagnosis or explanation. Risks of dependence, tolerance and addiction with chronic use were not explained to Patient B, and the use of benzodiazapines in conjunction with opioids was not assessed for risk of accidental overdose.

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COUNT VII

NRS 630.301(4) (Malpractice)

44. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

45. Malpractice is grounds for disciplinary action against a licensee pursuant to NRS 630.301(4).

46. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

47. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice with respect to his treatment of Patient B by failing to use reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient B.

48. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VIII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

49. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

50. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

51. The Board adopted by reference the Model Policy in NAC 630.187.

52. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

53. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

54. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COUNT IX

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

57. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

58. Respondent's conduct was unsafe and unprofessional.

59. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT X

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

60. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

61. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

62. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient B, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient B, and failing to document his compliance with the Model Policy.

63. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

C. Respondent's Treatment of Patient C

64. Patient C was a 32-year-old male at the time he established care with Respondent. Patient C's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation.

65. Respondent treated Patient C from October 24, 2014, through August 11, 2017. Respondent saw Patient C approximately 34 times during this period. From April 18, 2016, through August 28, 2017, Respondent prescribed controlled substances to Patient C, including but not limited to: Hydrocodone and Acetaminophen, 10/325 mg tablets; Oxycodone and Acetaminophen, 10/325 mg tablets; Carisprodol, 325 mg tablets; Alprazolam 0.5 mg and 1 mg tablets; Phentermine 37.5 mg tablets.

66. Respondent prescribed opioid analgesics to Patient C without establishing a diagnosis through a history, physical exam and appropriate studies. Once an MRI was eventually performed on Patient C, treatment alternatives and findings were not reviewed by Respondent. Respondent continued to prescribe opioids to Patient C, which were incrementally increased without exploring other non-controlled substances and therapy alternatives.

67. Respondent prescribed benzodiazapines to Patient C at higher than indicated starting dosages for nonspecific patient complaints without establishing diagnoses through a proper history, physical and psychological exams or appropriate studies. Alternatives, such as non-controlled substances or psychological therapy, were not explored by Respondent. Respondent increased benzodiazapine prescription dosages for Patient C without further evaluation or explanation. Risks of dependence, tolerance and addiction with chronic use were not explained to Patient C, and the use of benzodiazapines in conjunction with opioids was not assessed for risk of accidental overdose.

68. Respondent prescribed Phentermine, an appetite suppressant, to Patient C at a higher than indicated starting dosage based on Patient C stating a desire to lose weight. Respondent prescribed the appetite suppressant without taking a complete medical history, without performing a physical examination and conducting appropriate studies to determine if there are any contraindications to the use of the appetite suppressant by the patient, without

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

establishing that Patient C's obesity represented a threat to her health, and without including a program of dietary restrictions, modification of behavior and exercise.

COUNT XI

NRS 630.301(4) (Malpractice)

69. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

70. Malpractice is grounds for disciplinary action against a licensee pursuant to NRS 630.301(4).

71. NAC 630.040 defines malpractice as a practitioner's failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

72. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice with respect to his treatment of Patient C by failing to use reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient C.

73. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

74. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

75. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

76. The Board adopted by reference the Model Policy in NAC 630.187.

77. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

78. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

79. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIII

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

80. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

81. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

82. The Board adopted by reference the Dietary Guidelines in NAC 630.187.

83. NAC 630.205 sets forth the professional standards for the prescription of appetite suppressants, which specifically incorporates the Dietary Guidelines.

84. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

85. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

86. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

87. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

88. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for opioid analgesics to treat chronic pain in a manner that deviated from the Model Policy.

89. Respondent's conduct was unsafe and unprofessional.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

90. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XV

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

91. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

92. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

93. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for appetite suppressants in a manner that deviated from the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

94. Respondent's conduct was unsafe and unprofessional.

95. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

96. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

97. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

98. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of Patient C, by failing to document his actions in demonstrating his use of reasonable care, skill or knowledge ordinarily used under similar circumstance when treating Patient C, failing to document his compliance with the Model Policy, and failing to document his compliance with the professional standards for the prescription of appetite suppressants and the Dietary Guidelines.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

99. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

D. Respondent's Violations of Nevada Prescribing Laws, and the Nevada State Board of Pharmacy's Revocation of Respondent's Licenses to Prescribe and Dispense Controlled Substances.

100. On November 1, 2017, investigators from the Nevada State Board of Pharmacy (Pharmacy Board), the Board, and the Drug Enforcement Administration (DEA) conducted a joint investigation and inspection at Respondent's medical office, located at 7200 Smoke Ranch Road, Suite 120, in Las Vegas, Nevada.

101. During the inspection of Respondent's medical office, the Pharmacy Board's investigators obtained five hundred and eighty (580) computer-generated unsigned prescriptions for controlled substances and dangerous drugs that each indicated a written date between October 14, 2017, and October 31, 2017.

102. The 580 unsigned prescriptions are designated by Respondent's medical office to include prescription numbers Rx #136694 through Rx #137287.

103. Respondent's medical office had already dispensed to patients the controlled substances and dangerous drugs called for in those 580 unsigned prescriptions at the time of the inspection.

104. Respondent did not sign any of the aforementioned 580 prescriptions.

105. Respondent's medical office did not have, and could not provide, signed copies of those 580 prescriptions when the Pharmacy Board's investigators requested them at the time of the inspection.

106. Respondent's medical office never produced to Pharmacy Board investigators the original, or a signed copy of the original, of any of the 580 unsigned prescriptions.

107. Respondent's medical office reported to the Nevada Prescription Monitoring Program (PMP) that it dispensed all the controlled substances called for by the 580 unsigned prescriptions – approximately 248 controlled substance prescriptions between October 14, 2017, and October 31, 2017.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

108. Additionally, Respondent routinely permitted unlicensed members of his office staff, including Teresa Jaffer (Jaffer), Rubio-Veronica (Rubio-Veronica) and other members of his staff, to falsify his signature on his prescriptions.

109. Respondent typically signs his first and last name ("Craig Weingrow") when he signs prescriptions and other documents personally.

110. Respondent routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify his signature on the prescriptions for medications dispensed by his medical office by writing a "C'' followed by a wavy line on his prescriptions.

111. Respondent routinely permitted unlicensed members of his office staff, including Jaffer, Rubio-Veronica and other staff members, to falsify patient initials and dates of service on patients' informed consent labels.

112. Respondent routinely allowed Jaffer access to the keys and to access his locked cabinet for storing controlled substances and dangerous drugs to dispense to his patients when he was not present in the office.

113. Respondent and Jaffer dispensed controlled substances and dangerous drugs by mail to patients who lived out of town.

114. Respondent routinely allowed Jaffer to transport controlled substances and dangerous drugs to a United States post office for mailing.

115. Respondent and Jaffer routinely used Federal Express to ship medications to patients.

116. Respondent and Jaffer each signed a statement admitting that Jaffer, Rubio-Veronica and office staff:

a. signed Respondent's name on prescriptions for controlled substances and dangerous drugs;

b. falsely documented patient initials on informed consent forms;

c. dispensed controlled substances and dangerous drugs to patients by U.S. mail and Federal Express; and

d. dispensed medications for controlled substances and dangerous drugs without Respondent's signature or initials on the prescriptions.

117. Respondent vacationed outside of the country in October 2016, and again in July 2017.

118. Jaffer and Rubio-Veronica dispensed to Respondent's patients prescription medications during those periods in Respondent's absence, as follows:

From October 18, 2016 to October 28, 2016, Respondent's medical office:

- Issued 18 prescriptions, which had been post-dated by Respondent, with Respondent's signature on them, to 14 patients.
- Dispensed 6 medications at Respondent's office.
- Dispensed 4 medications to patients by mail.

From July 1, 2017 to July 9, 2017, Respondent's medical office:

- Issued 4 prescriptions, which had been post-dated by Respondent, with Respondent's signature on them, to 3 patients.
- Dispensed 1 medication at Respondent's office.

119. Respondent's "Medical Weight Loss" shipping log at his medical office for the time period between August 26, 2016, through October 31, 2017, shows that Respondent's staff shipped approximately 166 shipments containing controlled substances to Respondent's patients.

120. Respondent's actions, as found herein, constitute a significant and unreasonable risk to the health and safety of the public.

121. On February 27, 2018, the Pharmacy Board filed a Notice of Intended Action and Accusation in its Case Nos. 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, against Respondent, holder of Controlled Substance Registration Certificate No. CS20272 and Practitioner Dispensing Registration Certificate No. PD00502. On Wednesday, July 18, 2018, in Las Vegas, Nevada, the Pharmacy Board heard the matter at its regularly-scheduled meeting, at which time Respondent appeared with counsel, Jason G. Weiner, Esq., of Weiner Law Group, LLC. The Board heard the case and, based on the evidence presented, including documents, witness testimony and a set of Stipulated Facts signed by Respondent, made its Findings of Fact, Conclusions of Law and Order, which was filed July 25, 2018.

122. Each written prescription for a controlled substance and each written prescription for a dangerous drug must contain the handwritten signature of the prescribing practitioner. *See*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

NRS 453.128(l)(a), NRS 454.0096l(l)(a), NRS 454.223(2)(a), NRS 639.013(l)(a) and NRS 639.2353(2); *see also* NAC 453.440(l)(c), NAC 453.410(l)(b)(8), NAC 454.060(1) and 21 C.F.R. § 1306.05.

123. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

124. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h).

125. A licensee "[p]erforming any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(l)(i).

126. A person must be a licensed practitioner in order to lawfully write a prescription. *See* NRS 453.226, NRS 453.231, and NRS 639.100.

127. "Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(k).

128. NAC 639.742 states in relevant part:

> 1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.
>
> . . .
>
> 3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:
>
> (a) All drugs are ordered by the dispensing practitioner;
>
> (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;

(f) All drugs are dispensed only to the patient personally at the facility;

. . .

4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

129. NAC 639.743 states:

1. Except as otherwise provided in NRS 639.23277 and NAC 639.395, a person to whom a dispensing practitioner is providing training and experience pursuant to subsection 4 of NAC 639.7425 must not be allowed access to the room or cabinet in which drugs are stored unless accompanied by the dispensing practitioner. After the person has completed his or her training and experience and the Board has received an affidavit from the dispensing practitioner pursuant to subsection 5 of NAC 639.7425:

(a) The person may access the room or cabinet in which drugs are stored without being accompanied by the dispensing practitioner, so long as the dispensing practitioner is on-site at the facility; and

(b) The dispensing practitioner is not required to observe the work of the person.

2. A dispensing practitioner who allows a dispensing technician to perform any function described in subsection 4 or 5 of NAC 639.742 is responsible for the performance of that function by the dispensing technician. All such functions performed by a dispensing technician must be performed at the express direction and delegation of the dispensing practitioner. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon. A prescription which

has been so initialed must be handed to the patient only by the dispensing practitioner or an employee authorized by the dispensing practitioner.

130. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(l)(c), NAC 453.410(l)(b)(8) and NAC 454.060(1).

131. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(l)(h).

132. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to perform acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

133. Engaging in conduct that constitutes unprofessional conduct or that is contrary to the public interest is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(4).

134. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(11).

135. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Pharmacy Board. NRS 639.210(12).

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

136. The Pharmacy Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

137. By dispensing, and by allowing to be dispensed, controlled substances and dangerous drugs to patients without his handwritten signature on each written prescription, Respondent violated NRS 454.223(2)(a), NRS 639.2353(2), NAC 453.440(l)(c), NAC 453.410(l)(b)(8) and NAC 454.060(1).

138. By allowing members of his office staff to falsify his signature on prescriptions for controlled substances and dangerous drugs that his medical office had already dispensed and that were required to bear his personal signature prior to dispensing, Respondent engaged in fraudulent and deceitful transactions. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(l)(h).

139. By allowing unlicensed members of his office staff to sign prescriptions for controlled substances and dangerous drugs as if they were licensed practitioners with authority to prescribe and to sign valid prescriptions, Respondent allowed members of his office staff to perform acts, tasks or operations for which licensure, certification or registration is required without the required license, certificate or registration, or knowingly allowed such conduct to occur. Those actions constitute unprofessional conduct and conduct contrary to the public interest per NAC 639.945(k).

140. A dispensing practitioner must secure all controlled substances and dangerous drugs in his office in a locked storage area to which the dispensing practitioner has the only key or lock combination. *See* NAC 639.742(3)(c) and (4)(a), *see also* NAC 639.745(l)(c). Respondent violated NAC 639.742(3)(c) and (4)(a) and NAC 639.745(l)(c) by allowing an unlicensed member of his office staff access to his locked storage cabinets for controlled substances and dangerous drugs when he was not on-site at his facility.

141. A dispensing practitioner must not allow a dispensing technician access to the room or cabinet in which controlled substances and/or dangerous drugs are stored unless the

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

dispensing practitioner is on-site at the facility. *See* NAC 639.743. Respondent violated NAC 639.743 when he allowed a member of his office staff access to the key and to access the room and cabinet in which he stored controlled substances and dangerous drugs when he was not on-site at his office.

142. A dispensing practitioner may not allow his staff to dispense any controlled substance or dangerous drug when he is not on-site at his facility. *See* NAC 639.742(3)(e). By allowing members of his office staff to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Respondent violated NAC 639.742(3)(e).

143. A dispensing practitioner is required to ensure that "[a]ll drugs are dispensed only to the patient personally at the [dispensing practitioner's] facility." *See* NAC 639.742(3)(f). Respondent allowed members of his office staff to dispense to patients who were not at his medical facility, including dispensing by U.S. mail and Federal Express. By doing so, Respondent violated NAC 639.742(3)(f).

144. By allowing members of his staff to falsely document patient initials and dates of service on patient informed consent forms, Respondent engaged in "unprofessional conduct and conduct contrary to the public interest," as defined at NAC 639.945(l)(h).

145. For the misconduct and violations described in this Section D, Respondent was subject to discipline by the Pharmacy Board per NRS 639.210(1), (4), (11) and (12), NRS 639.255, and NAC 639.7445.

146. For the misconduct and violations described in this Section D, the Pharmacy Board ordered as follows:

a. Respondent's Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502, were each revoked effective as of the date of the hearing, July 18, 2018.

b. Unless and until Respondent applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Board reinstates his registration(s), Respondent:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

i. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

ii. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

iii. May not prescribe any controlled substance for any patient.

iv. May not dispense any controlled substance or dangerous drug.

c. Respondent may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

d. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

COUNT XVII

NRS 630.301(9) (Disreputable Conduct)

147. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

148. Conduct that brings the medical profession into disrepute is grounds for discipline pursuant to NRS 630.301(9), including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.

149. Respondent's misconduct described in this Section D, under the circumstances set forth herein, constitutes engaging in conduct that brings the medical profession into disrepute.

150. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVIII

NRS 630.306(1)(b)(1) (Deceptive Conduct)

151. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

152. Engaging in any conduct which is intended to deceive is grounds for discipline pursuant to NRS 630.306(1)(b)(1).

153. Respondent's misconduct described in this Section D, under the circumstances set forth herein, constitutes deceptive conduct that is intended to deceive.

154. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIX

NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional Conduct)

155. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

156. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

157. By the misconduct described in this Section D, under the circumstances set forth herein, Respondent engaged in unsafe and unprofessional conduct

158. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XX

NRS 630.306(1)(r) (Failure to Adequately Supervise)

159. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

160. NRS 630.306(1)(r) provides that a failure to adequately supervise a medical

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action.

161. By the misconduct described in this Section D, under the circumstances set forth herein, Respondent failed to adequately supervise Jaffer and Rubio-Veronica in their performance of medical tasks.

162. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXI

NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person)

163. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

164. NRS 630.305(1)(e) provides that the aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of NRS 630 or the regulations of the Board is an act, among others, that constitutes grounds for initiating disciplinary action.

165. NRS 630.020 provides that the "practice of medicine" means:

> 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
> 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
> 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
> 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

166. The conduct of Jaffer and Rubio-Veronica, including but not limited to the conduct described in this Section D, constitutes the practice of medicine.

167. By the misconduct described in this Section D, to the extent that Respondent either did not delegate medical tasks to Jaffer and Rubio-Veronica as medical assistants, or to the extent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

that Jaffer's and Rubio-Veronica's actions were not authorized by Respondent, Respondent nonetheless aided, assisted and advised these unlicensed persons, both directly and indirectly, in their engaging in the practice of medicine contrary to the provisions of NRS 630 and the regulations of the Board.

168. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXII

NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations)

169. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

170. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

171. By the misconduct described in this Section D, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 453.440(l)(c), NAC 453.410(l)(b)(8), NAC 454.060(1), NAC 639.945(l)(h), NAC 639.945(k).

172. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT XXIII

NRS 630.301(4) (Malpractice)

173. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

174. NRS 630.301(4) provides that committing malpractice is grounds for disciplinary action or denying licensure.

175. NAC 630.040 defines malpractice as the failure to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances when treating a patient.

176. By the misconduct described in this Section D, Respondent committed malpractice by failing to use to use the reasonable care, skill, or knowledge ordinarily used under similar

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

circumstances when treating the patients at issue.

177. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 16 day of August, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Wayne Hardwick, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 15th day of August, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

Wayne Hardwick

Wayne Hardwick, M.D., Chairman

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 16th day of August, 2018, I served a file-stamped copy of the COMPLAINT, PATIENT DESIGNATION and FINGERPRINT INFORMATION, via USPS e-certified return receipt mail to the following:

Craig Weingrow
c/o Jason Weiner, Esq.
WEINER LAW GROUP
2820 W. Charleston Blvd #35
Las Vegas, NV 89102

DATED this 16th day of August, 2018.

Dawn DeHaven Gordillo
Legal Assistant

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against CRAIG MITCHELL WEINGROW, M.D., Respondent.	**Case No. 18-39792-1**

FILED
SEP 10 2018
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Deputy General Counsel for the Board and attorney for the IC, and Craig Mitchell Weingrow, M.D. (Respondent), a licensed Physician in Nevada, assisted by his attorney, Jason Weiner, Esq., of the law firm of Weiner Law Group, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a medical doctor currently licensed (License No. 14309) in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since April 5, 2012.

2. On August 16, 2018, in Case No. 18-11729-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges: Count I, violation of NRS 630.301(4) (Malpractice); Count II, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count III, violations of NRS

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

EXHIBIT 9

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

630.306(1)(b)(2) (Violation of Standards of Practice); Count IV, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count V, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count VI, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count VII, violation of NRS 630.301(4) (Malpractice); Count VIII, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count IX, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count X, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count XI, violation of NRS 630.301(4) (Malpractice); Count XII, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count XIII, violations of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count XIV, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count XV, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count XVI, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count XVII, violation of NRS 630.301(9) (Disreputable Conduct); Count XVIII, violation of NRS 630.306(1)(b)(1) (Deceptive Conduct); Count XIX, violation of NRS 630.306(1)(p) (Engaging in Unsafe or Unprofessional Conduct); Count XX, violation of NRS 630.306(1)(r) (Failure to Adequately Supervise); XXI, violation of NRS 630.305(1)(e) (Aiding Practice by Unlicensed Person); Count XXII, violation of NRS 630.306(1)(b)(3) (Engaging in Conduct that Violated Pharmacy Board Regulations); Count XXIII, NRS 630.301(4) (Malpractice)

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this

Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

A. Respondent admits to Counts II, III, VI, VIII, X, XII, XIII, XVI, XVII, XVIII, XX and XXII.

B. Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following.

C. Respondent's license shall be subject to a term of probation for a period of time not to exceed thirty-six (36) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith satisfaction of the Board within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within thirty-six (36) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the stay of revocation of Respondent's license shall be lifted, and his license shall be immediately revoked. The following terms and conditions shall apply during Respondent's probationary period:

(1) Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the above to the satisfaction of the Board;

(2) Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within thirty (30) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being $4,539.06, not including any costs that may be necessary to finalize this Agreement.

(3) Respondent shall take twenty (20) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances within twelve (12) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

(4) Respondent shall pay a fine of $1,000 per count admitted to hereby, consisting of 12 counts, for a total of $12,000, within one hundred eighty (180) days of the Board's acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders, past or future, of the Nevada State Board of Pharmacy (Pharmacy Board), specifically including but limited to, the Pharmacy Board's Order issued on July 25, 2018, in its Cases Numbered 17-066-CS-S, 17-066-TD-A-S and 17-066-TD-B-S, specifically including the following:

a. Unless and until Respondent applies for reinstatement of his controlled substance registration and/or his dispensing practitioner registration, and the Pharmacy Board reinstates his registration(s), Respondent:

i. May not possess any controlled substance other than a controlled substance that was lawfully prescribed to him by a licensed practitioner and lawfully dispensed to him for his own personal use to treat a documented medical necessity.

ii. May not possess any controlled substance for office use or for patient use and must immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use.

iii. May not prescribe any controlled substance for any patient.

iv. May not dispense any controlled substance or dangerous drug.

b. Respondent may not apply for reinstatement of his controlled substance registration or his dispensing practitioner registration until after "a period of not

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

less than 1 year has lapsed since the date of revocation," as required by NRS 639.257(1).

c. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Pharmacy Board, he shall appear before the Pharmacy Board to answer questions and give testimony regarding his application, his compliance with the Pharmacy Board Order, and the facts and circumstances underlying this matter.

(6) During the probationary period, Respondent shall complete all terms and conditions of any criminal sanctions incurred before or during the period of this agreement, if any, including probation or parole.

(7) During the probationary period, Respondent shall not supervise any Physician Assistant, or collaborate with any Advanced Practice Registered Nurse.

(8) Within thirty-six (36) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first, Respondent shall appear before the Board at a public meeting and demonstrate compliance with all the terms of this Agreement, at which time, Respondent may complete an application for a change of status to "Active," and petition the Board to allow him to resume the practice of medicine.

D. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

E. Respondent shall receive a Public Letter of Reprimand.

F. The other counts of the Complaint shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,

committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and the remaining counts of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

///

///

///

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

Dated this 23 day of AUGUST, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Aaron Bart Frieke, Esq., Deputy General Counsel
Attorney for the Investigative Committee

Dated this _____ day of _____, 2018.

Weiner Law Group

By: _____
Jason Weiner, Esq.,
Attorneys for Respondent

Dated this 16th day of August, 2018.

_____
Craig Mitchell Weingrow, M.D., Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 7th day of September, 2018, with the final total amount of costs due of $12,000.00.

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Jeffrey B. Setness

From:) <c >
Sent: Tuesday, December 10, 2019 12:46 PM
To: Jeffrey B. Setness
Subject: Fwd: License Status Changed

Sent from my iPhone

Begin forwarded message:

From: Tara Bailey <tbailey@medboard.nv.gov>
Date: December 10, 2019 at 12:20:42 PM PST
To: "h n" < @yahoo.com>
Subject: License Status Changed

Good afternoon Dr. Weingrow,

Your license status has been changed from "Inactive-Probation" to "Active-Probation". Your wallet I.D. card will be mailed to you in about a week or two.

Congratulations!

Tara Bailey
License Specialist
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
Phone: (775)324.9359
Fax: (775)688.2551

CAUTION: This email originated from outside the Fabian VanCott organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

EXHIBIT 10

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Search Results

1. For a more detailed view of a licensee's background, click on the licensee name from the alphabetical list below. Results will open in a new window.
2. Click the numbers below the grid to see additional pages of licensees.
3. To return to the Search page, use the **New Person Search** button below. ***Do not use your browser's back button.***

Search

Name	License #	Profession	License Type	Status
WEINGROW, Craig Mitchell	14309	Medical Examiners	Medical Doctor	Active-Probation

1

New Person Search

In the Matter of

Craig M. Weingrow, M.D.

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into between the United States of America (United States), acting through the United States Attorney's Office for the District of Nevada and the Drug Enforcement Administration (DEA), and Craig M. Weingrow, M.D. (Weingrow). This Memorandum is based on the following:

1. Weingrow is licensed as a physician in Nevada and is registered with the DEA as a physician with Registration No. FW3352539.

2. On August 23, 2018, Weingrow entered into a Settlement Agreement with the Nevada State Board of Medical Examiners in which it was agreed that "Respondent's license to practice medicine in the state of Nevada shall be revoked with the revocation to be immediately stayed. Respondent's license shall be placed in "Inactive" status until successful completion of the terms set forth in Paragraph C immediately following". The Settlement Agreement also states, in pertinent part, as follows:

> a. All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter. (Page 1, Footnote 1)
>
> b. . . . The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement. (Page 4)

EXHIBIT 11

3. Weingrow's Controlled Substance Registration Certificate and Practitioner Dispensing Registration Certificate have been revoked by the Nevada State Board of Pharmacy effective July 18, 2018. Weingrow may apply for reinstatement of his Nevada State Board of Pharmacy controlled substance registration or his dispensing practitioner registration on or after July 18, 2019.

4. The DEA conducted an investigation concerning the receipt and distribution of and record-keeping for certain Controlled Substances that were acquired or dispensed by Weingrow in Las Vegas, Nevada during the period from March 8, 2017, through November 1, 2017 (the Covered Conduct). Based upon that investigation, DEA alleges that the Covered Conduct constituted civil violations of the Controlled Substances Act, 21 U.S.C. § 801, *et seq.*, and related regulations.

5. The parties wish to compromise and settle this matter to avoid the uncertainties and expense of litigation. The parties intend to enter into an Agreement that will resolve the issues between them based upon the above-described investigation, in lieu of pursuing a civil penalty action pursuant to the Controlled Substances Act.

6. Nothing in this Agreement constitutes an admission of any facts and / or liability by Weingrow. The parties agree that this Agreement may only be admitted into evidence in any proceeding to the extent that admission would not violate Fed. R. Evid. 408.

NOW THEREFORE, for and in consideration of the mutual promises and consideration described below, the United States and Weingrow agree as follows:

7. Weingrow agrees to pay the United States $80,000 in civil penalties (the Settlement Amount), by making 11 monthly payments of $6,667 and one final monthly payment of $6,663. Payments by check shall be made payable to the United States Department of Justice.

8. The United States agrees not to institute any civil proceedings relating to the Covered Conduct.

9. Weingrow agrees to abide by all federal, state, and local laws and regulations relating to the prescribing of Controlled Substances.

10. The address where Weingrow will maintain any and all medical records that it is required to maintain under Title 21 of the United States Code is 7200 Smoke Ranch Rd., Suite # 120, Las Vegas, Nevada 89128 (the "Designated Address."). For a period of two years from the date on which Weingrow executes this Memorandum, Weingrow represents that he will currently maintain the required records at the Designated Address. Weingrow further agrees to

notify the DEA of any change in the Designated Address within 30 days after any such change. Any rights DEA may have to inspect records under this Memorandum are in addition to, and not exclusive of, any rights conferred by Title 21 or other Federal law.

11. This Memorandum of Agreement will remain in effect until the entire $80,000 penalty is paid in full by or on behalf of Weingrow. This Memorandum of Agreement will be considered fully executed upon the last party's signature, and the Effective Date of this Memorandum of Agreement will be the date of the last signature.

12. If any other offense or violation by Weingrow arising from conduct other than the Covered Conduct is charged after the Effective Date of this Agreement, nothing in this Memorandum of Agreement shall be construed as a waiver on the part of the United States to utilize the results of the investigation referred to herein as grounds for revocation or denial of a DEA registration, either by itself or in conjunction with other grounds, in the event that future administrative proceedings become necessary. Nothing in this Agreement shall constitute a release by the United States of any civil or criminal liability of Weingrow other than civil liability for the Covered Conduct.

13. The United States enters into this Memorandum of Agreement with the understanding that Weingrow will abide by its contents in good faith.

14. All parties consent to the United States' disclosure of this Agreement, and information about this Agreement, to the public.

CRAIG M. WEINGROW, M.D.

Craig Weingrow

Dated: 11/28/18

Jeffrey B. Setness, Esq.
Attorney for Weingrow

Dated: NOV 28, 2018

DRUG ENFORCEMENT ADMINISTRATION

By: Marlon C. Whitfield
Marlon C. Whitfield
Diversion Program Manager
Las Vegas District Office
Los Angeles Field Division
Dated: 11/28/18

DAYLE ELIESON
United States Attorney

By: Roger W. Wenthe
Roger W. Wenthe
Assistant United States Attorney

Dated: 11/28/18

Jeffrey B. Setness

From: Wenthe, Roger (USANV) <Roger.Wenthe@usdoj.gov>
Sent: Wednesday, November 20, 2019 8:52 AM
To: Jeffrey B. Setness
Subject: Dr. Weingrow

Jeff – This email will confirm that Dr. Craig Weingrow has paid in full his settlement amount with the United States.

Roger Wenthe
Assistant United States Attorney
501 Las Vegas Blvd. S., Suite 1100
Las Vegas, NV 89101
Direct: 702-388-6538

CAUTION: This email originated from outside the Fabian VanCott organization. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

EXHIBIT 12



[Federal Register Volume 84, Number 67 (Monday, April 8, 2019)]
[Notices]
[Pages 13957-13958]
From the Federal Register Online via the Government Publishing Office [www.gpo.gov]
[FR Doc No: 2019-06834]

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

[Docket No. 19-7]

[redacted] – **EXHIBIT 13**

Craig M. Weingrow, M.D.; Decision and Order

On November 7, 2018, the Assistant Administrator, Diversion Control Division, Drug Enforcement Administration (DEA), issued an Order to Show Cause to Craig M. Weingrow, M.D. (Respondent), of Las Vegas, Nevada. The Show Cause Order proposed the revocation of Respondent's DEA Certificate of Registration No. FW3352539 on the ground that he does "not have authority to handle controlled substances in Nevada, the [S]tate in which [he is] registered." Order to Show Cause, at 1 (citing 21 U.S.C. 823(f), 824(a)(3)).

With respect to the Agency's jurisdiction, the Show Cause Order alleged that Respondent is the holder of Certificate of Registration No. FW3352539, pursuant to which he is authorized to dispense controlled substances as a practitioner in schedules II through V, at the registered address of 7200 Smoke Ranch Road, Suite #120, Las Vegas, Nevada. Id. The Order also alleged that this registration does not expire until May 31, 2021. Id.

Regarding the substantive grounds for the proceeding, the Show Cause Order alleged that effective July 18, 2018, the Nevada State Board of Pharmacy (NSBP) revoked Respondent's Nevada "Controlled Substance Registration" and his Nevada "Practitioner Dispensing Registration." Id. The Show Cause Order also alleged that on September 18, 2018, Respondent entered into a Settlement Agreement with the Board of Medical Examiners of the State of Nevada (NBME) "whereby [he was] placed on probation for a period of 36 months, and during which [he is] prohibited from prescribing or dispensing controlled substances." Id. at 1-2. As a result, the Order alleged that Respondent "currently lack[s] the authority to handle controlled substances in Nevada." Id. at 2. Based on his "lack of authority to [dispense] controlled substances in . . . Nevada," the Order asserted that "DEA must revoke" Respondent's registration. Id. (citing 21 U.S.C. 823(f); 824(a)(3)).

The Show Cause Order notified Respondent of (1) his right to request a hearing on the allegations or to submit a written statement in lieu of a hearing, (2) the procedure for electing either option, and (3) the consequence for failing to elect either option. Id. (citing 21 CFR 1301.43). The Order also notified Respondent of his right to submit a corrective action plan. Id. at 3 (citing 21 U.S.C. 824(c)(2)(C)).

On December 10, 2018, Respondent, through counsel, filed a letter requesting a hearing on the allegations and indicating that the Show Cause Order "was received on November 13, 2018." Dec. 10, 2018 Letter from Respondent's Counsel to Hearing Clerk (hereinafter, Hearing Request), at 1. In his Hearing Request, Respondent specifically contends that suspension, rather than revocation, "is an appropriate sanction in this case" because he had not committed a crime and neither the conduct set forth in the Settlement Agreement with the NBME nor the findings of the NSBP "warrant a revocation." Id. at 2-4.

The matter was then placed on the docket of the Office of Administrative Law Judges and assigned to Chief Administrative Law Judge John J. Mulrooney, II (hereinafter, CALJ). On December 11, 2018, the CALJ issued an Order directing the Government to file its "evidence to support the allegation that the Respondent lacks state authority to handle controlled substances" and "any Government motion for summary disposition" no later than December 28, 2018. Order Directing the Filing of Government Evidence of Lack of State Authority Allegation and Briefing Schedule, at 1. The CALJ issued a separate Order directing Respondent to file his response to any summary disposition motion no later than January 14, 2019. Order Granting Unopposed Motion for Enlargement of Time, at 1.

On December 27, 2018, the Government filed its Motion for Summary Disposition. In its Motion, the Government argued that Respondent currently lacks authority to handle controlled substances in Nevada because the NSBP revoked Respondent's Nevada Controlled Substance Registration and Nevada Practitioner Dispensing Registration effective July 18, 2018. Government's Motion for Summary Disposition (hereinafter Government's Motion or Govt. Mot.) at 1, 5. The Government also alleged that neither registration has been reinstated. Id. In addition, the Government alleged that the NBME placed Respondent's Nevada medical license on probation for 36 months as part of a Settlement Agreement and that, as part of this Agreement, Respondent "has been prohibited from prescribing or dispensing controlled substances" during this period. Id. On January 14, 2019, Respondent filed his "Non-Opposition" to the Government's Motion, stating that he no longer opposes the Government's Motion based upon his review of the Government's Motion and past DEA and federal court decisions. Respondent's Non-Opposition to Government's Motion for Summary Disposition, at 1.

After considering these pleadings, the CALJ issued an Order on January 16, 2019, recommending that I find that it is "undisputed that the Respondent lacks the state authority to handle controlled substances." Order Granting the Government's Motion for Summary Disposition and Recommended Rulings, Findings of Fact, Conclusions of Law, and Decision of the Administrative Law Judge (hereinafter "Recommended Decision" or "R.D."), at 4. As a result, the ALJ granted the Government's motion for summary disposition and recommended that I revoke Respondent's DEA registration and deny any pending applications for renewal. Id. at 5. Neither party filed exceptions to the ALJ's Recommended Decision.

Thereafter, the record was forwarded to my Office for Final Agency Action. Having reviewed the record, I find that Respondent is currently without authority to handle controlled substances in Nevada, the State in which he holds his registration with the Agency, and thus he is not entitled to maintain his DEA registration. I adopt the ALJ's recommendation that I revoke Respondent's registration. I make the following factual findings.

[[Page 13958]]

Findings of Fact

Respondent is the holder of DEA Certificate of Registration No. FW3352539, pursuant to which he is authorized to dispense controlled substances in schedules II through V as a practitioner at the registered address of Weingrow Wellness & Medical Center, 7200 Smoke Ranch Road, Suite #120, Las Vegas, Nevada. GX 2 (Certification of Registration History) to Govt. Mot., at 1. This registration does not expire until May 31, 2021. Id.

On July 25, 2018, the NSBP issued an Order revoking Respondent's Nevada "Controlled Substance Registration, Certificate No. CS20272, and his Practitioner Dispensing Registration, Certificate No. PD00502," effective July 18, 2018. GX 3 (July 25, 2018 Findings of Fact, Conclusion of Law and Order of the NSBP) to Govt. Mot., at 8. The NSBP's Order expressly prohibited Respondent from, inter alia, (1) "prescrib[ing] any controlled substance for any patient;" (2) "dispens[ing] any controlled substance or dangerous drug;" and (3) "possess[ing] any controlled substance for office use or for patient use." Id. The NSBP also directed Respondent to "immediately and lawfully dispose of any and all controlled substances in his possession and/or control, other than a controlled substance lawfully prescribed and dispensed to him for his own personal use." Id.\1\ On September 18, 2018, the NBME placed Respondent's Nevada medical license in an "[i]nactive status" as part of a Settlement Agreement whereby Respondent agreed that his medical license would be subject to probation for 36 months and that he would be prohibited from prescribing or dispensing controlled substances during that time. See GX 4 (NBME-Respondent Settlement Agreement) to RFAA, at 5-6. There is no evidence in the

EMERGENCY DISASTER RELIEF

DEA NATIONAL Rx TAKE BACK

National Prescription Drug Take Back Day

Report Illicit Pharmaceutical Activities

RX ABUSE ONLINE

HOME CONTACT US A-Z SUBJECT INDEX PRIVACY NOTICE WEBSITE ASSISTANCE

REGISTRATION

Applications
Tools
Resources
CMEA Required Training & Self-Certification
Quota Applications

ABOUT US

Program Description
Customer Service Plan
DEA Forms & Applications
Mailing Addresses
Meetings & Events
What's New

REPORTING

APCOS
BCM Online
Chemical Import/Export Declarations
CSOS (Controlled Substances Ordering System)
Theft/Loss Reporting
Import/Export
Medical Missions
Registrant Record of Controlled Substances Destroyed
Quotas
Reports Required by 21 CFR
Submit a Tip to DEA
Year-End Reports

RESOURCES

Cases Against Doctors
Chemical Control Program
CMEA (Combat Meth Epidemic Act)
Controlled Substance Schedules
DATA Waived Physicians
Drug Disposal Information
Drug and Chemical Information
E-Commerce Initiatives
Federal Agencies & Related Links
Federal Register Notices

National Prescription Drug Take Back Day
NFLIS
Publications & Manuals
Questions & Answers
Significant Guidance Documents
Synthetic Drugs
Title 21 Code of Federal Regulations
Title 21 USC Codified CSA

DIVERSION CONTROL DIVISION

U.S. DEPARTMENT OF JUSTICE • DRUG ENFORCEMENT ADMINISTRATION
Diversion Control Division • 8701 Morrissette Drive • Springfield, VA 22152 • 1-800-882-9539

DEA.GOV | JUSTICE.GOV | USA.GOV | REGULATIONS.GOV

DOJ Legal Policies and Disclaimers | DOJ Privacy Policy | FOIA | Section 508 Accessibility

record that the NSBP ever reinstated Respondent's Nevada controlled substance or practitioner dispensing registrations, nor is there any evidence that the NBME changed the status of Respondent's medical license from inactive status.

\1\ After conducting a hearing, the NSBP based its decision to revoke Respondent's Nevada controlled substance and practitioner dispensing registrations in part on its finding that Respondent "routinely permitted unlicensed members of his office staff . . . to falsify his signature on the prescriptions for medications dispensed by his medical office" and "to falsify patient initials and dates of service on patients' informed consent labels." Id. at 1 & n.1, 2. The NSBP also found that Respondent "dispensed controlled substances and dangerous drugs by mail to patients who live out-of-town" and "used Federal Express to ship medications to patients." Id. Respondent also signed a statement agreeing to these fact findings. See id.

Accordingly, I find that Respondent currently does not possess the authority to dispense controlled substances in the State of Nevada, the State in which he is registered with the DEA, because both the NSBP and the NBME have expressly prohibited him from doing so.

Discussion

Pursuant to **21 U.S.C. 824**(a)(3), the Attorney General is authorized to suspend or revoke a registration issued under **section 823** of the Controlled Substances Act (CSA), "upon a finding that the registrant . . . has had his State license . . . suspended [or] revoked . . . by competent State authority and is no longer authorized by State law to engage in the . . . dispensing of controlled substances." Also, DEA has long held that the possession of authority to dispense controlled substances under the laws of the State in which a practitioner engages in professional practice is a fundamental condition for obtaining and maintaining a practitioner's registration. See, e.g., James L. Hooper, 76 FR 71371 (2011), pet. for rev. denied, 481 Fed. Appx. 826 (4th Cir. 2012); see also Frederick Marsh Blanton, 43 FR 27616 (1978) ("State authorization to dispense or otherwise handle controlled substances is a prerequisite to the issuance and maintenance of a Federal controlled substances registration.").

This rule derives from the text of two provisions of the CSA. First, Congress defined "the term 'practitioner' [to] mean[] a . . . physician . . . or other person licensed, registered or otherwise permitted, by . . . the jurisdiction in which he practices . . . to distribute, dispense, [or] administer . . . a controlled substance in the course of professional practice." **21 U.S.C. 802**(21). Second, in setting the requirements for obtaining a practitioner's registration, Congress directed that "[t]he Attorney General shall register practitioners . . . if the applicant is authorized to dispense . . . controlled substances under the laws of the State in which he practices." **21 U.S.C. 823**(f). Because Congress has clearly mandated that a practitioner possess state authority in order to be deemed a practitioner under the Act, DEA has long held that revocation of a practitioner's registration is the appropriate sanction whenever he is no longer authorized to dispense controlled substances under the laws of the State in which he engages in professional practice. See, e.g., Calvin Ramsey, 76 FR 20034, 20036 (2011); Sharan Arden Yeates, M.D., 71 FR 39130, 39131 (2006); Dominick A. Ricci, 58 FR 51104, 51105 (1993); Bobby Watts, 53 FR 11919, 11920 (1988); Blanton, 43 FR 27616 (1978).

Here, I find that there is no dispute over the material fact that Respondent is no longer currently authorized to dispense controlled substances in Nevada, the State in which he is registered with the Agency. Accordingly, Respondent is not entitled to maintain his DEA registration. I will therefore adopt the ALJ's recommendation that I revoke Respondent's registration. R.D., at 5. I will also deny any pending application to renew or to modify his registration, or any pending application for any other DEA registration in Nevada.

Order

Pursuant to the authority vested in me by **21 U.S.C. 823**(f) and **824**(a), as well as 28 CFR 0.100(b), I order that DEA Certificate of Registration No. FW3352539, issued to Craig M. Weingrow, M.D., be, and it hereby is, revoked. I further order that any pending application of Craig M. Weingrow to renew or modify the above registration, or any pending application of Craig M. Weingrow for any other DEA registration in the State of Nevada, be, and it hereby is, denied. This Order is effective immediately.\2\

\2\ For the same reasons which led the NSBP to revoke Respondent's controlled substances and practitioner's dispensing licenses and prescriptive authority, I conclude that the public interest necessitates that this Order be effective immediately. **21 CFR 1316.67.**

Dated: March 22, 2019.

Uttam Dhillon,
Acting Administrator.

[FR Doc. 2019-06834 Filed 4-5-19; 8:45 am]

BILLING CODE 4410-09-P

NOTICE: This is an unofficial version. An official version of this publication may be obtained directly from the Government Publishing Office (GPO).

7

7A

Documentation for this Agenda Item will be provided at a later date.

7B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

CONTROLLED SUBSTANCE APPLICATION Registration Fee: $200.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

(This application cannot be used by PA's or APRN's)

First: Stephen Middle: Richard Last: Lauterbach

Practice Name (if any):

Nevada Address: 6240 N. Durango Dr. Suite 120 ~~ta~~ Suite #: 120

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Las Vegas State: NV Zip Code: 89149

PO Box: SS# or ITIN

E-mail address:

Work Telephone: 702-791-7855 Personal Phone:

Fax: 702-791-7859 Degree: M.D.

Date of Birth: Sex: ☒ M or ☐ F

Practitioner License Number: NV 19703 Specialty: Vascular Surgery

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	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?	☑	☐
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 numbered questions **(1-3)** above, include the following information & provide an explanation and documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted.

03-16-2020
Date

Board Use Only: Date Processed: Amount: 200.00

March 17, 2020

Dear Nevada State Board of Pharmacy,

I have included explanations to the "yes" answers with my application. I do not wish for the (*) answers/explanations to be made public knowledge. The criminal arrests and convictions are not public knowledge and have been expunged and or dismissed. Specifically, questions 1 a, b, and c answers marked in blue asterisk on my response sheet page 1.

I also do not wish to be made public my discussion of past evaluation and treatment for alcohol use/abuse. These paragraphs are on the bottom of page 2 and on all of page 3. These are marked with blue asterisks as well. I thank you for your confidentiality regarding past legal events and personal medical treatment.

I have available most of the NY, CA, MA, and Utah Medical Board documents regarding action taken pertaining to my medical licensure and certainly the most recent ones. I know some are available on the state medical board websites. I have explained all actions taken by every state in question 2 explanations on page 1 and 2 of my response sheets. These documents are some several hundred pages and I shall readily send to you electronically is so desired.

I thank you for the consideration for a controlled substance license. I have never had issues with breaking any laws concerning writing prescriptions for any medication; controlled or uncontrolled. My surrender of my DEA license followed my NY medical license suspension. I could not hold a DEA license without a valid state medical license.

Please contact me if I can be of any assistance. I thank you very much.

Sincerely,

Stephen R. Lauterbach, M.D.
03-17-2020

Nevada State Board of Pharmacy **Controlled Substance Application**

Explanations of "Yes" Answers **Stephen R. Lauterbach, M.D.**

1.a.) I was convicted of felony domestic violence in the Superior Court of California, San Diego County (North County Vista, CA) in November, 2002. (Case # SCN 146 916). I was visiting my son, age 5, in Carlsbad, CA at my ex-wife's house on father's day June 16, 2002 where he resided. After drinking earlier in the day, my ex-wife and I argued and engaged in a physical altercation. I plead no contest to the felony domestic violence. The felony was reduced to a misdemeanor in November, 2003 and expunged in January, 2006. (See attached documents regarding the reduction to misdemeanor, and final expungement with probation termination).

1.b.) I was arrested in New Hartford, NY on 5/15/2010 for suspicion of driving under the influence. There was no collision of the vehicle, no other vehicles or individuals were involved, nor were there any injuries sustained by me. I failed a roadside breathalyzer. I was taken to the police station and was later released to home on my own recognizance that evening. I was convicted of driving while ability impaired (DWAI), a violation not a crime, on 01/20/2011 in the New Hartford Town Court, Oneida County, NY (case # 10050553). (See attached dismissal disposition document).

1.c.) I was convicted of 3rd degree misdemeanor assault November 15, 2016 in Binghamton City Court, Broome County, NY (case # CR-03647-16). I drank alcohol on my first evening of vacation, August 16, 2016, at my then girlfriend's apartment and got into an argument with her. I pushed her away from me as she was videotaping me on her cell phone. I left her apartment and went home. She filed a complaint the next day with the police. I satisfied the terms of probation (6 months) imposed by the Binghamton City Court and successfully completed inpatient treatment (90 days) for alcohol abuse at Talbott Recovery Center in Atlanta, GA which I entered. The misdemeanor conviction was reduced to a violation of harassment in the 2nd degree in July, 2017. (See attached dismissal document).

2. My New York medical license #201398 was placed on 5 years probation in 2003 stemming from my felony conviction of domestic violence in San Diego, CA in November, 2002. This probation was terminated in 2009 when I moved to New York to practice. I admitted to chronic intermittent alcohol use in 2011 and New York placed me on 5 years probation in May 2012. I self enrolled into the New York Committee for Physician's Health (CPH) in the fall of 2011. New York suspended my

license in October, 2016 for 18 months after I self reported consuming alcohol on vacation in August, 2016. New York reinstated my license in July, 2019 with 5 years probation.

My California license #A74720 was not probated in 2002 after my domestic violence felony conviction. The CA Medical Board investigated the matter. After New York placed me on probation on April 26, 2012, California placed me on probation on May 10, 2013. California revoked my license on August 25, 2017 after New York suspended me in October, 2016. I am allowed to reapply for CA license reinstatement in August, 2020 which I plan to do.

My Massachusetts license #158823 expired on 11/09/2001 for failure to renew. The license was suspended on 05/19/2004 after New York placed me on probation in 2003 and the suspension immediately was stayed as I entered a probation agreement. The MA license is considered lapsed.

I received a Utah medical license # 11429455-1205 on October 3, 2019. This license was immediately revoked and the revocation was immediately stayed and placed on probation for 5 years. The license has no clinical restrictions.

I received a medical license from the Nevada State Board of Medical Examiners #19703 on March 13, 2020. The license is unrestricted and conditional. The conditions are: 1. A one year preceptorship where the preceptor reports to the Board on my behalf twice a month for 6 months and then monthly. 2. I am to remain compliant in the PRN program I am enrolled in until 12-07-2021.

3. As a result of the suspension of my New York medical license in October, 2018, my DEA #BL6238958 was surrendered on 01/24/2017. I was recently issued a Utah controlled substance license #11429455-8905 on October 3, 2019 without restriction. I have never violated any pharmacy of drug laws in any state.

These arrests and convictions clearly highlight my past untreated alcoholism. I am fully responsible for my unprofessional and abhorrent actions on these days. I am grateful I received the necessary treatment for my underlying condition and am living a recovered life today. I have been compliant with monitoring by the Committee for Physicians Health (CPH) in New York from December, 2016 to September, 2019 and remained compliant from October, 2019 to February, 2020 with Utah's Division of Professional Licensing (DOPL). I remain compliant in the Professional

Recovery Network (PRN) in Las Vegas, NV which I joined in February, 2020. I have documented continuous sobriety since September 1, 2016 when I entered Talbott to the present day.

I have been enrolled and compliant in the Professional Recovery Network (PRN), 5900 W. Rochelle Ave., Las Vegas, NV 89103 since February, 2020. Larry Espadero, LADC, Director of Chemical Dependency, Montevista Hospital is my PRN director. His telephone number is 702-251-1377.

I was an inpatient at Talbott Recovery Campus (TRC), 5448 Yorktown Dr., Atlanta, GA 30349 from September 1, 2016 – December 2, 2016. I successfully completed their Healthcare Professionals Program under the directorship of Navjyot S. Bedi, M.D., Medical Director of TRC. The telephone number is 800-445-4232.

After discharge from TRC, I attended out patient group and individual therapy at Marworth Recovery, 100 Lilly Lake Rd., Waverly, PA from December, 2016 – June 2020. The director was Kerrianne O'Reilly. Telephone 800-442-7722.

I was an inpatient at Tully Hill Treatment Recovery, 5821 NY-80, Tully, NY 13159 phone 800-456-6114 August 1-31, 2010. The medical director at the time was Dorothy Lennon, M.D.

After discharge from Tully Hill, I enrolled in an outpatient program with Alcohol Services, 6311 Fly Road, Syracuse, NY from 2010-2014. The director of Alcohol Services at the time was Paul Curtin. Telephone 315-314-6951.

All of the attestation questions on this application have been answered truthfully and honestly by me and the "yes" answers explained to the best of my ability.

Sincerely,



Stephen R. Lauterbach, M.D.

03-17-2020

SCN146916 DA OAI7330,

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

Mot Red Mid.

DATE 11-21-03 AT 1:30 M.

PRESENT: HON K Michael Kirkman

JUDGE PRESIDING DEPARTMENT 1

CLERK J. Shelton

REPORTER C. Freed

CSR# 8695

REPORTER'S ADDRESS: P.O. BOX 120128, SAN DIEGO, CA 92112-0128

THE PEOPLE OF THE STATE OF CALIFORNIA

VS.

Lauterbach, Stephen R

DEFENDANT

Kathryn Gauk

DEPUTY DISTRICT ATTORNEY

Thomas Warwick

ATTORNEY FOR DEFENDANT (APPTD/RETAINED)

VIOLATION OF 2) PC273.5(a)

INTERPRETER _____ SWORN/CERT

LANGUAGE _____

LAW & MOTION

DEFENDANT ☒ PRESENT ☐ NOT PRESENT. TRIAL DATE _____ REMAINS AS SET/CONFIRMED/VACATED.

☐ COUNSEL & DEFENDANT STIPULATE TO PRELIMINARY /GRAND JURY TRANSCRIPT AS FACTUAL BASIS FOR PC 995/PC 1538.5 MOTION.

☐ DEFENDANT'S MOTION TO DISMISS PURSUANT TO PC 995 IS ☐ GRANTED ☐ DENIED ☐ TAKEN UNDER SUBMISSION.

☐ GRANTED AS TO: _____

☐ DENIED AS TO: _____

☐ DEFENDANT'S MOTION TO SUPPRESS EVIDENCE PER PC 1538.5 IS ☐ GRANTED ☐ DENIED ☐ TAKEN UNDER SUBMISSION.

☐ GRANTED AS TO: _____

☐ DENIED AS TO: _____

☐ PEOPLE'S/DEFENDANT'S MOTION FOR DISCOVERY IS ☐ GRANTED ☐ DENIED ☐ TAKEN UNDER SUBMISSION.

☐ GRANTED AS TO: _____

☐ DENIED AS TO: _____

☒ OTHER MOTION(S): Reduce to Misdemeanor per PC 17b3 - Granted

WITNESSES SWORN & EXAMINED:	PEO.	DEFT.	NO.	EXHIBIT DESCRIPTION	MRKD	RCVD
	[ ]	[ ]			[ ]	[ ]
	[ ]	[ ]			[ ]	[ ]
	[ ]	[ ]			[ ]	[ ]
	[ ]	[ ]			[ ]	[ ]
	[ ]	[ ]			[ ]	[ ]
	[ ]	[ ]			[ ]	[ ]

CUSTODY STATUS

☐ DEFENDANT REMANDED TO CUSTODY OF SHERIFF ☐ WITHOUT BAIL ☐ WITH BAIL SET AT $_____.

☐ DEFENDANT ORDERED RELEASED FROM CUSTODY ☐ ON OWN/SUPERVISED RECOGNIZANCE ☐ CASE DISMISSED ☐ THIS CASE ONLY.

☒ DEFENDANT TO REMAIN AT LIBERTY ☒ ON BOND POSTED $ probation ☐ ON OWN/SUPERVISED RECOGNIZANCE.

☐ BAIL IS SET AT/REDUCED TO/INCREASED TO $ (Summary)

FUTURE

☐ DEFENDANT WAIVES STATUTORY TIME FOR TRIAL.

Review CONTINUED TO/SET FOR 2-19-04 AT 8:30 IN DEPT. 1

ON MOTION OF COURT/DDA/DEFENDANT/PROBATION OFFICER. REASON:

PC Restitution

BONDS WRRNTS

☐ BENCH WARRANT TO ISSUE, BAIL SET AT $_____. ☐ SERVICE FORTHWITH. ☐ ORDERED WITHHELD TO _____

☐ BENCH WARRANT ISSUED/ORDERED _____ IS RECALLED/RESCINDED.

☐ BOND IS ☐ EXONERATED ☐ FORFEITED. AMOUNT $_____. BOND NO. _____

BOND COMPANY _____ AGENT _____

OTHER: [illegible] 1-23-04 review hearing

ATTEST:
KENNETH E. MARTONE
CLERK OF THE SUPERIOR COURT

By [signature]
DEPUTY

/s/ K. Michael Kirkman, Judge

JUDGE OF THE SUPERIOR COURT

CRIMINAL LAW & MOTION ORDER–CERTIFIED

SDSC CR-2D(Rev. 1-98)

1. a.
reduction of
felony to
misdemeanor
SAN DIEGO, CA

PETITIONER OR ATTORNEY FOR PETITIONER (Name, State Bar number, and address):	(COURT USE ONLY)
TELEPHONE NO.: FAX NO (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	2006 JAN 19 AM 10:53 CLERK-SUPERIOR COURT SAN DIEGO, CA
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION 220 W. BROADWAY, SAN DIEGO, CA 92101-3814 ☑ NORTH COUNTY DIVISION 325 S. MELROSE DR., VISTA, CA 92081-6695 ☐ EAST COUNTY DIVISION 250 E. MAIN ST., EL CAJON, CA 92020-3941 ☐ SOUTH COUNTY DIVISION 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PLAINTIFF PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT Stephen R. Lauterbach	COURT CASE NUMBER SCN 146916
ORDER GRANTING PETITION FOR RELIEF (PC1203.4 & 1203.4a)	CITY/DISTRICT ATTORNEY NUMBER

The Court finds that the defendant is statutorily eligible for the relief requested.

THE PETITION IS GRANTED. IT IS HEREBY ORDERED THAT:

☐ The conviction(s) herein be set aside and the charge(s) dismissed.

☑ Probation, currently in effect, be terminated, the conviction(s) herein be set aside, and the charge(s) dismissed pursuant to Penal Code 1203.3 & 1203.4 due to defendant's good conduct and reform.

☑ The defendant pay an administrative fee (Misdemeanor $60.00 or Felony $120.00) OR request a fee waiver by filing "Application For Waiver of Court Fees and Costs" and an "Order On Application for Waiver of Court Fees and Costs"
by _____ (15 days).

☐ The administrative fee is waived.

IT IS FURTHER ORDERED that the defendant is released from all penalties and disabilities resulting from this conviction, EXCEPT:

- The defendant is ordered to disclose this conviction in response to any direct question contained in any questionnaire or application for public office, for licensure by any state or local agency, or for contracting with the California State Lottery.
- This order does not permit the defendant to own, possess, or have custody of any firearm nor does it prevent conviction of the defendant under Penal Code Section 12021.
- This order does not affect any revocation or suspension of your privilege to drive a motor vehicle. Your conviction in this case shall be considered a conviction for the purpose of revoking or suspending or otherwise limiting such privilege on the ground of two or more convictions (VC 13555).
- In any subsequent prosecution for any other offense, the conviction in this case may be pleaded and proved as a prior conviction and shall have the same effect as if this petition has not been granted.
- The conviction in this case remains a part of the court file which can be viewed by the public.

Dated 1/18/06 By _____
Judge of the Superior Court

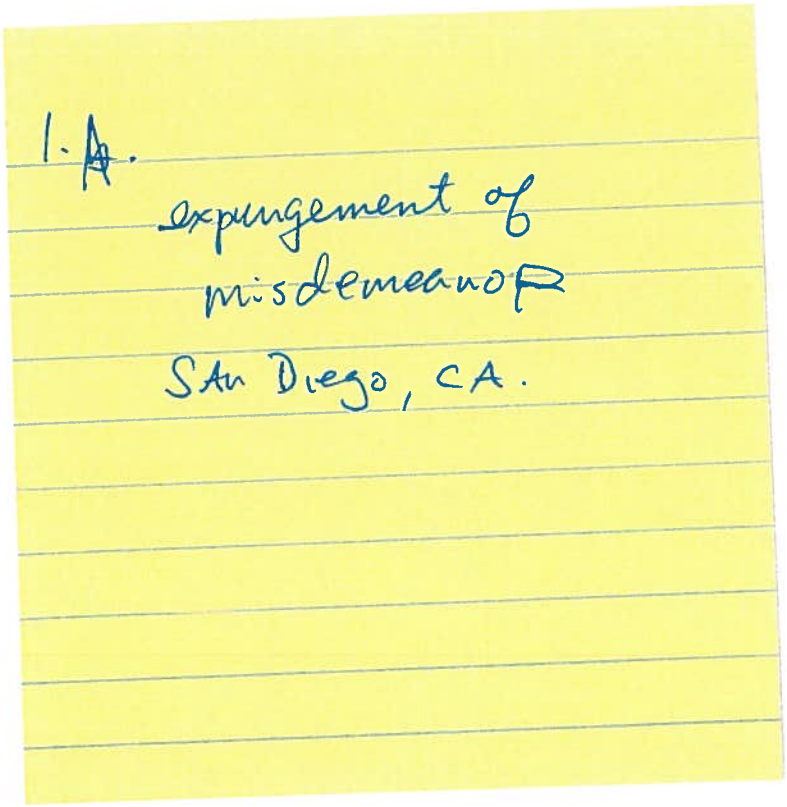
You may have the right to petition for a Certificate of Rehabilitation and Pardon. An instruction packet may be obtained from this court.

CLERK'S CERTIFICATE

The foregoing is a full, true, and correct copy of the original on file in this office.

THE CLERK OF THE SUPERIOR COURT

Dated 1/19/06 by _____
Deputy


1. A.
expungement of
misdemeanor
San Diego, CA.

CERTIFICATE OF DISPOSITION

STATE OF NEW YORK
ONEIDA COUNTY

NEW HARTFORD TOWN COURT
CRIMINAL PART

PEOPLE OF THE STATE OF NEW YORK

VS.

STEPHEN R. LAUTERBACH; Defendant

CASE NO: 10050553

Date of Birth:
Date of Arrest: 05/15/2010
Disposition Date: 01/20/2011

JC501 no: 64206125Z
NYSID no:

Section Charged	Section Disposed	Ticket No & Description	Disposition	Fine	Civil-Fee	Surchg
VTL 1192 03	VTL 1192 01	NH4000P7JR DWAI ALCOHOL	Fine/fee	500.00	0.00	260.00
Sealed						
Sealed						
Sealed						

Upon a proper request for an official statement of disposition, I certify that the above named defendant having appeared before this court was charged as shown above. Each of the charges was disposed of as indicated.

Dated: The 23rd day of July 2019

K Copeland /DS
Judge/Justice/Clerk

NOTE: A copy of the request will be filed with this certificate in the case records.

CAUTION: This information must not be divulged if the case is sealed or where the defendant has been adjudicated a youthful offender.

Copies: ___ Court, ___ Defendant, ___ Agency, ___ DA

16.

dismissal of

DWAI.

New Hartford, NY.

BINGHAMTON CITY COURT

FEE

City Hall, Governmental Plaza, 38 Hawley Street Floor 5th, Binghamton, NY 13901
Phone: (607) 240-4272 Fax: (607) 240-5946

The People of the State of New York
vs.
Steven R. Lauterbach

Certificate of Disposition
Docket Number: **CR-03647-16**
Legacy Docket Number: **2016-155982**

Defendant DOB:

Arrest Date: **08/29/2016** Arraignment Date: **08/29/2016**

THIS IS TO CERTIFY that the undersigned has examined the files of the **Binghamton City Court** concerning the above entitled matter and finds the following:

Count	Arraignment Charge	Charge Weight	Disposition	Disposition Date
1	PL 120.00 01 AM Aslt 3-W/Int Cause Phys Injury **SEALED 160.55**	AM	Reduced to (Count #2)	07/11/2017

Count	Incident Date	Conviction Charge	Charge Weight	Conviction Charge Description	Conviction Type	Conviction/ Sentence Date	Sentence Highlight
2	08/17/2016	PL 240.26 01 **SEALED 160.55**	V	Harassment-2nd:Physical Cntact	Pled Guilty	07/11/2017	• Surcharge (MS ($95.00), CVAF ($25.00) - due 07/11/2017)

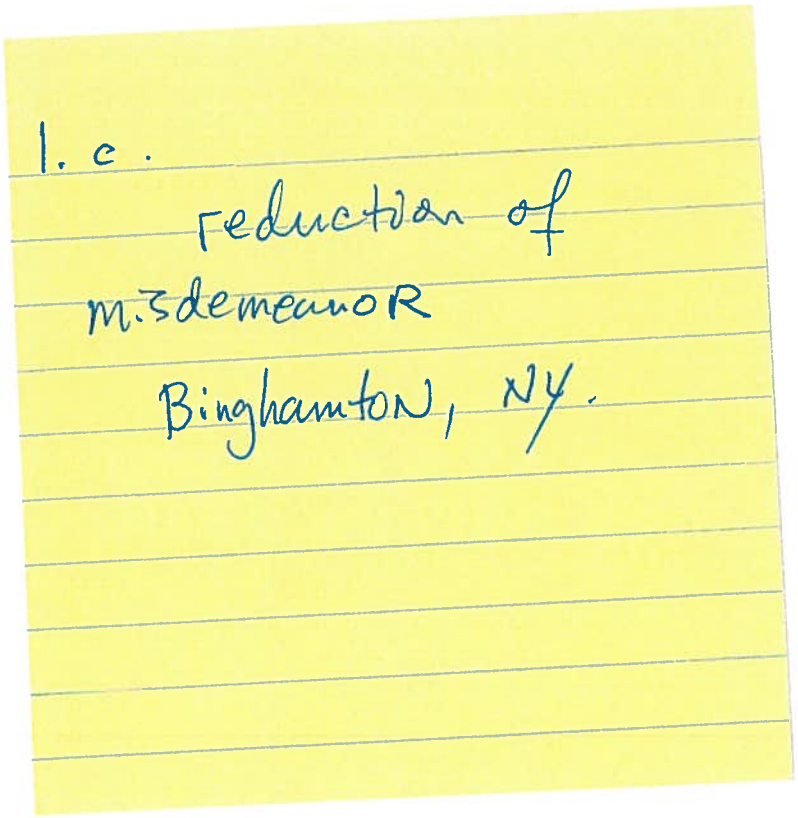
All fines, fees & surcharges imposed at sentence are paid in full.

Dated: **July 11, 2017**

Sherry L Baker
Chief Clerk/~~Clerk of the Court~~

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSSED WITH THE COURT SEAL

It shall be an unlawful discriminatory practice, unless specifically required or permitted by statute, for any person, agency, bureau, corporation or association, including the state and any political subdivision thereof, to make any inquiry about, whether in any form of application or otherwise, or to act upon adversely to the individual involved, any arrest or criminal accusation of such individual not then pending against that individual which was followed by a termination of that criminal action or proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law or by a conviction which is sealed pursuant to section 160.58 of the criminal procedure law, in connection with the licensing, employment or providing of credit or insurance to such individual; provided, further, that no person shall be required to divulge information pertaining to any arrest or criminal accusation of such individual not then pending against that individual which was followed by a termination of that criminal action or proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 of the criminal procedure law. The provisions of this subdivision shall not apply to the licensing activities of governmental bodies in relation to the regulation of guns, firearms and other deadly weapons or in relation to an application for employment as a police officer or peace officer as those terms are defined in subdivisions thirty-three and thirty-four of section 1.20 of the criminal procedure law; provided further that the provisions of this subdivision shall not apply to an application for employment or membership in any law enforcement agency with respect to any arrest or criminal accusation which was followed by a youthful offender adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 of the criminal procedure law. [Executive Law § 296 (16)]
Conviction charges may not be the same as the original arrest charges.
Arraignment charges may not be the same as the original arrest charges.
CPL 160.55: Official records related to the arrest and prosecution on file with the Division of Criminal Justice Services, police agencies and/or the prosecutor's office are sealed, however, court records remain available for public inspection.


l. c.
reduction of
misdemeanor
Binghamton, NY.

NEVADA STATE BOARD OF MEDICAL EXAMINERS
9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

March 13, 2020

Stephen Richard Lauterbach, M.D.
Vintage Canyon Street
Las Vegas, NV 89141

Dear Dr. Lauterbach:

On behalf of the Nevada State Board of Medical Examiners, I want to congratulate you on meeting the requirements for licensure to practice medicine in the State of Nevada. Your license, issued on March 13, 2020, is enclosed. As I am sure you are aware, Nevada has one of the most stringent, if not the most stringent, requirement for postgraduate education for licensure in the nation. In addition, the Board performs an in-depth licensing investigation and inquiry on every applicant for licensure in this state. Again, my congratulations for your having met these stringent requirements.

Your license is granted with the following conditions:

1. *Must Stephen Richard Lauterbach, M.D. to complete 1 year or minimum 1800 hours preceptorship with Eddy Luh, M.D.*

2. *Must continue to participate in and complete Professional Recovery Network (PRN) contract through at least December 7, 2021.*

It is imperative that you keep the Board constantly advised of your mailing address in order that Board newsletters and other educational information can be forwarded to you, and most important of all, that you receive your notice of registration in order to keep your license in effect. Please note: your address of record is made public on the Board's website. You may prefer to utilize a P.O. Box or your practice address as your public contact address. Should you have questions regarding your licensure status in Nevada, please feel free to contact the Board staff in Reno.

Respectfully,

Edward O. Cousineau, J.D.
Executive Director
EOC:lld

Enclosures

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of the Application for Licensure to Practice Medicine of STEPHEN RICHARD LAUTERBACH, M.D., Applicant.

License No. 19703

FILED
MAR 13 2020
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

ORDER

The application of Stephen Lauterbach, M.D., for licensure to practice medicine in Nevada was considered before the Nevada State Board of Medical Examiners ("Board") on March 6, 2020. Following discussion with Dr. Lauterbach and his proposed preceptor, Eddy Luh, M.D., the Board hereby enters its Order as follows:

IT IS HEREBY ORDERED that Dr. Lauterbach's application for licensure is hereby GRANTED, subject to the following conditions:

(1) Dr. Lauterbach shall complete a one (1) year preceptorship with Dr. Luh, to consist of a minimum of 1800 hours of direct supervision of Dr. Lauterbach by Dr. Luh. Dr. Lauterbach shall comply with all the terms of his Preceptor Plan, executed by himself and Dr. Luh on February 7, 2020, which Preceptor Plan was received by the Board on February 13, 2020, and is hereby incorporated into and made an Order of the Board by this reference. Upon completion of the 1800 hours of preceptorship to the satisfaction of the Board, Dr. Lauterbach may petition the Board to remove this condition and, if directed by the Board, may reappear before the Board to present that request.

(2) Dr. Lauterbach shall continue to participate in, and shall comply with and complete his contract with Professional Recovery Network (PRN), Larry Espadero, LADC, through at least December 7, 2021, as a further condition for licensure to practice medicine in Nevada.

///

IT IS HEREBY FURTHER ORDERED that should Dr. Lauterbach fail to comply with any term or condition of this Order, the Board shall be authorized to immediately suspend Dr. Lauterbach's license to practice medicine in Nevada, if any, pending an Order To Show Cause Hearing, which hearing shall be duly noticed. Failure to comply with the terms of this Order is a failure to comply with an order of the Board, which may result in additional disciplinary action. NRS 630.3065(2)(a).

Dated this 13th day of March, 2020.

D Prabhu Rachakonda M.D.

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
9600 Gateway Drive Reno, NV 89521
775/688-2559 - www.medboard.nv.gov

This certifies that Stephen Richard LAUTERBACH, M.D.
holds Active-Conditions Status Medical Doctor licensure
in the state of Nevada in accordance with Nevada
Revised Statutes Chapter 630.

License Number 19703

Issued: 03/13/2020

Expires: 06/30/2021

D Scott Archibald MD
President, Nevada State Board of Medical Examiners

PLEASE NOTIFY THE NEVADA STATE BOARD OF MEDICAL EXAMINERS OF ANY CHANGE OF ADDRESS IMMEDIATELY

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

This card is receipt of payment for your biennial license registration from July 1, 2019 through June 30, 2021.

Must complete 1 year or 1800 hours preceptorship with Eddy Luh M.D. and participate and complete PRN Contract.

Please be advised that there is a fee to replace this card.

7C

CONTROLLED SUBSTANCE REGISTRATION APPLICATION

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

Registration Fee: $80.00 (non-refundable money order or cashier's check only)
(This application cannot be used by PA's or APRN's)

First: Justin Middle: Ryan Last: Sempsrott Degree: MD

SS#: [redacted] Date of Birth: [redacted]

Practice Name (if any): Northeastern Nevada Regional Medical Center

Nevada Address: 2001 Errecart Boulevard Suite #:

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

City: Elko State: NV Zip Code: 89801

E-mail: Justin_Sempsrott@TeamHealth.com Contact E-mail:

Work Telephone: 775-738-5151 Fax:

Practitioner License Number: 14852 Specialty: Emergency Medicine

Sex: ☒ M or ☐ F

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	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?	☐	☒
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 numbered questions **(1-3)** above, include the following information & **provide an explanation and documentation:**

Board Administrative Action:	State	Date:	Case #:
	NV	9/12/17	17-17139

Criminal Action:	State	Date:	Case #:	County	Court

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Sempsrott
Original Signature, no copies or stamps accepted.

1/7/2020
Date

Board Use Only: Date Processed: Amount: 80.00

JUSTIN SEMPSROTT, MD, FAAEM

Kuna, ID 83709 | 77 | m

January 7, 2020

Dear Sirs or Madams:

Please find below the accompanying explanation for Nevada State Board of Pharmacy Controlled Substance Registration questions - "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 function of your license" and "Been the subject of a board citation or an administrative action whether completed or pending in any state?

I have had two investigations, one by the Nevada State Board of Medical Examiners (NSBME), and one by the Idaho Board of Pharmacy, both of which are currently closed and resulted in stipulation contracts.

In the months leading up to February 2017, I was addicted to prescription opiates and tapered down my use. During my shift on February 9, 2017 at Sunrise Hospital in Las Vegas, Nevada, I was worried about developing withdrawal symptoms on future shifts and considered diverting IV fentanyl. In order to explore this possibility, I wanted to see how the pump operated. I did not have a syringe or attempt to withdraw any fentanyl. When I pushed a button on the pump, it alarmed and alerted the nurse, who reported it to the Administrator on Call. This incident was subsequently reported to the NSBME.

I met with the Director of the Nevada Professional Assistance Program (NPAP), Dr Peter Mansky, for an administrative forensic evaluation on February 17, 2017 with resultant urine and hair drug screens that were positive for alcohol use within the last three weeks and negative for fentanyl and all other opiates. On February 28, 2017, I voluntarily entered into a drug rehabilitation program, Healthcare Professionals track at Hazelden Betty Ford in Center City, Minnesota.

On April 5, 2017 I was notified by the NSBME that an investigation was being undertaken and a release of medical records was signed.

On April 10, 2017 I notified the NSBME that I was in a drug and alcohol treatment program.

On May 5, 2017 I was discharged from Hazelden Betty Ford after satisfactorily completing the program.

On May 10, 2017 I entered into a contract for participation with the Nevada Professionals Assistance Program (NPAP) and am currently in good standing.

On June 15, 2017 I entered into an out-of state monitoring contract with the North Carolina Physician Health Program and am currently in good standing.

On June 16, 2017 I received a letter from the NSBME with additional questions.

On July 5, 2017 a response was sent to the NSBME.

On August 1, 2017, Boise, Idaho based Southworth Associates purchased the Nevada Monitoring Program (NPAP) and all administrative functions of my NPAP contract were transferred to Southworth Associates.

On August 19, 2017 I self-reported to the Idaho Physician Recovery Network (PRN), which is managed by Southworth Associates.

On September 12, 2017 I received and signed an "Agreement for participation in a drug and alcohol monitoring/diversion program and order" from the Investigative Committee of the Board of Medical Examiners of the State of Nevada which essentially codified the plan I had in place with the NPAP.

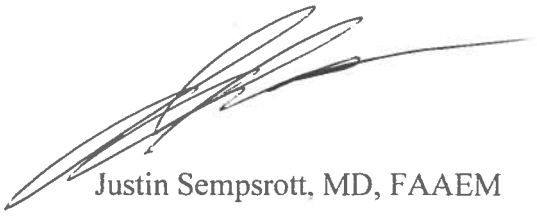
On November 21, 2017, I applied for an Idaho Practioner Controlled Substances Registration through the Idaho Board of Pharmacy.

On January 8, 2018, I entered into an advocacy contract with the Idaho Medical Association Physician Recovery Network and am in good standing.

On January 18, 2018, having completed their investigation, I signed a stipulation and consent order with the ID BOP.

I have included all supporting documentation; please do not hesitate to contact me if I can provide further information.

Sincerely,



Justin Sempsrott, MD, FAAEM

Subject: Nevada State Board of Medical Examiners

From: Mollie T. Miller (mtmiller@medboard.nv.gov)

To: j. ı;

Date: Wednesday, April 5, 2017 1:37 PM

Dear Dr. Sempsrott,

Thank you very much for speaking with me today. The Nevada State Board of Medical Examiners (Board) requests your consent to authorize The Hazelden Betty Ford Foundation to release records regarding your care at their facility. The Board requests copies of all documents/records regarding your care and treatment, such documents would include: all evaluations, assessments, inpatient and outpatient treatment, all discharge statements/evaluations, and any specialized treatment programs you have/will participate in.

These documents can be sent to me via email (preferred, secured email is fine) at mtmiller@medboard.nv.gov, by fax at (775) 688-2553 (Attn: Mollie) or mailed to my attention at the address listed below.

Please feel free to contact me if you have any questions or concerns.

Thank you,

Mollie Miller

Mollie Miller

Deputy Chief of Investigations

Nevada State Board of Medical Examiners

(775) 324-9371

(775) 688-2553 Fax

mtmiller@medboard.nv.gov

Nevada State Board of Medical Examiners

Attn: Mollie Miller

1105 Terminal Way, Suite 301

Reno, NV 89502

++ Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure and/or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message. ++

Nevada State Board of Medical Examiners

June 16, 2017

Justin Ryan Sempsrott, M.D.
[redacted] 37
Kuna, ID 83634

RE: BME CASE #: 17-17139

Dear Dr. Sempsrott:

We have received information regarding events occurring at Sunrise Hospital on February 9, 2017, which occurred during your scheduled work shift. It is alleged you were observed by some of the hospital staff acting odd around the Fentanyl dispensing machine, such as turning your back so it could not be seen what you were doing. Concerns were brought to the attention of the Administrator on Call. Allegedly, on February 10th, when you arrived for your scheduled shift the medical director pulled you aside and during your conversation with the medical director you admitted to having a substance abuse problem. You were not allowed to perform your shift and you were told to meet with Dr. Peter Mansky with Nevada Professional Assistance Program. On or about February 28, 2017, you began a course of in-patient treatment at the Hazelden Betty Ford treatment center in Center City, Minnesota.

In addition please provide a response to the following questions:

1. How long have you had a substance abuse problem? Please describe how you are addressing your substance abuse problem/addiction? Please explain the nature of your substance abuse problem/addiction (alcohol, prescription pills, etc.).

2. Have you ever provided medical care to a patient while under the influence?

3. Please provide the name(s) of all medical facilities and/or hospitals where you currently hold medical staff privileges.

4. Have you returned work at Sunrise Hospital? If so, please inform the Board of any 'return to work' type agreements you have consented to with Sunrise, including, but not limited to a Privilege Retention Agreement.

☐ LAS VEGAS OFFICE
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

■ RENO OFFICE
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

In order to determine whether or not there has been a violation of the Medical Practice Act, **please provide a written response to the allegation noted above.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 21 days.**

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the Nevada Revised Statutes, Chapter 630. We make no determination as to whether or not there has been a violation of the Medical Practice Act, prior to the completion of our investigation. Providing the requested information is deemed a professional obligation of any physician under investigation by the Board and shall not be deemed to be cooperation subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that the particular allegation referenced above, if in fact it did occur, and depending on the facts associated with the situation, could be a violation of the codes, including, but not limited to: NRS 630.301(6), (9); 630.306(1)(a), (1)(g), (1)(h).

Respectfully,

Mollie Miller
Deputy Chief of Investigations

JUSTIN SEMPSROTT, MD, FAAEM

Kuna, ID 83634

July 5, 2017

Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, NV 89502
775 688-2559

RE: BME Case#: 17-17139
Attached – HBFF Continuing Care Recommendations
– Mountain View Hospital PRA

Dear Sirs or Madams,

Regarding the questions provided on June 16, 2017, please see responses below.

1. My father is prescribed hydromorphone 8 mg PO QID and typically only takes it BID, resulting in a numerous excess pills in his home. I started taking pills from him at the beginning of March 2017. What started as ¼ of a tablet every few days progressed to taking ½ tablet up to 3 times per day. I tried to quit on my own several times, and was never able to stay completely abstinent for more than a few days.

   In approximately early November 2016, I attempted to use one of my father's fentanyl patches to assist with tapering off of hydromorphone. After 2-3 hours, it was too sedating and I removed it. I have not used fentanyl at any other time. In the 2 weeks leading up to my shift on February 9th, 2017, I tapered down my hydromorphone use to ¼ tab every other day. During my shift on February 9th, 2017, I was worried about developing withdrawal symptoms on future shifts and considered diverting IV fentanyl. In order to explore this possibility, I wanted to see how the pump operated. I did not have a syringe or attempt to withdraw any fentanyl. When I pushed a button on the pump, it alarmed and alerted the nurse, who reported it to the Administrator on Call.

   When I reported to my shift on February 10th, 2017, the ED Director, Dr. Scott Scherr, inquired about the incident. I told him that I had not diverted any medications from the hospital, but that I had a substance abuse problem. After meeting immediately with representatives from the medical staff, I was given the option to take a voluntary leave of absence until I could have an Administrative Forensic Evaluation by Dr Mansky.

   The meeting with Dr Mansky on February 18, 2017 was an Administrative Forensic Exam at the request of Sunrise and did not constitute enrollment in NPAP. I have been abstinent from all opiates since February 9, 2017 and my

urine and hair drug screens on February 18, 2017 were negative except for ethyl glucuronide. After meeting with Dr Mansky, I made the decision to voluntarily enter into a treatment program and to enroll in NPAP. I successfully completed the Hazelden Betty Ford Healthcare Professionals program in Center City, MN from Febraury 28, 2017 to May 5, 2017. Upon discharge, I received a continuing care plan (attached), which I have faithfully followed. It includes, but is not limited to, self-reporting to NPAP, attending 90 AA/NA meetings in 90 days, healthcare specific support group meetings with NPAP, and daily random urine drug screens for 5 years. Additionally, I meet with a sponsor weekly and hold a service position at my NA home group.

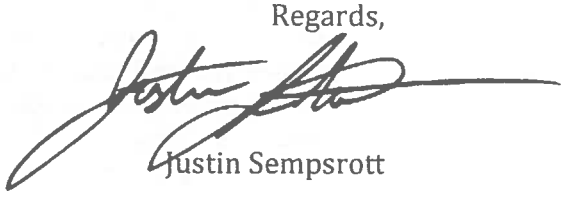
2. I have never reported to a shift or provided medical care to a patient while under the influence of alcohol or any mind or mood altering drugs.

3. In Las Vegas – Sunrise Hospital, MountainView Hospital, Southern Hills Hospital. Banner Churchill Community Hospital in Fallon, Humboldt General Hospital in Winnemucca, and Banner Lassen Medical Center in Susanville, CA.

4. I have been cleared by the medical staff to return to work at Sunrise Hospital, but I have not worked any shifts. As a traveler for the Emergency Department management company, TeamHealth, additional staffing was not needed at Sunrise and I have been working shifts at Southern Hills Hospital and MoutainView Hospital. The medical staffs at Sunrise and Southern Hills did not require a privilege retention agreement or any other agreements. Please find attached the PRA for MountainView Hospital.

Please do not hesitate to contact me directly if I can provide any additional information.

Regards,



Justin Sempsrott

MOUNTAINVIEW HOSPITAL

PRIVILEGE RETENTION AGREEMENT

This Privilege Retention Agreement (the "Agreement") is made and entered into as of the 22nd day of June, 2017 (the "Effective Date"), by and between Justin Sempsrott, M.D., (the "Physician") and the Medical Executive Committee (the "MEC") of MountainView Hospital (the "Hospital"), and provides as follows.

RECITALS

1. The Hospital is an acute care facility located in Las Vegas, Nevada, that is regulated and licensed by the State of Nevada, Department of Human Resources, Health Division. The physician members of the Hospital's Medical Staff are governed by the MEC in accordance with the Hospital's Medical Staff Bylaws, Rules and Regulations, Fair Hearing Plan, and other governing documents (collectively, the "Bylaws").

2. Physician is an Emergency Medicine physician licensed by the Nevada State Board of Medical Examiners to practice medicine in the State of Nevada.

3. In accordance with the Bylaws, on January 17, 2017, the Physician was granted Medical Staff membership and clinical privileges at the Hospital (the "Privileges").

4. The Physician sought and obtained assistance from the Nevada Provider Assistance Program (the "NPAP"), and was admitted to the Hazelden Foundation's Health Care Professionals Treatment Program in Center City, Minnesota, from February 28, 2017, through May 5, 2017 ("Hazelden"). On or about May 4, 2017, Hazelden issued its written "continuing care and back to work recommendations" for the Physician (the "Hazelden Report"). A copy of the Hazelden Report is attached hereto as Exhibit "1" and is fully incorporated herein.

5. On June 8, 2017, the Physician notified the Hospital's Medical Staff Office that he had been an inpatient at the Hazelden and was treated for a substance use disorder, uncomplicated, that stemmed from his addiction to medication.

6. The Hospital's Credentials Committee (the "Committee") held an ad-hoc meeting on June 12, 2017, and reviewed the information relevant to the Physician's substance use disorder, uncomplicated, as well as the Medical Staff Practitioner Health and Wellness Policy. The Credentials Committee, which has responsibility for overseeing the Medical Staff Practitioner and Wellness Policy, made the following recommendations pursuant to such Policy that: (i) the Physician provide the Hospital with a letter of advocacy from NPAP; (ii) the Physician be notified that he did not comply with his obligations under the Bylaws and the Medical Staff Policies, including the Medical Staff Leave of Absence Policy; and (iii) the Physician enter into a Privilege Retention Agreement prior to his being eligible to return to duty at the Hospital.

7. The recommendations of the Committee were forwarded to the MEC on June 14, 2017. The MEC approved the Committee's recommendations (as set forth in Section 5 of these Recitals).

8. Based on the recommendations from the Committee and the Hazelden Report, the parties hereby agreed to enter into this Agreement.

AGREEMENT

Therefore, for good and valuable consideration, the amount and sufficiency of which are hereby acknowledged by the parties to this Agreement, the parties agree as follows:

1. PRIVILEGE RETENTION CONDITIONS. This Agreement shall remain in full and force effect during all times that Physician has Medical Staff membership and clinical privileges at the Hospital. During the term of this Agreement, Physician agrees to all of the following conditions (the "Privilege Retention Conditions"):

   a) As expressly identified in the Hazelden Report, Physician shall strictly comply with each and every continuing care recommendation, each and every back to work recommendation, and each and every recommendation for his meeting with his HR representative;

   b) Treat all patients, healthcare employees and staff, colleagues, and all other personnel in a respectful manner. Physician's language, gestures, and demeanor shall reflect a professional level of respect and dignity for these individuals at all times. This includes, but is not limited to, refraining from raising his voice or "talking down" to patients, family, or hospital staff;

   c) Completely refrain from language that is profane, vulgar or degrading;

   d) Listen and respond appropriately to staff when questions are being asked regarding the Physician's patients. This includes, but is not limited to:

      (i) Physician's participation in reconciliation of patients' medications with nursing staff;
      (ii) Physician's accurate prescription of drugs and their dosage, frequency, and route of administration for medication orders;
      (iii) Physician's immediate clarification of any questions that arise out of any orders that he has written;
      (iv) Physician's prompt clarification of the diagnosis or management of a patient's condition with patients and their families when nursing or ancillary staff have identified the need to do so;
      (v) Physician's completion of medical record entries that are identified by hospital staff as incomplete or in need of clarification;
      (vi) Physician shall not hang up on hospital staff until such time as he has clarified patient care concerns to the satisfaction of hospital staff; and
      (vii) Physician shall promptly respond to all efforts to contact him regarding patient care issues;

   e) Refrain from making inappropriate statements, orders or comments which may be inflammatory, accusatory, inaccurate or reflect poorly on another member of the patient's healthcare team in any patient's medical record; and

   f) Strictly abide by all of the terms and conditions in the Bylaws. This includes, but is not limited to, Physician's full and complete compliance with the National Patient Safety Goals. This encompasses refraining from the use of unapproved abbreviations and full and complete compliance with the CDC guidelines for the prevention of nosocomial infections.

2. ZERO TOLERANCE. The parties agree that Hospital shall take a "zero tolerance" position against Physician should there be a violation of any of the Privilege Retention Conditions. Physician understands and agrees that "zero tolerance" means that should

he fail to strictly comply with any of the Privilege Retention Conditions, such failure shall be considered appropriate grounds for the Chief of Staff, the Medical Executive Committee, the President/CEO, or the Board of Trustees to immediately summarily suspend his Medical Staff membership and clinical privileges and/or invoke other disciplinary action. Prior to any action by the Chief of Staff, Medical Executive Committee, President/CEO, or Board of Trustees to summarily suspend or invoke other discipline against Physician's Medical Staff membership and/or clinical privileges, s/he or it, as the case may be, shall conduct a thorough investigation of the alleged violation of the Privilege Retention Conditions.

3. HOSPITAL'S CHAIN OF COMMAND. Physician understands and agrees that in the event he is involved in a situation involving a patient, healthcare employee, staff or other personnel in which his conduct could become disruptive or otherwise inappropriate, he will immediately remove himself from the situation and take his concerns or differences to the appropriate person in the Hospital's chain of command; that is: the Charge Nurse, Director, an Administrator on Call, Department Chair or Chief of Staff.

4. TERMINATION OF PRIVILEGES. In the event Physician fails to comply with any of the Privilege Retention Conditions, as determined in the sole and absolute discretion of the MEC, the Chief of Staff, the President/CEO, or the Board of Trustees of the Hospital, he hereby unconditionally agrees that his Privileges can be terminated ("Privilege Termination").

5. WAIVER OF RIGHTS. In the event there is a Privilege Termination or any other disciplinary action, Physician hereby knowingly, willingly, and unconditionally waives and relinquishes any and all rights that he may otherwise have under: (a) the Bylaws; or (b) the Health Care Quality Improvement Act of 1986, as amended (42 U.S.C. § 11101 et seq.), and Physician further hereby agrees that the MEC, the Hospital, and all of their officers, directors, shareholders, predecessors, successors, affiliates, employees, agents and representative shall be entitled to the limitation on damages identified in 42 U.S.C. § 11111 as well as any other limitation or immunity found in state, federal or common law.

6. NATIONAL PRACTITIONER DATA BANK. Nothing contained in this Agreement shall be construed as requiring the Hospital to take any action with respect to Physician that is inconsistent with its reporting requirements or other obligations under 45 CFR Part 60.

7. MISCELLANEOUS.

   a. This Agreement contains the entire agreement by and among the parties and may not be changed or terminated orally but only by a written instrument executed by the parties after the date of this Agreement.

   b. The terms and conditions of this Agreement shall be construed as a whole according to its fair meaning and not strictly for or against any party. The parties acknowledge that each of them has reviewed this Agreement and has had the opportunity to have it reviewed by his/its attorneys and that any rule or construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement, including any amendment.

   c. If any term of this Agreement or the application of any term of this Agreement should be held by a court of competent jurisdiction to be invalid, void, or unenforceable, all provisions, covenants and conditions of this Agreement, and all of its applications, not held invalid, void, or unenforceable, shall continue in full force and effect and shall not be affected, impaired, or invalidated in any way.

d. In any action or proceeding to enforce the terms of this Agreement or to redress any violation of this Agreement, the prevailing party shall be entitled to recover as damages its attorneys' fees and costs incurred, whether or not the action is reduced to judgment. For the purposes of this provision, the "prevailing party" shall be that party who has been successful with regard to the main issue, even if that party did not prevail on all the issues.

e. The laws of the State of Nevada applicable to contracts made or to be wholly performed there (without giving effect to choice of law or conflict of law principles) shall govern the validity, construction, performance, and effect of this Agreement. Any lawsuit to interpret or enforce the terms of this Agreement shall be brought in a court of competent jurisdiction in Clark County, Nevada, where each party hereby consents to personal jurisdiction.

f. The captions appearing at the commencement of the sections of this Agreement are descriptive only and for convenience in reference to this Agreement and shall not define, limit or describe the scope or intent of this Agreement, nor in any way affect this Agreement.

Dated as of the date first written above.

PHYSICIAN:

By: _____
Justin Sempsrott, M.D.

MEDICAL EXECUTIVE COMMITTEE:

By: _____
Clarence Dunagan
Its: Chief of Staff

Approved as to form and content:

By: _____
Attorney for Physician

Approved:

By: _____
Jeremy Bradshaw
Its: President/CEO

EXHIBIT "1"

HAZELDEN REPORT
DR. SEMPSROTT
Dated: May 4, 2017

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

May 4, 2017

Karen Spangler
Team Health Emergency Medicine, West Group
505 South 336th St. Suite 350
Federal Way, WA 98003
Fax: 253-838-6418

Re: Justin Sempsrott (

Dear Ms. Spangler

Dr. Justin Sempsrott was admitted to Hazelden Foundation's Health Care Professionals Treatment Program in Center City, MN on 2/28/2017 and discharged 5/5/2017.

Our continuing care and back to work recommendations are as follows:

Continuing Care Recommendations:

1. Abstain from all intoxicants, including alcohol.
2. I recommend 12-step/recovery meeting attendance at a minimum frequency of 3 times weekly after first attending 90 meetings in 90 days. We discussed that the more meetings that are attended early-on, the greater the likelihood of maintaining long-term abstinence.
1. Obtain and begin using a 12-step sponsor within two weeks of discharge. Establish regular telephone and face-to-face contact with this sponsor to continue working the steps of recovery.
2. I recommend 12-step/recovery meeting attendance at a minimum frequency of 3 times weekly after first attending 90 meetings in 90 days. We discussed that the more meetings that are attended early-on, the greater the likelihood of maintaining long-term abstinence.
3. I recommend that this patient obtain a free membership in International Doctors in Alcoholics Anonymous (IDAA). We visited the website at idaa.org where doctors-in-recovery meetings can be accessed. I also recommend that this patient attend the annual IDAA conference this coming year in Snowbird, Utah (August 2-6, 2017).
4. Complete continuing care/relapse prevention group bi-weekly on Tuesdays and Thursdays, facilitated through NPAP.
5. Schedule appointment with primary care provider, Dr. Dale Mock, within one month of discharge and follow recommendations.
6. Follow all recommendations of Nevada Professional Assistance Progam (NPAP) and Shauna Eger for further instructions on monitoring plan. Full compliance with the expectations of this professional monitoring program is an expectation of the patient's continuing care plan. Recommendation of a minimum of 5 years of monitoring.
7. Anti-relapse medication: none. We attempted to initiate oral naltrexone with a transition to Vivitrol, but it was not tolerated due to side-effects. He was provided with an intranasal naloxone kit.
8. Drug screening should include random urine screening for the usual drugs of abuse as well as ETG/ETS and fentanyl. I recommend a minimum testing frequency per the protocol of the monitoring program.

9. Actively participate in leisure and social activities with family, friends and others in recovery.
10. Participate in the Hazelden My Recovery Compass, maintaining contact 1-2 times per week with a recovery coach.

Back to Work Recommendations:

1. Dr. Sempsrott may return to the practice of medicine providing direct patient care as of 05/25/2017. He should not directly handle or administer controlled substances for a minimum of 12 months of return to work while under monitoring. The exception is that he be allowed to handle and administer propofol to patients in the emergency room as necessary. There is no call. There are no other indicated restrictions. These return to work recommendations require the approval of NPAP and any other interested parties.
2. Work site monitor will be Jeremy Bearden with Team Health West. This individual should provide regular reports to the monitoring program.
3. Our work date recommendations and restrictions are subject to approval and modification by Nevada Professional Assistance Program (NPAP) and are contingent on Dr. Sempsrott adherence and response to the continuing care plan recommendations.

We recommend that Dr. Sempsrott set up an appointment with his HR representative as appropriate to:

1. Discuss any back to work concerns and to identify solutions.
2. Review written job performance guidelines, expectations, and disciplinary action guidelines.
3. Design a written return-to-work agreement as appropriate.
4. Arrange for flexibility in work schedule as needed to accommodate continuing care recommendations.
5. Set up a schedule for on-going reviews of back to work performance to support a successful and competent return to work.

Thank you for your efforts and support of us at Hazelden and of Dr. Sempsrott and the ongoing advocacy and monitoring you will be providing to him. We have appreciated the opportunity to work with you and Dr. Sempsrott over these last several weeks.

Please feel free to contact us if you have any questions about our recommendations or can be of assistance in the future.

Sincerely,

Bruce Bjork B.A LADC
Chemical Dependency Professional II

Marc Myer M.D.
Health Care Professionals Director

The Investigative Committee of the Board of
Medical Examiners of the State of Nevada

* * * * *

In the Matter of the Investigation of Justin Ryan Sempsrott, M.D., License #14852	**Case No. 17-17139**

AGREEMENT FOR PARTICIPATION IN A DRUG AND ALCOHOL MONITORING/DIVERSION PROGRAM AND ORDER

The Investigative Committee ("IC") of the Nevada State Board of Medical Examiners ("Board"), composed of Rachakonda Prabhu, M.D., Chairman, Victor Muro, M.D. and Ms. Sandy Peltyn, has been informed and is aware of circumstances regarding Justin Ryan Sempsrott, M.D., (Dr. Sempsrott). This IC has read and reviewed the Hazelden Betty Ford Foundation's Health Care Professionals Treatment Program Report, ("Betty Ford Program") (Exhibit A), dated, May 4, 2017, and the Nevada Professionals Assistance Program Evaluation, ("NPAP") (Exhibit B), both of which set forth the terms and conditions of participation in a monitoring program.

Based on its review of the above mentioned documents in addition to those facts presented and known to the IC, it is the IC's collective professional judgment that there exists sufficient evidence, presented in the Betty Ford Program Report and the NPAP Evaluation to warrant that Dr. Sempsrott enter into the following Agreement to ensure his participation and compliance with the recommendations and terms set forth therein.

//

//

//

Dr. Sempsrott agrees to the following terms and conditions:

1) He shall seek ongoing drug and alcohol treatment for a period of five (5) years commencing on March 24, 2017, from NPAP, as directed by The NPAP Conditions for Participation ("NPAP Agreement") (Exhibit C). He shall consent, agree, and direct NPAP to report all results of tests and evaluations of participation in the NPAP program to the IC and/or its Board representatives;

2) He shall comply with all terms and conditions of his participation with NPAP as set forth in the NPAP Agreement, the terms and conditions of which are hereby incorporated in their entirety. Failure to comply with the terms and conditions of the NPAP Agreement shall be deemed to be a violation of this Agreement and Order and may be grounds for the initiation of disciplinary action as set forth below;

3) He shall abstain from the use of alcohol, controlled substances, stimulants and all other mood-altering and/or potentially addicting drugs or medications. He shall not obtain prescriptions for any mind-altering or potentially addicting drugs, accept with the consent of NPAP;

4) He shall submit to any and all body fluids analysis as directed by NPAP, and any other tests as directed by the NPAP;

5) He agrees and understands that upon successful completion of the NPAP program, the IC shall review the matter to determine if any further action by the IC is required;

6) He agrees and acknowledges that this Agreement is being entered into by the parties to allow him an opportunity to comply with the above referenced recommendations and further acknowledges that should the IC determine that Dr. Sempsrott has failed to successfully complete the NPAP program or has engaged in conduct that is in violation of the Medical Practice Act pursuant to Nevada Revised Statutes (NRS) and Nevada Administrative Code Chapters 630, this Agreement does not preclude the IC from taking disciplinary action if warranted;

7) He further agrees that and acknowledges that upon approval and acceptance of this Agreement by the IC, that said terms and conditions shall be considered to be an Order of the IC and that knowingly or willfully failing to comply with an Order of the IC is grounds for the initiations of disciplinary actions against him pursuant to NRS 630.3065(2)(a).

Dated this 12 day of SEPT, 2017.

By: _____
Robert Kilroy, Esq.
Attorney for the Investigative Committee

UNDERSTOOD AND AGREED:

Dated this 12th day of Sep, 2017.

_____
Justin Ryan Sempsrott, M.D., Licensee

NOTARY PUBLIC//CLARK COUNTY
(stamp)

IT IS HEREBY ORDERED that the Investigative Committee of the Nevada State Board of Medical Examiners has adopted and approved the above "Agreement for Participation in a Drug and Alcohol Monitoring/Diversion Program" and said terms of the above Agreement shall be henceforth considered an Order of this Investigative Committee.

DATED this _____ day of September 2017.

_____
Rachakonda Prabhu, M.D., Chairman
Investigative Committee of the
Nevada State Board of Medical Examiners

EXHIBIT A

[BETTY FORD PROGRAM REPORT]

HAZELDEN REPORT
DR. SEMPSROTT

Dated: May 4, 2017

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute the patient.

May 4, 2017

Karen Spangler
Team Health Emergency Medicine, West Group
505 South 336th St. Suite 350
Federal Way, WA 98003
Fax: 253-838-6418

Re: Justin Sempsrott ((

Dear Ms. Spangler

Dr. Justin Sempsrott was admitted to Hazelden Foundation's Health Care Professionals Treatment Program in Center City, MN on 2/28/2017 and discharged 5/5/2017.

Our continuing care and back to work recommendations are as follows:

Continuing Care Recommendations:

1. Abstain from all intoxicants, including alcohol.
2. I recommend 12-step/recovery meeting attendance at a minimum frequency of 3 times weekly after first attending 90 meetings in 90 days. We discussed that the more meetings that are attended early-on, the greater the likelihood of maintaining long-term abstinence.
1. Obtain and begin using a 12-step sponsor within two weeks of discharge. Establish regular telephone and face-to-face contact with this sponsor to continue working the steps of recovery.
2. I recommend 12-step/recovery meeting attendance at a minimum frequency of 3 times weekly after first attending 90 meetings in 90 days. We discussed that the more meetings that are attended early-on, the greater the likelihood of maintaining long-term abstinence.
3. I recommend that this patient obtain a free membership in International Doctors in Alcoholics Anonymous (IDAA). We visited the website at idaa.org where doctors-in-recovery meetings can be accessed. I also recommend that this patient attend the annual IDAA conference this coming year in Snowbird, Utah (August 2-6, 2017).
4. Complete continuing care/relapse prevention group bi-weekly on Tuesdays and Thursdays, facilitated through NPAP.
5. Schedule appointment with primary care provider, Dr. Dale Mock, within one month of discharge and follow recommendations.
6. Follow all recommendations of Nevada Professional Assistance Progam (NPAP) and Shauna Eger for further instructions on monitoring plan. Full compliance with the expectations of this professional monitoring program is an expectation of the patient's continuing care plan. Recommendation of a minimum of 5 years of monitoring.
7. Anti-relapse medication: none. We attempted to initiate oral naltrexone with a transition to Vivitrol, but it was not tolerated due to side-effects. He was provided with an intranasal naloxone kit.
8. Drug screening should include random urine screening for the usual drugs of abuse as well as ETG/ETS and fentanyl. I recommend a minimum testing frequency per the protocol of the monitoring program.

9. Actively participate in leisure and social activities with family, friends and others in recovery.
10. Participate in the Hazelden My Recovery Compass, maintaining contact 1-2 times per week with a recovery coach.

Back to Work Recommendations:

1. Dr. Sempsrott may return to the practice of medicine providing direct patient care as of 05/25/2017. He should not directly handle or administer controlled substances for a minimum of 12 months of return to work while under monitoring. The exception is that he be allowed to handle and administer propofol to patients in the emergency room as necessary. There is no call. There are no other indicated restrictions. These return to work recommendations require the approval of NPAP and any other interested parties.
2. Work site monitor will be Jeremy Bearden with Team Health West. This individual should provide regular reports to the monitoring program.
3. Our work date recommendations and restrictions are subject to approval and modification by Nevada Professional Assistance Program (NPAP) and are contingent on Dr. Sempsrott adherence and response to the continuing care plan recommendations.

We recommend that Dr. Sempsrott set up an appointment with his HR representative as appropriate to:

1. Discuss any back to work concerns and to identify solutions.
2. Review written job performance guidelines, expectations, and disciplinary action guidelines.
3. Design a written return-to-work agreement as appropriate.
4. Arrange for flexibility in work schedule as needed to accommodate continuing care recommendations.
5. Set up a schedule for on-going reviews of back to work performance to support a successful and competent return to work.

Thank you for your efforts and support of us at Hazelden and of Dr. Sempsrott and the ongoing advocacy and monitoring you will be providing to him. We have appreciated the opportunity to work with you and Dr. Sempsrott over these last several weeks.

Please feel free to contact us if you have any questions about our recommendations or can be of assistance in the future.

Sincerely,

Bruce Bjork B.A LADC
Chemical Dependency Professional II

Mara Myer M.D.
Health Care Professionals Director

EXHIBIT B

[PROFESSIONALS MONIORING PROGRAM EVALUATION]

9811 W. Charleston Blvd.
Suite 2-735
Las Vegas, Nevada 89117

Nevada Professionals Assistance Program
NPAP

Phone: 702 257 6727
Fax: 877 324 7915

Agreement for Multidisciplinary IME

Date: 2/17/17

Please initial each item and sign at the bottom of page.

Initials

I, Justin Sempsrott, understand that Dr. Peter Mansky, M.D. and the Nevada Professionals Assistance Program (NPAP) is referring me for a multidisciplinary independent Medical Evaluation (IME) at an approved center chosen by me from a list of approved centers.

I agree to go for an multidisciplinary IME.

I understand that in order to successfully complete the independent IME, I must give permission for Dr. Peter A. Mansky, M.D. and the NPAP to provide collateral information to the approved center if I wish to have advocacy from Dr. Peter A. Mansky, M.D. and the NPAP.

I agree to not hold Dr. Peter Mansky, M.D. liable for any diagnosis and/or recommendations made based on medical opinion and within a reasonable degree of medical certainty. I agree to not hold Dr. Peter A. Mansky, M.D. liable for any diagnosis and/or recommendations made by the approved center from the multidisciplinary IME.

I agree to pay any costs incurred as a result of my multidisciplinary IME.

I understand that all evaluations are entirely voluntary. If I disagree with the recommendation for a multidisciplinary IME, or the requirement for a multidisciplinary IME in order for the NPAP to positively advocate for me, I may seek services elsewhere.

I understand and acknowledge that a list of several approved centers has been given to me to choose from for my multidisciplinary IME. I understand that Dr. Peter A. Mansky, M.D., the NPAP, or any of its staff do not have any financial profitable relationships with any of the approved centers.

I understand that if treatment is recommended as a result of my multidisciplinary IME, I do not have to enter into treatment at the center that provided my IME. I also understand I may return home after the IME to discuss treatment options at an approved center with the NPAP, my family, and/or my employer.

Signature: _____ Print Name: Justin Sempsrott

Date of Signature: 2/17/17

NPAP – Administrative Forensic Evaluation
Justin Sempsrott
DOB: /

Date of Evaluation: February 17, 2017

NPAP Summary and Recommendations:

Dr. Sempsrott, a 32-year-old physician, seen today for a two-hour evaluation with the purpose of discerning a psychiatric or substance use diagnosis and fitness for duty in being able to work safely and effectively. Dr. Sempsrott has been working in Emergency Medicine for Sunrise hospital as a locum tenens position, and was suspected by a nurse of diverting Fentanyl. He has worked at Sunrise under his locum tenens position for one and a half months prior to the nurse's report of suspected diversion on February 10th or 11th. Dr. Sempsrott indicated that he has been withdrawing from Dilaudid [hydromorphone] which he obtained from his father's supply (using for chronic pain). Dr. Sempsrott said that he was concerned about increasing withdrawal from Dilaudid and he wanted to be able to prevent this while at work.

Dr. Sempsrott stated using opioids post vasectomy in 2014 and has been using opioids "on and off since that time." He noted that he had started using when he did not have pain. He noted that he would stop when he ran out of meds. His father is suffering from chronic back pain and takes Dilaudid chronically. He is prescribed 120 tablets but would only use 50 or 60 and he would stockpile the rest. Dr. Sempsrott indicated that he used to crush the pills so that he could snort them. He reports he later progressed to smoking the crushed pills. His father is also prescribed Fentanyl patches but does not use all prescribed. Dr. Sempsrott reports also using his father's patches.

After meeting with the Sunrise Hospital Emergency Department Director on February 11, 2017, Dr. Sempsrott started to cut down on his Dilaudid use with the desire to completely detoxify himself. Dr. Sempsrott had nausea and diarrhea as he cut down. He used codeine and Phenergan for the nausea and Imodium for the diarrhea.

On the *NPAP Physician Profile* Dr. Sempsrott indicated that the medications he is taking at the of this evaluation are:

1. Aleve – 200 mg one time
2. Diazepam, 5 mg qhs PRN, and Zolpidem 10 mg qhs PRN prescribed by his PMD. His last diazepam was taken the night before his evaluation and the last zolpidem 1 to 2 weeks prior to evaluation.
3. Loperamide 2 mg TID PRN for withdrawal diarrhea. His last dose was the day before this evaluation.
4. Doxycycline 100 mg bid
5. Sudafed PE tablets, 10 mg BID PRN, for an upper respiratory infection he relates top his plane travel.
6. Zofran 4 mg TID PRN for nausea which Dr. Sempsrott relates to his opioid withdrawal.
7. Dilaudid - last dose was about 7 days prior to this evaluation

NPAP – Administrative Forensic Evaluation
Justin Sempsrott
DOB:

Dr. Sempsrott also indicated that he took Codeine with Phenergan 4 days prior this evaluation. He also had his last drink on a plane flight one day prior to this examination. His last use of marijuana was 8 weeks ago, using marijuana obtained from a friend who has a medical marijuana cards. Dr. Sempsrott has driven and worked in a safety sensitive position in the Emergency Department while under the influence of opioids.

Dr. Sempsrott had a blood pressure 116/100 sitting and 134/98 standing without lightheadedness or dizziness. His weight is 195 pounds and he is 6 ft tall. His pupils were 3.5 millimeters and equal. He had no lacrimation or rhinorrhea. His knee deep-tendon reflexes were normal reflexive. He had no tongue or hand tremor. He had no ataxia or dysarthria. His pulse was repeated by population and was 84 beats per minute and regular.

He was euthymic but anxious because he identified that he knew he had a substance use disorder but because he had detoxified himself he felt he was ready to work and receive outpatient treatment. He was very anxious when I started the examination but calmed down considerably. He had no suicidal ideas, plans, or intent. He had no push of speech. He was very direct in relating his history although at times he was vague. He had no hallucinations, delusions or a thought disorder. His cognitive functioning appeared to be intact.

Considering the above history and examination Dr. Sempsrott suffers from an Opioid Use Disorder moderate and most likely severe. He made efforts in the past to cut down and to stop his use of opioids. He has had to give up his occupational work because of his drug use or behavior related to his drug use. He has driven a car and worked at a safety sensitive position while using opioids. He tried to detoxify himself but he had diarrhea and nausea as well as concerns that his withdrawal would be noticed at work although he did not specify what behavior he was concerned would be seen at work. He used codeine and Phenergan and most likely alcohol and diazepam to treat his withdrawal.

The other three to four criteria are not clear at this time. He lives in Boise but works for a locums company and sees the mother of his child in California. He had to be in Boise and spend time getting his drugs from his father and when he told his father it effected their relationship. He indicated that his father was disappointed in him and this obviously has affected their relationship. He has had some cravings but he downplays this. His use has affected his ability to work but not clear at this time how it has affected his relationship with his child's mother (Ann), his relationship with his father, and his job performance.

The above information was related to Dr. Sempsrott at the conclusion of the examination. He still felt he could return to work and seek outpatient treatment. I relayed to him that since he worked in a safety sensitive position as a physician and since some of the criteria could be clarified by a multidisciplinary independent medical evaluation (IME) I would recommend that as his next step. He wanted to know if he could go directly to treatment. I indicated that he could as he would be evaluated before and during treatment which would also clarify his diagnosis. I recommended the IME because it could

clarify his diagnosis and recommended course of treatment. Furthermore, once evaluated he could leave the center and did not have to return there for treatment. In addition to the IME, any treatment recommendations could be obtained at a list of 12 NPAP approved centers. Several of those centers are close to him and were discussed. He indicated that although he had a license in Idaho, California, and North Carolina, as well as Nevada, he would prefer to go for the evaluation with assistance from the NPAP and opined that he would like to be a participant in the NPAP after his evaluation and/or treatment. He indicated that he appreciated his residency training in southern Nevada and would prefer to live here at this time.

E-signed: Peter A. Mansky, M.D.

NPAP – Administrative Forensic Evaluation
Justin Sempsrott
DOB: I

Addendum to NPAP Summary and Recommendations

Date of Evaluation: February 17, 2017

Date of Addendum Request: April 12, 2017

After reviewing the document titled "NPAP Summary and Recommendations," Dr. Sempsrott sent the following requested revisions via email:

> *"In regards to the document "Sempsrott initial evaluation write up", I just have a few points that I wish to clarify that I may not have communicated clearly.*
>
> *The second paragraph states "He reports that he later progressed to smoking the crushed pills". At no point in my active addiction or any point in my life have I ever smoked any opioids of any form, including pills. I initially started by taking the pills orally, then progressed to crushing and snorting them. Regarding the statement "also using his fathers fentanyl patches", I used one of my father's fentanyl patches one time only.*
>
> *On the second page, paragraph 5, the mother of my child lives in Boise, not in California. Additionally, her name is Anna.*
>
> *On the final paragraph, it indicates that I would prefer to live in southern Nevada. My preference is to continue living in Idaho, which is where my son and his mother live. I would, however, like to pursue monitoring in Nevada since I am not credentialed or working anywhere in Idaho and have no intent to work in Idaho at this time.*
>
> *Thank you again for your consideration."*

Dr. Sempsrott's requested revisions have been considered, approved, and added as an addendum.

E-signed: Shauna Eger, MHA, Senior Associate Director of the NPAP.
4/17/17

EXHIBIT C

[PROFESSIONALS MONIORING PROGRAM AGREEMENT]

UNITED STATES DRUG TESTING LABORATORIES
1700 S. MOUNT PROSPECT ROAD
DES PLAINES, ILLINOIS 60018-1804
847-375-0770 fax 847-375-0775

Report To RecoveryTrek LLC
RecoveryTrek LLC
440 Monticello Ave, Ste 100
Norfolk, VA 23510

Client F071409VA
Client NPAP - RecoveryTrek
Location
Collector MARK R

Sample Information

Specimen ID 3557456
Name JUSTIN SEMPSROTT
Lab Sample ID 2022461
SSN/DonorID [redacted]

Test Reason Not given
Type Hair
Collected 2/17/2017 15:00
Received 2/20/2017 10:19
Report Date 2/22/2017 14:38

Tests Requested

HAIRSTAT14 HairStat-14 **Sample** negative

Test	Result	Quantitation	Screen Cutoff	Confirm
AMPHETAMINES	negative		500 pg/mg	
BARBITURATES	negative		200 pg/mg	
BENZODIAZEPINES	negative		200 pg/mg	
COCAINES	negative		500 pg/mg	
METHADONES	negative		200 pg/mg	
MEPERIDINE	negative		500 pg/mg	
OPIATES	negative		200 pg/mg	
PCP	negative		300 pg/mg	
OXYCODONE	negative		200 pg/mg	
PROPOXYPHENE	negative		200 pg/mg	
CANNABINOIDS	negative		1 pg/mg	
TRAMADOL	negative		500 pg/mg	
FENTANYL	negative		25 pg/mg	
SUFENTANIL	negative		10 pg/mg	

Additional Sample Information

Body Hair

Sample Comments

Test developed and characteristics determined by United States Drug Testing Laboratories, Inc. See Compliance Statement on our website http://www.usdtl.com/compliance_statement

Certification

Data approved by Rose Rios on 2/22/2017

Laboratory Director: Adam Negrusz, Ph.D., F-ABFT
President:: Douglas Lewis
3003 1 0 2

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 70338712
RECOVERYTREK-NPAP
**PLEASE SEND MRO COPY TO
FAX # 877-324-7915

Accession #: G5160528
Specimen I.D.: Z32172290
Donor Name/ID: SEMPSROTT,JUSTIN
SSN:
Age: Sex:
Reason for test: Not indicated

General Information

Date Collected	Date Received	Date Reported
02/17/2017 15:00	02/20/2017	02/23/2017 7:22AM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
DRUGS OF ABUSE SCREEN 87544			
DRUG TEST RESULT	POSITIVE		
ETHYL GLUCURONIDE	+++POSITIVE+++	ng/ml	
AMPHETAMINES	NEGATIVE	ng/ml	
BARBITURATES	NEGATIVE	ng/ml	
BENZODIAZEPINES	NEGATIVE	ng/ml	
COCAINE METABOLITE	NEGATIVE	ng/ml	
OPIATES	NEGATIVE	ng/ml	
PHENCYCLIDINE (PCP)	NEGATIVE	ng/ml	
MARIJUANA METABOLITE (THC)	NEGATIVE	ng/ml	
METHADONE	NEGATIVE	ng/ml	
PROPOXYPHENE	NEGATIVE	ng/ml	
CREATININE	82.0	mg/dl	> = 20
NITRITES	NEGATIVE	mcg/ml	< 200

THIS SPECIMEN WAS SCREENED BY IMMUNOASSAY. ANY POSITIVE RESULT HAS BEEN CONFIRMED BY CHROMATOGRAPHY WITH MASS SPECTROMETRY. THE FOLLOWING THRESHOLD CONCENTRATIONS WERE USED FOR THIS ANALYSIS:

DRUG	SCREENING THRESHOLD	CONFIRMATION THRESHOLD
ETHYL GLUCURONIDE	250 NG/ML	
ETHYL GLUCURONIDE		250 NG/ML
ETHYL SULFATE		100 NG/ML
AMPHETAMINES	1000 NG/ML	500 NG/ML
BARBITURATES	300 NG/ML	200 NG/ML
BENZODIAZEPINES	300 NG/ML	200 NG/ML
COCAINE METABOLITE	300 NG/ML	150 NG/ML
OPIATES	2000 NG/ML	2000 NG/ML
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML

ALTERNATIVE EXPLANATIONS SHOULD BE EXPLORED FOR ANY POSITIVE FINDING. THIS PANEL INCLUDES TESTS FOR SPECIMEN VALIDITY.

PLEASE NOTE THAT INCIDENTAL EXPOSURE TO ALCOHOL MAY RESULT IN DETECTABLE LEVELS OF ETG AND/OR ETS. ETG/ETS RESULTS SHOULD BE INTERPRETED IN THE CONTEXT OF ALL AVAILABLE CLINICAL AND BEHAVIORAL INFORMATION.

REFERENCE: SAMHSA ADVISORY, SPRING 2012 VOLUME 11, ISSUE 2

REPORT CONTINUED ON NEXT FORM

MEDTOX LABORATORIES INC.
402 WEST COUNTY ROAD D
ST PAUL, MN 55112
651-636-7466

Jennifer A. Collins, Ph.D.

LABORATORY REPORT

Account #: 70338712
RECOVERYTREK-NPAP
**PLEASE SEND MRO COPY TO
FAX # 877-324-7915

Accession #: G5160528
Specimen I.D.: Z32172290
Donor Name/ID: SEMPSROTT,JUSTIN
SSN: ---
Age: Sex:
Reason for test: Not indicated

General Information	Date Collected	Date Received	Date Reported
	02/17/2017 15:00	02/20/2017	02/23/2017 7:22AM

TEST(S) REQUESTED	RESULTS	UNITS	THERAPEUTIC RANGE
**SOME COMPONENTS OF THE TEST PANEL WERE DEVELOPED AND PERFORMANCE CHARACTERISTICS DETERMINED BY LABCORP. THEY HAVE NOT BEEN CLEARED OR APPROVED BY THE FOOD AND DRUG ADMINISTRATION.			
Certified by: PHAN,VAN			
ALCOHOL BIOMARKERS			
ETHYL GLUCURONIDE	455	ng/ml	
ETHYL SULFATE	192	ng/ml	

** FINAL REPORT **

Collected at 7024977450 MEDTOX collection site #43684
MARK RUECKL
LAS VEGAS, NV

9811 W. Charleston Blvd.
Suite 2-735
Las Vegas, Nevada 89117

Nevada Professionals Assistance Program
NPAP

Phone: 702 257 6727
Fax: 877 324 7915

The NPAP CONDITIONS FOR PARTICIPATION (CFP)

Please initial all paragraphs in this document.

I, Justin Sempsrott, M.D. (Medical License#: 14852), understand the conditions for participation in the Nevada Professionals Assistance Program (the NPAP) and that my monitoring period with the NPAP will be for a minimum of (5) five years, beginning March 24, 2017.

I am aware that the NPAP is a health oriented State Professional Health Program and will endeavor to preserve my ability to practice my chosen profession safely and effectively on the basis of my recovery from illness or wellness so that I can continue or return to the safe and effective practice of my profession. I understand that the NPAP will support me by the facilitation and guidance of my evaluation and treatment with the NPAP approved providers for my health or wellness along with consideration for my advocacy needs. I will be expected to continue with my recommended program and provide the NPAP with the necessary documentation. The NPAP will determine advocacy for me regarding licensing to practice medicine in the state of Nevada, malpractice insurance coverage, hospital privileges, HMO contracts, and other entities or individuals based on my ability to practice safely and effectively in relationship to the recovery from my illness or wellness as determined by the NPAP. Successful completion of the program will be dependent on the conditions in this document and others which may be added by the NPAP during my participation on the basis of clinical or advocacy factors for the appropriate management of my case. I understand that the conditions for participation will be reviewed and revised from time to time as determined by the NPAP for the appropriate management of my case.

The NPAP is not a treatment provider and will not provide direct treatment. We provide guidance for the participant through evaluation and treatment.

1) I have chosen of my own volition to be a participant in the NPAP so that I can receive support from the NPAP in maintaining recovery and/or wellness. I also can expect the NPAP to provide support and advocacy on the basis of my health, recovery or wellness as determined by the NPAP. I am aware that I may also seek support and advocacy from other sources such as the legal system.

2) If I desire to terminate this agreement I may do so at any time. If I decide to terminate I will notify the NPAP in writing at least 7 days before I terminate my participation. I specifically give permission to the NPAP for one month after termination to notify certain entities and persons it deems necessary of my termination of this Agreement and inactivation as a participant in the NPAP. This would include the Nevada State Board of Medical Examiners, hospitals, the person or entity that referred me to the NPAP or other entities related to my professional activities. I specifically agree not to revoke under any conditions or laws this permission until one month after participation ends.

3) I understand and accept that these conditions are deemed necessary by the NPAP to be able to effectively facilitate treatment or wellness and to provide credible advocacy. The NPAP encourages all of the prospective participants in the NPAP program to consider reviewing the Conditions For Participation with an attorney.

4) I understand that in all my interactions with NPAP I agree to work and communicate with the NPAP directly not through a third party or third party intervention.

5) I understand that the NPAP is not a treatment provider. I understand that by participating in the NPAP there is not a doctor-patient relationship between myself and the NPAP and any of its staff.

6) I understand that the NPAP will endeavor to maintain the confidentiality of my involvement in the NPAP and any and all documents related thereto. Nevertheless, I understand and agree that the NPAP may disclose my participation and release documents related to my involvement in the NPAP under the following circumstances: (1) when required by law or court order; (2) when essential to further intervention, treatment, assessment, advocacy or rehabilitation for myself; or (3) to individuals and/or entities authorized in writing by Participant to receive information or documentation related to Participant's involvement in the NPAP (4) to the Nevada State Board of Medical Examiners when deemed necessary by the NPAP.

7) I understand that general credentialing consent forms provided to the NPAP by Hospitals, Medical Staff Offices, Insurance Companies, Healthcare Companies, Credentialing Agencies, Universities, Residency Programs, Medical Boards, other regulatory agencies, etc. are accepted by the NPAP as written consent to provide letters to the requesting entity documenting my compliance, history, toxicology results, and program participation in the NPAP. I understand this information can be communicated verbally, electronically, or in writing.

8) I understand that toxicology monitoring is an integral part of this program. Therefore, I will submit voluntarily, and without question, to urine collection including random observed urine, blood, hair or other examinations as requested by the NPAP Director or a designee of the Director. I will be responsible for the costs of such tests and for the prompt payment of such charges. I understand that not calling in daily, a refusal to submit to toxicology testing, and/or not appearing for collection of the sample within 12 hours of when it is requested by the monitoring system may be considered to be positive evidence of use at the discretion the NPAP Director or the director's designee.

9) I understand that urine screens, which are invalidated due to low volume, low creatinine, etc., must be repeated.

10) I agree to submit voluntarily, and without question, observed urine, blood, hair, nail, or saliva for toxicology testing within a timely manner if there is any positive, low creatinine, high creatinine, or dilute results, etc. requiring additional testing. I agree to be financially responsible for such testing.

11) I understand and give consent to the NPAP to use any of my bodily fluids that I have submitted for toxicology testing to conduct additional toxicology testing if deemed necessary and regardless of whether I agree to uphold my responsibility to provide payment for such additional tests.

12) I give full consent to the NPAP to communicate with any entity or organization involved in my toxicology monitoring. This includes but is not limited to: Any laboratories the are used for my samples to be tested at, MedTox, USDTL, RecoveryTrek, SoberLink (if using SoberLink), collection sites, third-party collection sites, and third-party mobile collectors.

13) I will not write prescriptions for any mind-altering or potentially addicting drugs for myself or members of my family.

14) I will also remove all alcohol and mind altering drugs from my home or residence.

15) I will not obtain prescriptions for any mind-altering or potentially addicting drugs, accept with the consent of the NPAP. Any medications with an addiction potential prescribed to me by my provider(s) must be approved by the NPAP Medical Director. This includes Suboxone and Naltrexone. If I am given or prescribed an addicting substance in an emergency situation I must inform the NPAP within 24 hours and supply evidence of proper prescribing.

16) I will completely abstain from alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, tranquilizers, and all other mood-altering and/or potentially addicting drugs or medications.

17) I agree to abstain from over-the-counter medications containing alcohol or food items containing poppy seeds or alcohol, which may produce a positive test result for drugs or alcohol. I will be vigilant and familiarize myself with the above items. I also agree to take only those over the counter medications recommended by my physician and approved by the NPAP. I will not take any herbal or alternative medicine or over the counter medication which is not approved by my physician and the NPAP.

18) I will select a personal primary care physician. Within two weeks of the effective date of this Agreement (or within two weeks of arriving in Nevada to establish my residence). I agree to inform the NPAP in writing the name of the physician I have selected as a personal primary care physician. I agree to see my personal primary care physician for an initial evaluation (If I have not done so within one year of signing this document) and thereafter on an as needed basis.

19) During the term of this Agreement, I will refrain from self diagnosing, treating and/or prescribing medications for myself. If I am currently taking prescription or over-the-counter medication at the commencement of my participation with the NPAP, or should it become necessary for me to take prescription or over-the-counter medication during the term of this Agreement, I agree that I will not take medications, discontinue medications or alter the dose without the consent of my physician(s) and/or NPAP approved provider (s). I will notify the NPAP immediately of any changes in my medications.

20) For the duration of this Agreement for the purpose of facilitating my participation in the NPAP:

a) I specifically give consent to the NPAP for my physician to co-operate with the NPAP in the exchange of written and/or verbal information concerning my treatment, treatment plan, diagnosis, or other medical opinion for the duration of this agreement. I give permission for my personal physician to release information to the NPAP and authorize the Medical Director of the NPAP, or a designee of the Medical Director, to contact my personal physician and obtain information concerning my treatment, treatment plan, diagnosis, or other medical opinion.

b) I will also notify the NPAP of my medications (including herbal medications and alternative medications) I am taking or plan to take prior to taking the medications except in the case of documented emergency. This will include medications prescribed for me or recommended if over the counter. I agree to notify the NPAP immediately for approval before taking the medication except in the case of documented medical emergency. In that case I can notify the NPAP after the emergency within 24 hours.

c) If a medical condition is indicated which may affect my professional or work performance, the NPAP may request medical records and/or a written statement from my physician for the purposes of documenting the condition and the treatment.

21) I will inform individuals in my practice setting and/or group, selected by the NPAP and/or myself, of the issues and the conditions of this agreement. I give permission, during the duration of this agreement, for the individuals referred to in this paragraph to contact the NPAP and to exchange information with the NPAP if there is ever any concern about my behavior. I also authorize the NPAP to relay information concerning my participation to the individuals referred to in this paragraph. The communication would be for the purpose of facilitating my treatment and recovery or facilitating my wellness as well as for protecting the public as deemed necessary by the NPAP. Such communication may include periodic written worksite reports.

This includes the following people:

Scott Scherr, MD. Emergency Department Director, Sunrise Hospital

Jeremy Bearden, DO. TeamHealth

22) I understand that should any employer listed in the above paragraph (Item # 21) change during the duration of this agreement, I give the NPAP, the Director thereof, or anyone authorized by the Director,

permission and consent to exchange information with any of my employers for the duration of this agreement, including 30 days following the completion and/or termination of this agreement.

23) I will inform my spouse, or significant other person, Melanie von Weller, the conditions of this agreement. I give permission to the NPAP, the Director thereof, or anyone authorized by the Director to contact and exchange information concerning my case with my spouse or significant other person during the duration of this agreement.

24) I will attend mutual help meetings and/or Caduceus meetings at the frequency required by the NPAP. If I choose a twelve step oriented group or similar group, I will choose a sponsor and locate home group and will provide the NPAP with a monthly log of meetings attended. I understand I may be required to submit meeting logs requiring a co-signature to confirm attendance.

25) I understand the importance of keeping the NPAP abreast of my activities in order to remain in compliance with these conditions for participation at all times. I will:

a) Take the initiative to make contact with the NPAP Director at least once per month and more frequently if required
b) Notify the NPAP Director or the Directors designee of any changes, conflicts, revisions, difficulties and status of my monitoring activities. This would include urine monitoring "call in" and selection errors or difficulties on my part.
c) Contact the Director of the NPAP or the Directors designee as well as my monitor(s) in advance of traveling out of the area resulting in my not being available for monitoring. I will inform them of my travel schedule.

26) I will comply with these conditions for participation and if I do not I may be asked to

a) Stop working immediately
b) Enter physician oriented or other treatment facility for re-assessment and/or treatment.
c) Relate directly to the Nevada State Board of Medical Examiners, other regulatory agencies, managed care, insurance companies, hospitals, and others without diversion or advocacy from the NPAP.
d) Any combination of any or all of the above.

27) It is my further understanding and my further agreement that:

a) If in the opinion of the NPAP I am not compliant with the NPAP Conditions For Participation the Nevada State Board of Medical Examiners may be made aware of my non-compliance.
b) I am also aware that the Nevada State Board of Medical Examiners may or may not know that I am a participant with the NPAP.

28) During the term of this Agreement, or if I choose to terminate my participation for a period of one month after notice of termination, I consent and agree that the NPAP may, in its sole discretion and judgment notify the Nevada State Board of Medical Examiners of the status of my participation with the NPAP. I will not revoke this consent for one month under the conditions any state or federal law. I understand that this allows the NPAP to exchange with the Nevada State Board of Medical Examiners written and verbal information concerning my participation or lack of participation in the NPAP along with the facts and circumstances (including information, test results, testimony and other factors) related to my interactions with the NPAP. This may result in the Board ending their investigation of me or their pursuit of disciplinary action due to my choosing to participate in the NPAP. It may also result in formal or informal proceedings against my license to practice medicine in the State of Nevada.

29) I will take responsibility for all expenses incurred as a result of my treatment or monitoring and understand that this is an integral part of my treatment and/or recovery. Inability to do so will be discussed with The Director of the NPAP or the Director's designee. Also see item 34.

30) I understand that in order to successfully complete participation in the NPAP I will write a two page typed letter of approximately 500 words to the Medical Director of the NPAP summarizing what my life was like prior to participation in the NPAP, how my life changed during participation, and both the

strengths and weaknesses I have in maintaining the change. I am encouraged to also include positive and/or negative criticism of the program. I may also decide to submit the positive and/or negative criticism of the program after a decision has been made indicating my successful completion of the program. Furthermore, I understand that in order to successfully complete my participation, I will be required to settle my financial obligations concerning participation in the NPAP and related to any treatment I have received at the recommended of the NPAP.

31) I understand that I can not change, alter or eliminate any aspect of these conditions for participation without the approval of the NPAP, after discussion with The Director of the NPAP. I understand that I may request alterations through the Director of the NPAP.

32) Should it be necessary or requested, I will provide signed consent and/or disclosure forms for persons or entities the NPAP deems essential to the management of my case, my health, and/or my wellness.

33) I understand that all attached addenda will become part of the conditions for participation upon my signature.

34) In addition to the cost of the NPAP toxicology testing I agree to pay the NPAP an administrative and advocacy fee of **three hundred fifty dollars ($350) per month by credit or debit card with recurring automatic monthly payments starting 6/1/17.** I understand that my credit/debit card will be charged on the 1st of each month for the previous month (i.e. the 6/1/2017 charge is for May 2017). If I have financial difficulties and cannot make any of the payments I will inform the NPAP and supply documentation of my inability to pay through financial, tax, and legal documents and records requested by the NPAP.

35) I understand that the cost of each urine analysis when using a Patient Service Center (PSC) is $50 with no collection fee paid to the collection site and will be charged to the credit card on file with the monitoring system. I understand that if I choose to use an NPAP approved third party site the cost of my urine analysis is $42.50 which will be charged to the credit card on file with the monitoring system and I will owe a collection fee directly to the third party collector. I understand that the cost of this collection fee is between the third party site and me. I understand that pricing for toxicology tests are subject to change. Please see the ***NPAP New Participant Welcome Letter*** for further details.

36) I understand that I must check into the monitoring system daily between 3 a.m. and 2 p.m. PST. **This includes weekends and holidays.** I understand if I check in after 2 p.m. the system will not be able to tell me if I have been selected to test that day. I understand that any check ins after 2 p.m. are considered missed check ins and the NPAP may ask me to give an additional sample for toxicology testing.

37) I understand that if I request to be excused from toxicology testing for longer than 8 days due to vacation, surgery, or any other reason for such a request, I may be required to give a hair sample for toxicology testing when I return, which I will be financially responsible for.

38) I understand and agree to uphold in their entirety, for the duration of this contract, the recommendations in my discharge summary from Hazelden Center City. These recommendations include:

a.) I agree to complete 90 meetings in 90 days, and then a minimum 3 meetings per week.

b.) I agree to not return to work until 5/25/2017.

39) I agree to attend both the Tuesday and Thursday group meetings held at the office of the NPAP for the first two years of participation. I understand that the Early Process Group is on Tuesday evenings at 6:30 p.m. and the Caduceus meeting is on Thursday evenings at 6:30 p.m. both held at the office of the NPAP and will provide the NPAP with an excuse for any future or past missed attendance. After the first two years of participation I understand that I am required to attend only one of the groups each week. I may attend either one. Note: When not in Las Vegas for meetings please see item 40.

40) When in Boise, Idaho and unable to attend the meetings described in Item 39, I agree to attend Caduceus in Boise, Idaho, and provide a meeting log with a co-signature to the NPAP on a monthly basis.

41) I understand the NPAP may require a Sponsor Check-List form be completed by my sponsor at the frequency desired by the NPAP. I understand that Sponsor Check-List forms only require the first name and first initial of the last name of my sponsor. I understand that I may change my sponsor at any time.

42) I agree to allow the NPAP to contact me using the following email address: J_Sompsatt @ yahoo.com I understand that privacy and security of non-encrypted email communication cannot be guaranteed. I understand that any conditions under this item apply to any changes to my email address that I provide the NPAP with. Any withdrawal of consent to communicate by email must be provided to the NPAP in writing.

I understand that the NPAP may release information and documentation related to my application for a license, licensure, or practice to third parties, including the Nevada State Board of Medical Examiners, either at the request of the third party or at the Participant's request. By signing this Agreement, I agree to hold harmless and release the NPAP, its officers, directors, employees, designees, consultants, agents and assigns from any and all claims, either in contract, tort or based in State or Federal statute, related to my involvement in the NPAP, treatment through or in connection with the NPAP, application for a license and/or licensure with the State of Nevada, an investigation, inquiry, opinion, decision or action taken by the NPAP or the Nevada State Board of Medical Examiners.

Signed: _____ Date: 5/10/17
(Participant Signature)

Witness: _____

Please Remember To Initial All Paragraphs In This Document.

Subject: RE: NPAP/Southworth

From: Tina Baird (Tina@southworthassociates.net)

To:

Date: Wednesday, August 23, 2017 2:18 PM

Justin,

I'm sorry I missed your call, I was on my lunch break. I have excused you from your Caduceus meeting on Aug 31st.

As for the PRN here in Idaho, I am going to refer you to Tiffany she will be your monitor from here on out. She handles all of our doctors here in Idaho, so instead of having two separate monitors you will have one. If you have not heard from her within a couple of days give her a call at the same number however her ext. is 106.

Have a great day!!

Tina Baird

Compliance Monitor

SOUTHWORTH ASSOCIATES

P: (208) 323-9555 x116 F: (208) 323-9222

Email: Tina@southworthassociates.net

Office Hours: Monday – Thursday 7:00am – 4:00pm

Fridays: 7:00am – 4:00pm



Southworth Associates has earned The Joint Commission's Gold Seal of Approval® for Behavioral Health Care Accreditation by demonstrating continuous compliance with its performance standards.

2017 International Treatment Center's Cooperative (ITCC) Conference: October 16-18- Vero Beach, FL

2017 Certified Case Manager/Interventionist (CCMI) Trainings:

August 25-27, Detroit, MI – Module 1

November 3-5, Orange County, CA – Module 3

Moments of Change Conference: October 2-5, 2017, Palm Beach, FL.

Southworth Associates is not a healthcare provider nor is it a treatment program of any kind. This email and any files transmitted with it are confidential and intended soley for the use of the individual or entity to whom they are addressed. If you are not the named addressee disseminating, distributing or copying this email is strictly prohibited. Please notify the sender immediately if you have received this by mistake and delete this email from your system.

From: Justin [mailto:j_sempsrott@yahoo.com]
Sent: Saturday, August 19, 2017 4:43 PM
To: Tina Baird
Subject: Re: NPAP/Southworth

Thank you very much Tina.

My work schedule was slightly off for August and I won't be in Boise or Las Vegas on Aug 31. If possible, I would like to be exempt from the Caduceus meeting on that date. I will still satisfy my 3 meetings per week and random UA requirements.

Additionally, I live in Kuna and am licensed in Idaho and would like to start the process to self-report to

Southworth in ID. I am not currently credentialed or working in ID, but would like to have an advocate in ID so that I can start looking for jobs closer to home.

Thank you.

Justin Sempsrott

On Aug 17, 2017, at 5:59 AM, Tina Baird <Tina@southworthassociates.net> wrote:

> Justin,
>
> If you have any questions, please feel free to contact me.
>
> Have a great day.

Tina Baird

Compliance Monitor

<image001.png>

P: (208) 323-9555 x116 F: (208) 323-9222

Email: Tina@southworthassociates.net

Office Hours: Monday – Thursday 7:00am – 4:00pm

Fridays: 7:00am – 4:00pm

<image002.png> Southworth Associates has earned The Joint Commission's Gold Seal of Approval® for Behavioral Health Care Accreditation by demonstrating continuous compliance with its performance standards.

2017 International Treatment Center's Cooperative (ITCC) Conference: October 16-18- Vero Beach, FL

2017 Certified Case Manager/Interventionist (CCMI) Trainings:

Subject: RE: NPAP/PRN

From: Tiffany East (tiffany@southworthassociates.net)

To:

Date: Thursday, November 16, 2017 5:15 PM

Hello Justin,
Unfortunately, my contact at the board of medicine is out of the office this week and will return next week. I will follow-up with you as soon as I have more information.
Thanks again,

Tiffany East
Senior Compliance Monitor

Ph (208) 323.9555 or (800) 386.1695 ext. 106 F (208) 323.9222
tiffany@southworthassociates.net / www.southworthassociates.net

Office Hours: M-W-F: 7am- 4pm MT, Tu-Th: 8am- 5pm MT

Southworth Associates is not a healthcare provider nor is it a treatment program of any kind. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you are not the named addressee, disseminating, distributing or copying this email is strictly prohibited. Please notify the sender immediately if you have received this by mistake and delete this email from your system.

-----Original Message-----
From: Tiffany East
Sent: Thursday, November 16, 2017 9:12 AM
To: 'Justin'
Subject: RE: NPAP/PRN

Hi Justin,
I apologize for the delay in getting back to your regarding the Idaho PRN contract. This situation is one that I have not yet encountered and I am trying to make sure I have all of the right answers before coming to you. I have a call with the Idaho board of medicine today to discuss my questions and your contract and will follow-up with you after our phone call when I have more information.
Please let me know if you have any questions in the meantime.

Tiffany East
Senior Compliance Monitor

Ph (208) 323.9555 or (800) 386.1695 ext. 106 F (208) 323.9222 tiffany@southworthassociates.net / www.southworthassociates.net

Office Hours: M-W-F: 7am- 4pm MT, Tu-Th: 8am- 5pm MT

Southworth Associates is not a healthcare provider nor is it a treatment program of any kind. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you are not the named addressee, disseminating, distributing or copying this email is strictly prohibited. Please notify the sender immediately if you have received this by mistake and delete this email from your system.

-----Original Message-----
From: Justin [mailto:[redacted]]
Sent: Tuesday, November 14, 2017 4:06 PM
To: Tiffany East
Subject: NPAP/PRN

Hellos Ms East,

I just wanted to follow up and see if you needed anything from me to facilitate a PRN contract. I am hoping to start working in Caldwell (in addition to Nevada) starting in January. I worry that the requirements from the NV State Board of Medical Examiners will require that NPAP be the primary and PRN be the secondary, but I am happy to discuss and better understand the process. Thank you!

Justin

JUSTIN SEMPSROTT, MD, FAAEM

una, ID 83709 | |

November 21, 2017

Dear Sirs or Madams:

Please find below the accompanying explanation for Idaho State Board of Pharmacy Idaho Practitioner Controlled Substance Registration question 1 - "Have you, at any time; (if answer is yes to any of the following attach all related documentation); Had a physical, emotional, mental, alcohol abuse or substance abuse disease or condition that may interfere with your ability to competently and safely perform the essential functions related to the practice of pharmacy".

I was admitted into the Hazelden Betty Ford Foundation Healthcare Professionals treatment program in Center City, MN for the treatment of opiate use disorder from February 28, 2017 to May 5, 2017 and was discharged after satisfactorily completing the program.

On May 10, 2017 I entered into a contract for participation with the Nevada Professionals Assistance Program (NPAP) and am currently in good standing.

On June 15, 2017 I entered into an out-of state monitoring contract with the North Carolina Physician Health Program and am currently in good standing.

On August 1, 2017 all administrative functions of my NPAP contract were transferred to Southworth Associates.

On August 19, 2017 I self reported to the Idaho Physician Recovery Network (PRN), which is managed by Southworth Associates.

As of November 16, 2017 I am still awaiting a final contract with Southworth to determine whether NPAP or PRN will be the primary contract.

I have included all supporting documentation; please do not hesitate to contact me if I can provide further information.

Sincerely,



Justin Sempsrott, MD, FAAEM

BEFORE THE BOARD OF PHARMACY

STATE OF IDAHO

In the Matter of the Registration of: JUSTIN SEMPSROTT, M.D., CS Registration Application No. APP-18-1268, Applicant.	)	Case No. BOP 18-044 **STIPULATION AND CONSENT ORDER**

COMES NOW, the Executive Director of the Idaho Board of Pharmacy ("Board") and Justin Sempsrott, M.D. ("Applicant"), and hereby stipulate and agree as follows:

A. JURISDICTION OF THE BOARD

1. The Board is 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. Applicant submitted an Idaho Practitioner Controlled Substance Registration Application to obtain an Idaho controlled substance registration. Applicant's registration will be subject to the provisions of title 37, chapter 27, Idaho Code, and the Board's rules promulgated at IDAPA 27.01.01, *et seq*.

B. STIPULATED FACTS

3. Applicant is a licensed physician holding Idaho Medical License No. M-13538.

4. Applicant submitted an Idaho Practitioner Controlled Substance Registration Application received by Board staff on November 22, 2017.

5. Applicant has entered into an Advocacy Contract ("PRN Contract") with the Idaho Physician Recovery Network Committee ("Committee") for the purposes of assisting with and monitoring Applicant's substance abuse recovery program. The term of the PRN Contract is for a minimum of five (5) years from its effective date of January 8, 2018.

6. Applicant's statements in the PRN Contract would provide grounds to deny the application under Idaho Code § 37-2717.

7. The parties are voluntarily entering into this Stipulation and Consent Order to resolve the concerns of the Board and provide safeguards against any impact on the public health, safety, or welfare.

C. STIPULATED TERMS

8. Applicant shall comply with all terms and conditions of the PRN Contract, and shall comply with the terms and conditions of this Stipulation and Consent Order ("Stipulation") for the full term of the PRN Contract.

9. Applicant shall authorize the Committee to release information to the Board and its staff concerning Applicant's compliance with the PRN Contract.

10. Applicant agrees to fully cooperate with the Board and its staff, and submit written documents within a reasonable time after a request is made concerning Applicant's compliance with this Stipulation.

11. If Applicant is in compliance with the terms of this Stipulation, Applicant's Idaho Practitioner Controlled Substance Registration Application received by Board staff on November 22, 2017, shall be approved and registration granted by the Board.

D. COMPLIANCE WITH STIPULATION AND CONSENT ORDER

12. The Board has authority to enforce compliance with the terms and conditions of this Stipulation. By signing this Stipulation, Applicant waives his ability to challenge the Board's authority to enforce compliance of the Consent Order. Applicant's failure to be in compliance with the terms or conditions of this Stipulation and Consent Order may result in the Board taking disciplinary action against him. If there is reason to believe Applicant has violated any of the terms or conditions of this Stipulation, the Executive Director of the Board may file an

administrative complaint, setting forth the allegations of non-compliance and notifying Applicant, and his attorney, if applicable, that Applicant may request a hearing regarding the allegations of non-compliance. If Applicant does not request a hearing on the administrative complaint, any allegations of non-compliance will be deemed admitted.

13. If Applicant fails to comply with the terms and conditions of this Stipulation, Applicant's registration may be subject to further discipline, up to and including suspension or revocation. Therefore, the Board retains jurisdiction over Applicant's registration until all terms and conditions are satisfied as set forth in this Stipulation.

14. Any additional costs and/or attorney fees incurred by the Board in any enforcement action shall be borne solely by Applicant.

E. ACKNOWLEDGMENTS AND WAIVER OF RIGHTS

I, Justin Sempsrott, M.D., by affixing my signature hereto, hereby acknowledge the following:

15. I have read and admit to the foregoing facts set forth above in Section B. I understand these facts constitute cause for my agreement as set forth in Section C. I agree the Board has jurisdiction to proceed in this matter with my consent as indicated by my signature hereto.

16. 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.

17. 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.

18. 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 execute and issue this Stipulation and Consent Order according to the aforementioned terms, and I hereby agree to the above Stipulation. 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 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. If this Stipulation is rejected, admissions herein and negotiations preceding the signing of this Stipulation will not be admissible at any subsequent disciplinary hearing.

19. 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.

20. I understand the Board shall have the right to make full disclosure of this Stipulation and Consent 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.

21. I understand this Stipulation and Consent Order is the resolution of a contested case and is a **public record**.

22. This Stipulation contains the entire agreement between the parties, and Applicant is not relying on any other agreement or representation of any kind, verbal or otherwise.

23. This Stipulation shall be presented to the Board with a recommendation for approval from the Executive Director of the Board and the Deputy Attorney General responsible

for prosecution before the Board at the next regularly-scheduled meeting of the Board.

24. Except for Paragraph E.20, which becomes effective when Applicant 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 18th day of January, 2018.

Justin Sempsrott, M.D.
Applicant

****

I concur in this stipulation and order and recommend that the Board adopt the same.

DATED this 18 day of January, 2018.

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL

STEVEN L. OLSEN
Deputy Attorney General

ORDER

Pursuant to Idaho Code § 54-1728 and § 37-2718, the Idaho Board of Pharmacy hereby accepts the terms and conditions of the foregoing Stipulation and Consent Order, and it is hereby ordered that Applicant comply with said terms and conditions.

DATED this 18th day of January, 2018.

By: Alex J. Adams
Alex J. Adams, PharmD, MPH
Executive Director

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 18 day of January, 2018, I caused to be served a true and correct copy of the foregoing STIPULATION AND CONSENT ORDER by the following method to:

Justin Sempsrott, M.D. South Iron Springs Avenue Kuna, ID 83634	☒ U.S. Mail ☐ Hand Delivery Certified Mail, Return Receipt Requested ☐ Overnight Mail ☐ Facsimile:
Anne K. Lawler, Executive Director Idaho Board of Medicine P.O. Box 83720 Boise, ID 83720-0058	☐ U.S. Mail ☐ Hand Delivery ☐ Overnight Mail ☐ Facsimile: ☒ Email: anne.lawler@bom.idaho.gov
Steven L. Olsen Deputy Attorney General Civil Litigation Division P. O. Box 83720 Boise, ID 83720-0010	☐ U.S. Mail ☐ Hand Delivery ☐ Overnight Mail ☐ Facsimile: ☒ Email: steven.olsen@ag.idaho.gov colleen.funk@ag.idaho.gov

Ellen Mitchell
Investigations Support Coordinator

P.O. Box 13600
Scottsdale, AZ 85267

Nevada Professionals Assistance Program
NPAP

Phone: 702 257 6727
Fax: 480 990 3114

January 12, 2018

Justin Sempsrott
3 Iron Springs Ave
Kuna, ID 83634

Re: Idaho PRN Contract

Dear Dr. Sempsrott,

The Nevada Professionals Assistance Program (NPAP) is in receipt of a copy of your monitoring contract with the Idaho Physician Recovery Network (PRN) dated January 3, 2018. This letter is to confirm that while you are completing contract requirements with the PRN program, the NPAP program will not be duplicating those requirements. The NPAP will continue to collect workplace monitoring reports from your Nevada work locations (as long as you are working in the state). The NPAP will also continue to report compliance to the Nevada State Board of Medical Examiners (monthly) as well as quarterly letters of compliance to the North Carolina PHP, TeamHealth and Sunrise Hospital and Medical Center (as long as applicable). The PRN will be handling the drug testing part of your contract, as they have sites in Nevada, as well as collection of 12-step attendance and the Nevada Caduceus logs. The PRN has agreed to send NPAP a quarterly letter of compliance. Due to PRN becoming your primary monitor, the NPAP will be reducing your monthly fee, the amount of which is still to be determined.

If you have any questions, feel free to contact me at 208-323-9555 ext. 106.

Sincerely,

Tiffany East
Compliance Monitor
Nevada Professionals Assistance Program

Idaho Medical Association
Physician Recovery Network
ADVOCACY CONTRACT

The Idaho Physician Recovery Network Committee (Committee) agrees to serve as advocate for this physician/physician assistant in his/her efforts toward a program of recovery from alcohol/drug addiction or other conditions that impairs his/her ability to practice medicine. This advocacy includes assisting re-entry to work and recovery among his/her peers, family and medical community, and where appropriate reporting to the Board of Medicine or other designated entities. Advocacy is contingent upon compliance with this contract and therefore can be withdrawn at the discretion of the Committee for violation of this contract.

I, Justin Sempsrott, recognizing that I suffer from chemical dependency/abuse and/or mental conditions that may impair my ability to practice medicine safely desire to enroll in the Physician Recovery Network (PRN) Program. During my recovery process I agree to and accept the following conditions regarding the term and content of this contract. The minimum term for this contract is five (5) years. However, if there are problems, such as relapse or noncompliance, then PRN may extend this contract beyond five years.

JS (initial) I agree to completely abstain from alcohol, marijuana, cocaine, stimulants, narcotics, sedatives, tranquilizers, and all other mind-altering and/or potentially addicting drugs or medications. In the event such medications may be needed as a legitimate part of my medical care, I agree to notify the PRN Program staff immediately.

JS (initial) I understand that it is my responsibility to have *all* prescriptions forwarded directly to PRN within five (5) calendar days it being prescribed to me. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage, frequency, how many refills, the reason for prescribing and the duration I will be taking the medication.

JS (initial) If I do not already have one, I agree to secure a primary care physician who is knowledgeable about recovery issues and my recovery program to treat my medical problems. I give him/her authorization to communicate directly with the PRN. I will request that he/she not prescribe any of the above medications for me unless there is no reasonable alternative medically. If he/she does need to so prescribe, I will ask my prescribing provider to send documentation of the prescription to the PRN within five (5) days. Self-prescribing is prohibited. This physician will be: Dale Mock

JS (initial) If I do not already have one, I agree to secure a pharmacy to dispense my medications and give the pharmacist authorization to communicate directly with the Committee and my monitor on my progress. This pharmacy will be: Walgreens Pharmacy 869 E Avalon Street, Kuna, Idaho

JS (initial) I agree to inform and present a copy of this contract to the following people regarding my history of chemical dependence/abuse and the conditions of this contract. I agree to ask these individuals to immediately contact the PRN coordinator, my peer monitor or other PRN staff in the event that they may have concern that I have inappropriately used any chemicals or if they have concerns about my behavior.

(please list specific people)

a. Doctors with whom I have a formal practice association:
   Dr Brian Moss
b. My office manager and/or nurse:

   N/A

RECEIVED JAN 0 8 2018

c. My spouse or significant other:
Melanie von Weller

d. Representative(s) of hospital where I hold privileges:
Dr Brian Moss

e. My personal physician:
Dr Dale Mock

f. Other:

JS (initial) I give permission to the PRN and those specified on the release of information form to exchange information pertinent to my recovery.

I agree to attend or participate in other treatment activities as outlined below:

ACTIVITY	FREQUENCY	COMMENTS	INITIAL
Mutual Support Groups	3 12-step meetings per week		JS
Support Group Meetings	Weekly - Attend SG meeting when in Boise. Attend Caduceus meeting when in Nevada		JS
Obtain Sponsor	Meet weekly, face to face, to work the steps		JS
Random Toxicology Tests	As determined by PRN		JS
Worksite Monitor	Obtain a work monitor upon returning to work		JS

JS (initial) I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify those referral sources specified on the release of information form, that I have signed, of such default.

JS (initial) I agree to attend the meetings as requested by the PRN. I understand that regular attendance is required and that unexcused absences are considered a violation of this contract. I will document the meeting attendance and other activities by submitting monthly client activity reports to the PRN. I understand that reports not returned to the PRN office by the fifth of the following month will cause me to be out of compliance with PRN program requirements.

JS (initial) I understand that chemical monitoring is an integral part of this program. I therefore, agree to submit voluntarily, and without question, to random urine, blood, hair, nail, and/or breath examinations as requested by the PRN staff. I understand that if I miss a drug screen collection, I should immediately notify the PRN Coordinator. I agree to give prior notice of at least one week to the drug testing company and the PRN Coordinator if I will be unavailable to test on a certain day and to give an explanation satisfactory to the PRN, otherwise the missed test will be considered positive. I will be responsible for payment for drug screens.

JS (initial) I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 total ounces of fluid within three hours prior to testing. I understand that I should avoid any non-prescription diuretics, including caffeine found in coffee, tea and some sodas. If it is necessary for me to drink large amounts of liquids or use a non-prescription diuretic, I will do so after I provide a specimen. If I have just consumed a large amount of liquid or used caffeine and I am notified to test that day, I will wait a few hours for the fluid to clear before I provide a specimen.

JS (initial) I understand that anytime I take an over-the-counter medication, herbal supplement or stimulant drink I must notify the PRN of the start date and estimated finish date and what the medication, herbal supplement

or stimulant drink is being used for. Notice must be received by the PRN within one week of starting the over-the-counter medication, herbal supplement or stimulant drink.

_____(initial) I agree to meet with the PRN coordinator, my peer monitor, or other representatives of the PRN whenever requested to discuss my progress.

_____(initial) I recognize that I have a disease that is subject to relapse. If I relapse, I will inform the PRN coordinator or staff immediately for help and stabilization. An evaluation will be made by the PRN to determine any need to modify my treatment program. I agree to follow the recommendations that may include hospitalization, residential treatment, or other measures necessary to augment my recovery from addictive disease.

_____(initial) At the direction of the PRN, I agree to immediately withdraw from practice and enter a facility that meets the PRN criteria for assessment if there is concern regarding compliance with this agreement or if relapse occurs.

_____(initial) I understand that it is my responsibility to sit down, either before or after treatment, with the CEO or CEO's designate at each of the hospitals I have privileges at and verbally inform them of my situation within two weeks. I understand that on a quarterly basis the PRN will report my level of compliance to any and all hospitals at which I have privileges. I understand that these reports will be sent directly to the CEO, and either the Chief of Staff or the Medical Staff/Affairs office. More frequent reports will be made if requested by me or the hospital. I understand that, if I relapse, the same people will be notified along with an update on the PRN's response to the relapse within one (1) week.

_____(initial) I understand that it is my responsibility to notify the PRN if there is a change in the hospitals at which I have privileges within ten (10) days of that change. I understand that it is my responsibility to sign an updated Consent for Release of Confidential Information form listing any new hospital at which I seek privileges within 10 days of application for privileges.

_____(initial) PRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, noncompliance, type or location of medical practice, etc. then PRN may make changes on this contract at any time. All changes in contracts will be documented by PRN regarding the reason for the change. If I desire, I may appeal any contract changes in writing to the PRN Committee and/or by appearance at the next PRN Committee meeting.

_____(initial) I may request a change in my contract at any time, by placing the request in writing. I understand such requests will receive prompt attention, although a final decision on the request may have to wait until the next scheduled PRN Committee meeting.

_____(initial) PRN advises the State Board of Medicine informally (verbally) of all physicians enrolled in the PRN program. The State Board has agreed to take no action on these reports, and usually the State Board will drop any investigation of complaints it may have received about a physician. The exception to this rule involves cases about which the Board has independently received complaints of such magnitude that it feels compelled to take action.

_____(initial) If at some time I become noncompliant with the terms of this contract, including any modifications, and if I refuse to do what is necessary to get back in compliance, then PRN will formally notify the State Board regarding the problem. I understand that when the State Board is formally notified regarding my noncompliance it will result in an automatic "Motion for Enforcement" by the State Board against my Stipulation and Order. This "Motion for Enforcement" will result in a Hearing and will become public record.

RECEIVED JAN 8 2019

JS (initial) I understand that it is my responsibility to remain in compliance with all aspects of my PRN contract. Determination of when I am in compliance with my contract will be made by PRN in the course of usual business. A substantial episode/incident of noncompliance will result in a case review by the PRN with determination on how to proceed (reevaluation, increased requirements, increased length of contract, etc.) made at that time.

JS (initial) I agree to pay PRN $100/month and Idaho Medical Association (IMA) $25/month, in addition to a $10 one time set up fee, to cover a share of the cost of the program. I understand that the PRN fee will be automatically deducted from the account I authorize whereas the IMA amount will be billed to a credit or debit card designated by me quarterly. I also understand that PRN may change this charge from time to time, to reflect changing costs. I understand that I will receive at least two months advance notice of any such changes in charges. I also agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).

JS (initial) I recognize that chemical dependency/abuse is a family disease and will support my family's participation in Al-anon, ACOA, co-dependency treatment, or other appropriate family support groups or therapy.

JS (initial) I acknowledge, understand and agree that if I fail to meet the conditions of this contract, I will lose the advocacy of this PRN Committee. In case of relapse, I agree to abide by the PRN Committee's recommendation regarding modification of this contract or any other actions. Relapse or failure to meet the conditions of this contract, whether I am a volunteer of the PRN program or mandated to participate by the Board of Medicine, will be reported to the Board of Medicine. I also understand that PRN will update the Board of Medicine on what is being done about the relapse, and on my response to the relapse i.e. changes in monitoring and changes in treatment program. Any violation of a Stipulation and Order of the Board of Medicine, which pertains to alcohol and/or substance abuse, shall constitute a violation of this advocacy contract.

JS (initial) I agree to cooperate and be courteous at all times with my Committee monitor, the Committee or members thereof. I understand that it is my responsibility to arrange any meetings with my monitor and the Committee.

JS (initial) I hereby release and hold harmless my Committee monitor, the Committee and any of its agents, representatives, attorneys, members, employees or consultants from any claims, liability, damages or expenses of any kind or nature relating to or arising out of any decision, opinion, investigation, recommendation or any other action if such decision, opinion, investigation, recommendation or action was taken within the scope of their duties and functions and when such decision, opinion, investigation, recommendation or action was taken without malice and on a belief that such decision, opinion, investigation, recommendation or action was warranted by the facts that were then available.

JS (initial) The Board of Pharmacy maintains a data base that tracks prescriptions for controlled substances. As part of its monitoring program, the IMA PRN program is authorized to access this data base if authorization is given by the PRN program participant. The PRN will keep this information strictly confidential in accordance with this contract. I understand that PRN can access the Board of Pharmacy's Prescription Monitoring Database with my consent.

JS (initial) I am aware that the PRN discourages monitored participants from practicing together as members, employers, employees, partners, supervisors or supervisees within the same medical practice entity. For the purpose of this provision, the term "medical practice entity" shall not mean a hospital. Therefore, I agree to ascertain whether or not a PRN participant practices at a medical practice entity before I agree to join that medical practice entity. If there is a PRN participant at the medical practice entity, I agree to report this fact to the PRN and any other facts requested by the PRN and to abide by any additional reporting, monitoring, testing or other requirements the PRN Committee may require. I acknowledge that the PRN Committee may, after its review of my case, determine there is no way for me to join the practice and practice in a safe manner. If I decide to join the

RECEIVED JAN 0 8 2018

practice against the advice of the PRN Committee, I recognize the PRN Committee is authorized to report my case to the Board of Medicine.

PRN Policy Regarding Attorney Involvement:

Voluntary PRN Participants

The physician has the right to legal counsel. If the physician chooses to have an attorney represent the physician in their relationship with the PRN, the PRN will provide general information to the attorney on the nature of the relationship and the information that legal representation makes continuance of the past relationship impossible for the PRN. If the physician decides to continue to have the attorney represent them in the relationship, the PRN will cease all advocacy and support activities, including the availability of the physician support group, and evaluate the situation for releasing information to the Board of Medicine. In individual situations the PRN may continue monitoring activities while the situation is being resolved. The PRN will provide information and materials when legally required to do so.

Participants Monitored by Board Request

For participant monitored by Board request the primary relationship of the PRN is with the Board, not the participant. The physician's primary relationship is also with the Board, not the PRN. The physician's attorney should contact the Board only. The PRN will refer all attorney inquiries to the Board. When requested by the Board, the PRN will provide the Board any relevant documents, which the Board can then provide the attorney.

Participant Signature — Date: January 3, 2018

Ben Seymour, CADC
Program Coordinator, PRN — Date: 1/8/2018

(208) 323-9555 PRN office
(208) 323-9222 facsimile
5530 W. Emerald St., Boise, ID 83706

Ben Seymour, CADC, PRN Coordinator
(208) 949-0363 cellular

CLIENT ADMONITION LIST

1. No self- prescribing any drug, legend or scheduled (controlled).
2. No prescribing of scheduled (controlled) drugs for relatives.
3. No prescribing any drugs for anyone without generating a patient record.
4. Avoid poppy seeds, chiefly in pastries.
5. Avoid non-beverage alcohol: for example, hand sanitizers, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.
6. Do NOT consume alcohol in any form, even for religious purposes.
7. Do NOT consume so-called "non-alcoholic" beer and/or wine.
8. Beware of iatrogenic relapse. Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., etc.) that you are chemically dependent and to check with PRN in advance, unless in an emergency, and then as soon thereafter as possible.
9. Keep any family member's medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
10. Scrutinize all labels on any medications or other prescriptions you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure the correct identity of the medication and to ensure it does not contain addictive chemicals.
11. Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
12. The Board of Pharmacy recommends that if a patient wants to return a medication, that you and the patient destroy the medication together. Do not store or dispense the medication to another patient.
13. If your practice receives samples of a controlled substance, the Board of Pharmacy recommends that you: keep a log for dispensing any of these medications, and make a note in the patient's file.
14. Avoid the "PERCEPTION:" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.
15. Avoid unexcused absences.
16. Avoid positive toxicology tests (MISSED TOXICOLOGY TEST = POSITIVE TOXICOLOGY TEST).
17. Avoid missing payment of program and toxicology testing fees.
18. In the event of an adverse situation, cover yourself with a toxicology test, preferably at our laboratory, but certainly at the nearest convenient facility and then notify the PRN.
19. Don't change malpractice carriers if possible.
20. AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with PRN before answering the question.
21. Don't "advertise" your addiction or your recovery.

I have read, fully comprehend, and agree to adhere to the above admonitions.
I acknowledge receipt of a copy of this document.

Signed _____ Date 1/3/18

RECEIVED JAN 0 3 2018

TEAMHealth

Hospital, Emergency & Post-Acute Medicine
West Group, Las Vegas Market
5575 Simmons St. Unit 1, #563
North Las Vegas, NV 89031
Phone: (702) 304-2144
Fax: (702) 304-2147

To: Nevada State Board of Pharmacy

Re: Justin Sempsrott MD (hearing March 18th,2020)

I would like to take the time to recommend Dr. Sempsrott be granted a NV DEA and Controlled Substance license. I have known Dr. Sempsrott since 2010 when he was a resident in Las Vegas. He has worked with TeamHealth for the last 5 years. I have worked closely with him in Las Vegas as well as Caldwell Idaho. He has disclosed that he has a history of substance abuse. I was involved of getting him the help he needed in 2017. He attended a inpatient program and has been dedicated to his sobriety since 2017. He is required to take multiple drug tests per month and attends meetings regularly. I am proud to say he has turned his life around. I have been his work place monitor since 2017 and have seen no evidence of a lapse in his sobriety. He most recently was my Facility Medical Director at West Valley Medical Center in Caldwell Idaho. Dr. Sempsrott's hard work and dedication helped turn a once struggling program into one of the best in the division. Dr. Sempsrott is a very knowledgeable and skilled physician, and is liked by his colleagues and medical staff.

Please let me know how I can help.

Sincerely,



Scott A. Scherr MD FACEP
Regional Medical Director
TeamHealth West Group
702-289-9698

RECEIVED
FEB 25 2020
NEVADA STATE BOARD
OF PHARMACY

TEAMHealth

Emergency Medicine, West Region
505 South 336th St, Suite 350 • Federal Way, WA 98003
Phone: 405.823.6559
Fax: 253.838.6418

February 20, 2020

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

Dear Nevada State Board of Pharmacy:

I am pleased to provide a character reference letter to you on behalf of Dr. Justin Sempsrott. I became professionally acquainted with Dr. Sempsrott during the selection process for a Facility Medical Director position in my book of business during the summer of 2018. At that time, Dr. Sempsrott disclosed his recovery and participation in a physician monitoring program to me.

Dr. Sempsrott has been an exemplary emergency room physician leader for the duration of the time I have known him. Of the more than 500 physicians I work with, Dr. Sempsrott is notable for his dedication to providing excellent emergency care to patients as well as leading the physicians and advanced practice clinicians that work for him to also deliver excellent emergency care, as measured by industry-standard objective metrics.

As the Vice-President of Operations, I am the fortunate recipient of the letters of accolade submitted to our company, praising Dr. Sempsrott for his compassion, thoroughness, and remarkably high standard of patient care. These letters from patients and family members are some of the best examples of patient advocacy that I have ever seen. I have also frequently discussed his performance as a physician and leader with the executives at his facility, and the feedback has consistently been excellent.

I have found Dr. Sempsrott's character to always be of the highest integrity. He communicates honestly, carries himself with humility, and promotes collaboration among specialties and across different organizations. I would be pleased to discuss these points in further detail or answer any specific questions you may have regarding Dr. Sempsrott.

Sincerely,

Kent Endersby, MSN, RN, CEN, NRP
Vice President of Operations, West Group

Letter of Reference for Justin Sempsrott, MD

Nolan Jaeger <njjaeger@sbrmc.org>

Mon 2/24/2020 9:10 AM

To: Pharmacy Board <pharmacy@pharmacy.nv.gov>;

Justin_Sempsrott@teamhealth.com <Justin_Sempsrott@teamhealth.com>;

1 attachments

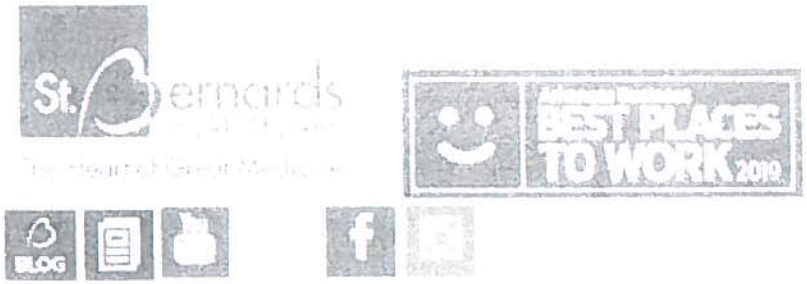
Justin Sempsrott LOR.pdf;

Dear Nevada Board of Pharmacy,

Please find a recommendation letter attached for Justin Sempsrott, MD. This pertains to a scheduled appearance before the Board on Wednesday, March 18, 2020 at 1:30PM at the Hilton Garden Inn in Las Vegas, NV. Please don't hesitate to contact me for any additional information or clarification.

Sincerely,

Nolan Jaeger MD
Plastic and Reconstructive Surgeon
St Bernards Healthcare
Office (870) 336-3190
Cell (870) 919-8999
njjaeger@sbrmc.org



Confidentiality Disclaimer: Privileged/Confidential Information may be contained in this message. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message, and notify us immediately.

Nolan Jaeger, MD
St. Bernards Plastic Surgery
1150 East Matthews Ave, Suite 201
Jonesboro, AR 72401

February 24, 2020

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

Dear Nevada State Board of Pharmacy:

This letter is to serve as a character reference for Justin Sempsrott, MD. I have known Dr. Sempsrott since he was a trainee at the University of Nevada School of Medicine in 2007. Although I was a surgical resident at the time, I had the opportunity to work alongside Justin on many occasions in the emergency and trauma departments. After training, I maintained close personal and professional contact with Dr. Sempsrott through phone calls, emails, and in-person visits.

I have always known Dr. Sempsrott to be an honest, hard-working, and highly intelligent physician who prioritizes patient care above all else. I would never hesitate to allow Dr. Sempsrott to provide medical care for myself, my children, or any other member of my family. He is highly motivated, but is introspective and recognizes his limitations. Furthermore, when he provides assurance that he will act, he always follows through.

Without reservation, I would personally and professionally vouch for Dr. Sempsrott's character and abilities.

Sincerely,

Nolan Jaeger, MD
Plastic and Reconstructive Surgeon
St. Bernards Healthcare
(870) 336-3190
njjaeger@sbrmc.org

Physician Recovery Network

Idaho Medical Association

John Sonntag, MD
Chairman

Mark Broadhead, MD
Medical Consultant

Ben Seymour, CADC
Program Coordinator
ben@southworthassociates.net

Molly Steckel
Executive Director
molly@idmed.org

February 25, 2020

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Ste. 206
Reno, NV 89521
Via email: pharmacy@pharmacy.nv.gov

RE: Justin Sempsrott, MD

To Whom It May Concern,

I have the consent of Justin Sempsrott, M.D. to disclose that he is under contract with the Idaho Physician Recovery Network (PRN). Dr. Sempsrott signed his PRN contract on January 3, 2018 and he is currently compliant with his contract.

Dr. Sempsrott's contract includes, but is not limited to, the following: 1) regular attendance at 12-Step meetings each week, 2) weekly attendance at health professional's support group, 3) weekly meetings with a 12-Step sponsor, 4) random toxicology testing, and 5) obtain and meet regularly with a worksite monitor.

Should you have questions or comments regarding this information, please contact me at 208-323-9555 ext. 106.

Sincerely,

Tiffany East, BA | Senior Compliance Monitor
Physicians Recovery Network
Southworth Associates

Southworth Associates
5530 W Emerald
Boise, ID 83706
Toll Free: 1-800-386-1695
Local: 208-323-9555
Fax: 208-323-9222

Idaho Medical Association
PO Box 2668
Boise, ID 83701
Local: 208-344-7888
Fax: 208-344-7903

P.O. Box 13600
Scottsdale, AZ 85267

Nevada Professionals Assistance Program
NPAP

Phone: 866 460 9014
Fax: 480 990 3114

February 25, 2020

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy Ste. 206
Reno, NV 89521
Via email: pharmacy@pharmacy.nv.gov

Re: Justin Sempsrott, M.D.
NV Medical License #: 14852

To Whom It May Concern:

I am writing this letter at the request of Dr. Justin Sempsrott, a participant in the Nevada Professionals Assistance Program (NPAP), to indicate the status of his NPAP contract. Dr. Sempsrott signed a standard 5-year Conditions for Participation (CFP) monitoring agreement on 3/24/2017 and is set to complete the program on 3/24/2022.

Dr. Sempsrott's primary monitoring agency is the Idaho Physician Recovery Network (PRN) with the NPAP acting as a secondary monitor. The PRN submits quarterly reports to the NPAP which indicate that Dr. Sempsrott has been in full compliance with his PRN contract. Thus, Dr. Sempsrott is in full compliance with his CFP monitoring agreement.

If you have any questions or would like to further discuss this case, please do not hesitate to contact me.

Sincerely,

Ben L. Seymour, CADC, CIP
Nevada Professionals Assistance Program

Letter of Compliance

Tiffany East <tiffany@southworthassociates.net>

Wed 2/26/2020 10:29 AM

To: Pharmacy Board <pharmacy@pharmacy.nv.gov>;

1 attachment

2020_02_26_11_27_18.pdf;

Hello-
Dr. Sempsrott has requested that the NPAP share the attached information with you.
Please follow-up with me if you have any questions.
Sincerely,

Tiffany East, BA
Senior Compliance Monitor
SOUTHWORTH

Ph (208) 323.9555 or (800) 386.1695 ext. 106 F (208) 323.9222
tiffany@southworthassociates.net / www.southworthassociates.net

This communication from Southworth Associates may contain material protected by HIPAA legislation (42 CFR Part 2 and 45 CFR, Parts 160 & 164). This email and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering this email to the intended recipient, be advised that you have received this email in error and that any use, dissemination, forwarding, printing or copying of this email is strictly prohibited. If you have received this email in error, please notify the sender by replying to this email and then delete the email from your computer.

****PLEASE NOTE: On 2/28/2020 Southworth Associates will be relocating to a new office. Our new address will be: 3501 W Elder St. Suite 201, Boise ID 83705. The office phone number – 208 323 9555 - will remain unchanged****

Andrew Schmidt, DO, MPH
Department of Emergency Medicine
University of Florida-Jacksonville
655 W 8th St
Jacksonville, FL 32209
Andrew.schmidt@jax.ufl.edu
904-401-2938

February 14, 2020

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

Nevada State Board of Pharmacy:

It is my personal pleasure to write this letter in support of the character of Dr. Justin Sempsrott. As a brief background, Justin and I have known each since we were lifeguards in 2003; since this time we have worked closely on numerous domestic and international projects, co-founded an internationally recognized non-profit, co-authored numerous chapters and research articles, and have been mutually supportive on both professional and personal levels.

There is no doubt in my mind that without the guidance and motivation Justin has provided over the years, I would not be the physician I am today. His influence came at a very important time in my life when I was trying to determine own path, and I found his thirst for knowledge and willingness to be the one to show up when new opportunities arose to be infectious. Those attributes had a true effect on my outlook and were important pieces of the puzzle which completed my own path to medicine, and they are parts of his personality I continue to admire to this day. Just as his influence guided my path to medicine, it has also strongly guided my focus in research and education. In watching Justin carve out his passion for drowning prevention and education and experiencing the way he teaches others, I have seen first-hand how a focus driven by passion can affect not only the people and audiences receiving the information, but also the person who is communicating it. Additionally, his willingness to engage others in this passion, including myself, by sharing information and contacts within drowning community has had an important impact on the progression of knowledge and program development within this international community.

As a physician, Justin is easily one of the most naturally and practically intelligent individuals I have met. He is able to synthesize and apply knowledge in a more pragmatic manner than most; for this reason he is often one of the fist physicians I think to contact outside of my department when there is a medical issue I can't seem to grasp or need better insight on. Beyond being a talented and effective physician and educator, Justin is an amazing father and husband. He always involves his family in his professional travels, and I am constantly impressed by the effort he puts forth, despite his busy career, to provide an engaging and inspiring environment for his son. I hope with all of this that I have impressed on you that I hold no doubt in my mind when it comes to the character of Dr. Justin Sempsrott. He is a person I can count on 24 hours a day for guidance, a physician I admire and would not hesitate to allow to treat me or a family member, and a father I take inspiration from when caring for my own children. Please do not hesitate to contact me directly with any further questions.

Sincerely,

Andrew Schmidt, DO. MPH
Assistant Professor, Emergency Medicin, UF-Jax
Deputy Medical Director, TraumaOne Flight Services

RECEIVED
FEB 24 2020
NEVADA STATE BOARD
OF PHARMACY

COMPREHENSIVE DERMATOLOGY OF IDAHO, PLLC

February 25, 2020

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

Re: Justin Sempsrott, MD

To whom it may concern,

I am writing as a character reference for Dr. Sempsrott. I have personally and professionally known Dr Sempsrott for 3 years and can say that he is of high character and is an outstanding physician in our community.

In addition I sit on the board of the Idaho Medical Association Physician Recovery Network. As a board member I have personally supervised Dr. Sempsrott's recovery in the program and his willingness to continue to grow in his sobriety. Presently I feel he has a strong recovery and has sound professional competence.

I do not see any reason he should be denied a controlled substance license in your state. If you have any further questions regarding Dr. Sempsrott please feel free to contact me.

Sincerely,



Ryan S. Owsley, MD, FAAD, FASDS
Comprehensive Dermatology of Idaho, PLLC
16111 N. Brinson St. Suite 100, Nampa, ID 83687
Phone (208) 467 - SKIN
Fax (208) 467 - 7500
www.dermidaho.com

8

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e.you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Ronak Middle: A Last: Desai

Mailing Address: _ Maurice Circle

City: Cerritos State: CA Zip Code: 90703

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Godhra, India

Social Security Number: _____ Sex: ☐ M or ☑ F
(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: CA Date of Issuance: June 23, 2004

College of Pharmacy Information

Graduation Date: 05/18/2002
(mm/dd/yy)

Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: St. Louis College of Pharmacy

Location of School: St. Louis, MO

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 330.00 Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
IL	051289389	Yes ☑ No ☐	KS	1-107607	Yes ☑ No ☐
OR		Yes ☑ No ☐	OK	#18378	Yes ☑ No ☐

**Attach separate sheet if needed --- Please see the attachment #1

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	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?	☐	☑
2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state? California	☑	☐
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 numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**: Please see the attachment #2

Board Administrative Action: Pending	State	Date:	Case #:
ACCUSATION	CA	11/ 07/ 2019	AC201700627100

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child? Yes ☐ No ☑
4a. If you marked Yes, to the question 4, are you in compliance with the court order? Yes ☐ No ☐

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.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

01/15/2020

Date

Attachment #1: List of other states pharmacist license-

State	Lic#	License Active
KY	017504	Yes
TN	0000038706	Yes
WV	RP0008754	Yes
AL	18275	Yes
MD	23041	Yes
MS	P13672	Yes

Attachment #2: Explanation & documentation On Pending CA Accusation

There is a pending disciplinary action in California. The action was filed against Park Pharmacy regarding compounding practices for a two-year period of conduct during which I was a temporary employee and PIC for a stint of four months. During my short, temporary employment at Park, I had no involvement in or knowledge of the wrongdoing that was occurring there, because Park actively kept it hidden from me. Nevertheless, I was swept up in the accusation because I held a PIC position. I am in the process of resolving the matter to avoid the expense and uncertainty of litigation.

9

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE

REGISTRATION FEE: $80.00 (non-refundable money order or cashier's check only)

First: Lonny Middle: Dee Last: Krause

Home Address: W 1860 N

City: Washington State: Utah Zip Code: 84780

SS#: Date of Birth: Sex: ☒ M or ☐ F

Telephone: E-mail address:

PRACTICING LOCATION (Required)

Practice Name (if any): ReVere health : Heart of Dixie Cardiology

Physical Address: 330 Falcon Ridge Parkway Suite #: 400A

City: Mesquite State: Nevada Zip Code: 89027

Telephone: 435-251-2900 Fax: 435-251-2901

Nursing Board #: 825289 Issued: ~~10/16/19~~ 11/21/19 Expires: ~~11/21~~ 01/30/2024

☒ **Check this box if you are a APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.)**

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

	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?	☒	☒
2. Been the subject of a board citation, 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 numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

FNP-C

Original Signature of APRN, no copies or stamps accepted — Date: 10/10/2019

COLLABORATING PHYSICIAN's name (If required): Jamison Jones, MD

Original Signature of Collaborating Physician, no copies or stamps accepted — Date: 12-3-19

Board Use Only: Date Processed _____ Amount 80.00

SEVIER COUNTY JUSTICE COURT
SEVIER COUNTY, STATE OF UTAH

STATE OF UTAH vs. LONNY DEE KRAUSE
CASE NUMBER 101036308 Other Misdemeanor

CHARGES

Charge 1 - 41-22-3(1)(A) - OPERATED OR TRANSPORTED W/O CURRENT REGISTRATION Class C Misdemeanor
Offense Date: January 24, 2010
Disposition: February 03, 2010 Bail Forfeiture

CURRENT ASSIGNED JUDGE

KENT NIELSEN

PARTIES

Plaintiff - STATE OF UTAH
Represented by: CASEY W JEWKES
Defendant - LONNY DEE KRAUSE

DEFENDANT INFORMATION

Defendant Name: LONNY DEE KRAUSE
Date of Birth:
Law Enforcement Agency: PARKS & RECREATION
Officer Name: OTHER OFFICER (NOT LISTED)
Prosecuting Agency: SEVIER COUNTY
Citation Number: J3825403

ACCOUNT SUMMARY

TOTAL REVENUE	Amount Due:	40.00
	Amount Paid:	40.00
	Credit:	0.00
	Balance:	0.00
REVENUE DETAIL - TYPE: FINE		
	Amount Due:	40.00
	Amount Paid:	40.00
	Amount Credit:	0.00
	Balance:	0.00

PROCEEDINGS

02-01-10 Filed: Citation

CASE NUMBER 101036308 Other Misdemeanor

02-01-10 Judge KENT NIELSEN assigned.
02-01-10 Note: DEFAULT TRACKING CODE FOLLOW: WARNING 02/22/2010
02-01-10 Note: NOTICE TO PARENT MAILED
02-02-10 Note: EXPIRED REGISTRATION - OFF ROAD VEHICLE (ATV/SNOWMOBILE)
75.00
02-03-10 Charge 1 Disposition is Bail Forfeiture
02-03-10 Fine Account created Total Due: 40.00
02-03-10 Fine Payment Received: 40.00
Note: Court Fine Payment # 1.047068
02-03-10 Note: Court Fine Payment # 1.047068 -40.00
02-03-10 Note: BAIL FORFEITURE - EXPIRED REGISTRATION - OFF ROAD VEHICLE
(ATV/SNOWMOBILE) OFF:7033 40.00
02-03-10 Note: DEF WAS TOLD THIS IS A $40 CITATION BY MISTAKE.
02-03-10 Note: CASE CLOSED

SEVIER COUNTY JUSTICE COURT
SEVIER COUNTY, STATE OF UTAH

STATE OF UTAH vs. LONNY DEE KRAUSE
CASE NUMBER 155001855 Misdemeanor DUI

CHARGES

Charge 1 - 41-6A-502.5 - IMPAIRED DRIVING Class B Misdemeanor (amended) to Class B Misdemeanor
Offense Date: August 09, 2015
Disposition: May 31, 2016 Guilty Plea
Charge 2 - 41-6A-526 - OPEN CONTAINER/DRINKING ALCOHOL IN A VEHICLE Class C Misdemeanor
Offense Date: August 09, 2015
Disposition: May 31, 2016 Dismissed (w/o prej)

CURRENT ASSIGNED JUDGE

MARK MCIFF

PARTIES

Defendant - LONNY DEE KRAUSE
Represented by: DOUGLAS L NEELEY
Plaintiff - STATE OF UTAH
Bondsman - {REBEL BAIL BOND INC}

DEFENDANT INFORMATION

Defendant Name: LONNY DEE KRAUSE
Offense tracking number: 46184503
Date of Birth:
Law Enforcement Agency: SEVIER CO SHERIFF
Prosecuting Agency: SEVIER COUNTY

ACCOUNT SUMMARY

TOTAL REVENUE	Amount Due:	1,300.00
	Amount Paid:	1,300.00
	Credit:	0.00
	Balance:	0.00
PAPER BOND TOTALS	Posted:	1,530.00
	Forfeited:	0.00
	Exonerated:	1,530.00
	Balance:	0.00

CASE NUMBER 155001855 Misdemeanor DUI

REVENUE DETAIL - TYPE: FINE

Amount Due:	1,300.00
Amount Paid:	1,300.00
Amount Credit:	0.00
Balance:	0.00

NONMONETARY BOND DETAIL - TYPE: Surety

Posted By:	{REBEL BAIL BOND INC} (#57258)
Posted:	1,530.00
Forfeited:	0.00
Exonerated:	1,530.00
Balance:	0.00

PROCEEDINGS

08-12-15 Case filed
08-12-15 Judge MARK MCIFF assigned.
08-12-15 Filed: Information/Citation
08-12-15 Filed: REBEL BAIL BOND INC 1530.00
08-12-15 Bond Account created Total Due: 1530.00
08-12-15 Bond Posted Non-Monetary Bond: 1,530.00
08-12-15 ARRAIGNMENT PER PTA scheduled on August 25, 2015 at 09:00 AM in SEVIER CO COURTROOM with Judge MCIFF.
08-12-15 **** PRIVATE **** Filed: PC Statement (Charging Document)
08-12-15 Filed: Custody Release Form
08-12-15 Filed: REBEL BAIL BONDS
08-12-15 **** PRIVATE **** Filed: Arrest Summary Report
08-13-15 Filed: Appearance of Counsel Douglas L. Neeley #6290
08-13-15 PRETRIAL CONFERENCE scheduled on October 23, 2015 at 10:30 AM in SEVIER CO CONF ROOM with Judge MCIFF.
08-13-15 Notice - NOTICE for Case 155001855 ID 10723340
PRETRIAL CONFERENCE is scheduled.
Date: 10/23/2015
Time: 10:30 a.m.
Location: SEVIER CO COURTROOM
250 NORTH MAIN #124

RICHFIELD, UT 84701
Before Judge: MARK MCIFF
08-24-15 Filed: DISCOVERY SUBMITTAL
08-27-15 Note: NOTICE OF PRETRIAL CONFERENCE RETURNED-RETURN TO

CASE NUMBER 155001855 Misdemeanor DUI

SENDER-NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD
10-19-15 Note: PRETRIAL CONFERENCE calendar modified.
10-19-15 Note: Corrected calendar to room #2.
10-23-15 Note: Attorney, Doug Neeley, met with Prosecutor, Mandy Larsen. Continue to November date.
10-26-15 PRECONFERENCE CONTINUED X2 scheduled on November 20, 2015 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
10-26-15 Notice - NOTICE for Case 155001855 ID 10934633
PRECONFERENCE CONTINUED X2 is scheduled.
Date: 11/20/2015
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126

RICHFIELD, UT 84701
Before Judge: MARK MCIFF
10-29-15 Note: Def called to make pmt on another case & asked about this case as he hasn't heard anything on it. Told him appearance of counsel was filed by attorney, Doug Neeley. Expld he may want to contact his attorney for status.
11-12-15 Note: NOTICE OF PRECONFERENCE CONTINUED X3 RETURNED-RETURN TO SENDER-NOT DELIVERABLE AS ADDRESSED-UNABLE TO FORWARD
11-20-15 Note: Per Prosecutor, Mandy Larsen - she has been in touch with counsel, Doug Neeley. Continue matter to December date.
11-20-15 PRECONFERENCE CONTINUED X3 scheduled on December 11, 2015 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
11-20-15 Filed: Notice for Case 155001855 ID 11007487
12-02-15 Note: NOTICE OF PRECONFERENCE RETURNED-RETURN TO SENDER-INSUFFICIENT ADDRESS-UNABLE TO FORWARD
12-11-15 Note: Per Prosecutor, Mandy Larsen, continue case to January date.
12-16-15 PRECONFERENCE CONTINUED X4 scheduled on January 29, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
12-16-15 Notice - NOTICE for Case 155001855 ID 11074854
PRECONFERENCE CONTINUED X4 is scheduled.
Date: 01/29/2016
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126
Printed: 01/25/19 10:50:22 Page 3

CASE NUMBER 155001855 Misdemeanor DUI

RICHFIELD, UT 84701
Before Judge: MARK MCIFF
12-16-15 Filed: Notice for Case 155001855 ID 11074854
12-23-15 Filed: RETURN MAIL-Notice Of Preconference Continued X4
01-25-16 Note: Sue Player, from Doug Neeley's office called. Doug will be in Federal Court on Friday so won't be able to appear for preconference. Motion to continue to be submitted.
01-25-16 Filed: Motion to Continue
Filed by: NEELEY, DOUGLAS L,
01-25-16 Filed: Affidavit of Counsel in Support of Motion to Continue
01-25-16 Note: Motion to Continue, Affidavit of Counsel in Support of Motion to Contine; and Order Continuing Pretrial submitted - file to Judge.
01-26-16 PRECONFERENCE CONTINUED X4 scheduled on March 11, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
01-27-16 Filed order: ORDER CONTINUING PRETRIAL
Judge MARK MCIFF
Signed January 27, 2016
01-27-16 Note: Copy of Order Continuing Pretrial mailed to Def; Def's counsel, Douglas Neeley; Rebel Bail Bonds; and copy put in Prosecutor's box.
02-08-16 Filed: RETURN MAIL- ORDER CONTINUING PRETRIAL
02-19-16 Note: Doug Neeley called - requested to reschedule to April due to trial dates in other court. Spoke with Mandy Larsen. Set for 04/01/16 @ 10 AM & mail notice to all parties after Motion to Continue is received.
02-22-16 PRECONFERENCE CONTINUED X4 scheduled on April 01, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
02-22-16 Notice - NOTICE for Case 155001855 ID 11259593
PRECONFERENCE CONTINUED X4.
Date: 04/01/2016
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126

RICHFIELD, UT 84701
Before Judge: MARK MCIFF
The reason for the change is Counsel's request.

CASE NUMBER 155001855 Misdemeanor DUI

02-22-16 Filed: Notice for Case 155001855 ID 11259593
04-01-16 PRETRIAL CONFERENCE scheduled on May 20, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
04-01-16 Notice - NOTICE for Case 155001855 ID 11380611
PRETRIAL CONFERENCE is scheduled.
Date: 5/20/2016
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126

RICHFIELD, UT 84701
Before Judge: MARK MCIFF
04-01-16 Filed: Notice for Case 155001855 ID 11380611
04-18-16 Note: LONNY DEE KRAUSE called, per his request mailed out certified court docket.
04-29-16 Filed: Enhancement Notices
04-29-16 Filed: RIGHTS, INSTRUCTIONS & WAIVER FORM
04-29-16 Filed: PLEA AGREEMENT (Proposed)
04-29-16 Note: COPY of proposed Plea Agreement & paperwork filed in case as it includes that $1300 is due in full w/agreement & bail is not posted. Agreement can be referred to Judge upon bail being posted.
05-18-16 Note: Gabby from Doug Neelys office called, explained def has not posted $1300 in bail, agreement can not be submitted until he does.
05-19-16 Filed: Stipulated Motion To Continue - Referred to Judge
05-20-16 Filed order: ORDER TO CONTINUE
Judge MARK MCIFF
Signed May 18, 2016
05-20-16 Note: Per Mrs Larsen, continue preconference to 06/24/2016 @ 10:00 AM.
05-20-16 PRETRIAL CONFERENCE scheduled on June 24, 2016 at 10:00 AM in SEVIER CO CONF ROOM with Judge MCIFF.
05-20-16 Notice - NOTICE for Case 155001855 ID 11527054
PRETRIAL CONFERENCE is scheduled.
Date: 6/24/2016
Time: 10:00 a.m.
Location: SEVIER CO CONF ROOM
250 N. MAIN ROOM #126

CASE NUMBER 155001855 Misdemeanor DUI

RICHFIELD, UT 84701

Before Judge: MARK MCIFF

05-20-16 Filed: Notice for Case 155001855 ID 11527054

05-31-16 Note: LONNY DEE KRAUSE called, posted bail. Def is to contact a licensed substance abuse counselor within 15 days. Complete an assessment, if no treatment is recommended def is to complete an educational series. A copy of the completed agreement will be

05-31-16 Note: mailed out once the Judge signs it.

05-31-16 Charge 1 Disposition is Guilty Plea

05-31-16 Charge 1 amended to Class B Misdemeanor

05-31-16 Charge 2 Disposition is Dismissed (w/o

05-31-16 Minute Entry - SENTENCE, JUDGMENT, COMMITMENT

Judge: MARK MCIFF

PRESENT

Clerk: kenzieh

Defendant not present

Change of Plea Note

Plea Sentence recorded per PLEA AGREEMENT signed/dated 05/31/2016.

SENTENCE JAIL

Based on the defendant's conviction of IMPAIRED DRIVING a Class B Misdemeanor, the defendant is sentenced to a term of 180 day(s)

The total time suspended for this charge is 180 day(s).

Credit is granted for time served.

SENTENCE FINE

Charge # 1 Fine: $1950.00

Suspended: $650.00

Surcharge: $642.11

Due: $1300.00

Total Fine: $1950.00

Total Suspended: $650.00

Total Surcharge: $642.11

Total Fine Due: $1300.00

CASE NUMBER 155001855 Misdemeanor DUI

ORDER OF PROBATION
The defendant is placed on probation for 12 month(s).
Defendant is to pay a fine of 1300.00 which includes the surcharge.
Interest may increase the final amount due.
Pay fine to The Court.

Defendant subject to: ALL TERMS OF PROBATION AS STATED IN AGREEMENT (Document).
Obey all laws - Federal, State, and Local
Notify the court of any change of address and/or phone number within 10 days of the change.
Pay a fine of $1300.00
Defendant may not deviate from the payment schedule or any other probation requirement(s) without prior permission from the court. Call (435) 893-0461.
Contact a licensed substance-abuse rehab program/counselor within 15 days & complete a substance abuse screening, then assessment if determined appropriate by the screening.
Complete any treatment &/or educational series as determined appropriate by the assessment. An educational series must be completed if there is no treatment. Pay the program costs to the provider.
Submit proof of the screening & assessment to the court within 1 month of sentencing & submit proof of completion of counseling or education series within 4 months of sentencing date.
Def shall receive credit for time served.
Defendant may not use, possess, or consume alcohol or drugs unless prescribed by a licensed physician. Defendant may not be present in a location where alcohol is the principal item of order.
Defendant is ordered to complete a "book and release" at the Sevier County Jail within 10 days as stated at sentencing.

06-01-16 Bond Exonerated -1,530.00
06-01-16 Fine Account created Total Due: 1300.00
06-01-16 Fine Payment Received: 1,300.00
06-01-16 Filed order: PLEA AGREEMENT (Probation)
Judge MARK MCIFF
Signed May 31, 2016
06-08-16 Note: Sue from Doug Neelys office called, def posted full

CASE NUMBER 155001855 Misdemeanor DUI

amount of fine.

06-20-16 PRETRIAL CONFERENCE Cancelled.
Reason: Plea Agreement

07-15-16 Ruling Entry - TREATMENT PROGRAM REMINDER
Judge: MARK MCIFF

In reviewing the case, the court finds that you were ordered to attend and complete a substance abuse rehabilitation program within 90 days and submit proof of completion to the court within that time frame. To date, we have not received such proof. In order to avoid further court action, please contact this court within 10 days.

CERTIFICATE OF NOTIFICATION

I certify that a copy of the attached document was sent to the following people for case 155001855 by the method and on the date specified.

MAIL: LONNY DEE KRAUSE 7650 EURO DRIVE D105 MIDVALE, UT 84047

Date: 07/15/2016 /s/ KENZIE HILLIN

Justice Court Clerk

08-11-16 Note: LONNY DEE KRAUSE called, confirmed SA Eval letter was mailed out. Explained nothing has been received from the counselor. He may want to check back with her and get it sent again or bring it in.

08-11-16 Note: LONNY DEE KRAUSE called, explained he can fax or mail in SA Eval. Per his request gave him mailing address and fax number.

10-25-16 Ruling Entry - TREATMENT PROGRAM REMINDER SA EVALUATION
Judge: MARK MCIFF

In reviewing the case, the court finds that you were ordered to attend and complete a substance abuse rehabilitation program within 90 days and submit proof of completion to the court within that time frame. To date, we have not received such proof. In order to avoid further court action, please contact this court within 10 days.

CERTIFICATE OF NOTIFICATION

I certify that a copy of the attached document was sent to the

CASE NUMBER 155001855 Misdemeanor DUI

following people for case 155001855 by the method and on the date specified.

MAIL: LONNY DEE KRAUSE 7650 EURO DRIVE D105 MIDVALE, UT 84047

Date: 10/25/2016 /s/ KENZIE HILLIN

Justice Court Clerk

03-09-17 Note: AFFIDAVIT/Probation (PA) OSC#1 prepared & referred to Judge.
03-09-17 PROBATION (PA) OSC#1 scheduled on April 06, 2017 at 09:00 AM in SEVIER CO COURTROOM with Judge MCIFF.
03-10-17 Filed: OSC Affidavit
03-10-17 Note: OSC signed/dated 03/10/17 & mailed to defendant w/copy of Affidavit.
03-22-17 PROBATION (PA) OSC#1 rescheduled to May 11, 2017 at 09:00 AM in SEVIER CO COURTROOM with Judge MCIFF.
03-22-17 Note: LONNY DEE KRAUSE called, explained he has order to show cause, he can submit proof of completion of SA eval and program, however he will still have to appear. RS to 5/11 @9, told him he can only RS one time and this will be it.
04-13-17 Filed: Motion Stipulated Motion to Dismiss Order to Show Cause
Filed by: KRAUSE, LONNY DEE
04-13-17 Filed: Order (Proposed) to Dismiss Order to Show Cause
04-13-17 Filed: Return of Electronic Notification
04-19-17 Filed: Proof Of Class Completion
04-19-17 Filed: Return of Electronic Notification
04-25-17 Filed order: Order to Dismiss Order to Show Cause
Judge MARK MCIFF
Signed April 25, 2017
04-25-17 PROBATION (PA) OSC#1 Cancelled.
Reason: Court Ordered
04-25-17 Filed: Return of Electronic Notification
06-07-17 Case Closed
Disposition Judge is MARK MCIFF

Lonny Krause

909 S 825 E• Ephraim, UT 84627
Phone: 435-691-1980 • E-Mail: lonny.krause@hotmail.com

Date: January 21, 2019

State of Utah Department of Commerce
Division of Occupational and Professional Licensing
Attn: Madison Paskett
160 East 300 South, Box 146741
Salt Lake City, UT 84114-6741

Nevada State Board of Pharmacy. LK

Dear Madison Paskett:

The following information is a personal narrative as to what happened at the time of incident's in regards to APRN application for Lonny Krause.

On October 14, 2013, myself, Lonny Krause, along with multiple others, around 10-14, were at an acquaintance's house. It was visible that there was alcohol in the house, with no one over the age of 21 at the time. No alcohol was ingested by Lonny Krause. That night, police showed up and gave unlawful for minor to possess an alcoholic product to all individuals, whether they were drinking or not because no one was over the age of 21. No blood alcohol level test was performed or breathalyzer was preformed. The case went to the Wayne County Justice Court system on September 24, 2014. Lonny Krause plea not guilty and the case was dismissed on September 24, 2014.

On February 16, 2011, myself, Lonny Krause, along with two others were driving in a car. One passenger was 26 years old and the other 18. Police officer D. Brinkerhoff pulled the car over and explained that the 12 pack of beer was against the law to have in the car to the 26 year old, because the underage was not family. No alcohol was open, no alcohol was ingested. Officer cited myself, Lonny Krause, along with another underage individual with Possess by minor measurable amounts. Lonny Krause plea not guilty to offense on February 02, 2015, and the case was dismissed on February 02, 2015.

On January 24, 2010, myself, Lonny Krause was riding a snowmobile with an expired registration. I was pulled over, and given a citation for operated or transporting w/o current registration. The fees were paid and all actions taken care of in timely appropriate manor. Case dismissed on February 03, 2010.

On August 09, 2015, I was arrested with Impaired Driving. That night I was consuming alcohol, later to find out that one of my friends had not been heard from after driving home in a non-cellular reception spot. I went to look for my friend, to find him needing medical help, crashed in a canyon. I activated the 9-11 response. When they arrived they asked if I was drinking, which I honestly told them. They arrested me. On May 31, 2016 the case was dismissed.

It seems that most of these cases I was at the wrong place at the wrong time. I have learned as getting older and getting more education that it is important to know who you are with and what is going on. Simple decisions can affect you as a professional. It has now been 4 years since any issues with the law. I follow my nursing standards and will continue to do so.

The information given in this letter is accurate to my knowledge. If you have questions feel free to contact me at anytime.

Sincerely,

Lonny Krause, RN-MS, FNP-C

10

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Cindy Middle: A Last: Orwick

Home Address: Tiger lily way Apt #:

City: Henderson State: NV Zip Code: 89015

Telephone: [redacted] Social Security Number: [redacted]

Date of Birth: [redacted] Place of Birth: Massachusetts Sex: M or (F)

E-mail Address: [redacted]

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

- ☑ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- ☐ Copy of a certificate from an ASHP approved pharmacy technician school.
- ☐ Non ASHP approved school **and** PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: I have previously had 1 in nevada already.

	Yes	No
1. Are you 18 years of age or older?	(Yes)	No
2. Are you a high school graduate or the equivalent?	(Yes)	No

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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?		(No)
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?		(No)
4. Been the subject of a board citation or an administrative action whether completed or pending in any sate?		(No)
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	(Yes)	

If you marked **YES** to any of the numbered questions (**3-5**) above, include the following information & **provide an expianation & documentation**:

Board Administrative Action:	State	Date:	Case #:
Prn	NV	1/1/2012 - Completion.	

Criminal Action:	State	Date:	Case #:	County	Court
None					

In response to federally mandated requirements , the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

	Yes	No
Are you the subject of a court order for the support of a child?		(No)
IF you marked **YES** to the question, above are you in compliance with the court order?		

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Cindy Orwick
Original Signature, no copies or stamps accepted

1/20/2019
Date

Board Use Only: Date Processed: Amount: 40.00

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	
	)	**Case No. 12-047-PT-S**
Petitioner,	)	
v.	)	
	)	**ORDER**
CINDY ORWICK, PT,	)	
Certificate of Registration No. PT05926	)	
	)	
Respondents	)	
	/	

The Nevada State Board of Pharmacy (Board) heard this matter at its regular meeting on April 17, 2013, in Las Vegas, Nevada. Attorney S. Paul Edwards represented the Board in his capacity as its General Counsel. Respondent Cindy Orwick, PT appeared without counsel, but with knowledge of her right to consult counsel. Following opening statements and the presentation of evidence, including testimony from Ms. Orwick, the parties stipulated to the following terms:

1. The Board made no findings of fact with respect to the allegations in the Accusation in this matter.

2. The Board made no conclusions of law with respect to the allegations in the Accusation in this matter.

3. The parties mutually agreed to the following:

   a. Ms. Orwick:

      i. Voluntarily surrendered her pharmaceutical technician registration;

      ii. Will enroll in, or continue to be enrolled in, an evaluation and treatment program such as PRN-PRN, or another equivalent program, which is pre-approved by Board Staff, and will comply with all requirements and conditions of such program as necessary to remain in good standing therein;

iii. Will not reapply for any license or registration to work in a pharmacy in Nevada until such time as she has completed the program referenced above, and is cleared to return to work in a pharmacy by the program director, or other qualified person, within such program who is qualified to render such a professional determination.

b. The Board will dismiss the allegations set forth in the Accusation on file in this matter.

4. The Board voted unanimously at the hearing to accept the terms of the parties' stipulation, which were recorded on the record and memorialized herein, in lieu of continuing the prosecution of this matter.

Signed and effective this 13 day of May 2013.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

NOTICE OF INTENDED ACTION AND ACCUSATION

CINDY ORWICK, PT,
Certificate of Registration No. PT05926,
Respondent.

Case No. 12-047-PT-S

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Orwick is a registered pharmaceutical technician with the Board.

II.

On or about June 12, 2012 Board staff received a letter from Tammy Myxter, District Pharmacy Manager for Smith's Food and Drug notifying the Board that they had terminated the employment of Ms. Orwick.

III.

During a random drug screen on May 9, 2012, Ms. Orwick tested positive for methamphetamine.

FIRST CAUSE OF ACTION

IV.

By testing positive for methamphetamine during a random drug screen, Ms. Orwick violated Nevada Revised Statute (NRS) 639.210(3) and/or (4) and/or 639.283 and Nevada Administrative Code (NAC) 639.945(1)(i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 12th day of July 2012.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 10 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (**no abbreviations**):

First: Gina Middle: Marie Last: Chiofolo

Home Address: W. Mesquite Blvd Apt#:

City: Mesquite State: NV Zip Code: 89027

Telephone: Social Security Number:

Date of Birth: Place of Birth: Cleveland, Ohio Sex: ☐ M or ☒ F

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 12646

Address: 329 N. Sandhill Blvd.

City: Mesquite State: NV Zip Code: 89027

Signature of Managing Pharmacist: Kara Leachino Lic #: 13716 Date: 12-1-19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	Y ☒	☒ GC
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. 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 numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	6/28/2017	17CR00339	Clark	Mesquite Municipal
	NV	2/11/2019	19CR00085	Clark	Mesquite Municipal

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Gina Chiofolo 11/27/2019

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: Amount: 40.00

Maera L. Wallace

From: Gina Chiofolo <[redacted]m>
Sent: Tuesday, December 24, 2019 1:28 PM
To: Maera L. Wallace
Subject: Re: Pharmaceutical Technician in Training Application

Hi Maera The 1st charge is 2017 is for petty larceny. I didn't take anything and didn't even know about it until we left the store, but because it was my car and I was driving I was charged for it also. The 2nd charge in 2019 was for a DWI. I got it on my 40th birthday and I have not had a single drink since. Feel free to contact me if you need more information.

Happy Holidays!
Gina Chiofolo

On Mon, Dec 23, 2019 at 10:49 AM Maera L. Wallace <mwallace@pharmacy.nv.gov> wrote:

Hello Gina,

We are in receipt of your application for a pharmacy technician in training license. The application does not include the answers for the questions required by NRS639.129. I've attached a copy of your application so that you may review the questions.

We can't process the application without the answers so please provide them by email or by placing a phone call to (775) 850-1440.

Thank you,

Maera Wallace

Administrative Assistant

Nevada State Board of Pharmacy

775-850-1440

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofolo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Mesquite Police Department

Officer Report for Incident 170627-15

Nature: DUI
Location: A

Address: 1120 W Pioneer Blvd; Walmart
Mesquite NV 89027

Received By: A Parnall **How Received:** T **Agency:** MES
Responding Officers: J Perry, J Smith, T Fails, M Magadan
Responsible Officer: J Perry **Disposition:** E 06/27/17
When Reported: 14:23:20 06/27/17 **Occurred Between:** 14:23:20 06/27/17 and 14:23:20 06/27/17

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant: 35570
Last: Walmart **First:** **Mid:**
DOB: **/**/** **Dr Lic:** **Address:** 1120 W Pioneer Blvd
Race: **Sex:** **Phone:** **City:** Mesquite, NV 89027

Offense Codes

Reported:	Intoxicated Person	**Observed:** Driving Under the Influence
Additional Offense:	DUI Driving Under the Influence	Driving Under the Influence
Additional Offense:	TPSH Theft/Property/Shoplifting	Theft/Property/Shoplifting

Circumstances

Highway/Road/Alley

Responding Officers:	Unit :
J Perry	A1
J Smith	R1
T Fails	S1
M Magadan	A2

Responsible Officer: J Perry
Received By: A Parnall
How Received: T Telephone
When Reported: 14:23:20 06/27/17
Judicial Status: MSD
Misc Entry:

Agency: MES
Last Radio Log: **:**:** **/**/**
Clearance: CRO Cleared, Responding Officer
Disposition: E **Date:** 06/27/17
Occurred between: 14:23:20 06/27/17
and: 14:23:20 06/27/17

UNLAWFUL DISSEMIMATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofolo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Modus Operandi: **Description :** **Method :**

Involvements

Date	Type	Description	Relationship

UNLAWFUL DISSEMIMATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofolo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Synopsis

Officers were dispatched to a business reference a theft. An adult male was arrested for DUI and the female was cited for Petit Larceny.

Responsible LEO:

Approved by:

Date

UNLAWFUL DISSEMIMATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofolo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Reports

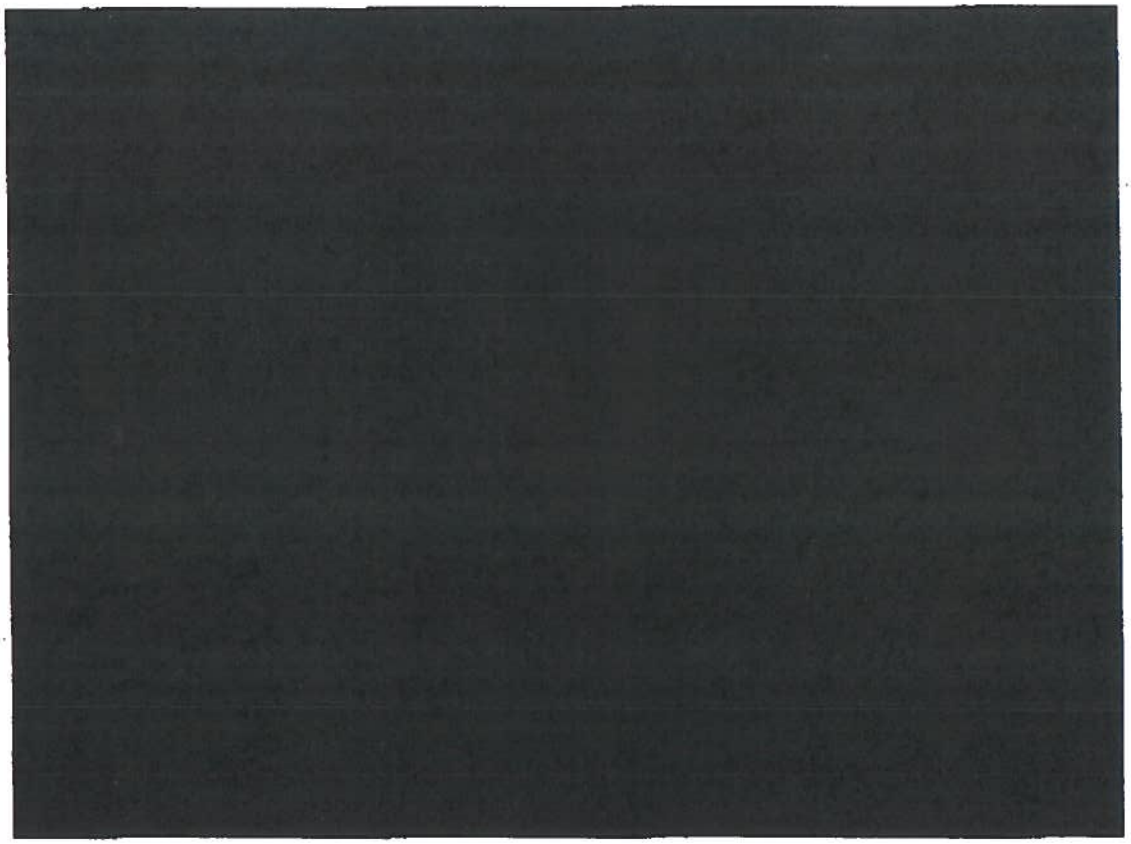
Officers Report

On Tuesday, 6/27/17, at approximately 1423 hours I, Officer J. Perry, responded to Walmart, located at 1120 West Pioneer Boulevard, reference a theft. While en route dispatched informed a female left the store with items that were not paid for. The female was seen getting into the passenger seat of a silver Toyota 4 runner Bearing Nevada license plate 351A14. The vehicle was seen crossing Pioneer Boulevard parking next to the Robertos Taco Shop. Sergeant Fails and Officer Smith responded to assist.

Upon arrival to the area I observed a silver Toyota 4 Runner Bearing Nevada License plate 351A14 traveling South on Pioneer Boulevard. I activated my lights and sirens and conducted a traffic stop on Pioneer Boulevard and Falcon Ridge Parkway.

As I approached the vehicle I made contact with an adult male driver, identified as David Calabrese, and adult female passenger Gina Chiofolo. As I spoke with the two individuals I could smell a strong odor of alcoholic based beverage coming from the vehicle. I asked David if he had been drinking and he stated he had a couple drinks earlier in the day.

I asked David to exit the vehicle so I could administer the Standardized Field Sobriety Tests (SFST) to determine if he was impaired. David agreed to take the tests.



UNLAWFUL DISSEMIMATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofolo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

[redacted]

David gave consent for officers to search the vehicle, and stated he had been drinking beers and the wine bottles were Gina's. While searching the vehicle I observed two open bottles of wine, and an open 24 ounce can of Bud Ice on the floor board of the back seat. Also in the back seat was a box of Oak Leaf Chardonnay. Gina stated the Chardonnay was what she purchased at Walmart.

I placed David in handcuffs and in custody for DUI-Alcohol (1st Offense). I placed David in Officer Smiths patrol vehicle and David was transported to the Mesquite Detention Center.

I spoke with Gina regarding the theft at Walamrt. Gina stated she was attempting to return an item and purchase a box of wine. Gina stated she put the box of wine in her purse and left the store. Gina stated she thought she paid for the wine.

I placed Gina in the back of my patrol vehicle and relocated to Walmart. I spoke with Lost prevention employee Shandee Gurule. Shandee stated she observed a female individual conceal a box of whine in her purse and go directly to customer service. Shandee stated the female was intoxicated and stumbling while she walked. Shandee stated the female leaves customer service and exits the store without paying for the box of wine.

The box of wine had a value of $11.86. I issued Gina citation MPD002752 for Petit Larceny and Shandee signed as the complainant.

I also issued Gina citation MPD002753 for Open Container in her vehicle. Gina was released from the Walmart.

Shandee provided surveillance photos and footage of the theft. Shandee also completed a voluntary statement. All will be attached to this report.

Anytime towing responded and took possession of the vehicle. An impound report sheet was completed and will be attached to this incident.

Officer Smith transported David to the Mesquite Detention Center. Officer Smith read the implied consent form, and David gave consent to take a breath test.

[redacted]

I completed a DP-45 form, and David was served an Order of Revocation which will be attached to this report. Officer Smith completed the Declaration of Breath Test Operator and the Intoxilyzer 8000 checklist and they will be attached to this report.

[redacted]

UNLAWFUL DISSEMIMATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiotolo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Nothing further.

Tue Jun 27 17:08:36 PDT 2017

J. Perry 6171

UNLAWFUL DISSEMIMATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofolo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Mesquite Police Department

Officer Report for Incident 190211-02

Nature: DUI
Location: A

Address: 191 E Pioneer Blvd
Mesquite NV 89027

Received By: K Rowley **How Received:** 9 **Agency:** MES
Responding Officers: J Stout, C Empey, Z Wood
Responsible Officer: Z Wood **Disposition:** E 02/11/19
When Reported: 01:34:27 02/11/19 **Occurred Between:** 01:24:24 02/11/19 and 01:34:27 02/11/19

Assigned To: **Detail:** **Date Assigned:** **/**/**
Status: **Status Date:** **/**/** **Due Date:** **/**/**

Complainant: 9933
Last: McDonalds **First:** **Mid:**
DOB: **/**/** **Dr Lic:** **Address:** 190 E Pioneer Blvd
Race: **Sex:** **Phone:** (702)346-1227 **City:** Mesquite, NV 89027

Offense Codes

Reported: Threatening **Observed:** Driving Under the Influence
Additional Offense: DUI Driving Under the Influence Driving Under the Influence

Circumstances

Parking Lot/Garage
Parking Lot/Garage

Responding Officers:	Unit :
J Stout	6168
C Empey	B2
Z Wood	R2

Responsible Officer: Z Wood **Agency:** MES
Received By: K Rowley **Last Radio Log:** **:**:** **/**/**
How Received: 9 911 Line **Clearance:** CRO Cleared, Responding Officer
When Reported: 01:34:27 02/11/19 **Disposition:** E **Date:** 02/11/19
Judicial Status: MSD **Occurred between:** 01:24:24 02/11/19
Misc Entry: **and:** 01:34:27 02/11/19

Modus Operandi: **Description :** **Method :**

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiotelo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Involvements

Date	Type	Description	Relationship

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiotole
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Synopsis

Officers responded to a business on a report of threatening. There were no actual threats made and one female adult was arrested for DUI.

Responsible LEO:

Approved by:

Date

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofolo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

Reports

Incident Report:

On Monday, February 11, 2019 at approximately 0124 hours I responded to Mcdonalds drive through located at 190 E Pioneer Blvd, on a report of threats.

I contacted the Mcdonalds employees who stated the passengers of a beige Ford Fusion sedan in the drive through began threatening them. The passenger was stating he was going to come and "pop" them all if they didn't get their order right. The Mcdonalds employees stated the passenger was acting as though he was on drugs.

Officer J. Stout and I contacted the driver and passenger of the vehicle. Officer Stout asked the passenger John Mcneal, to step out of the car while I spoke with the driver Gina Chiofolo. The vehicle was running and Gina told me she was driving because John was too intoxicated. While talking with the Gina I observed a strong odor of an alcoholic beverage coming from the vehicle. I asked Gina if she had been drinking. Gina stated she had three shots at noon on February 10, 2019. Gina`s speech was slow and slurred. Gina`s eyes were watery and bloodshot.

I asked Gina to exit the vehicle and she was very slow to respond. Gina struggled to exit the vehicle, grabbing the car for support. Gina stumbled as she walked to the back of the car. I again asked when she last drank, she replied it was her 40th birthday and she had her last drinks at midnight. Gina was swaying back and forth and was unable to stand still for short periods of time without taking steps to regain balance.

I advised Gina I was going to be conducting the standardized field sobriety tests(SFST`s). I asked Gina the standard medical questions, and she she answered no to all of the questions.

Prior to beginning the test I explained and demonstrated each test to Gina. I began the SFST`s by having Gina stand in a well lit area of the Mcdonald's parking lot, where the ground was even, and there were parking stall lines to reference. The results of the test were as follows:

HORIZONTAL GAZE NYSTAGMUS

During the instruction phase of this test, Gina continued to sway side to side. Gina did not follow instructions and had to be told to keep her head still several times. During this test I observed a lack of smooth pursuit in both eyes. I observed a distinct and sustained nystagmus at maximum deviation, and nystagmus prior to forty five degrees in both eyes. The indications of this test led me to believe Gina was impaired.

WALK AND TURN

Gina attempted to get into the starting position and could not keep her balance, she had to take a step to the side to keep from falling. Gina was unable to move her right foot in line with her left foot without stumbling and stepping off the line. Gina continued to try and do this a few more times before giving up. Gina said that she was unable to do this test.

ONE LEG STAND

UNLAWFUL DISSEMINATION OF THIS
Restricted Information is PROHIBITED.
Violation will subject the offender to
Criminal and Civil Liability.
Released To: Gina Chiofalo
By: M. Brey 6179 Date: 01/16/2020
MESQUITE POLICE DEPARTMENT

I began to explain the test to Gina to which she cut me off, and said she would not be able to do this test. Gina was informed that it would be to her benefit to attempt the test to which she refused.

I explained the portable breath test to Gina and informed her she needed to blow a constant flow of air until I told her to stop. Gina began by giving me a small breath, when told to blow harder she was able to give me a constant flow of air but the machine only registered a partial. The results of the portable breath test were .250 BrAC. Based on the totality of the circumstances and Gina's performance on the standardized field sobriety test, I arrested her for driving under the influence of alcohol.

Officer C. Empey transported Gina to the Mesquite Detention Center. At 0210 hours I read Gina the Nevada Implied Consent Warning and she agreed to provide a blood sample. Phlebotomist Verna Carnesecca arrived and collected two vials of blood at 0310 hours, which I took custody of and placed into a refrigerated evidence vault at the Mesquite Detention Center to be sent off for testing.

While at the detention center, I checked Gina's criminal history and learned she had been convicted of a prior DUI arrest on 08/14/2014 in Colorado. I issued Gina Citation # MPD043027 for DUI second offense. I completed the state DP-45 Form and explained it to Gina and gave her a copy. I completed the Field sobriety checklist, declaration for the withdrawal of whole blood sample and the Henderson Lab Request forms. All forms will be attached to this case file.

No Further.

Z. Wood 6188
Mon Feb 11 04:06:05 PST 2019

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (**no abbreviations**):

First: Kellie Middle: Marie Last: Hillard

Home Address: 1 N. Jones Blvd. Apt#:

City: Las Vegas State: Nevada Zip Code: 89108

Telephone Social Security Number:

Date of Birth Place of Birth: San Diego, CA. Sex: ☐ M or ☑ F

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: N/A.

I am requesting registration at the following pharmacy:

Pharmacy: CVS 7251 Store #: 7251

Address: 7285 N. Aliante PKWY

City: Las Vegas State: NV Zip Code: 89084

Signature of Managing Pharmacist: Lic #: 20200 Date: 12/16/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☑ No ☐
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state? petty theft - 2012	☑	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
5. 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 numbered questions (3-5) above, include the following information & provide an explanation & documentation:

	State	Date:	Case #:	County	Court
Board Administrative Action:		/ /			
Criminal Action:		/ /			

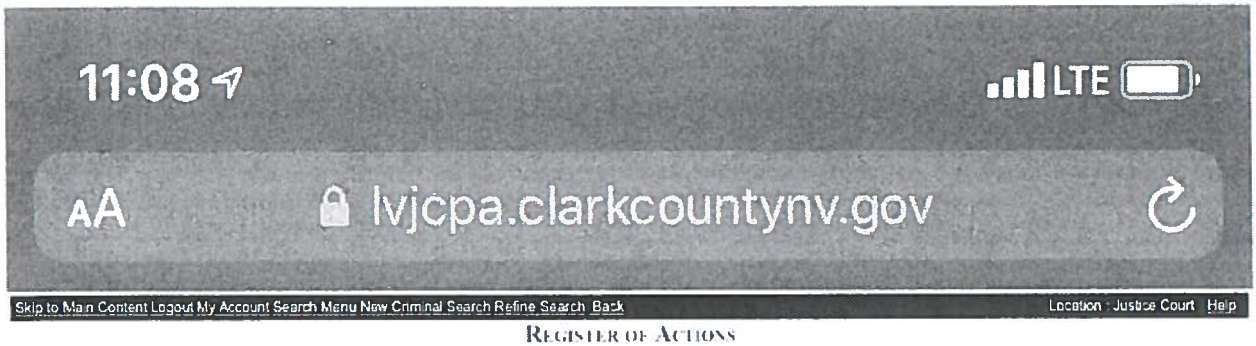
The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted Date 12/14/19

Board Use Only Date Processed: Amount: $40.00



Register of Actions

Case No. 12F12818A

State of Nevada vs Hillard, Kellie Marie

Case Type: Felony
Date Filed: 08/13/2012
Location: JC Department E

Related Case Information

Related Cases
12F12818B (Multi-Defendant Case)

Party Information

		Lead Attorneys
Defendant	Hillard, Kellie Marie	Public Defender Public Defender
State of Nevada	State of Nevada	

Charge Information

Charges: Hillard, Kellie Marie

	Statute	Level	Date
1. Theft - $250 [50451]	205.0832	Misdemeanor	07/28/2012

Events & Orders of the Court

DISPOSITIONS

08/15/2012 **Plea** (Judicial Officer: Tobiasson, Melanie A.)
1. Theft, < $250 [50451]
Guilty

08/15/2012 **Disposition** (Judicial Officer: Tobiasson, Melanie A.)
1. Theft, < $250 [50451]
Guilty of Lesser Offense

08/09/2013 **Misdemeanor Sentence** (Judicial Officer: Kephart, William)
1. Theft, < $250 [50451]
Condition - Adult
1. Suspended Jail Sentence, 6 months 08/15/2012 Active 08/15/2012
2. Stay Out of Trouble, 08/15/2012, , Satisfied 08/09/2013

Fee Totals:
Restitution Total
Fines
Fee Totals $1,134.00
Comment: Restitution Total: Stay is jointly and severally - Restitution upon receipt

OTHER EVENTS AND HEARINGS

08/15/2012 **TRANSFERRED TO JC**
TRANSFERRED TO JC

08/15/2012 **48 HOUR - PROBABLE CAUSE FOUND** (Judicial Officer: Tobiasson, Melanie A.)
48 HOUR HEARING

08/15/2012 **COMPLETED BY JI**
MinuteCode1: COMPLETED BY JI MinuteCode3: COMPLETED BY JI

08/15/2012 **Conversion Unknown**
MinuteCode1: COMPLETED BY KH MinuteCode3: COMPLETED BY KH

08/15/2012 **CTRACK Track Assignment JC10**

08/15/2012 **48 Hour Probable Cause Review** (8:00 AM) (Judicial Officer Tobiasson, Melanie A.)
Result: COMPLETED

08/15/2012 **Probable Cause Arrest Documents**

08/15/2012 **Custody Status Slip (No Custody Change)**

08/14/2012 **RECEIVED FROM DA**



TRANSFERRED TO JC

[illegible] **48 HOUR - PROBABLE CAUSE FOUND** (Judicial Officer: Tobiasson, Melanie A.)
48 HOUR HEARING

[illegible] **COMPLETED BY JI**
MinuteCode1: COMPLETED BY JI MinuteCode3: COMPLETED BY JI

[illegible] **Conversion Unknown**
MinuteCode1: COMPLETED BY KH MinuteCode3: COMPLETED BY KH

[illegible] **CTRACK Track Assignment JC10**

[illegible] **48 Hour Probable Cause Review** (8:00 AM) (Judicial Officer Tobiasson, Melanie A.)
Result: COMPLETED

[illegible] **Probable Cause Arrest Documents**

[illegible] **Custody Status Slip (No Custody Change)**

[illegible] **RECEIVED FROM DA**
RECEIVED FROM DA

[illegible] **Criminal Complaint**

[illegible] **Minute Order**

[illegible] **SEE CHARGE/DISPOSITION/SENT RECORDS** (Judicial Officer: Tobiasson, Melanie A.)
72H HEARING P/C

[illegible] **COURTESY NOTICE OF DISPOSITION GENERATED**
MinuteCode1: COURTESY NOTICE OF DISPOSITION GENERATED MinuteCode3: COURTESY NOTICE OF DISPOSITION GENERATED

[illegible] **72 Hour Hearing** (8:00 AM) (Judicial Officer Tobiasson, Melanie A.)
Result: GUILTY/SENT

[illegible] **Custody Status Slip (Release From Custody)**

[illegible] **Official Court Date Slip**

[illegible] **Notice of Disposition and Judgment**

[illegible] **OTHER** (8:00 AM) (Judicial Officer Tobiasson, Melanie A.)
No Bail Posted - Stat Ck Req
[illegible]
Result: Matter Heard

[illegible] **Comment** (Judicial Officer: Tobiasson, Melanie A.)
40 hours of c/s done

[illegible] **Minute Order - Department 10** (Judicial Officer: Tobiasson, Melanie A.)

[illegible] **Administrative Reassignment to Department 6**
Case reassigned from Department 10 (Judge Melanie A. Tobiasson)

[illegible] **Comment**
Status check on restitution

[illegible] **Status Check** (8:00 AM) (Judicial Officer Kephart, William)
No Bail Posted
Result: Matter Heard

[illegible] **Minute Order - Department 06** (Judicial Officer: Kephart, William)

[illegible] **Status Check** (Judicial Officer: Kephart, William)
Restitution Due $1,334.00

[illegible] **Status Check** (8:00 AM) (Judicial Officer Kephart, William)
No bail posted
Result: Matter Heard

[illegible] **Comment**
BOTH ON

[illegible] **Minute Order - Department 06** (Judicial Officer: Kephart, William)

[illegible] **Status Check** (Judicial Officer: Kephart, William)
Restitution balance $1,284.00

[illegible] **Status Check** (8:00 AM) (Judicial Officer Kephart, William)
No bail posted
Result: Matter Heard

[illegible] **Financial Modification** (Judicial Officer: Kephart, William)
Transfer Restitution to Macy's

[illegible] **Status Check on Requirements** (Judicial Officer: Kephart, William)
$784 balance of restitution due

[illegible] **Minute Order - Department 06** (Judicial Officer: Kephart, William)

[illegible] **Status Check** (8:00 AM) (Judicial Officer Kephart, William)

11C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (**no abbreviations**):

First: ATavia ~~Jackson~~ (M) Middle: Charisse Last: Jackson

Home Address: horizon wind Ave Apt#

City: Las Vegas ~~Nv~~ (V) State: NV Zip Code: 89178

Telephone: 1 Social Security Number:

Date of Birth: Place of Birth: Georgia

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, [illegible] provide the number: 1600329 8274

I am requesting registration at the following pharmacy:

Pharmacy: CVS Pharmacy Store #: 0082

Address: 6432 Losee Road

City: North Las Vegas State: NV Zip Code: 89086

Signature of Managing Pharmacist: Lic #: 18811 Date: 10/30/19

(Without the signature of the managing pharmacist, the application will be returned.)

	Yes	No
1. Are you 18 years of age or older?	X	
2. Are you a high school graduate or the equivalent?	X	

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION

	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?		X
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	X	
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?		X
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & documentation:

	State	Date	Case #	County	
Board Administrative Action:					
Criminal Action:	NV	6/29/2019	C1214423A C1214423B	CLARK	See attached Las Vegas Municipal Ct

The Nevada Legislature requires that we include the following questions as part of all applications. [illegible]

	Yes	No
Are you the subject of a court order for the support of a child?		X
IF you marked **YES** to the question, above are you in compliance with the court order?		

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations pertaining to pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of my permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused or neglected, to report the abuse or neglect to an agency which provides child welfare services or to a [illegible] agency.

Original Signature, no copies or stamps accepted Date 10/30/19

Board Use Only Date Processed: Amount:

as municipal

)19 6:65am
C1214423A Dui LiQuoR
C121 4423B failure to drive in Travel Lane.

not Know what else is needed on my paperwork
was sent back I put the same case number.
do not know if this is good enough. Let me know
u need more info.

Atavia Jackson

Print Report

Las Vegas Municipal Court
At the Regional Justice Center
200 Lewis Ave, P.O. Box 3950
Las Vegas, Nevada 89127

Mailing Address:
P.O. Box 3950
Las Vegas, NV 89127
www.lasvegasnevada.gov

Phone: 38-Court(382-6878)

Printed on:
1/13/2020
9:13 AM

History Number: 1292459
Case Number: C1214423A
Citation Number: C1214423A
Violation: DUI LIQUOR
Violation Date: 6/28/2019 6:55 AM

Name: JACKSON, ATAVIA CHARISSE
Department: 2
Court Date: 2/5/2020 8:00 AM

Case Sentencing

Item Name		Due	Paid	Balance
BOND FEE	$	50	50	0

Case Activity

Activity Date	Activity
8/5/2019 2:38 PM	Tape Start 1: 8/5/2019 8:25 AM
8/5/2019 8:26 AM	Private Attorney FERRAN, ERICK M Bar# 9554
8/5/2019 8:26 AM	Bond Management: Bond Exonerated. ($2115, #T550727198)
8/5/2019 7:22 AM	Continuance - For City to File
8/5/2019 7:22 AM	Continued
6/29/2019 12:55 AM	BOND FEE Paid $50
6/29/2019 12:55 AM	Paid $100 (19-LEST-5-001621)
6/29/2019 12:55 AM	BOND FEE Due $50
6/29/2019 12:55 AM	Bond posted: #T550727198, Amount: $2115 (KIND BAIL BOND COMPANY)
6/29/2019 12:55 AM	Continued
6/28/2019 12:13 PM	Bail Review Complete
6/28/2019 9:00 AM	Initial Court Date
6/28/2019 9:00 AM	Bail Due: $2115
6/28/2019 9:00 AM	Allocated to Department: 2
6/28/2019 9:00 AM	Arrest/Case Created

Class Requirement:
Classes Due: 0
Classes Completed: 0

Other Open Cases

Case#	Citation#	Violation	Dept	Court Date	Warrant
C1214423B	C1214423B	FAILURE TO DRIVE IN TRAVEL LANE	2	2/5/2020 8:00 AM	

Print Report

Las Vegas Municipal Court
At the Regional Justice Center
200 Lewis Ave, P.O. Box 3950
Las Vegas, Nevada 89127

Mailing Address:
P.O. Box 3950
Las Vegas, NV 89127
www.lasvegasnevada.gov

Phone: 38-Court(382-6878)

Printed on:
1/13/2020
9:14 AM

History Number: 1292459
Case Number: C1214423B
Citation Number: C1214423B
Violation: FAILURE TO DRIVE IN TRAVEL LANE
Violation Date: 6/28/2019 6:55 AM

Name: JACKSON, ATAVIA CHARISSE
Department: 2
Court Date: 2/5/2020 8:00 AM

Case Sentencing

Item Name		Due	Paid	Balance
BOND FEE	$	50	50	0

Case Activity

Activity Date	Activity
8/5/2019 2:38 PM	Tape Start 1: 8/5/2019 8:25 AM
8/5/2019 8:26 AM	Private Attorney FERRAN, ERICK M Bar# 9554
8/5/2019 8:26 AM	Bond Management: Bond Exonerated. ($308, #T550727199)
8/5/2019 7:22 AM	Continuance - For City to File
8/5/2019 7:22 AM	Continued
6/29/2019 8:09 AM	Released
6/29/2019 12:55 AM	BOND FEE Paid $50
6/29/2019 12:55 AM	Paid $100 (19-LEST-5-001621)
6/29/2019 12:55 AM	BOND FEE Due $50
6/29/2019 12:55 AM	Bond posted: #T550727199, Amount: $308 (KIND BAIL BOND COMPANY)
6/29/2019 12:55 AM	Continued
6/28/2019 12:13 PM	Bail Review Complete
6/28/2019 9:00 AM	Initial Court Date
6/28/2019 9:00 AM	Bail Due: $308
6/28/2019 9:00 AM	Allocated to Department: 2
6/28/2019 9:00 AM	Arrest/Case Created

Class Requirement:
Classes Due: 0
Classes Completed: 0

Other Open Cases

Case#	Citation#	Violation	Dept	Court Date	Warrant
C1214423A	C1214423A	DUI LIQUOR	2	2/5/2020 8:00 AM	

11D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name **(no abbreviations)**:

First: Alexander Middle: Evano Last: Peralta

Home Address: Decatur Blvd Apt#:

City: Las Vegas State: NV Zip Code: 89102

Telephone: Social Security Number:

Date of Birth: Place of Birth: Anaheim CA, USA Sex: ☒ M or ☐ F

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 06227

Address: 451 S. Decatur Blvd

City: Las Vegas State: NV Zip Code: 89107

Signature of Managing Pharmacist: Lic #: 1567 Date:

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☑ No ☐
2. Are you a high school graduate or the equivalent? Yes ☐ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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?	☐	☑
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☑	☑
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
5. 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 numbered questions (3-5) above, include the following information & provide an explanation & documentation:

	State	Date	Case #	County	Court
Board Administrative Action:		/ /			
Criminal Action	NV	7/15/2019	C1215233A	Clark	Las Vegas

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted — Date: 9/26/19

Board Use Only Date Processed: Amount: 40.00

To whom it may concern,

On July 15th I made the horrible mistake of getting behind the wheel. I know my actions have consequences and I am facing them head on. I made a huge mistake and I'm trying very hard to fix this. I hope this mistake does not cost me my job because I don't want this situation to define me. I am deeply embarrassed and hope I can start on this tech and training license and put this behind me.

Sincerely,

Alexander Peralta



MAYFIELD GRUBER & SHEETS
Damian R. Sheets, Esq., Attorney at Law

August 22, 2019

Alexander Peralta
S. Decatur Blvd. #E9
Las Vegas, NV 89102

Re: City of Las Vegas v. Alexander Peralta
Case No. C1215233A-B

Dear Alexander,

Your case has been set for arraignment on **January 14, 2020 at 8:00 a.m.** in Las Vegas Municipal Court, **Department 3**, which is located at 200 Lewis Avenue in Las Vegas, Nevada 89101. **You do not have to appear** in court with me on this date. If criminal charges are filed, we will plead Not Guilty to the charges on your behalf and inform you of any future court dates.

If you have any questions, please feel free to call.

Sincerely,

Damian R. Sheets, Esq.

DRS/dp

726 S. Casino Center Blvd., Ste. 211, Las Vegas, NV 89101
phone 702-598-1299 fax 702-598-1266
dsheets@defendingnevada.com

English | Español

Open Case List > Case C1215233A Citation C1215233A

Charge:	DUI LIQUOR	**Vehicle Information:**	
Plea:	You have not entered a plea.		**Color:**
Court Date:	1/14/2020 8:00 AM		**Make:**
Warrant Status:	None		**Model:**
Department Number:	3		**Year:**
Balance Due:	$0.00		**License Plate Number:**
Bail due:	$2,115.00		**License Plate State:**
		Attorney:	SHEETS

Your Next Step: Appear In Court

Court Date:	1/14/2020 8:00 AM
Location:	Department 3 Room 5C 200 Lewis Avenue Las Vegas, NV (Map)

You have been ordered to appear in court on **1/14/2020 8:00 AM.**

If you fail to appear in court at the above date and time, you may be subject to the issuance of a warrant and to arrest.

11E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name **(no abbreviations)**:

First: Brittani Middle: Nachelle Last: Walters

Home Address: 1E Silverado Ranch Blvd Apt#: 2116

City: Las Vegas State: NV Zip Code: 89183

Telephone: [redacted] Social Security Number: [redacted]

Date of Birth: [redacted] Place of Birth: CA Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: N/A

I am requesting registration at the following pharmacy:

Pharmacy: MILAN INSTITUTE Store #:

Address: 710 SOUTH TONOPAH DRIVE

City: LAS VEGAS State: NV Zip Code: 89106

Signature of Managing Pharmacist: [signature] Lic #: PT10152 Date: 12/17/19

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. 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 numbered questions (3-5) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	CA	07/ /2013		los angeles county	los angeles municipal court

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐ N/A	

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

[signature] 12/17/19

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: Amount: 40.00

Got charged with a misdemeanor for theft in july of 2013 in lancaster CA. I am now trying to get it expunged off of my record.

11/18/19

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

NO. 3AV04555 PAGE NO. 1
THE PEOPLE OF THE STATE OF CALIFORNIA VS. CURRENT DATE 09/06/19
DEFENDANT 01: BRITTANI NACHELLE WALTERS
LAW ENFORCEMENT AGENCY EFFECTING ARREST: LASD - ANTELOPE VALLEY STATION

BAIL: APPEARANCE DATE	AMOUNT OF BAIL	DATE POSTED	RECEIPT OR BOND NO.	SURETY COMPANY	REGISTER NUMBER
08/05/13	$20,000.00	07/05/13	IS30K148274	INTL FIDELITY INS	

CASE FILED ON 07/05/13.
COMPLAINT FILED, DECLARED OR SWORN TO CHARGING DEFENDANT WITH HAVING COMMITTED, ON OR ABOUT 07/02/13 IN THE COUNTY OF LOS ANGELES, THE FOLLOWING OFFENSE(S) OF:
COUNT 01: 459 PC MISD
NEXT SCHEDULED EVENT:
08/05/13 830 AM ARRAIGNMENT DIST ANTELOPE VALLEY CTHOUSE DEPT A06

ON 07/05/13 AT 900 AM :

BAIL BOND RECEIVED AND FILED THIS DATE. TC
ARRAIGNMENT

ON 08/05/13 AT 830 AM IN ANTELOPE VALLEY CTHOUSE DEPT A06

CASE CALLED FOR ARRAIGNMENT
PARTIES: DAVIANN L. MITCHELL (JUDGE) REBECCA ADAMS-CREGO (CLERK)
REGINA MORALES (REP) BYRON L. BECK (DA)
DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL
DEFENDANT APPEARS IN PRO PER
DEFENDANT STATES HIS/HER TRUE NAME AS CHARGED.
DEFENDANT ADVISED OF THE FOLLOWING RIGHTS IN WRITING:
DEFENDANT ADVISED OF HIS CONSTITUTIONAL RIGHTS, TO WIT: HIS RIGHT TO COUNSEL, JURY TRIAL, COURT TRIAL IF JURY WAIVED OR IF CHARGE IS INFRACTION, PUBLIC TRIAL, SPEEDY TRIAL, CONFRONTATION, PRESENT EVIDENCE ON HIS BEHALF, SUBPOENA WITNESSES ON HIS BEHALF, SELF-INCRIMINATION AND REASONABLE BAIL.

THE COMPLAINT READ TO THE DEFENDANT.
DEFENDANT PERSONALLY WAIVES RIGHT TO COUNSEL, APPEARING IN PROPRIA PERSONA.
DEFENDANT ADVISED OF AND PERSONALLY AND EXPLICITLY WAIVES THE FOLLOWING RIGHTS:
WRITTEN ADVISEMENT OF RIGHTS AND WAIVERS FILED, INCORPORATED BY REFERENCE HEREIN
REPRESENTATION BY COUNSEL;
TRIAL BY COURT AND TRIAL BY JURY
CONFRONTATION AND CROSS-EXAMINATION OF WITNESSES;
SUBPOENA OF WITNESSES INTO COURT TO TESTIFY IN YOUR DEFENSE;
AGAINST SELF-INCRIMINATION;
DEFENDANT ADVISED OF THE FOLLOWING:
THE NATURE OF THE CHARGES AGAINST HIM, THE ELEMENTS OF THE OFFENSE IN THE COMPLAINT, AND POSSIBLE DEFENSES TO SUCH CHARGES;
THE POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR NOLO CONTENDERE, INCLUDING THE MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL

EFFECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE SAME OR SIMILAR OFFENSES;
THE EFFECTS OF PROBATION;
IF YOU ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE OFFENSE FOR WHICH YOU HAVE BEEN CHARGED WILL HAVE THE CONSEQUENCES OF DEPORTATION, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF NATURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.
COURT FINDS THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND EXPLICITLY MADE;
THE DEFENDANT WITH THE COURTS APPROVAL, PLEADS NOLO CONTENDERE TO COUNT 01 A VIOLATION OF SECTION 459 PC. THE COURT FINDS THE DEFENDANT GUILTY.
COUNT (01) : DISPOSITION: CONVICTED
COURT ORDERS AND FINDINGS:
-TAHL WAIVER IS ORDERED FILED.
COURT FINDS THAT THERE IS A FACTUAL BASIS FOR DEFENDANT'S PLEA, AND COURT ACCEPTS PLEA.
A STATEMENT OF RIGHTS IS SIGNED AND FILED THIS DATE.

THE DEFENDANT INITIALLY ASKS TO BE REPRESENTED BY THE PUBLIC DEFENDER'S OFFICE AND SUBSEQUENTLY WITHDRAWS HER REQUEST AND PROCEEDS IN PRO PER.
NEXT SCHEDULED EVENT:
SENTENCING
DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING JUDGMENT:
AS TO COUNT (01):
IMPOSITION OF SENTENCE SUSPENDED
DEFENDANT PLACED ON SUMMARY PROBATION
FOR A PERIOD OF 036 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:
SERVE 002 DAYS IN LOS ANGELES COUNTY JAIL
LESS CREDIT FOR 2 DAYS
PAY A FINE OF $150.00
PLUS A STATE PENALTY FUND ASSESSMENT OF $464.00
PLUS $10.00 CRIME PREVENTION FINE (PURSUANT TO 1202.5 P.C.)
$32.00 CRIMINAL FINE SURCHARGE (PURSUANT TO 1465.7 P.C.)
$30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)
$40.00 COURT OPERATIONS ASSESSMENT (PURSUANT TO 1465.8(A)(1) P.C.)
$30.00 INSTALLMENT & ACCOUNTS RECEIVABLE FEE (PURSUANT TO 1205(D)PC)

$10.00 CITATION PROCESSING FEE (PURSUANT TO 1463.07 P.C.)
OR SERVE 5 DAYS IN LOS ANGELES COUNTY JAIL
DEFENDANT TO PAY FINE TO THE COURT CLERK
IN LIEU OF JAIL OR FINE, DEFENDANT MAY:
PERFORM 5 DAYS OF COMMUNITY LABOR
DEFENDANT SHALL PAY A RESTITUTION FINE IN THE AMOUNT OF $140.00 TO THE COURT
TOTAL DUE: $906.00
IN ADDITION:
-THE DEFENDANT IS ORDERED TO STAY 100 YARDS AWAY FROM THE LOCATION OF THE ARREST AND ALL TARGET STORES.

-OBEY ALL LAWS AND ORDERS OF THE COURT.
-DEFENDANT IS ORDERED TO PAY A PROBATION REVOCATION RESTITUTION FINE PURSUANT TO PENAL CODE SECTION 1202.44, IN THE AMOUNT OF $140.00. THIS FINE SHALL BECOME EFFECTIVE UPON THE REVOCATION

CASE NO. 3AV04555
DEF NO. 01

OF PROBATION.
-DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND DEFENDANT AGREES TO ABIDE BY SAME.
THE COURT ORDERS THE DEFENDANT TO PAY TOTAL FINE/FEES IN THE SUM OF $906.00 TO THE CLERK'S OFFICE BY 12-2-13 AS INDICATED BELOW.

COUNT (01): DISPOSITION: CONVICTED
DMV ABSTRACT NOT REQUIRED
NEXT SCHEDULED EVENT:
12/02/13 900 AM FINES/FEES DIST ANTELOPE VALLEY CTHOUSE DEPT CLK
NEXT SCHEDULED EVENT:
PROBATION IN EFFECT
08/05/13 EXONERATED, # 1S30K148274

CUSTODY STATUS: BAIL EXONERATED
CUSTODY STATUS: ON PROBATION

08/09/13 ARREST DISPOSITION REPORT SENT VIA FILE TRANSFER TO DEPARTMENT OF JUSTICE

ON 09/20/13 AT 830 AM :

RECEIVED PROOF OF COMPLETION OF 5 DAYS COMMUNITY LABOR.
MD
FINES/FEES

ON 12/10/13 AT 830 AM IN ANTELOPE VALLEY CTHOUSE DEPT A06

CASE CALLED FOR POST SENTENCING
PARTIES: BEVERLY L. BOURNE (JUDGE) NONE (CLERK)
NONE (REP) NONE ()
DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL
PROBATION MODIFIED AS FOLLOWS:
AS TO COUNT (01):
PAY A FINE OF HAS BEEN VACATED

PLUS AN ASSESSMENT VACATED: $10.00 CRIME PREVENTION FINE (PURSUANT TO 1202.5 P.C.)
AN ASSESSMENT VACATED: $32.00 CRIMINAL FINE SURCHARGE (PURSUANT TO 1465.7 P.C.)
AN ASSESSMENT VACATED: $30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)
AN ASSESSMENT VACATED: $30.00 INSTALLMENT & ACCOUNTS RECEIVABLE FEE (PURSUANT TO 1205(D)PC)
AN ASSESSMENT VACATED: $10.00 CITATION PROCESSING FEE (PURSUANT TO 1463.07 P.C.)
OR SERVE A VACATED JAIL TERM 000 DAYS IN

DEFENDANT FAILED TO PAY $140.00 RESTITUTION FINE, $40.00 COURT SECURITY FEE BY 12/2/13.

CASE NO. 3AV04555
DEF NO. 01

A NOTICE OF DELIQUENCY IS MAILED TO DEFENDANT.
TCIS ENTRY MADE BY J.H.
DMV ABSTRACT NOT REQUIRED
NEXT SCHEDULED EVENT:
02/14/14 830 AM 987.8 - ATTORNEY FEES PAYMENT DIST ANTELOPE VALLEY
CTHOUSE DEPT COL

ON 02/14/14 AT 830 AM IN ANTELOPE VALLEY CTHOUSE DEPT COL

CASE CALLED FOR 987.8 - ATTORNEY FEES PAYMENT
PARTIES: NONE (JUDGE) NONE (CLERK)
NONE (REP) NONE (DDA)
DEFENDANT IS NOT PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL
DEFENDANT FAILED TO APPEAR FOR PAYMENT OF RESTITUTION $140. ,
ATTORNEY $, COURT SECURITY $40. AND DVC $ FINE/FEES.
CIVIL ASSESSMENT OF $300. IS ADDED AND THE CASE IS REFERRED TO

THE COLLECTION AGENCY. ENTERED BY G. ROGERS.
NEXT SCHEDULED EVENT:
PROCEEDINGS TERMINATED

ON 12/15/18 AT 530 AM :

PHYSICAL FILE DESTROYED. COLLECTION CASE.

12

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ≈ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: $40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Courtney Middle: Renee Last: Lee

Home Address: 1 W lake mead Blvd Apt #:

City: Las Vegas State: NV Zip Code: 89108

Telephone: ( ) Social Security Number: _ _ _ _ _ _ _ _ _

Date of Birth: _ _ _ _ _ _ _ _ Place of Birth: Sacramento, CA Sex: ☐ M or ☒ F

E-mail Address:

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the required documentation.

☒ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.

☐ Copy of a certificate from an ASHP approved pharmacy technician school.

☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: N/A

	Yes	No
1. Are you 18 years of age or older?	☒	☐
2. Are you a high school graduate or the equivalent?	☒	☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	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?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in any sate?	☐	☒
5. 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 numbered questions **(3-5)** above, include the following information & provide an explanation & documentation:

	State	Date:	Case #:
Board Administrative Action:		/ /	

	State	Date:	Case #:	County	Court
Criminal Action:	CA	4/12/2018	18MI007065	Sacramento	Superior Court of California

In response to federally mandated requirements , the Nevada Legislature and Attorney General require that we include the following questions as part of all applications

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

7/29/19
Date

Board Use Only: Date Processed: _____ Amount: $40.00

Superior Court of California, County of Sacramento - Order of Informal Probation, DUI First

Case Number: 18MT001065 | Def. Name (Last, First, Middle): Lee, Courtney R.

Viol(s): ☐ 23152(a) VC – First Offense ☐ 23152(b) VC – First Offense ☐ 23152(e) VC – First Offense ☐ 23152(f) VC – First Offense ☐ 23152(g) VC – First Offense

The defendant appeared before this Court for judgment and sentence, and having been duly arraigned for said purpose for the above violation(s) and no legal cause being shown why judgment should not be pronounced, **IT IS ORDERED THAT** imposition of sentence be suspended and that the defendant be placed on INFORMAL probation to this court for the term of **THREE (3)** years from this date on the conditions checked below:

☒ 1. **(OAL)** Obey all laws

☒ 2. **(DRINK/DRIVE)** Do not drive a motor vehicle with any drugs or any measurable amount of alcohol in your system. Do not refuse to complete blood alcohol chemical test when offered by any peace officer with reasonable cause to do so.

☒ 3. **(VALID/LIC)** Do not drive without a valid Calif. driver's license or in violation of Calif. Vehicle licensing laws.

☒ 4. **(VALID/INS)** Do not drive without insurance.

☐ 5. **(REST/LOSS)** Make restitution for personal injury/property damage/loss caused in this offense. Purs. to 1202.4(f)(7) & (11) PC, you shall prepare and file a financial disclosure form (CR-115) with the court and an updated form within 90 days prior to release from probation if there is any unpaid restitution or fine.

☒ 6. **(REST/TBD)** Restitution to be determined by the District Attorney's Office ☐ Amt: $ TBD ; CHP North #0665-
Victim(s): Christine Malise #1

☐ Restitution to the responding LEA. *(Specify agency)*:

☒ 7. **(FINE/ASMT)(FINE/TIME)** Fine &Assessments: Pay the following fines/assessments or serve 45 days County Jail.

Fine / Assessment Type	Amount		Reduced Amount	
Base Fine per VC 23538(a)				
☒ *CIF (PC1465.7(a)) **(CIF)**	FINE $_625.00_ + CIF $_125.00_			OR SERVE
*Penalty Assessment (PC 1464, GC 76000)	+ PA $_1071.00__+ CTCONST $_189.00_			
*Court Construction Penalty Assessment (CTCONST) (GC70372(a)) (Effective 01/01/03)	+ ICNA PA $_126.00_+ DNA1 $_63.00_			
*ICNA Penalty Assessment GC 70372(a) (Effective 01/01/09)	+ DNA2 $_63.00_ + DNA2A $_126.00			
*DNA Penalty Assessment (GC76104.6) **(DNA1)** (Effective 11/04/04)	+ DNA2B $_63.00+EMS $_126.00			
*DNA Penalty Assessment (GC76104.7) **(DNA2)** (Effective 07/12/06)				
*DNA Penalty Assessment (GC76104.7) **(DNA2A)** (Effective 06/10/10)				
*DNA Penalty Assessment (GC 76104.7) **(DNA2B)** (Effective 06/24/12)	$50.00	REDUCES FINE(S)	$38.00	DAYS CJ C/S IN LIEU OF FINE
*EMS-Co. Penalty Assessment **(EMSCOPA)** (GC 76000.5) (Eff. 01/01/2018)	$100.00		$76.00	

**** THE FINES & ASSESSMENTS LISTED BELOW ARE NOT CONVERTIBLE TO COUNTY JAIL OR REDUCED BY CREDITS. SEE REVERSE SIDE OF THIS DOCUMENT FOR A CALCULATION OF PENALTY ASSESSMENTS****

☒ **(REST MISD)** Rest Fine in the amt. of $150.00 purs. to PC 1202.4(b) ☒ Emergency Medical Air Transport Fund (GC76000.10) (EMAT) $4.00
☒ **(1202.44 PC)** Addtl. Rest. Fine in the amt. of $150.00 purs.to PC 1202.44 stayed pending revocation.of probation.
☒ **(ALC/ASMT)** Alcohol Abuse Education & Prevention Asmt (VC 23645) $50.00
☒ **(ALC/ASMT2)** Alcohol &Drug Program Assessment (VC 23649) $10.00 ☐ **(CLASS/FEE)** Classification Fee $99.19 (GC 29550.2(a))
☐ **(HIST/FEE)** DMV History Fee $10.00 (VC 40508.6) ☐ **(BOOK/FEE)** MJ Booking Fee $402.38 (GC 29550.2(a))
☒ **(NCA)** Night Court Assessment (VC 42006) $1.00 ☐ **(RCCC/FEE)** RCCC Booking Fee $267.71 (GC 29550.2(a))

All fines/fees payable through: ☒ **(PAY/DRR)** through DRR ☐ **(PAY/FW)** Forthwith ☒ **Fine Stayed** payments to begin _____, ☒ Stay fee waived
☐ **(ASP/LIEUF)** Alternative Sentencing Program in lieu of fine, _____ hours to be completed by/within _____ days/months
☒ Jail in lieu of fine to be served 5 Jail CS 45 consecutive. ☒ Work Release

☒ 8. **(JAIL)SERVE** 25 hrs / days in the CJ, credit for time served DNE days. ☐ Plus _____ days good time work time (GTWT) = _____
☒ Consecutive ☐ Concurrent to _____ ☐ Released to apply. ☐ Straight time
☐ Jail stayed pending completion of _____
☒ Court has no objection to a Work Release Program. Qualify or surrender at ☐ Main Jail ☒ RCCC on: 6/12 1 11
☐ Stay to sign up on or before: _____ Court objects to: ☐ SWP ☐ HD/Medical HD.
☐ CJ may be done in _____ County. ☐ Show proof of enroll / completion on: _____ at _____ in Dept. _____
☐ County Jail converted to _____ hours of ASP by / within _____ days / months.

☐ 9. **(NO/DRUGS)** Do not knowingly use, handle or possess controlled substances of any kind unless lawfully prescribed to you by a licensed medical practitioner.

☐ 10. **(NO/ASSOC)** Do not associate with persons you know to be illegal users/sellers of controlled substances, nor be in a place where you know illegal controlled substances are present.

☐ 11. **(NO/ALC)** Do not knowingly consume or possess any alcoholic beverages in any amount whatsoever nor be in places where you know alcohol is the chief item for sale

☒ 12. **(DUI/1ST)** You are hereby ordered to report to and enroll in the ☐ First Offender ☐ High Blood Alcohol 6-month Program ☒ 9-month Program ☐ SB-38 Program within 72 hours from today or release from custody.
☐ Stay to sign up on or before _____ (date) ☐ Program permanently suspended.
☐ Program may be done in _____ County. ☐ Program to run C/C with case number: _____.

☐ 13. **(ATTEND/AA)** Defendant to attend _____ AA or 12-Step meetings and provide proof of attendance on _____ at _____, in Dept. _____ or in the alternative serve _____ days in the county jail consecutive.

☐ 14. **(LIC/REST)** Driver's License revoked/suspended / restricted for a period of _____ months/years pursuant 13202.5 VC.
☐ Proof of critical need shown; pursuant VC 13202.5(c), court recommends restricted driver's license with codes S, T, & V. Amended DMV abstract to be issued.

☐ 15. **(S&S)SEARCH:** Deft shall submit his/her person, property and automobile and any object under defendant's control to search and seizure, in or out of the presence of the defendant, by any law enforcement officer and/or Probation Officer, at any time of the day or night, with or without his/her consent, with/without a warrant. Defendant being advised of his/her constitutional rights in this regard, and having accepted probation, is deemed to have waived same.

☒ 16. **(ADV23593VC)** Advised pursuant 23593(a) VC that a DUI resulting in someone's death can be charged as murder.

☒ 17. **(BBSS)** Defendant shall not refuse to complete a blood alcohol chemical test when offered by any peace officer with reasonable cause to do so. Your blood and/or breath will be subject to search and seizure by any law enforcement officer at any time of the day or night, with our without your consent, and with or without a warrant.

☐ 18. **(IID)** Install an Ignition Interlock Device (IID) on any vehicle you own or operate for a period of _____ years.

☐ 19. Other: _____

Judge of the Superior Court	Dept.	Date
LAURI A. DAMRELL	2	4-12-18

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

Renewal Certificate

Pharmacy Technician

REGISTRATION NUMBER TCH 158189
RECEIPT NO. 80850529

VALID UNTIL APRIL 30, 2020

COURTNEY RENEE LEE
VALLEY QUAIL CT.
ANTELOPE CA 94843

In accordance with the provisions of section 4115 of the Business and Professions Code, the individual named hereon is registered as a Pharmacy Technician, and is subject to the rules and regulations of the California State Board of Pharmacy.
Please notify the Board of Pharmacy of any name or address change in writing. Please include your registration number with any correspondence to this office.

SIGNATURE OF REGISTRANT

/28/18

/28/18

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

FORM WPHTCH (12/31/

PHARMACY TECHNICIAN CERTIFICATION BOARD

Courtney Renee Lee
30013777 - CPhT

Certified June 17, 2016
Apply by June 01, 2020
Expires on June 30, 2020

PTCB
Pharmacy Technician Certification Board
www.ptcb.org

13

13A

Nevada State Board of Pharmacy

License Renewal

Add

Search By Name :

License # : 18141 SS # : XXX-XX-XXXX

Last Name : First Name :

Email : Status : Select

Search Cancel

Show All

	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
$	18141	Pharmacist	DEEPA	RAMASWAMY	10/31/2019		Submitted	

Renewal Application
Pharmacist

Application Fee : $180.00
Convenience Fee : $10.00
License Number : 18141
License Type : Pharmacist
New Expiration Date : 10/31/2021

Personal Information

First Name : * DEEPA

Middle (initial only) : Last Name : * RAMASWAMY

License # : 18141

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address :

Street : * VESTAL AVE

Country : * United States

City : * CASTRO VALLEY State : * California Zip : * 94546

Practice Phone : (XXX) XXX-XXXX Practice Fax : (XXX) XXX-XXXX

Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : * VESTAL AVE

Country :* United States

City :* CASTRO VALLEY State :* California Zip :* 94546

Home Phone : (XXX) XXX-XXXX Cell Phone :

Email Address :* Fax : (XXX) XXX-XXXX

☑ Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- I DO NOT have a Nevada Business license number.
- I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending
- I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License

Business License #

Child Support Information – Check appropriate answer

- I am **NOT SUBJECT** to a court order for the support of a child
- I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or 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.
- I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes • No

Legal Information

1. Since your last renewal or recent licensure have you 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? * Yes • No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * • Yes No

wet and reckless misdemeanor in the state of california. Rehab classes taken for 3 months and have maintaned active pharmacist licensure in california

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action

No Record Found

Document Name Document Type -Select DocumentType-

Document

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : California Date : MM/DD/YYYY

Case #

Criminal Action :

State : California Date : MM/DD/YYYY

Case # :

County : Court :

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * ○ Yes ● No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * ○ Yes ● No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Deepa Ramaswamy Date Of Application * 10/31/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	$180.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$190.00**

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

Reference Number

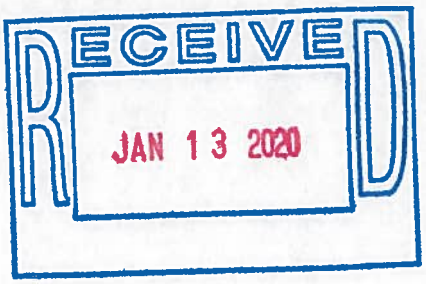
InvoiceDate 10/31/2019

Paid

Approve Close

First () Previous () 1 () Next () Last ()

Copyright © 2018 | Nevada State Board of Pharmacy (http://bop.nv.gov/) | All Rights Reserved



Deepa Ramaswamy
2400 Sierra Blvd Apt 67
Sacramento, CA 95825

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

Hello,

I am Deepa Ramaswamy, Pharm.D., NV Pharmacist Licenswe # 18141. Please find the attached copy of documents regarding the misdemeanor in California. Pleading for the reinstatement of my Nevada state board of pharmacy licensure. Please let me know if I can provide any additional documents. I can be reached via email at [redacted]@gmail.com or by phone at [redacted]

Sincerely,

Deepa Ramaswamy, Pharm.D.

1/8/2020

BREINING INSTITUTE
2775 Cottage Way, Ste. 25, Sacramento, CA 95825
(916) 972-8175 (phone)
(916) 972-1032 (fax)

WET & RECKLESS VERIFICATION

ENROLLMENT / COMPLETION

Court: Sacramento Participant Name: Deepa Ramaswamy

Case #: 18M10050315 Date of Birth: [redacted]

Driver's License #: [redacted] Address: [redacted] Sierra Blvd

Enrollment Date: 3.4.19 City/Zip: Sacramento 95825

REPORTING PROGRAM:

{ } Breining Institute
#34-003-01-100
2360 E. Bidwell St, Ste. 107
Folsom, CA 95630
(916) 987-0662 (phone)
(916)987-9384 (fax)

{ } Breining Institute
#34-003-01-100
8894 Greenback Lane
Orangevale, CA 95662
(916) 987-0662 (phone)
(916) 987-9384 (fax)

{ } Breining Institute
#34-003-02-100
3137 Dwight Road, Ste. 500
Elk Grove, CA 95758
(916) 422-2408 (phone)
(916) 422-2418 (fax)

{X} Breining Institute
#34-003-03-100
2775 Cottage Way, Ste. 25
Sacramento, CA 95825
(916) 972-8175 (phone)
(916) 972-1032 (fax)

This notification certifies that the above named individual completed a Wet and Reckless Driving-Under-the-Influence Program (12 hours of education) on 4.10.19.

Comments: _____

Authorized Staff: [redacted] Title: Manager Date: 4/10/19

Revised 11/2014

NAME AND ADDRESS OF COURT:
SUPERIOR COURT SACRAMENTO COUNTY
720 9th Street Room 101
SACRAMENTO, CALIFORNIA 95814

FOR COURT USE ONLY

NAME OF DEFENDANT: Deepa Ramaswamy
STREET ADDRESS: 2400 Sierra Blvd Apt 67
MAILING ADDRESS:
CITY AND ZIP CODE: Sacramento CA 95825

DATE OF COURT ORDER:

(check one)

☑ PROOF OF ENROLLMENT IN ALCOHOL OR DRUG PROGRAM

☑ PROOF OF COMPLETION OF ALCOHOL OR DRUG PROGRAM

CASE NUMBER: 18M10050315

DESCRIPTION OF ALCOHOL OR DRUG PROGRAM
Name of Program: Breining Institute
Address of Program: 2775 Cottage Wy. Suite 25, Sacramento, Ca. 95825
Program License Number: 3400301100 Program Telephone Number: 916-972-8175

PROOF OF ENROLLMENT

1. Defendant (name): DeepA Ramaswamy enrolled in the alcohol or drug education program described above on (specify date of enrollment): 3.4.19

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 3.4.19 Deepa Ramaswamy
(TYPE OR PRINT NAME)

(SIGNATURE OF DEFENDANT)

Date: 3.4.19 B Halen
(TYPE OR PRINT NAME)

(SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)

Manager
(TITLE)

PROOF OF COMPLETION

2. Defendant (name): successfully completed the alcohol or drug education program described above on (specify date of completion): 6/11/2019

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 6/10/2019
Deepa Ramaswamy
(TYPE OR PRINT NAME)

(SIGNATURE OF DEFENDANT)

Date: 6/11/19 B Halen
(TYPE OR PRINT NAME)

Manager
(SIGNATURE OF PROGRAM DIRECTOR OR INSTRUCTOR)

D.D.P. Coordinator
(TITLE)

YOU NEED TWO OF THESE FORMS: — INSTRUCTIONS —

1. UPON ENROLLMENT IN A COURT-ORDERED ALCOHOL OR DRUG EDUCATION PROGRAM, FILL OUT THE PROOF OF ENROLLMENT PORTION OF ONE COPY OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.
2. UPON SUCCESSFUL COMPLETION OF THE PROGRAM, FILL OUT THE PROOF OF COMPLETION PORTION OF A SECOND COPY OF THIS FORM AND FURNISH IT TO THE SENTENCING COURT WITHIN THE TIME AND IN THE MANNER SPECIFIED BY THE COURT.

FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN THE REVOCATION OF YOUR PROBATION.

SI USTED NO CUMPLE CON ESTOS REQUISITOS, SU INCUMPLIMIENTO PUEDE RESULTAR EN LA REVOCACION DE SU LIBERTAD CONDICIONAL.

April 10, 2019

BREINING INSTITUTE
2775 Cottage Way Suite 25
Sacramento, California 95825

RE: Deepa Ramaswamy
DOB1
DL#'
Sacramento Superior Court Case Number 18MI0050315

To Whom It May Concern:

Ms. Ramaswamy completed the WET RECKLESS component of the First Offender Drinking Driver Program on April 10, 2019.

She is continuing to attend the (3)Month component of the First Offender Drinking Driver Program.

She is in full compliance with the rules and regulations of the program at this time.

Sincerely,

B. Hakensen
Manager

916.972.8175

#34.003.03.100

NOTICE OF COMPLETION CERTIFICATE

DL 101

A Public Service Agency

NAME (LAST, FIRST MIDDLE SUFFIX)			DRIVER LICENSE NUMBER
Ramaswamy, Deepa			
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
) Sierra Blvd#	Sacramento	CA	95825

The above named individual has successfully completed a Driving-Under-the-Influence Program licensed by the California Department of Alcohol and Drug Programs to provide the following services: ☐ Education Component Only (23140 CVC Conviction) 1st Offender Program 03 months

Multiple Offender Program ☐ 12 months ☐ 18 months ☐ 30 months ☐ Multiple Offender Program (IID restriction only) _____ months of _____ months

DATE OF ENROLLMENT	DATE OF COMPLETION	VIOLATION DATE	COURT CODE	DOCKET NUMBER
03/04/2019	06/11/2019	02/02/2018		

PROGRAM NAME	ADP LICENSE NUMBER
Breining Institute	3400303100

PROGRAM ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
2775 Cottage Way, Suite 25	Sacramento	CA	958251215

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PARTICIPANT'S SIGNATURE		TELEPHONE NUMBER
	X DL 804 on file		
DATE	**AUTHORIZED PROGRAM REPRESENTATIVE'S PRINTED NAME**	**AUTHORIZED PROGRAM REPRESENTATIVE'S SIGNATURE**	**TELEPHONE NUMBER**
06/11/2019	Barbara Hakensen	X	(916) 972-8175

INSTRUCTIONS TO PROVIDER: Print the appropriate number of copies, apply the signatures (program representative and participant), retain 1 copy, and distribute to participant and court.

NOTE: Before a restriction is processed, Proof of Financial Responsibility and reissue fee payment must be received.

This Notice of Completion Certificate is a facsimile of electronically transmitted information. Any copy printed for court, participant or record keeping is not valid for DMV purposes.

DL 101 (REV 6/2005) WWW

UNIQUE ID#: 340030310006112019140104BREININGINSTSAC@ATT.NETD7851942DL101

Superior Court of California
County of Sacramento

720 Ninth Street
Sacramento CA 95814

This letter is confirmation that the annexed instrument (inclusive) is a Correct copy of the original on file in the Sacramento Superior Court file.

Sacramento Superior Court in and for the County of Sacramento, State of California.

CASE NAME RAMASWAMY, DEEPA

CASE NUMBER 18MI005087

ATTEST CERTIFIED DATE 01/02/2020

BY _____ **DEPUTY CLERK**

TOTAL NUMBER OF PAGES 10

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
MINUTE ORDER - HEADER/PROCEEDINGS

DEFENDANT NAME	DEF	XREF	CASE
RAMASWAMY DEEPA	1	4988915	18MI005087 SUP

CUSTODY STATUS: 8536
DOB:
LEA: SACRAMENTO POLICE DEPARTMENT
BAIL SET: $1,482.00
BAIL POSTED:

DATE FILED: 03/15/2018
ARREST #: 10062791-01
BOND #:

PROSECUTOR: DISTRICT ATTORNEY

DEFENSE: HOLBUS, JOHN
TYPE: RET

SECTION(S) VIOLATED:

02/02/2018	(CT 1)	VC	23152(A)
02/02/2018	(CT 2)	VC	23152(B) – r/r Wet

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
020619	STANGER	02	$534	DR	Plea/set (1ct)
08:30					Atty pres 977 PLEA IN ABSENTIA
					See Plea & Informal Probation Order
					☐ Restitution Order filed
					Deft to pay: $40 COA;
					$30 CCF; $ Ø Atty Fees
					All Fees Payable: ☒ DRR / ☐ Forthwith JIMS 95

DO NOT FILE ANY DOCUMENTS EXCEPT OUTSTANDING WARRANTS ON TOP OF THIS

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
MINUTE ORDER - HEADER/PROCEEDINGS

DEFENDANT NAME	DEF	XREF	CASE
RAMASWAMY DEEPA	1	4988915	18MI005087 SUP

CUSTODY STATUS: 9536
DOB:
LEA: SACRAMENTO POLICE DEPARTMENT
BAIL SET: $1,482.00
BAIL POSTED:

DATE FILED: 03/15/2018
ARREST #: 10062791-01

BOND #:

PROSECUTOR: DISTRICT ATTORNEY

DEFENSE: HOLBUS, JOHN
TYPE: RET

SECTION(S) VIOLATED:
02/02/2018 (CT 1) VC 23152(A)

02/02/2018 (CT 2) VC 23152(B)

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
091918	TALLEY	02	856	DR	FP (cts: 1)
08:30					atty David Knoll S/A 977
					cont 10.22.18 830 2 FP
OCT 22 2018	JILL H. TALLEY	2	836	DR	FP (cts)
					Atty 977
					12.10.18 830 2
					Plea/Set
12-10-18	JILL H. TALLEY	2	853.6	DR	Plea/set (1cts)
8:30					Atty Holbus Pro 977
					2.6.19 830 2 plea/set
					JIMS 26

DO NOT FILE ANY DOCUMENTS EXCEPT OUTSTANDING WARRANTS ON TOP OF THIS

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
MINUTE ORDER - HEADER/PROCEEDINGS

DEFENDANT NAME	DEF	XREF	CASE
RAMASWAMY DEEPA	1	4988915	18MI005087 SUP

CUSTODY STATUS: 8536
DOB:
LEA: SACRAMENTO POLICE DEPARTMENT
BAIL SET: $1,482.00
BAIL POSTED:

DATE FILED: 03/15/2018
ARREST #: 10062791-01

BOND #:

PROSECUTOR: DISTRICT ATTORNEY

DEFENSE TYPE: ~~Lucy McCallister~~ Ret'd
Atty John Holbus

SECTION(S) VIOLATED:
02/02/2018 (CT 1) VC 23152(A)
02/02/2018 (CT 2) VC 23152(B)

DATE	JUDGE	DEPT	REL	CSR	PROCEEDINGS
032118	DAMRELL	02	~~853.6~~	DR	CTS: 1 ARR
01:30					atty Isabel Flores 977 S/A for atty Lucy McCallister ret'd FAR
					cont 5.17.18 830 2 FP
	L. DAMRELL	2	853.6	DR	FP (1 cts)
					Atty Flores S/A 977 JIMS 95
					7-18-18 830 2 FP
JUL 18 2018	Shepard	2	853.6	DR	FP (1 cts) JIMS 95
					Atty John Holbus ret'd
					Atty McCallister rel'd
					9-19-18 830 2 FP
					JIMS 53

DO NOT FILE ANY DOCUMENTS EXCEPT OUTSTANDING WARRANTS ON TOP OF THIS

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
MINUTE ORDER - PLEA

RAMASWAMY DEEPA 1 4988915 18MI005087 SUP

PLEA DATE: 2/6/19 JUDGE: Stanger DEPT: 2

RIGHTS:

ADV	WVD		ADVISED	
✓		COUNSEL, retained or appointed	✓	possible maximum sentence
		PRELIMINARY HEARING		possibility of 1203.03 PC
	✓	JURY TRIAL, speedy and public		parole rights
		CONFRONTATION, of witness		option of changing plea
		SELF INCRIMINATION, remain silent		in re: West
			✓	consequences of plea

✓ If you are not a citizen, you are hereby advised that conviction of the offense for which you have been charged may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.

___ Video mass advisement transcript on request
✓ Tape Number 9:25
___ Court Reporter (transcript on request) ___
✓ The written Waiver and Plea form filed herein is ordered incorporated in the record

Defendant advised of above rights, penalties and consequences of plea. Court found defendant understood same. Court found that defendant knowingly, intelligently, voluntarily and expressly waived the rights as indicated by initials above. Defendant entered a plea of:

PLEA IN ABSENTIA

___ GUILTY

✓ NOLO CONTENDERE (acknowledged it is same as guilty)

___ NGRI (PC 1026)

to the charges of: VC23103.5 r/r to CT.2

BAC: 09

Court dismissed: CT. 1

___ Insufficient Evidence
✓ Interest of Justice
✓ In View of Plea ___
___ Proof Shown
___ Harvey Waiver ___

Court found that the above plea(s) was voluntary and there was a factual basis for same.

SACRAMENTO SUPERIOR COURT - ORDER OF INFORMAL PROBATION WET RECKLESS

Case Number 18M1005087 | Def. Name (Last, First, Middle) Ramaswamy, Deepa | Violation(s): **VC 23103.5 (R/R to 23152) Wet Reckless**

The defendant appeared before this Court for judgment and sentence, and having been duly arraigned for said purpose for the above violation(s) and no legal cause being shown why judgment should not be pronounced, **IT IS ORDERED THAT** imposition of sentence be suspended and that the defendant be placed on INFORMAL probation to this court for the term of **THREE (3)** years from this date on the conditions checked below:

☒ 1. **(OAL)** Obey all laws

☒ 2. **(DRINK/DRIVE)** Do not drive a motor vehicle with any drugs or any measurable amount of alcohol in your system. Do not refuse to complete blood alcohol chemical test when offered by any peace officer with reasonable cause to do so

☒ 3. **(VALID/LIC)** Do not drive without a valid California driver's license or in violation of California Vehicle licensing laws.

☒ 4. **(VALID/INS)** Do not drive without insurance.

☐ 5. **(REST/LOSS)** Make restitution for personal injury/property damage/loss caused in this offense. Purs. to 1202.4(f)(7) & (11) PC, you shall prepare and file a financial disclosure form (CR-115) with the court and an updated form within 90 days prior to release from probation if there is any unpaid restitution or fine.

☐ 6. **(REST/TBD)** Restitution to be determined by the DA ☐ Amt: $ _____ Victim(s): _____

☐ Restitution to be determined to the responding LEA. *(Specify agency)*: _____

☒ 7. **(FINE/ASMT)(FINE/TIME)** Fine &Assessments: Pay the following fines/assessments or serve 2 days County Jail.

Fine / Assessment Type	Amount		Reduced Amount	
Base Fine per VC 23538(a)	$250.00	JAIL CREDIT 1 DAY(S) REDUCES FINE(S)	$125.00	OR SERVE 1 DAYS CJ C/S IN LIEU OF FINE
☒ *CIF (PC1465.7(a)) **(CIF)**	$50.00		$25.00	
*Penalty Assessment (PC 1464, GC 76000)	$425.00		$221.00	
*Court Construction Penalty Assessment **(CTCONST)** (GC70372(a)) (Effective 01/01/03)	$75.00		$39.00	
*ICNA Penalty Assessment GC 70372(a) (Effective 01/01/09)	$50.00		$26.00	
*DNA Penalty Assessment (GC76104.6) **(DNA1)** (Effective 11/04/04)	$25.00		$13.00	
*DNA Penalty Assessment (GC76104.7) **(DNA2)** (Effective 07/12/06)	$25.00		$13.00	
*DNA Penalty Assessment (GC76104.7) **(DNA2A)** (Effective 06/10/10)	$50.00		$26.00	
*DNA Penalty Assessment (GC 76104.7) **(DNA2B)** (Effective 06/24/12)	$25.00		$13.00	
*EMS-Co. Penalty Assessment **(EMSCOPA)** (GC 76000.5) (Eff. 01/01/2018)	$50.00		$26.00	

**** THE FINES & ASSESSMENTS LISTED BELOW ARE NOT CONVERTIBLE TO COUNTY JAIL OR REDUCED BY CREDITS. SEE REVERSE SIDE OF THIS DOCUMENT FOR A CALCULATION OF PENALTY ASSESSMENTS****

☒ **(REST MISD)** Rest Fine in the amt. of $150.00 purs. to PC 1202.4(b)

☒ Emergency Medical Air Transport Fund (GC76000.10) (EMAT) $4.00

☒ **(1202.44 PC)** Addtl. Rest. Fine in the amt. of $150.00 purs.to PC 1202.44 stayed pending revocation.of probation.

☒ **(ALC/ASMT2)** Alcohol &Drug Program Assessment (VC 23649) $10.00

☐ **(HIST/FEE)** DMV History Fee $10.00 (VC 40508.6)

☒ **(NCA)** Night Court Assessment (VC 42006) $1.00

☐ **(BOOK/FEE)** MJ Book.Fee $402.38 (GC 29550.2(a)) ☐ **(CLASS/FEE)** Class.Fee $99.19 (GC 29550.2(a)) ☐ **(RCCC/FEE)** RCCC Book.Fee $267.71 (GC 29550.2(a))

☐ **(CITE/FEE)** Citation Processing Fee $10.00 (GC 29550(c)) ☐ **(OR/FEE)** Crim. Justice Proc. Fee $25.00 (GC 29550(c))

All fines/fees payable through: ☒ **PAY/DRR** through DRR ☐ **(PAY/FW)** Forthwith ☐ **Fine Stayed**, payments to begin _____. ☐ Stay fee waived.

☐ **(ASP/LIEUF)** Alternative Sentencing Program in lieu of fine, _____ hours to be completed by/within _____ days/months.

☐ Jail in lieu of fine to be served _____, consecutive. ☐ Work Release

☒ 8. **(JAIL)SERVE** 0 days / hours in the CJ, credit for time served _____ days. ☒ Consecutive ☐ Concurrent to _____

☐ Straight time ☐ Jail stayed pending completion of _____

☐ Court has no objection to a Work Release Program. Qualify or surrender at ☐ Main Jail ☐ RCCC on: _____

☐ Stay to sign up on or before: _____ **Court objects to:** ☐ **SWP** ☐ **HD/Medical HD.**

☐ CJ may be done in _____ County. ☐ Show proof of enroll /completion on: _____ at _____ in Dept. _____

☐ County Jail converted to _____ hours of ASP by / within _____ days / months.

☒ 9. **(WETPROG)**You are hereby ordered to report to and enroll in the ☒ Wet Reckless ☐ First Offender ☐ 9-month Alcohol & Drug Education ☐ SB-38 Program within 72 hours from today or release from custody

☐ Provide proof of enrollment by: _____(date). ☒ Stay to sign up on or before 3.22.19 (date).

☐ Program may be done in _____ County. ☐ Program to run C/C with case number: _____.

☐ 10. **(ATTEND/AA)** Defendant to attend _____ AA or 12-Step meetings and provide proof of attendance on _____ at _____, in Dept. _____ or in the alternative serve _____ days in the county jail consecutive.

☐ 11. **(LIC/REST)** Driver's License revoked/suspended / restricted for a period of _____ months/years pursuant 13202.5 VC.

☐ Proof of critical need shown; pursuant VC 13202.5(c), court recommends restricted driver's license with codes S, T, & V. Amended DMV abstract to be issued.

☐ 12. **(S&S)SEARCH:** Deft shall submit his/her person, property and automobile and any object under defendant's control to search and seizure, in or out of the presence of the defendant, by any law enforcement officer and/or Probation Officer, at any time of the day or night, with or without his/her consent, with/without a warrant. Defendant being advised of his/her constitutional rights in this regard, and having accepted probation, is deemed to have waived same.

☒ 13. **(ADV23593VC)** Advised pursuant 23593(a) VC that a DUI resulting in someone's death can be charged as murder.

☒ 14. **(BBSS)** Defendant shall not refuse to complete a blood alcohol chemical test when offered by any peace officer with reasonable cause to do so. Your blood and/or breath will be subject to search and seizure by any law enforcement officer at any time of the day or night, with our without your consent, and with or without a warrant.

☐ 15. Other: _____

Judge of the Superior Court Stamper | Dept. 2 | Date 2/6/19

READ AND SIGN THE OTHER SIDE OF THIS ORDER!

GENERAL CONDITIONS OF INFORMAL PROBATION

NOTICE: This is your order of probation. It limits what you can do. A violation of probation can result in your arrest and confinement. If you do not understand any condition of probation, discuss it with your attorney or the judge who sentenced you.

WHAT MUST YOU DO?

You must obey all of the rules set out for you on the front side of this sheet. You do not have to report to a probation officer. But, if you are notified to return to court and do not do so, a warrant will be issued for your Arrest. Any notice will normally be sent to the address you gave on the front of this sheet. Be sure to notify the Post Office to forward your mail if you move.

WHAT IF YOU VIOLATE PROBATION?

If you fail to obey any of the rules set out for you, your probation can be revoked and a warrant be issued for your Arrest. If, after a hearing in court, the judge finds that you did, in fact, violate probation, you can be sentenced to the maximum jail term allowed by law. You could also receive additional fines or additional conditions of probation.

WHAT IF YOU SUCCESSFULLY COMPLETE PROBATION?

In general, at any time after the termination of the period of probation and upon completion of the requirements of Penal Code section 1203.4, probationers may petition the court to exercise its discretion to allow the probationer to withdraw a plea of guilty or nolo contendere or to set aside a verdict of guilty and dismiss the accusations against the probationer. If such relief is granted by the court, the probationer may also petition the court for a certificate of rehabilitation and pardon upon completion of the requirements of Penal Code section 4852.01. Probationers convicted of certain offenses are not eligible for this relief. (See Penal Code Section 1203.4(b).)

WHAT IF YOU FEEL YOUR PROBATION SHOULD BE ENDED EARLY OR CERTAIN CONDITIONS SHOULD BE CHANGED?

Talk to your attorney, or petition this Court if you want to change your probation order in any way. Remember though, only a judge of the Sacramento Superior Court can change any condition or term of your probation. No other person, agency, or court can do that.

WHAT DOES PROBATION REALLY MEAN?

Before you plead guilty or no contest, the judge explained to you what the maximum penalty was. In most cases it is one year in jail and a fine of one thousand dollars. The judge could have imposed that maximum penalty when you were sentenced. The imposition of that maximum penalty has simply been held back to see if you complete your period of probation without violating any of the special rules now established for you. Therefore, being on probation means that you do not have the same rights as other citizens. The special rules that apply to you are set forth on this form. Make sure that you understand and follow those rules.

PENALTY ASSESSMENT CALCULATION (See reverse):

PENALTY ASSESSMENT TYPE AND AUTHORITY	AMOUNT BASED ON...
Penalty Assessment pursuant PC 1464 (State) (Effective 07/09/91)	$10 for each $10, or part of $10, of base fine
Penalty Assessment pursuant GC 76000 (County) (Effective 07/09/91)	$7 for each $10, or part of $10, of base fine
Court Construction Penalty Assessment GC 70372(a) (Effective 01/01/03)	$3 for each $10, or part of $10, of base fine
ICNA Penalty Assessment GC 70372(a) (Effective 01/01/09)	$2 for each $10, or part of $10, of base fine
DNA Penalty pursuant GC 76104.6(Effective 11/04/04)	$ 1 for each $10, or part of $10, of base fine
DNA Penalty pursuant GC 76104.7(Effective 07/12/06)	$ 1 for each $10, or part of $10, of base fine
DNA Penalty pursuant GC 76104.7 (Effective 06/10/10)	$ 2 for each $10, or part of $10, of base fine
DNA Penalty pursuant GC 76104.7 (Effective 06/27/12)	$ 1 for each $10, or part of $10, of base fine
EMS-Co. Penalty pursuant to GC 76000.5 (Effective 01/01/18)	$ 2 for each $10, or part of $10, of base fine
SURCHARGES / ASSESSMENTS AND AUTHORITY	
Criminal Impact Assessment Fee pursuant PC1465.7(a) (Effective 01/01/02)	20% of the base fine amount
Court Operations Assessment PC 1465.8 (Effective 01/01/10)	$40 per conviction
Criminal Conviction Assessment GC 70373 (Effective 01/01/09)	$30 per conviction

The foregoing terms and conditions of informal probation have been explained to me and I fully understand them and agree in every particular to abide by them.

DEFENDANT SIGNATURE	DATE
[signature]	2-5-18
DEFENDANT ADDRESS (STREET, CITY, STATE, ZIP)	
Sierra Blvd Sac, Ca 95822	
TELEPHONE	

SACRAMENTO SUPERIOR COURT DUI / DRUG REHABILITATION PROGRAM REFERRAL

Case Number	Referral Status	Defendant Name	Xref No.	Date of Birth	Driver's License
18M:005087	ORIG	RAMASWAMY, DEEPA	4989915	[redacted]	
Section(s) Violated	**Priors**	**Viol. Date**	**Prob. Status**	**BAC / HBA**	**Telephone Number**
VC. 23103.5		2/12/18	INF	.09	[redacted]
Home Address		**City**		**State**	**Zip**
[redacted] Sierra Blvd		Sacramento		CA	95825

1. The Court has ordered you to attend the program checked below and to comply with the program rules and fee requirements.

- [X] **12-HOUR** Wet & Reckless, 18-20 Year-old
- [ ] **3-MONTH** 1st Offender DUI (< 0.15% BAC) 30 hour, Min. 3 Months
- [ ] **6-MONTH** 1st Offender DUI (0.15%-0.19% BAC) 45 Hour, Min. 6 Months
- [ ] **9-MONTH** 1st Offender DUI (0.20% BAC or higher) 60 Hour, Min. 9 Months
- [ ] **18-MONTH** Multiple Offender DUI Program 76.5 Hour, Min. 18 Months
- [ ] **DUI and SSAT Programs**
- [ ] **ASSESSMENT PROGRAM** – Call Health and Human Services at (916) 874 – 9754 to make an appointment for assessment.

2. Call the DUI Program checked below WITHIN 72 HOURS TO SCHEDULE AN APPOINTMENT to enroll

✓	Area	Location / Name	Address	City	State	Zip	Telephone	Language(s) Avail.	Programs Offered: Wet / Reckless	Programs Offered: First Offender	Programs Offered: Multi. Offender
	1	Breining Institute	3159 Dwight Road, Suite 100	Elk Grove	CA	95758	916-422-2408	English	X	X	
	2	Breining Institute	2360 East Bidwell Street, Suite 107	Folsom	CA	95630	916-987-0662	English	X	X	
	3	Breining Institute	8894 Greenback Lane	Orangevale	CA	95662	916-987-0662	English	X	X	
	4	Breining Institute	2775 Cottage Way, Suite 25	Sacramento	CA	95825	916-972-8175	English	X	X	
	1	Bridges	4241 Florin Road, Suite 75	Sacramento	CA	95823	916-450-0700	English/Spanish	X	X	X
	2	Bridges	908 C Street, Suite F-1	Galt	CA	95632	916-450-0700	English/Spanish	X	X	X
X	1	Safety Center	6060 Sunrise Vista Dr., Suite 1625	Citrus Heights	CA	95610	916-721-3748	English	X	X (6&9 month only)	X
	2	Safety Center	3909 Bradshaw Road	Sacramento	CA	95827	916-438-3360	English/Spanish/ Russian	X	X	X
	3	Safety Center	4704 Roseville Road, Suite 102	North Highlands	CA	95660	916-394-2320	English/Spanish/ Russian	X	X	X
	1	Terra Nova DDP	2012 H Street, Suite 101 & 102	Sacramento	CA	95811	916-444-5680	English	X	X	X
	2	Terra Nova DDP	4700 Northgate Blvd., Suite 122	Sacramento	CA	95834	916-564-0600	English	X	X	X
	3	Terra Nova DDP	5777 Madison Ave., Suite 590	Sacramento	CA	95841	916-239-6379 916-999-0108	English	X	X	

	1	WellSpace Health	1820 J Street	Sacramento	CA	95811	916-313-8434	Interpreter Services Avail.	Substance Abuse Treatment

☐ Program to run C/C with case number _____ ☐ Return court date: _____ at _____ in Dept. _____.

☐ Out of county transfer to _____ County. **You have 21 days** to enroll. To find a DUI Program Directory go to http://www.dhcs.ca.gov/provgovpart/Documents/DUI_Provider_Directory_Full_5-9-2017as.pdf. If you are having trouble finding a provider, call Health and Human Services at (916) 875-2056. ☐ Return to Court for proof of enrollment on: (date) _____, at _____, in Dept. _____.

☒ Stay granted to enroll by / within: 3/22/19.

Program staff will report failure to honor the contract to the court. The Program may immediately dismiss a participant who appears to be under the influence of alcohol or other drugs. Program will not issue a completion certificate to DMV until all program requirements are completed. Failure to comply with this court order may result in the issuance of a bench warrant for your arrest.

I have received a copy of the Notice to Report and I understand that I must enroll in the program that is checked above and present this notice to program staff.

Def. Signature:→	Date: 2-6-19

Provider Use Only

Intake Date	Intake Time	Down Payment Amt. Due at Intake

Superior Court of California, County of Sacramento
Waiver and Plea to Reckless Driving (Alcohol Related) Reckless Driving (VC 23103 and 23103.5)

(For Court Use Only)
FILED / ENDORSED
FEB 6 2019
By M. McAlister, Deputy Clerk

Case Number 18m1005087

I, Deepa Ramaswamy, understand that I am charged with driving a vehicle on (Date) 2/2/18 while under the influence of an alcoholic beverage or drugs or both (23152(a) Veh. Code), and/or while having 0.08 percent or more, by weight, of alcohol in my blood (23152(b) Veh. Code), but for reasons specified by the prosecution, said charge is being reduced to a violation of Section 23103 of the Vehicle Code (Reckless Driving).

I understand that I am also charged with having a conviction for a separate violation of an offense specified in Sections 23103 and 23103.5 of the Vehicle Code with an offense date of _____.

I understand the penalties are:

A. **Maximum:** Fine of $1,000.00, plus penalty assessments of $2,790.00, plus additional fees up to an amount of $839.00, plus restitution to victim(s) in an amount to be determined, if any, or restitution fund assessment of $1,000.00, 90 days in jail, and a suspension of driving privilege for 30 days.

B. **Minimum Without Probation:** Fine of $145.00, plus penalty assessments of $405.00, plus additional fees up to an amount of $668.00, plus restitution to victim(s) in an amount to be determined, if any, or restitution fund assessment of $150.00, or 5 days in jail, or both.

C. **Minimum With Probation:** Fine of $145.00, plus penalty assessments of $405.00, plus additional fees up to an amount of $668.00, plus restitution to victim(s) in an amount to be determined, if any, or restitution fund assessment of $150.00 (plus an additional $150.00 suspended pending violation of probation); Enrollment in an alcohol and drug education program and completion, at a minimum, of educational component of that program except under compelling circumstances (Veh. Code 23103.5(e)); understand that I may be ordered to attend an alcohol and drug problem assessment program (23647 Veh. Code). Standard probation terms and conditions to include: obey all laws, not drive a motor vehicle with any drugs or measurable amount of alcohol in your system, not refuse to complete a blood alcohol chemical test when offered by any peace officer, not drive without a valid California driver's license or without valid insurance.

I further understand that a conviction resulting from a plea of guilty or no contest in this matter shall be a prior offense for the purpose of subsequent sentencing as specified in Sections 23540, 23546, 23550, 23560, 23566 or 23622 of the Vehicle Code if I am convicted of a subsequent offense under Sections 23152 or 23153 of the Vehicle Code which occurs within ten years of this offense. In such a case, this conviction shall not be stricken by the court to avoid imposing the minimum penalties provided in the Vehicle Code for a violation of Sections 23152 or 23153 with prior convictions.

I understand that if I am not a citizen of the United States, a plea of guilty or no contest could result in my being deported from the United States, excluded from admission to the United States, or denied naturalization as a United States Citizen.

I understand that if I am currently on probation or parole for any other criminal offense, that such probation could be revoked as a result of my plea today.
I understand that my driver's license suspension or revocation from DMV administrative proceedings is independent of court imposed penalties.

Conviction with one or more prior violations of Vehicle Code sections 23103/23103.5:
If I am subsequently convicted of a violation of Vehicle Code section 23103 and 23103.5 within 10 years of a conviction for the same offense, which violation results in my placement on probation, I shall be subject to the above penalties except that I will be required to participate in an alcohol education program for at least nine months (VC 23103.5(f)(1)).

DEFENDANT TO PERSONALLY WRITE YES OR NO IN EACH BOX:		I understand this right	I give up this right
1.	Right to a speedy and public jury trial. At the trial, I would be presumed to be innocent, and I could not be found guilty unless, after hearing all of the evidence, 12 impartial jurors chosen from the community were unanimously convinced beyond a reasonable doubt that I am guilty. I have a right, through my lawyer, to participate in jury selection.	Yes	Yes
2.	Right to confront and cross examine all witnesses against me.	Yes	Yes
3.	Right to remain silent and not incriminate myself.	Yes	Yes
4.	Right to subpoena and produce evidence.	Yes	Yes
5.	Right to be sentenced by a judge. I understand that by giving up this right I stipulate that I may be sentenced by a temporary judge.	Yes	Yes
6.	Right to be represented by an attorney at all stages of the proceedings and to have the court appoint one at no charge if I cannot afford my own.	Yes	No
7.	Right to delay sentencing not less than 6 hours nor more than 5 days after the entry of this plea.	Yes	Yes

DEFENDANT TO PERSONALLY WRITE YES IN ONE OF THE TWO BOXES:

REPRESENTED BY SELF: I give up my right to an attorney	
REPRESENTED BY AN ATTORNEY: I have discussed my case with an attorney, we discussed the rights I am giving up by my plea, the elements of the offense(s) charged, the possible defenses and the consequences of my plea.	Yes

I have read this document or have had it read for me, and I understand it. I have personally and voluntarily placed the answers in the boxes.

I enter a plea of No Contest (No Contest or Guilty) to the charge(s) of violation of the Vehicle Code Section 23103.

Signed: _____ Date: 2/4/2019

Vehicle Code Section 23593(a) states: "You are hereby advised that being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If you continue to drive while under the influence of alcohol or drugs, or both, and as a result of that driving someone is killed, you can be charged with murder."

READ AND COMPLETE REVERSE

ATTORNEY'S STATEMENT

I certify that I am the attorney on record for the defendant, that I have fully discussed the matters herein with the defendant and advised the defendant thereon, that the representations of the defendant are the defendant's own, that I believe that the plea and waivers are intelligently and expressly made, that I join the plea and waiver, that I stipulate there is a factual basis for the plea and that the time is waived for judgment and sentencing.

☑ Absentia form attached.

Signed: [signature] Date: 2/6/19

INTERPRETER'S STATEMENT

I, _____, a certified/registered interpreter, having been sworn, truly translated this form and all the questions therein to the defendant in the language. With the exception of the defendant's signature, I have completed this form at the defendant's direction. The defendant indicated understanding the contents of the form and then signed the form.

Signed: _____ Date: _____

DISTRICT ATTORNEY'S STATEMENT

This offense is alcohol related. This reduction to a charge of reckless driving is made for the following reasons:

- ☐ Accuracy of chemical test
- ☑ May be unable to sustain burden of proof
- ☐ Questionable probable cause
- ☐ Negotiated disposition involving a guilty plea to related or other offense
- ☐ Other: _____

Signed: Robert E. Clancy Date: 2/6/19

FINDINGS AND ORDER

The court has advised the defendant of the consequences of a conviction of a violation of Section 23103 as set forth in the 23013.5(c) of the Vehicle Code, and has done so prior to accepting the plea, I accept the defendant's plea and the prosecutor's statement that the offense was alcohol related.

Signed: Philip F. Stanley Date: 2/6/19
(Judge / Temporary Judge, Superior Court of California, County of Sacramento)

Sacramento Superior Court, Plea in Absentia

FILED/ENDORSED
FEB 6 2019
By M. McAlister, Deputy Clerk

Defendant Name	Case Number
Deepa Ramaswamy	18mi005087

Defendant Certification

☐ NON DUI ☑ DUI (VC 23152, 23153, 23103)

I certify that I have read the attached form # _____ entirely, that I understand it; that my attorney has orally explained it to me; that I have personally and voluntarily placed the answers in the boxes and I enter a plea of _____ to the charge of violation of the code section(s) _____.

I authorize and direct my attorney, _____, in my absence, to enter my plea to the court and admit any prior convictions and/or any allegation(s) as indicated on the attached waiver form(s). My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. I specifically waive my right to personally enter my plea, I waive my right to be personally present when the sentence is imposed. I waive my right to delay sentencing not less than six hours nor more than five days after entry of the plea, and I waive my right to personally address the court in mitigation of any sentence which may be imposed. I understand that if the court grants probation, it shall be for not less than 3 years nor more than 5 years, and the terms and conditions of probation shall include, but not be limited to , fine, jail time, restitution and obey all laws. I authorize my attorney to accept the conditions on my behalf.

I certify that I have read the attached form # CR-63 entirely, that I understand it; that my attorney has orally explained it to me; that I have personally and voluntarily placed the answers in the boxes and I enter a plea of no contest to the charge of violation of the Veh. Code Sections 23103.5.

I authorize and direct my attorney, John Holbus, in my absence, to enter my plea to the court and admit any prior convictions and/or any allegation(s) as indicated on the attached waiver form(s). My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. I specifically waive my right, in my absence, to enter my plea and admit any prior convictions and/or any allegation(s) as indicated on the attached waiver form(s). My attorney is further authorized and directed to waive time for sentencing, and to receive the sentence in my absence. I specifically waive my right to personally enter my plea, I waive my right to be personally present when the sentence is imposed. I waive my right to delay sentencing not less than six hours nor more than five days after entry of the plea, and I waive my right to personally address the court in mitigation of any sentence which may be imposed. I understand that if the court grants probation, it shall be for not less than 3 years nor more than 5 years, and the terms and conditions of probation shall include, but not be limited to, fine, jail time, restitution and the conditions that I not drive without a valid California driver's license, not drive with any measurable amount of alcohol in my system, not refuse to take a chemical test or tests of blood, breath or urine when requested to do so by a peace officer, and obey all laws. I authorize my attorney to accept the conditions on my behalf.

Defendant Signature	Date
[signature]	2/4/2019

Attorney Certification

I certify that I am the attorney of record for the defendant; that I have fully discussed the matters on the attached form # CR-63 with the defendant and advised the defendant thereon; that the representations above are the defendant's own; that I believe the plea and waivers were intelligently, voluntarily and expressly made; that I join in the plea and waivers, and that the above signature and the signature on the waiver form, if not notarized, were made in my presence. I stipulate there is a factual basis for the plea, and that time is waived for the judgment and sentencing. I have discussed potential conditions of probation with the defendant and I am satisf ied that he/she understands them.

Attorney Signature	Date
[signature]	2/6/19

Findings and Order

This document having been completed and presented to the Court; the Court being satisfied that the plea and waivers were expressly, intelligently and voluntarily made; and the Court finding that there is a factual basis for said plea, the Court accepts such plea and enters it on the record.

Judge / Commissioner Signature	Date
Philip J. Gilman	2/6/19

ANNE MARIE SCHUBERT
DISTRICT ATTORNEY
901 G STREET
SACRAMENTO, CA 95814
(916) 874-6218

SPD-18-33187

03/21/2018 (853.6)
XRef: 4988915

FILED
Superior Court of California
Sacramento
03/15/2018
Electronically Filed
Case Number:
18MI005087

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

THE PEOPLE OF THE STATE OF CALIFORNIA,

vs.

DEEPA RAMASWAMY(10062791-01),

Defendant.

No.
MISDEMEANOR
COMPLAINT

The People of the State of California upon oath of the undersigned, upon information and belief complain against the defendant above named for the crime(s) as follows:

COUNT ONE

On or about February 2, 2018, at and in the County of Sacramento, State of California, the defendant, DEEPA RAMASWAMY, did commit a misdemeanor, namely: a violation of Section 23152(a) of the Vehicle Code of the State of California, in that said defendant did willfully and unlawfully, while under the influence of an alcoholic beverage, drive a vehicle.

COUNT TWO

For a further and separate cause of action, being a different offense of the same class of crimes and offenses and connected in its commission with the charges set forth in Count One hereof: On or about February 2, 2018, at and in the County of Sacramento, State of California, the defendant, DEEPA RAMASWAMY, did commit a misdemeanor, namely: a violation of Section 23152(b) of the Vehicle Code of the State of California, in that said defendant did willfully and unlawfully, while having a 0.08 percent and more, by weight, of alcohol in her blood, drive a vehicle.

I declare upon information and belief and under penalty of perjury that the foregoing is true and correct.

Executed at Sacramento County, California, the 15th day of March, 2018.

Donna K. Gissing

DONNA GISSING
SACRAMENTO COUNTY DISTRICT ATTORNEY
(916) 874-6218
Telephone Number

VP

13B

985 Damonte Ranch Pkwy #206, Reno, NV 89521
For the period of November 1, 2019 to October 31, 2021
Credit/Debit Card (print at bottom) , Money Order , Cashier 's Check, Business or Personal Check: Payable to NSBP
NO CASH

LICENSE: 09328

Please make any changes to name or addr ess next to the old information

Massoud Zarkesh
CONCHITA WAY,
TARZANA, CA 91356

RENEW BY MAIL/IN-PERSON

1. Complete ALL sections on this form with an original Signature & date (NO STAMPS OR COPIES)
2. Mail/Bring in the form and a FEE for $205 (on-time) ($180 renewal fee plus $25 paper-use fee)
3. Renewals submitted after 10/31/2019 will also be charged A LATE/REINST ATEMENT FEE of $190. ($180 renewal, $90 late fee, $100 reinstatement fee plus $25 paper-use fee) TOTAL DUE: $395
4. The form will be returned if missing correct fee. You may renew on-line to AVOID the $25 paper fee
5. Please allow 2-3 WEEKS for processing by mail/in-person

< OR >

RENEW ONLINE

1. Go to https://online.nvbop.org
2. Click to REGISTER , then follow the prompts (only required once)
3. Credit Cards ONLY: On time renewal fee - $180

Late renewal fee - $370

*On-line fee of $10 will be charged during submission.

Licenses renewed online will update immediately once approved by board staff . Please allow 2-3 DAYS

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely)

	Yes	No
Been diagnosed or tr eated 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?	☐	☑
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 numbered questions (1-3) above, include the following information & letter of explanation: Included

Board Administrative Action:	State	Date	Case #:
Administrative Probation	CA	Aug 28.19	Administrative Case No: 5611

Criminal Action:	State	Date	Case #:	County	Court
-	-	-	-	-	-

Section 2:

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☑
If you marked YES to the question above, are you in compliance with the court order?	☐	☐

Section 3: NON-DISCIPLINAR Y STATE-MANDA TED OUESTIONS:

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

#_____ Leave blank if non-applicable

2. Have you ever served in the military, either active, reserve or retired Yes ☐ No ☑ Branch : _____

Military occupation specialty : _____ Dates of service : _____

Section 4: (Fees apply to either status) (see insert for details)

By signing below, you certify that you have completed ALL required CE Hours due for the 19/21 Renewal period.

(Dated from Nov. 1, 17 – Oct. 31, 19; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.

OR you may check the box for Inactive if you did NOT complete CE

Inactive ☐ By checking this box you certify that you are NOT practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See insert for more information.

Section 5:

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature : [signature] Date : 10-15-19

Card Type : ☐ Visa ☐ M/C ☐ Discover ☐ Amex Exp Date: __/__ (MM/YY) Amount of Charge: $205 on-time/$395 late

Card #:_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ CVV (3 digits back of card): _____ Billing Zip: _____

To: Nevada Board of pharmacy Cart# 5611

letter of explanation:

In may 2018 california state Board of pharmacy, notify me of hearing for 2011 to 2013 of 5 doctors in the area, and our pharmacy which I was PIC. had "Administrative" not Watching

① Tech,s To Complet cures on 3 occatio was rejected from computer.

② tech,s did not properly record doctors call back from the office. (all Doctors ok call the Rf,s.)

③ tech missed to place Proper backing on 2 Rf. Same patient, Same medication

④ Record for 2011 was expired we did not have 2011 on {2018 Inspection. 2015

⑤ We where charged not Cooperating to get the File of 2011.

⑥ at this time As of PIC I have accepted the charged that I must be more Watch full over Tech Work.

M. [signature] 10/10/19

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **AMERICAN COMPOUNDING DBA NORTHRIDGE TOWER PHARMACY, MASSOUD ZARKESH, PHARMACIST-IN-CHARGE** **18250 Roscoe Blvd.** **Northridge, CA 91325** **Pharmacy Permit No. PHY 43998,** **and** **MASSOUD ZARKESH** **Conchita Way** **Tarzana, CA 91356** **Pharmacist License No. RPH 41592** Respondents.	Case No. 5611

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on August 28, 2019.

It is so ORDERED on July 29, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By

Greg Lippe
Board Vice President (Acting President)

XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General
WILLIAM D. GARDNER
Deputy Attorney General
State Bar No. 244817
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6292
Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **AMERICAN COMPOUNDING DBA NORTHRIDGE TOWER PHARMACY, MASSOUD ZARKESH, PHARMACIST-IN-CHARGE** **18250 Roscoe Bld.** **Northridge, CA 91325** **Pharmacy Permit No. PHY 43998,** **and** **MASSOUD ZARKESH** **Conchita Way** **Tarzana, CA 91356** **Pharmacist License No. RPH 41592** Respondents.	Case No. 5611 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER** (*As to Respondent Massoud Zarkesh Only)*

IT IS HEREBY STIPULATED AND AGREED by and between the parties to this Stipulated Settlement and Disciplinary Order that the following matters are true:

///

///

PARTIES

1. Anne Sodergren ("Complainant") is the Interim Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by William D. Gardner, Deputy Attorney General.

2. On or about April 23, 1988, the Board of Pharmacy issued Pharmacist License Number RPH 41592 to Massoud Zarkesh ("Respondent"). The Pharmacist License expires on June 30, 2019, unless renewed.

JURISDICTION

3. Accusation No. 5611 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 24, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 5611 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 5611. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 5611, if proven at a hearing, constitute cause for imposing discipline upon his license.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

10. Respondent agrees that his Pharmacist License is subject to discipline, and he agree to be bound by the terms set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agree that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License Number RPH 41592 issued to Massoud Zarkesh is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. **Obey All Laws** ✓ 72hr - Email

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. **Report to the Board**

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. **Interview with the Board**

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. **Cooperate with Board Staff**

Respondent shall timely cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of Entity probation, including but not limited to: timely responses to requests for information by board staff; timely compliance with directives from board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

5. **Continuing Education**

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. **Reporting of Employment and Notice to Employers**

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 5611 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within ten (10) days of undertaking any new employment, respondent shall report to the board in writing the name, physical address, and mailing address of each of Entity employer(s), and the name(s) and

telephone number(s) of all of Entity direct supervisor(s), as well as any pharmacist(s)-in- charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior employment. Respondent shall sign and return to the board a written consent authorizing the board or its designee to communicate with all of respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee, concerning respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause (a) Entity direct supervisor, (b) Entity pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of Entity employer, to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 5611, and terms and conditions imposed thereby. If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term of probation, respondent shall cause the person(s) taking over the role(s) to report to the board in writing within fifteen (15) days of the change acknowledging that he or she has read the decision in case number 5611, and the terms and conditions imposed thereby.

If respondent works for or is employed by or through an employment service, respondent must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board of the decision in case number 5611, and the terms and conditions imposed thereby in advance of respondent commencing work at such licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through an employment service, respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service

to report to the board in writing acknowledging that he or she has read the decision in case number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board.

Failure to timely notify present or prospective employer(s) or failure to cause the identified person(s) with that/those employer(s) to submit timely written acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision includes any full-time, part-time, temporary, relief, or employment/management service position as a registered pharmacist, or any position for which a registered pharmacist is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. **Notification of Change(s) in Name, Address(es), or Phone Number(s)**

Respondent shall further notify the board in writing within ten (10) days of any change in name, residence address, mailing address, e-mail address or phone number.

Failure to timely notify the board of any change in employer, name, address, or phone number shall be considered a violation of probation.

8. **Restrictions on Supervision and Oversight of Licensed Facilities**

During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge, designated representative-in-charge, responsible manager or other compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

9. **Reimbursement of Board Costs**

As a condition precedent to successful completion of probation, respondent shall pay to the board its costs of investigation and prosecution in the amount of $3,500.00. Said costs may be paid in equal monthly installments, with all payments to be completed no later than three (3) months prior to the end of the probation term.

There shall be no deviation from this schedule absent prior written approval by the board or its designee. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of his responsibility to reimburse the board its costs of investigation and prosecution.

10. **Probation Monitoring Costs**

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

11. **Status of License**

Respondent shall, at all times while on probation, maintain an active, current Pharmacist License with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current Pharmacist License shall be considered a violation of probation.

If respondent's Pharmacist License expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

12. **License Surrender While on Probation/Suspension**

Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may relinquish Entity license, including any indicia of licensure issued by the board, along with a request to surrender the license. The board or its designee shall have the discretion whether to accept the surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the board.

Upon acceptance of the surrender, respondent shall relinquish Entity pocket and/or wall license, including any indicia of licensure not previously provided to the board within ten (10) days of notification by the board that the surrender is accepted if not already provided.

Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

13. **Practice Requirement – Extension of Probation** 20

Except during periods of suspension, respondent shall, at all times while on probation, be employed as a licensed pharmacist in California for a minimum of twenty (20) hours per calendar month. Any month during which this minimum is not met shall extend the period of probation by one month. During any such period of insufficient employment, respondent must nonetheless comply with all terms and conditions of probation, unless respondent receives a waiver in writing from the board or its designee.

If respondent does not practice as a licensed pharmacist in California for the minimum number of hours in any calendar month, for any reason (including vacation), respondent shall notify the board in writing within ten (10) days of the conclusion of that calendar month. This notification shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the interruption or reduction in practice; and the anticipated date(s) on which respondent will resume practice at the required level. Respondent shall further notify the board in writing within ten (10) days following the next calendar month during which respondent practices as a licensed pharmacist in California for the minimum of hours. Any failure to timely provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to be extended pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months. The board or its designee may post a notice of the extended probation period on its website.

14. **Violation of Probation**

If respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent, and the board shall provide notice to respondent that probation shall automatically be extended, until all terms and conditions have been satisfied

or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed. The board or its designee may post a notice of the extended probation period on its website.

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If a petition to revoke probation or an accusation is filed against respondent during probation, or the preparation of an accusation or petition to revoke probation is requested from the Office of the Attorney General, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

15. **Completion of Probation**

Upon written notice by the board or its designee indicating successful completion of probation, respondent's license will be fully restored.

16. **Drug Diversion and Abuse Course**

By no later than the end of the current calendar year, Respondent shall complete the following 8-hour course offered by the Board: "Prescription Drug Abuse and Diversion – What a Pharmacist Needs to Know."

17. **Remedial Education**

Within sixty (60) days of the effective date of this decision, respondent shall submit to the board or its designee, for prior approval, an appropriate program of remedial education related to the following areas: (1) Pharmacy Law; (2) Medication Error; (3) Ethics in Practice of Pharmacy; (4) Safe Opioid Dispensing; and/or (5) other coursework related to California Prescribing Requirements. Respondent shall be required to complete at least ten (10) hours of such approved remedial education per year of probation at his own expense, and at least 50% of that remedial education shall consist of live in-person or live webinar training. All remedial education required pursuant to this provision shall be in addition to, and shall not be credited toward, continuing education (CE) courses used for license renewal purposes for pharmacists.

///

Failure to timely submit for approval or complete the approved remedial education shall be considered a violation of probation. The period of probation will be automatically extended until such remedial education is successfully completed and written proof, in a form acceptable to the board, is provided to the board or its designee.

Following the completion of each course, the board or its designee may require the respondent, at Entity own expense, to take an approved examination to test the respondent's knowledge of the course. If the respondent does not achieve a passing score on the examination that course shall not count towards satisfaction of this term. Respondent shall take another course approved by the board in the same subject area.

18. **No Ownership or Management of Licensed Premises**

Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Tony J. Park. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 6/9/19

MASSOUD ZARKESH
Respondent

///

///

///

I have read and fully discussed with Massoud Zarkesh the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 05/15/2019

TONY J. PARK
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated: 6/5/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General

WILLIAM D. GARDNER
Deputy Attorney General
Attorneys for Complainant

LA2015603774
13703965

Exhibit A

Accusation No. 5611

XAVIER BECERRA
Attorney General of California
MARC D. GREENBAUM
Supervising Deputy Attorney General
LESLIE A. WALDEN
Deputy Attorney General
State Bar No. 196882
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-3465
Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **AMERICAN COMPOUNDING DBA NORTHRIDGE TOWER PHARMACY, MASSOUD ZARKESH, PHARMACIST-IN-CHARGE** **18250 Roscoe Bld.** **Northridge, CA 91325** **Pharmacy Permit No. PHY 43998,** **and** **MASSOUD ZARKESH** **Conchita Way** **Tarzana, CA 91356** **Pharmacist License No. RPH 41592** Respondents.	Case No. 5611 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about March 4, 1999, the Board of Pharmacy issued Pharmacy Permit Number PHY 43998 to American Compounding dba Northridge Tower Pharmacy, Massoud Zarkesh, Pharmacist-In-Charge (Respondent). The Pharmacy Permit was cancelled on October 26, 2016.

3. On or about April 23, 1988, the Board of Pharmacy issued Pharmacist License Number RPH 41592 to Massoud Zarkesh. The Pharmacist License expires on June 30, 2019, unless renewed.

4. American Compounding dba Northridge Tower Pharmacy, Massoud Zarkesh, Pharmacist-In-Charge and Massoud Zarkesh shall collective be referred to as "Respondents".

JURISDICTION

5. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

6. Section 4300 of the Code states:

"(a) Every license issued may be suspended or revoked.

"(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

"(1) Suspending judgment.

"(2) Placing him or her upon probation.

"(3) Suspending his or her right to practice for a period not exceeding one year.

"(4) Revoking his or her license.

"(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper.

"(c) The board may refuse a license to any applicant guilty of unprofessional conduct. The board may, in its sole discretion, issue a probationary license to any applicant for a license who is guilty of unprofessional conduct and who has met all other requirements for licensure. The board may issue the license subject to any terms or conditions not contrary to public policy, including, but not limited to, the following:

"(1) Medical or psychiatric evaluation.

"(2) Continuing medical or psychiatric treatment.

"(3) Restriction of type or circumstances of practice.

"(4) Continuing participation in a board-approved rehabilitation program.

"(5) Abstention from the use of alcohol or drugs.

"(6) Random fluid testing for alcohol or drugs.

"(7) Compliance with laws and regulations governing the practice of pharmacy.

"(d) The board may initiate disciplinary proceedings to revoke or suspend any probationary certificate of licensure for any violation of the terms and conditions of probation. Upon satisfactory completion of probation, the board shall convert the probationary certificate to a regular certificate, free of conditions.

"(e) The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board shall have all the powers granted therein. The action shall be final, except that the propriety of the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure."

7. Section 4300.1 of the Code states:

"The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license."

8. Section 4301 of the Code states:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

"..."

"(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

"..."

"(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

"..."

"(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board.

"...."

Section 4113 subdivision (c) of the Code provides:

"...

(c) The pharmacist-in-charge shall be responsible for a pharmacy s compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

"...."

9. Section 4333 subdivision (a) of the Code states:

"(a) All prescriptions filled by a pharmacy and all other records required by Section 4081 shall be maintained on the premises and available for inspection by authorized officers of the law for a period of at least three years. In cases where the pharmacy discontinues business, these records shall be maintained in a board-licensed facility for at least three years."

10. Section 4063 of the Code states:

"No prescription for any dangerous drug or dangerous device may be refilled except upon authorization of the prescriber. The authorization may be given orally or at the time of giving the original prescription. No prescription for any dangerous drug that is a controlled substance may be designated refillable as needed."

11. Section 4081 of the Code states:

"(a) All records of manufacture and of sale, acquisition, receipt, shipment, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, third-party logistics provider, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and

unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

"(b) The owner, officer, and partner of a pharmacy, wholesaler, third-party logistics provider, or veterinary food-animal drug retailer shall be jointly responsible, with the pharmacist-in-charge, responsible manager, or designated representative-in-charge, for maintaining the records and inventory described in this section.

"(c) The pharmacist-in-charge, responsible manager, or designated representative-in-charge shall not be criminally responsible for acts of the owner, officer, partner, or employee that violate this section and of which the pharmacist-in-charge, responsible manager, or designated representative-in-charge had no knowledge, or in which he or she did not knowingly participate."

12. Section 4040 of the Code states:

"(a) Prescription means an oral, written, or electronic transmission order that is both of the following:

"(1) Given individually for the person or persons for whom ordered that includes all of the following:

"...

"(B) The name and quantity of the drug or device prescribed and the directions for use.

"...."

13. Section 4105 of the Code states:

"(a) All records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

"(b) The licensee may remove the original records or documentation from the licensed premises on a temporary basis for license-related purposes. However, a duplicate set of those records or other documentation shall be retained on the licensed premises.

"(c) The records required by this section shall be retained on the licensed premises for a period of three years from the date of making.

"(d) (1) Any records that are maintained electronically shall be maintained so that the pharmacist-in-charge, or the pharmacist on duty if the pharmacist-in-charge is not on duty, shall, at all times during which the licensed premises are open for business, be able to produce a hardcopy and electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

"(2) In the case of a veterinary food-animal drug retailer, wholesaler, or third-party logistics provider, any records that are maintained electronically shall be maintained so that the designated representative-in-charge or the responsible manager, or the designated representative on duty or the designated representative-3PL on duty if the designated representative-in-charge or responsible manager is not on duty, shall, at all times during which the licensed place of business is open for business, be able to produce a hardcopy and electronic copy of all records of acquisition or disposition or other drug or dispensing-related records maintained electronically.

"(e) (1) Notwithstanding subdivisions (a), (b), and (c), the board may, upon written request, grant to a licensee a waiver of the requirements that the records described in subdivisions (a), (b), and (c) be kept on the licensed premises.

"(2) A waiver granted pursuant to this subdivision shall not affect the board s authority under this section or any other provision of this chapter.

"(f) When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the board shall provide the board with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to deny the extension request within two business days of the time the extension request was made directly to the board."

14. Health and Safety Code section 11153 subdivision (a) provides:

(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist ho fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

15. Health and Safety Code section 11165 subdivision (d) provides:

"(d) For each prescription for a Schedule II, Schedule III, or Schedule IV controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21 of the Code of Federal regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the Department of Justice as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed, in a format specified by the Department of Justice:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender, and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of any prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substancedispensed.

(5) Quantity of the controlled substance dispensed.

(6) International Statistical Classification of Diseases, 9th revision (ICD-9) or 10th revision (ICD-10) Code, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription."

16. Health and Safety Code section 11206 provides:

Filed prescriptions shall constitute a transaction record that, together with information that is readily retrievable in the pharmacy pursuant to Section 11164 shall show or include the following:

(a) The name(s) and address of the patient(s).

(b) The date.

(c) The character, including the name and strength, quantity, and directions for use of the controlled substance involved.

(d) The name, address, telephone number, category of professional licensure, and the federal controlled substance registration number of the prescriber.

REGULATIONS

17. Title 16 of the California Code of Regulations 1761 subdivision (a) provides:

"(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription."

"(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose."

18. Title 16 of California Code of Regulations, section 1716 provides:

"Pharmacists shall not deviate from the requirements of a prescription except upon the prior consent of the prescriber or to select the drug product in accordance with Section 4073 of the Business and Professions Code."

19. Title 21 of Code of Federal Regulations, section 1306.22 subdivision s(e)(2) provides:

"(e) The prescribing practitioner may authorize additional refills of Schedule III or IV controlled substances on the original prescription through an oral refill authorization transmitted to the pharmacist provided the following conditions are met:

"...."

"(2) The pharmacist obtaining the oral authorization records on the reverse of the original paper prescription or annotates the electronic prescription record with the date, quantity of refill, number of additional refills authorized, and initials the paper prescription or annotates the electronic prescription record showing who received the authorization from the prescribing practitioner who issued the original prescription."

COSTS

20. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FIRST CAUSE FOR DISCIPLINE

(Corresponding Responsibility against Respondents)

21. Respondents are subject to disciplinary action under section 4301 subdivisions (d) and (j) of the Code in conjunction with Section 4113 subdivision (c) of the Code, Health and Safety Code section 11153 and section 1761 of title 16 of the California Code of Regulations in that while responsibility for the proper prescribing and dispensing of controlled substances rests upon the prescribing practitioner, a corresponding responsibility rests with the pharmacist who fills the prescription to ensure that not controlled substance prescriptions are not dispensed when the pharmacist knows or has objective reason to know that said prescription was issued for an illegitimate medical purpose. The circumstances surrounding this violation are as follows:

22. Respondents dispensed controlled substances with an established history of high potential for abuse despite multiple red flags of irregularity and uncertainty related to patient and prescriber factors. Specifically, between on or about November 01, 2012 and November 25, 2013, Respondents dispensed approximately 373 controlled substance prescriptions written by Dr. M.N[1]., Dr. F.R., Dr. M.Z., and Dr. S.Y., with disregard and/or negligence to the following factors: distance from Northridge Tower Pharmacy to each prescriber's office, distance from the pharmacy to each patient's home, percentage of cash patients specific to listed prescribers, same or similar prescribing patterns for individual patients, and filling same controlled substance prescriptions to patients with same address.

SECOND CAUSE FOR DISCIPLINE

(Missing CURES Data)

23. Respondents are subject to disciplinary action under Health &Safety Code section 11165, subdivision (d) in that they failed to report prescriptions for Schedule II, Schedule III, or Schedule IV controlled substances to the Controlled Substance Utilization Review and Evaluation System (CURES) at the Department of Justice within seven days after the date the controlled substance was dispensed. The circumstances are as follows:

24. From in or about 2011 through 2013, Respondents did not transmit complete CURES data and any data that was provided wasn't transmitted until March, 2015.

THIRD CAUSE FOR DISCIPLINE

(Subverting an Investigation)

25. Respondents are subject to disciplinary action under section 4301 subdivision (q) as it relates to sections 4333 subdivision (a), 4081 and 4105 in that Respondents failed to cooperate with a Board investigation and failed to maintain prescriptions and other records on its premises, available for inspection, for a period of at least three (3) years. The circumstances are as follows:

26. On or about March 25, 2015, Respondents sold a part of its business, including prescriptions under investigation, to CVS 9642 without informing the Board Inspector and did not

[1] Potential witness initials are used in lieu of real names in order to protect that individual's privacy.

cooperate during the collection of original documents. Specifically, Northridge Tower Pharmacy failed to submit original documents for 111 new prescriptions and 183 refill prescriptions.

FOURTH CAUSE FOR DISCIPLINE

(Unauthorized Refills)

27. Respondents are subject to disciplinary action under section 4063 as it relates to Title 21 Code of Federal Regulations Section 1306.22 in that prescriptions for any dangerous drug may only be refilled upon authorization of the prescriber and the prescribing practitioner may authorize additional refills of Schedule III or IV controlled substances on the original prescription through an oral refill authorization so long as the pharmacist records on the reverse of the original paper prescription or annotates the electronic prescription record with the date, quantity of refill, number of additional refills authorized, and initials the paper prescription. The circumstances are as follows:

28. From on or about November 01, 2012 to November 25, 2013, Respondents refilled 163 unauthorized prescriptions which did not contain authorized refills on the original prescriptions.

FIFTH CAUSE FOR DISCIPLINE

(Dispensing Wrong Medication)

29. Respondents are subject to disciplinary action under section 1716 in that a pharmacist shall not deviate from the requirements of a prescription except upon the prior consent of the prescriber. The circumstances are as follows:

30. On or about May 28, 2013, Respondents dispensed morphine sulfate 15mg immediate release (prescription number 1066710) instead of morphine sulfate 15mg sustained release for patient F.J. In addition, on or about September 3, 2013, Respondents dispensed morphine sulfate 15mg immediate release (prescription number 1066853) instead of morphine sulfate 15mg sustained release for patient F.J.

SIXTH CAUSE FOR DISCIPLINE

(Required Information Missing on Prescription)

31. Respondents are subject to disciplinary action under Health and Safety Code Section 11206 as it relates to section 4040 in that filled prescriptions shall have a transaction record that shows or includes the quantity of the controlled substance involved. The circumstances are as follows:

32. On or about August 16, 2013, prescription number 5024918 for Lortab 10/500mg was filled for 120 tablets although the prescription did not indicate the total quantity.

OTHER MATTERS

33. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 43998, issued to American Compounding dba Northridge Tower Pharmacy Massoud Zarkesh, Pharmacist-In-Charge (American Compounding), American Compounding shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if PHY 43998 is placed on probation or until PHY 43998 is reinstated if it is revoked.

34. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 43998, issued to American Compounding dba Northridge Tower Pharmacy Massoud Zarkesh, Pharmacist-In-Charge, while Massoud Zarkesh (Zarkesh) has been an officer and owner and had had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Zarkesh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if PHY 43998 is placed on probation or until PHY 48538 is reinstated if it is revoked.

35. Pursuant to Code section 4307, if discipline is imposed on Pharmacy license RPH 41592 issued to Massoud Zarkesh (Zarkesh), Zarkesh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if RPH 41592 is placed on probation or until RPH 41592 is reinstated if it is revoked.

DISCIPLINE CONSIDERATIONS

36. To determine the degree of discipline, if any, to be imposed on Respondent Massoud Zarkesh, Complainant alleges that on or about June 23, 2011, in a prior action, the Board of Pharmacy issued Citation Number Citation # CI 2010 48667 to Respondent Massoud Zarkesh. No fine was issued. That Citation is now final and is incorporated by reference as if fully set forth.

37. To determine the degree of discipline, if any, to be imposed on Respondent Northridge Tower Pharmacy, Complainant alleges that on or about June 23, 2011, in a prior action, the Board of Pharmacy issued Citation Number Citation # CI 2010 45004 and ordered Respondent Northridge Tower Pharmacy to pay a fine in the amount of $500. That Citation is now final and is incorporated by reference as if fully set forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 43998, issued to American Compounding dba Northridge Tower Pharmacy, Massoud Zarkesh, Pharmacist-In-Charge

2. Revoking or suspending Pharmacist License Number RPH 41592, issued to Massoud Zarkesh

3. Ordering American Compounding dba Northridge Tower Pharmacy and Massoud Zarkesh to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and

4. Taking such other and further action as deemed necessary and proper.

DATED: 4/27/18

Virginia Herold

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2015603774
52187230.doc

DECLARATION OF MICHAEL CALLI

I, Michael Calli, declare:

The foregoing are matters personally known to me and if called to testify, I could and would competently testify thereto.

1. I am the Director of Acquisitions for CVS for Arizona, California, Hawaii, New Mexico and Nevada.

2. Based upon the files for CVS regarding our acquisition of prescription files from Northridge Tower Pharmacy which I have personally reviewed, I can state the following:

--Discussions regarding acquiring the prescription files began in 2011. The file contains a Confidentiality Agreement that was sent to Northridge Tower Pharmacy on May 6, 2011.

--On October 14, 2014, we pulled full data from our outside computer vendor to work up an offer.

--On January 7, 2015, I sent Mr. Zarkesh a Letter of Intent.

--On February 23, 2015, Kelly Lajoie-Burns in our Legal Department sent Mr. Zarkesh the contract for the purchase of the pharmacy's prescription files.

On March 25, 2015, Mr. Zakesh signed the final version of the contract which was the same day of the closing.

I hereby declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Dated: _____2018 at _____(City, State)

_____
MICHAEL CALLI

Garabed Kayekjian, M.D.
18250 Roscoe Blvd. #130
Northridge, CA 91325
Tel: (818) 998-8097
Fax: (818) 998-6517

August 8, 2018

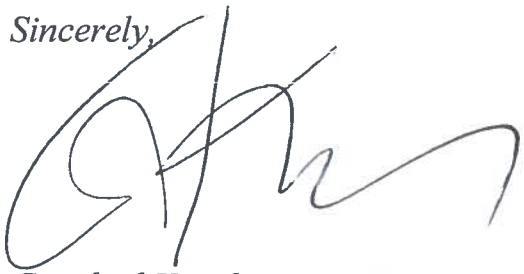
Re: Massoud Zarkesh

To whom it may concern,

I am pleased to write a letter of recommendation for Mr. Massoud Zarkesh who was the pharmacist at Northridge Tower Pharmacy at Northridge tower building, where I practice, for many years. I have known Massoud for almost twenty years during which he proved to be a very honest, diligent and ethically sound pharmacist. He is a very knowledgeable and passionate pharmacist who is committed to provide the best care to our patients. He is known to fill medications with 100% accuracy and even going above and beyond to assist patients get the medications they needed. He is also known to have compassion, understanding, and professionalism in his interactions with patients, staff, and physicians.

Please feel free to call me if you have any further questions.

Sincerely,



Garabed Kayekjian, M.D.

HEALTH CARE SERVICES

MEMORANDUM

Date	:	June 29th 2018
To	:	Future Employment
From	:	Maria Baxter, PSM, California Men's Colony
Subject	:	**REFERENCE LETTER**

To whom it may concern,

I recommend Massoud Zarkesh as a candidate for employment. I confirm that Massoud worked here at California Men's Colony from March 19th 2018 until June 29th 2018 as a Registry Pharmacist I.

Massoud was employed as CMC's late shift pharmacist including all narcotic and controlled inventory maintenance within the pharmacy and clinics. On June 1st we had to implement a new system/procedure for reconciling control drugs that resulted from one of the Board of Pharmacy's new laws on reconciliation of control drugs. Massoud helped out tremendously with the new process.

Although Massoud worked at a previous California Institution, he had to learn to use the new CERNER program that CMC already adopted. He did accomplish that in a very short time.

We thank Massoud, for his time here at CMC as he stepped in when one of our permanent pharmacist had to take unforeseen sick leave, and I wish him well on his future employment.

Yours sincerely

Maria Baxter
Pharmacy Services Manager – CMC
805 547 7900 ext 7887

STEVEN W. YORK, M.D.
18250 ROSCOE BOULEVARD, SUITE 260
NORTHRIDGE, CA 91325
(818) 349-6725 FAX (818) 349-6761

October 22, 2018

State Board of Pharmacy
Department of Consumer Affairs
State of California

Re.: Massoud Zarkesh
Pharmacist License # RPH 41592

I am a physician licensed in the state of California. My office is located at 18250 Roscoe Blvd, Ste 260, Northridge, CA 91325. I have been practicing at that location since 2002. I met Mr. Zarkesh shortly after moving into that building.

I have known him as the pharmacist who was located on the ground floor of the building. He has always been cooperative, helpful, and conscientious. He has sought clarification when needed and called attention to potential problems. He never hesitated to contact me if there was a point of concern.

I have always known him to be competent, honest, and a person of integrity. His reputation in the community has been excellent. His clientele have always appreciated that he was helpful and cheerful. He always worked to help them with their health and pharmaceutical needs. He was consistently willing to talk and give guidance and knowledge.

I believe him to be both a competent and an ethical pharmacist and person.

I hereby declare under penalty of perjury under the laws of California, that the above is true and correct.

Dated: October 22, 2018

Steven W. York, M.D.

MID VALLEY ENDODONTICS

AFSHIN MAZDEY, DDS
(AFSHIN MAZDEYASNAN, DDS)
DIPLOMATE, AMERICAN BOARD OF ENDODONTICS
PRACTICE LIMITED TO ENDODONTICS AND MICROSURGERY

To whom it may concern.

I have known Mr. Mike Zarkesh on a professional capacity since 2006. When I started my Endodontic practice in Nortrhridge, I had the pleasure of meeting Mr. Zarkesh. He owned and operated the pharmacy on the first floor where my practice is. Given my limited scope of practice in Endodontics and the limited daily prescriptions that I prescribe, my patients did use his pharmacy periodically. I received nothing but positive feedback from my patients. They reported efficiency and excellent rapport. I understand that Mike has moved on and has sold his pharmacy a few years ago. I wish him nothing but the best in his new endeavors.

Sincerely,

Afshin Mazdeyasnan DDS

10/22/2018

NORTHRIDGE MEDICAL TOWER
18250 ROSCOE BOULEVARD, SUITE 345 • NORTHRIDGE, CA 91325
(818) 885-ENDO (3636) • FAX (818) 885-1236
WWW.MIDVALLEYENDO.COM

Maurice T. Zagha, M.D., Inc.

DIPLOMATE AMERICAN ACADEMY OF FAMILY PRACTICE
BOARD CERTIFIED: FAMILY PRACTICE

16133 VENTURA BOULEVARD, SUITE 300
ENCINO, CALIFORNIA 91436
(818) 907-6525

10/25/18

TO WHOM IT MAY CONCERN;

THIS NOTE IS TO VERIFY THAT I WROTE PRESCRIPTIONS FOR PATIENTS, KIMBERLY HUNT AND MARILYN MCKINLEY (AKA LADILJAK. BOTH OF THESE PATIENTS SUFFERED FROM CHRONIC BACK PAIN. I PRESCRIBED THEM MEDICATIONS IN 2011.

SINCERELY,
MAURICE T ZAGHA, MD

I CERTIFY THAT THIS NOTE IS WRITTEN AS A LEGAL OATH UNDER LAW THAT THE ABOVE IS AN HONEST AND TRUE NOTE UNDER THE RISK OF PERJURY.

MTZ

E. Ruth Mezquita, M.D., Ph.D.
Marmer & Mezquita, A Medical Corporation
11611 San Vicente Boulevard, Suite 510
Los Angeles, CA 90049
Phone: 310-820-4330; Fax: 310-207-7103

November 26, 2018

To whom it may concern,

I had the pleasure to be assisted in my practice as a Psychiatrist in Northridge by Pharmacist Mike Zarkesh from January 2002 until approximately 2014. I found Mr. Zarkesh to be an affable, competent and precise pharmacist. I heard no complaints from any of my patients; there were no errors spotted by my staff or myself.

I am currently only practicing in my office in West Los Angeles and no longer have an office in Northridge.

I have not seen Mr. Zarkesh in approximately three years.

Regards,

Elva R. Mezquita, MD, PhD
State License #A22118: in the state of California
NPI: 1891993309

Kiran Kamat MD

818-428-3237 18250 Roscoe Boulevard, Ste 245,Northridge CA 91325

December 16, 2018

State Board of Pharmacy
Department of Consumer Affairs
State of California

Re: Massoud Zarkesh

Pharmacist Licence # RPH 41592

Dear Sirs, it is my pleasure to recommend Massoud (Mike) Zarkesh as a pharmacist who is reliable and ethical, as I have known him during the many years I have been at Northridge Medical Tower since 2003. It is a big loss that he is no longer in charge of pharmacy downstairs, as he had completely dedicated himself to health care, taking care of my patients six days a week. Whenever someone was on Clozaril, he made sure the required lab work was done before dispensing the medication.

He was a particularly insightful, sensitive, knowledgeable, and caring pharmacist to work with and we had a great communication back and forth. I felt an extra level of confidence when he was the pharmacist downstairs. He was an asset that will be greatly missed in my professional life.

Sincerely yours,

Kiran Kamat MD

To whom it may concern,

The purpose of this letter is to provide a character reference for Massoud (Mike) Zarkesh, whom I have known him as a pharmacist in our medical building for fifteen years . As a pharmacist, he has been highly committed to patient care because he or his staff consistently called my office to get authorization on refill and new prescriptions .He has offered flu shot for many years in his pharmacy which indicates his commitment to community health promotion. He has always been known as a motivated and positive pharmacist . I have noticed how he has treated the patients with compassion , respect and understanding while acting as a professional health care provider . Based on my experience through years of working in Northridge medical building , Massoud has done a great job managing and helping our patients to get their medications in a timely manner with 100% accuracy. He has been known as an ethical, professional , motivated pharmacist who cars about patient safety by following up patient care with my office during years he worked in Northridge Medical building .

I have read and understood the Accusation against Massoud Zarkesh .I believe Mr. Zarkesh is an outstanding pharmacist and feel strongly about his good character and trustworthiness who has never poses any harm to the safety of patients. I promise under the penalty of perjury of the laws of California, that the foregoing is true and correct.

F K Sogani

2/20/19

STEVEN W. YORK, M.D.
18250 ROSCOE BOULEVARD, SUITE 260
NORTHRIDGE, CA 91325
(818) 349-6725 FAX (818) 349-6761

February 21, 2019

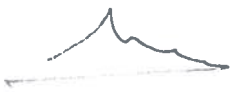
To whom it may concern:

This letter is to certify that I wrote prescriptions, for Schedule II medications, for the following patients:

Deron McBee
Frank Jacobs
Sean Ezell
Kevan Goodman
John Sorce

I certify that this letter is written as a legal oath under law, and that the above is honest and true, under risk of perjury.

Respectfully yours,



Steven W. York, M.D.

To whom it may concern,

I am writing this letter to give my highest recommendation of ethic and honesty as a professional pharmacist to Massoud Zarkesh . Massoud Zarkesh has practiced pharmacy in Northridge Medical building and I have known him for more than fifteen years and I have worked in his pharmacy as a registered pharmacist. His knowledge and dedication as a pharmacist by helping interns and staff and the patients was always appreciated . Msssoud Zarkesh is a good manager that follows the rules and regulations of the pharmacy practice. He is a very capable pharmacist who is passionate about health care and pharmacy.

I have read and understood the Accusation against Massoud Zarkesh .I believe Mr. Zarkesh is an outstanding pharmacist and feel strongly about his good character and trustworthiness who has never poses any harm to the safety of patients. I truly do not believe that Mr. Zarkesh poses any harm to the safety of patients . I promise under the penalty of perjury of the laws of California, that the foregoing is true and correct.

Ben Akian, Pharm D.

2/21/19

14

14A

Nevada State Board of Pharmacy

License Renewal

Add

Search By Name :

License # : PT16372 SS # : XXX-XX-XXXX

Last Name : First Name :

Email : Status : Select

Search Cancel

Show All

License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
PT16372	Pharmaceutical Technician	EYOSIAS	BEKELE	12/18/2019		Submitted	

Renewal Application
Pharmaceutical Technician

Application Fee : $40.00
Convenience Fee : $3.00
License Number : PT16372
License Type : Pharmaceutical Technician
New Expiration Date : 10/31/2020

Personal Information

First Name : * EYOSIAS

Middle (initial only) : Last Name : * BEKELE

License # : PT16372

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Home Address :

Military Address :

Street : * Gentle Spirit

Country : * United States

City : * Las Vegas State : * Nevada Zip : * 89148

Home Phone : (XXX) XXX-XXXX Cell Phone : (

Email Address : * Fax : (XXX) XXX-XXXX

Nevada Business License Information - Check appropriate answer

* **I DO NOT** have a Nevada Business license number

I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending

I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

- I am **NOT SUBJECT** to a court order for the support of a child.
- I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or 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.
- I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes * No

Legal Information

1. Since your last renewal or recent licensure have you 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? * Yes * No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * * Yes No

First time offense misdemeanor DUI. Under legal limit

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
State of Nevada vs. BEKELE, EYOSIAS	Legal - Question 2	12/17/2019	(OL)		Document Details	

Document Name : Document Type : -Select DocumentType-

Document :

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Nevada Date : MM/DD/YYYY

Case # :

Criminal Action :

State : Nevada Date : MM/DD/YYYY

Case # :

County : Court :

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * Yes * No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * Yes * No

Acknowledgement and Declaration

Technicians in Training must be registered at each PLACE of employment. By signing below, you certify that you have completed at least 1 hour of continuing education in an approved Nevada Law, program as required.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statues, rules and regulations may be grounds for suspension or revocation of this

permit. I understand that Nevada law requires a license PT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local enforcement agency.

Signature * Eyosias Bekele

Date Of Application * 12/17/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2018 to 10/31/2020	License Renewal Fee	$40.00
	Convenience Fee	$3.00
	Late Fee	$20.00
	Total :	**$63.00**

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override

Application Fees * 40

Convenience Fee * 3

Late Fees * 20

Total Fees * 63

Reference Number 62089035517

InvoiceDate 12/17/2019

Paid

Approve Close

First () Previous () 1 () Next () Last ()

Copyright © 2018 | Nevada State Board of Pharmacy (http://bop.nv.gov/) | All Rights Reserved

Provided by Docket Alarm, Inc.

State of Nevada vs. BEKELE, EYOSIAS

18M17451X | Nevada State, Las Vegas Township, Justice Court, Department 13

Location JC Department 13

Case Type Misdemeanor

Judge Suzan Baucum

Status Closed

Filed Nov. 9, 2018

Last Update: 3 months, 3 weeks ago.

Filing Date	Docket Text
4/24/2019	**Minute Order - Department 13**
4/24/2019	**Case Closed - Requirement(s) Completed**
4/24/2019	**Bench Warrant Ordered then Order for Warrant Withdrawn** Defendant arrived late - Case recalled
4/24/2019	**Status Check** (7:30 AM) O/R Result: Matter Heard
4/1/2019	**Coroner's Visitation Program Report** DUI
3/27/2019	**Minute Order - Department 13**
3/27/2019	**Status Check on Requirements** Coroner's DUI program & $335 fine balance due
3/27/2019	**Motion to Continue - Defense** Motion Granted
3/27/2019	**Community Service Report** Las Vegas Rescue Mission
3/27/2019	**Victim Impact Panel Completion Receipt**
3/27/2019	**Certificate of Completion** DUI School
3/27/2019	**Status Check** (7:30 AM) O/R Result: Matter Heard
11/28/2018	**Transcript of Proceedings**
11/28/2018	**Minute Order - Department 13**
11/28/2018	**Status Check on Requirements**
11/28/2018	**Judgment Entered**
11/28/2018	**Defendant Waives the Right to Trial**
11/28/2018	**Admonishment of Rights - DUI** Filed in open Court
11/28/2018	**Public Defender Appointed**
11/28/2018	**Arraignment Completed** Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint
11/28/2018	**Arraignment** (7:30 AM) O/R Result: Matter Heard
11/28/2018	CANCELED **Status Check on Filing of Criminal Complaint** (7:30 AM) Criminal Complaint Filed O/R
11/28/2018	**Plea** 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Nolo Contendere
11/28/2018	**Disposition** 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Guilty as Charged 2. Fail to properly maintain travel lane or improper lane change [53788] Dismissed
11/28/2018	**Misdemeanor Sentence** 1. DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900] Condition - Adult: 1. Suspended Jail Sentence, 30 days *11/28/2018*, Closed 04/24/2019 2. Stay Out of Trouble, *11/28/2018*, Satisfied 04/24/2019 3. DUI School, BOSS Court Education *11/28/2018*, Satisfied 03/27/2019 4. Victim Impact Panel, Stop DUI *11/28/2018*, Satisfied 03/20/2019 5. Community Service, 69 Hours In Lieu of fine *3/26/19* - 35 hours completed, 34 hours remaining *11/28/2018*, Satisfied 04/24/2019 6. Defendant Sentenced to 2 Days Jail, with 2 Days Credit for Time Served *11/28/2018*, Satisfied 11/28/2018 7. Coroner's DUI program, *11/28/2018*, Satisfied 03/28/2019 8. Defendant Admonished, not to show up to any of the classes under the influence because that would violate the stay out of trouble order. *11/28/2018*, Closed 04/24/2019 9. If Defendant picks up a new DUI during this case, court will impose 180 days jail *11/28/2018*, Closed *04/24/2019* Fee Totals: AA Fees $125.00 DUI FEE $100 $100.00 Forensic/Analysis Fee-Ordered by Judge $60.00 State Fines-Criminal $400.00 Fee Totals $ $685.00
11/9/2018	**Criminal Complaint**
11/6/2018	**CTRACK Case Modified** Jurisdiction/DA;
8/22/2018	**Minute Order - Department 13**
8/22/2018	**Continued for Status Check on filing of Criminal Complaint**
8/22/2018	**Motion to Continue - State** for 90 days - Motion Granted
8/22/2018	**Misdemeanor Court Return Date** (7:30 AM) O/R Result: Matter Heard
7/23/2018	**Temporary Custody Record**
7/23/2018	**Release Agreement**
7/23/2018	**Administrative Own Recognizance Release**
7/23/2018	**Standard Bail Set** Ct2: $1000 Cash/$1000 Surety
7/23/2018	**CTRACK Track Assignment JC11**
7/23/2018	**Standard Bail Set** Ct1: $2000 Cash/$2000 Surety

© Docket Alarm, Inc. All rights reserved.

14B

Maera L. Wallace

From: Mohd Fiazean <m lu>
Sent: Thursday, October 31, 2019 10:18 AM
To: Maera L. Wallace
Cc: Lorinda Lohner; lmcguinness@pmi.edu
Subject: Application

Hello,

My name is Mohd Fiazean and i currently attend Pima Medical Institute as a Pharmacy Technician in training. I made a mistake in my application form to the State Board of Pharmacy and checked the wrong box and I am very sorry about this. I have a misdemeanor and I wanted to know how I can go about to fix this issue. Once again I apologize for this mistake and would like to know what steps should I take to fix the situation.

Thank you

Mohd Fiazean

mfiazean@my.pmi.edu

Maera L. Wallace

From: Mohd Fiazean <r >
Sent: Thursday, November 07, 2019 6:40 AM
To: Maera L. Wallace
Subject: Application

It is Mohd again I got the official certified paperwork for my misdemeanor. The case number is 15M31379X. It was a DUI back in 2015. What had happened was I was at a friends get together to watch a big fight for UFC and everyone was drinking, including me. When the fight was over i decided to get in the car and drive. I was on the road and I heard the phone ring. As soon as I reached for my phone on my back pocket I lost control of my vehicle and hit a wall which resulted in me totaling my car. I got very nervous and scared, so I called the Police because I didn't know what to do. When the police arrived I told them i was drinking and how i hit the wall and they proceeded to do a breathalyzer test. When they saw I was over the legal limit they arrested me and booked me to the detention center. It was a life changing mistake which I am truly sorry for and I take full responsibility. I turned my life around and all I ask is for one chance because being a pharmacy technician has always been my dream career. If you would like i can take and send you the picture of the disposition paper that i got stamped from court which states all the necessary information. Again i wholcheartedly apologize and i am truly sorry for ny mistake.

Thank you

Mohd Fiazean

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 11/26/2018
Amount: $ 40.00
License #: PT21593

Mohd O. Fiazean
3333 E Flamngo Rd
Las Vegas NV 89121

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmaceutical Technician Trainee
Expires:10/31/2020
Mohd O. Fiazean
3333 E Flamngo Rd
Las Vegas NV 89121

License #
PT21593
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmaceutical Technician Trainee

Expires: 10/31/2020
STATUS: Active

License Type: Pharmaceutical Technician Trainee
License #: PT21593

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mohd O. Fiazean
3333 E Flamngo Rd
Las Vegas NV 89121

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

15

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTITIONER OF NURSING • DISPENSE

You must have current pharmacy board registration to submit this application.

REGISTRATION FEE: $300.00 (non-refundable money order or cashier's check only, no cash)

First: JOHN Middle: R Last: PHOENIX

Home Address: ACDSN AVE

City: LAS VEGAS State: NV Zip Code: 89121

Telephone: 702 979 1111 SS#: Date of Birth:

E-mail address: JPHOENIX ARNP @ HUNTRIDGEFCF.ORG

Board of Nursing APN Certificate #: ARNP 00135T Pharmacy Board #: CS 199962

PRACTICING LOCATION

Practice Name (if any): HUNTRIDGE FAMILY CLINIC

Physical Address: 1830 E SAHARA Suite #: 201

City: LAS VEGAS State: NV Zip Code: 89104

Telephone: 702 979 1111 Fax: 702 979 6229

SUPERVISING PHYSICIAN – Please Print

First: N/A Middle: Last: Physical

Address: Suite #:

City: State: Zip Code:

	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?		
2. Been the subject of 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 numbered questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Original Signature of APN, no copies or stamps accepted — Date: 3/11/2022

Original Signature of Supervising Physician, no copies or stamps accepted: N/A. — Date:

Board Use Only

Received Amount Entity:

Nevada State Board of NURSING
Primary Source License Verification

ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

JOHN ROBERT PHOENIX

Wednesday, March 11 2020 12:14:53 PM

The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only

Active– *ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

Active Prescribing– *ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL – *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

Active Prescribing -D– *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-V*

Active Prescribing – CII – D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is not required to obtain a protocol with a collaborative physician.*

Active Prescribing-CII-COLL –D *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and have provided a copy of his/her current protocol with a collaborative physician.*

APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.

If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing verifying that they have worked a minimum of 2 years or 2,000 hours as an APRN.

Details related to License / Certificate Status can be found at the bottom of this page.

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	RN	T-786094A	Expired	03/04/1994	07/04/1994	NO

Primary Source Board of Nursing Messages & Notifications

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	RN	RN25160	Active	03/23/1994	07/07/2020	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	APRN-CNP	TAPN700742	Expired	01/24/2012	07/07/2012	NO

Primary Source Board of Nursing Messages & Notifications

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

Advanced Practice license/recognition information

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Expiration Date: 07/07/2012
  - Original Issuance Date: 01/24/2012
  - Current Issue Date: 01/24/2012
  - Has discipline: NO
  - Certification expiration date: 11/30/2021

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Discipline
PHOENIX, JOHN ROBERT	APRN-CNP	APRN001359	Active - Prescribing - CII - D	01/30/2012	07/07/2020	NO

Advanced Practice license/recognition information

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Expiration Date: 07/07/2020
  - Original Issuance Date: 01/30/2012
  - Current Issue Date: 05/24/2018
  - Has discipline: NO
  - Certification expiration date: 11/30/2021

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
PHONE (775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

March 5, 2020

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO: jphoenixm@gmail.com

John Robert Phoenix, APRN
1830 E Sahara Avenue - Ste 201
Las Vegas, NV 89104

Re: CEASE and DESIST/CITATION: Unlicensed Dispensing (Case No. 19-143-S)

Dear Mr. Phoenix:

The Nevada State Board of Pharmacy (Board) has determined that you have dispensed dangerous drugs, specifically clinical trial medications, for Nevada patients without a valid registration. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NAC 639.742 and NRS 639.310.

You are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing any controlled substances or dangerous drugs for Nevada patients. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the forgoing does not preclude further investigation or the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0238 8807 85

16

16A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

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

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DYL LLC South Lake Pharmacy

Physical Address: 38101 5th Ave

Mailing Address: Same as Physical

City: Zephyrhills State: Florida Zip Code: 33542

Telephone: 813.395.5667 Fax: 813.200.1122

Toll Free Number: 833.867.4024 (Required per NAC 639.708)

E-mail: Southlake.pharmacy@gmail.com Website: slcompounding.com

Managing Pharmacist: Hector Medrano License Number: PS35307

TYPE OF PHARMACY AND SERVICES PROVIDED

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

****If you check "yes" on any of these types of services, you will be required to make an 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

HECTOR MEDRANO
Print Name of Authorized Person

1/31/2020
Date

Board Use Only Date Processed: FEB 13 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: FLORIDA

Parent Company if any: NA

Mailing Address: 38101 5TH AVE

City: ZEPHYRHILLS State: FLORIDA Zip: 33542

Telephone: 813·395·5667 Fax: 813-200-1122

Contact Person: HECTOR MEDRANO

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

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

3) What was the price paid per share? NA

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

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

List any physician shareholders and percentage of ownership.

Name: NA %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 2 pm

Sunday closed am _____ pm 24 Hours _____

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

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

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

List of officers and directors

HECTOR MEDRANO - MANAGING MEMBER 100% OWNERSHIP

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: HECTOR MEDRANO

Business Name: DNL SOUTH LAKE PHARMACY

Current Business Address: 38101 5TH AVE

City: ZEPHYRHILLS State: FLORIDA Zip Code: 33542

Telephone: 813.395.5667 Fax: 813.200.1122

List any physician shareholders and percentage of ownership.

Name: NA %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 2 pm

Sunday Closed am pm 24 Hours

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, HECTOR MEDRANO

Responsible Person of DYL 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

HECTOR MEDRANO
Print Name of Authorized Person

1/31/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF FLORIDA)
) ss.
PASCO COUNTY)

I, HECTOR MEDRANO, 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 MEMBER for DYL LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, HECTOR MEDRANO, 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
31ST day of January, 2020.

NOTARY PUBLIC

Notary Public State of Florida
Kerry Ann Nicklas
My Commission GG 108632
Expires 05/25/2021

State of Florida
Department of State

I certify from the records of this office that DYL LLC is a limited liability company organized under the laws of the State of Florida, filed on April 3, 2007, effective July 15, 2002.

The document number of this limited liability company is L07000035738.

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 7, 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 Thirtieth day of January, 2020

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Secretary of State

Tracking Number: 6040455487CU

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

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

AC# 9667905

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/29/2018	PH 31763	105265

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2021**

D.Y.L. LLC
SOUTH LAKE PHARMACY
38101 5TH AVE
ZEPHYRHILLS, FL 33542

QUALIFICATION(S):
SPECIAL STERILE COMPOUNDING

Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

AC#8715875

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/29/2018	PH 24899	106679

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2021**

D.Y.L. LLC
SOUTH LAKE PHARMACY
38101 5TH AVE.
ZEPHYRHILLS, FL 33542

QUALIFICATION(S):
SCHEDULE II & III
COMMUNITY PHARMACY

Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

AC# 8715875
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO
12/29/2018	PH 24899	106679

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: FEBRUARY 28, 2021

D.Y.L. LLC

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2021**

Your license number is PH 24899. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received you renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A Lic to renew online.

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

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

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

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

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

Grounds for Discipline

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
DYL LLC

FILED
17 JUL 28 PM 1:16
DIVISION OF CORPORATIONS

Pursuant to the Florida Revised Limited Liability Company Act (the "**Act**"), **DYL LLC**, a Florida limited liability company (the "**Company**"), does hereby amend its Articles of Organization as follows:

FIRST: The name of the Company is **DYL LLC.**

SECOND: The original Articles of Organization of the Company were filed with the Florida Department of State on April 3, 2007, converting the Company from a Florida corporation to a Florida limited liability company.

THIRD: The document number of the Company is: L07000035738.

FOURTH: The Company's Articles of Organization are hereby amended as follows:

Article III of the Articles of Organization is deleted in its entirety and replaced with:

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name of the Company's registered agent and the address of the Company's registered agent for service of process in Florida is:

Hector Medrano
38101 5th Ave.
Zephyrhills, FL 33542

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Hector Medrano

Article IV of the Company's Articles of Organization is hereby deleted in its entirety and replaced with the following:

ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S)

The name(s) and address(es) of the manager(s) of the Company is (are):

Title:	Name and Address:
Manager	Hector Medrano 38101 5th Ave. Zephyrhills, FL 33542

FIFTH: The foregoing amendment was adopted on August 1, 2017.

IN WITNESS WHEREOF, the undersigned Managing Member of DYL LLC has executed these Articles of Amendment to Articles of Organization on this 1st day of August, 2017

DYL LLC

By: _____
Joseph Afolabi, its Managing Member

FILED
17 JUL 28 PM 1:16
DIVISION OF CORPORATIONS

16B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

LIMITED LIABILITY COMPANY

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: INFUCARE RX LLC

Physical Address: 2540 MARKET STREET, SUITE 1, ASTON, PA 19014

Mailing Address: PO BOX 2578

City: SECAUCUS State: NJ Zip Code: 07096

Telephone: (877) 828-3940 Fax: (877) 828-3941

Toll Free Number: (877) 828-3940 (Required per NAC 639.708)

E-mail: DBPATEL@INFUCARERX.COM Website: WWW.INFUCARERX.COM

Managing Pharmacist: ANDREW C. WEE, PHARM.D. License Number: RP439835

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☑ Long Term Care
☒	☐ Other: Specialty	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
All boxes must be checked		☒	☐ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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

DHARA PATEL
Print Name of Authorized Person

2/11/2020
Date

Board Use Only Date Processed: FEB 13 2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION (Limited Liability Company)

State of Incorporation: PENNSYLVANIA

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% OF MEMBERSHIP INTERESTS) 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 corporation. N/A - CO IS LLC - NO STOCK ISSUED

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

List any physician shareholders and percentage of ownership.

Name: N/A - NO PHYSICIAN INTEREST HOLDERS %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday CLOSED am _____ pm

Sunday CLOSED am _____ pm 24 Hours NO

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

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

List of officers and directors

DHARA PATEL, PRESIDENT/VICE-PRESIDENT/SECRETARY
SAJAL K. ROY, PHARM.D., VICE-PRESIDENT OF OPERATIONS

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, DHARA PATEL

Responsible Person of INFUCARE RX 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

DHARA PATEL
Print Name of Authorized Person

2/11/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NEW JERSEY)
) ss.
ESSEX COUNTY)

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

1. I am the PRESIDENT for INFUCARE RX LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, DHARA PATEL, 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
11 day of February, 2020.

NOTARY PUBLIC

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

11/12/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

InfuCare Rx LLC

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

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SECRETARY OF THE COMMONWEALTH PENNSYLVANIA

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

Kathy Boockvar

Acting Secretary of the Commonwealth

Certification Number: TSC191101141159-1

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

861

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

Pharmacy

License Number
PP482586

Expiration Date
08/31/2021

Active

INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.

INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

19 0832661

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

License Type
Pharmacy

INFUCARE RX
ANDREW C WEE
2540 MARKET ST STE ONE
ASTON, PA 19014

License Status
Active

Initial License Date
09/11/2015

Expiration Date
08/31/2021

License Number
PP482586

Acting Commissioner of Professional and Occupational Affairs

Signature

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

INFUCARE RX

2540 MARKET ST STE ONE

Aston, Pennsylvania, 19014

Phone:

Owner: INFUCARE RX LLC

LICENSE

License No: PP482586
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: Non-Directed Routine
Inspection Date: 02/21/2019
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

ALLEN WALCH	2/21/2019 2:52:45 PM	Andrew C Wee - RP439835
Signature of Inspector	Date/Time	Signature of Owner/Representative

16C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***
Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Revive Rx

Physical Address: 3831 Golf Dr. Ste A Houston, TX 77018

Mailing Address: 3831 Golf Dr. Ste A

City: Houston State: TX Zip Code: 77018

Telephone: (888) 689-2271 Fax: (888) 689-1620

Toll Free Number: (888) 689-2271 (Required per NAC 639.708)

E-mail: aaron@reviverxpharmacy.com Website: www.reviverxpharmacy.com

Managing Pharmacist: Aaron Schneider License Number: 51906

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☑	☐ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☑	☐ Sterile Compounding **
		☑	☐ Non Sterile Compounding
All boxes must be checked		☑	☐ Mail Service Sterile Compounding **
For the application to be complete		☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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

Aaron Schneider
Print Name of Authorized Person

10/21/19
Date

Board Use Only	Date Processed: FEB 05 2020	Amount: 500—

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited ✓

Partnership Name: REVIVE Rx, LLC

Mailing Address: 3831 GOLF Dr. STE A

City: HOUSTON State: TX Zip Code: 77018

Telephone Number: 888-689-2271 Fax Number: 886-689-1620

Contact Person: AARON SCHNEIDER

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
BRIGHAM BUHLER	L	70%
AARON SCHNEIDER	L	30%

List names of 4 largest partners and percentage of ownership:

Name: BRIGHAM BUHLER %: 70

Name: AARON SCHNEIDER %: 30

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 12 pm

Sunday closed am closed pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Aaron Schneider

Responsible Person of Revive Rx

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

Aaron Schneider
Print Name of Authorized Person

10/25/19
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____)
) ss.
_____COUNTY)

I, Aaron Schneider, 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 Manager & PIC for Revive Rx (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

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

Kelli Bailey / Kelli Bailey
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of October, 2019.

Kelli Bailey
NOTARY PUBLIC

KELLI BAILEY
Notary Public, State of Texas
Comm. Expires 09-08-2021
Notary ID 131273593

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 Revive Rx, LLC (file number 802428824), a Domestic Limited Liability Company (LLC), was filed in this office on April 05, 2016.

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

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 11, 2019.

Ruth R. Hughs
Secretary of State


TEXAS STATE BOARD OF PHARMACY
License No.
51906
Expiration Date
10/31/2019
AARON MICHAEL SCHNEIDER
SCHNEIDER, AARON MICHAEL
REGISTERED PHARMACIST
Gay Dodson, R.Ph.
Executive Director/Secretary

1008

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: $300

Certificate of Formation
Limited Liability Company

Filed in the Office of the
Secretary of State of Texas
Filing #: 802428824 04/05/2016
Document #: 664235500002
Image Generated Electronically
for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Revive Rx, LLC

Article 2 – Registered Agent and Registered Office

☐ A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

☑ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:
Brigham Buhler

C. The business address of the registered agent and the registered office address is:

Street Address:
501 E. 23rd St. Houston TX 77008

Consent of Registered Agent

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

OR

☑ B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

☑ A. The limited liability company is to be managed by managers.

OR

☐ 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:

Manager 1: **Aaron Schneider, Pharm. D.** Title: **Manager**

Address: **501 E. 23rd St. Houston TX, USA 77008**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

Only persons with a valid Texas Pharmacist License may be managers of the Company.

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

Brigham Buhler **501 E. 23rd St. Houston, TX 77008**

Effectiveness of Filing

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

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Brigham Buhler

Signature of Organizer

FILING OFFICE COPY

ReviveRX Pharmacy

List of all Owners, Officers or Directors of the Pharmacy with their names, addresses and D.O.B:

- Aaron Schneider – Manager
- **Address:** Trinity Bay City, TX 77414
- **D.O.B:**

- Brigham Buhler – Member
- **Address:** Coronado St. Houston, TX 77009
- **D.O.B:** 1

List of all pharmacists with their address, license numbers and D.O.B:

Aaron Schneider

License # 51906

Address: 1 Trinity Bay City, TX 77414

D.O.B: 1

Gina Stornelli

License # 61178

Address: . Richmond Ave Apt. 501 Houston, TX 77006

D.O.B:

17

17A

NEVADA STATE BOARD OF PHARMACY

PHY4191

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

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

☒ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cardinal Health 414, LLC

Physical Address: 201 Lathrop Way, Suite D, Sacramento, CA 95815

Mailing Address: 7000 Cardinal Place, Q&R Dept. NPHS

City: Dublin State: Ohio Zip Code: 43017

Telephone: 916-648-2192 Fax: 916-648-2193

Toll Free Number: 800-585-8041 (Required per NAC 639.708)

E-mail: Eric.Siu@CardinalHealth.com Website: www.CardinalHealth.com

Managing Pharmacist: Eric Siu License Number: PHY46385

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☐	☒ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☒	☐ Parenteral **
☐	☒ Internet	☒	☐ Parenteral (outpatient)
☒	☐ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☐	☒ Community	☐	☒ Long Term Care
☐	☒ Other: _____	☒	☐ Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☒	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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 ☐
see attached

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.

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

Dawn Harmon
Print Name of Authorized Person

1/27/2020
Date

Board Use Only Date Processed:_____ Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Cardinal Health Inc

Corporation Name: Cardinal Health 414, LLC

Mailing Address: 7000 Cardinal Place

City: Dublin State: Ohio Zip: 43017

Telephone: 614-757-7570 Fax: 614-652-4203

Contact Person: Dawn Harmon

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 06/30/2007

Registration number issued: 2007043108722

Stock Exchange: New York (CAH)

Hours of Operation for the pharmacy:

Monday thru Friday 1130 ~~pm~~ am 530 pm Saturday 0130 am 1230 pm

Sunday 0130 am 1230 pm 24 Hours _____

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

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Eric Siu

Responsible Person of Cardinal Health 414, LLC (Sacramento, CA)

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

Eric Siu
Print Name of Authorized Person

1/16/2020
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF_____)
) ss.
_____COUNTY)

I, Eric Siu, 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 Manager for Cardinal Health 414, LLC (Sacramento, CA) (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

I, Eric Siu, 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
22 day of January, 2020.

NOTARY PUBLIC

VERA I. WHITE
COMM. # 2257107
NOTARY PUBLIC - CALIFORNIA
EL DORADO COUNTY
MY COMM. EXP. SEP. 2, 2022

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 414, 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 FOURTEENTH DAY OF JANUARY, A.D. 2020.

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

Jeffrey W. Bullock, Secretary of State

2073291 8300

SR# 20200272805

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

Authentication: 202185090

Date: 01-14-20

1020

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

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 46385
RECEIPT NO. 00159242

VALID UNTIL JULY 01, 2020

CARDINAL HEALTH 414,LLC
201 LATHROP WAY STE D
SACRAMENTO CA 95815

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

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

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

FORM WPHPHY (12/31/05) PL

1021

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

Renewal Certificate

Sterile Compounding License

LICENSE NO. LSC 99110
RECEIPT NO. 00159241

VALID UNTIL JULY 01, 2020

CARDINAL HEALTH_414,LLC
201 LATHROP WAY STE D
SACRAMENTO CA 95815

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

05/23/19

05/23/19 The official status of this license can be verified at www.pharmacy.ca.gov

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

FORM WPHLSC (12/31/0

Cardinal

Officers list

201 Lathrop Way
Suite D
Sacramento, California 95815

Officer Name	title
Tiffany Olson	President
Paul Gotti	Vice President-Operations
Luis E Garcia	VP Operations
David William Pellicciarini	VP Pharmacy Safety,Practice and Technical Operations NPHS

Home

Copyright © 2010 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

BOARD OF PHARMACY

LICENSING DETAILS FOR: LSC 99110

NAME: CARDINAL HEALTH_414,LLC

LICENSE TYPE: STERILE COMPOUNDING PHARMACY

LICENSE STATUS: CLEAR

ADDRESS

201 LATHROP WAY STE D
SACRAMENTO CA 95815
SACRAMENTO COUNTY

ISSUANCE DATE

JULY 28, 2003

EXPIRATION DATE

JULY 1, 2020

CURRENT DATE / TIME

FEBRUARY 12, 2020
4:08:55 PM

LICENSE RELATIONSHIPS

NAME: CARDINAL HEALTH 414,LLC

LICENSE/REGISTRATION TYPE: PHARMACY (COMMUNITY)

LICENSE NUMBER: 46385 **PRIMARY**

STATUS: CLEAR

ADDRESS :
201 LATHROP WAY STE D
SACRAMENTO CA 95815
SACRAMENTO COUNTY

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

February 25, 2020

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

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: CARDINAL HEALTH 414, LLC

License Type: PHARMACY

License Number: PHY 46385

Status: ACTIVE

Issue Date: 07/25/2003

Expiration Date: 07/01/2020

Address of Record: 201 LATHROP WAY STE D SACRAMENTO CA 95815

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

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

LICENSE VERIFICATION

Name: Cardinal Health 414, LLC pharmacy license PHY46385

Address: 201 Lathrop Way, Suite D

City: Sacramento State: CA Zip: 95815

I hereby authorize the California Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant Paul Hetts

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 encumbered in any way?	Type of Encumbrance: (if any
☐ Yes ☐ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

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

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

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

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

Signature of State Official	Title	State	Date	State Seal

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

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

ORDER OF CORRECTION

Date: 5/29/2019 Permit #: LSC99110

Time of Day: 2:36 PM

Name as shown on permit: **CARDINAL HEALTH_414,LLC**

Address: 201 LATHROP WAY STE D City: SACRAMENTO

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1 CCR 1714(b)	Operational Standards and Security Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. Top plastic grill on ceiling of hood 3 was cracked. Send correction.
2 CCR 1751.7(b)(1)	Sterile Compounding Quality Assurance and Process Validation. The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated. BBL Trypticase soy broth was incubated at uncontrolled room temperature for sterility testing on 3/16/19 for 14 days in the restricted area per PIC. According to manufacture directions reviewed, it should be incubated at USP requirements which as 20-25C. Send revised incubation policy and procedure along with plan of correction.

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

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

3	BPC 4169(a)(1)	Prohibited Acts. A person or entity shall not do any of the following: Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy. On 4/26/19, pharmacy acquired dangerous drugs such as Sestamibi and sterile water for injection from unlicened wholesaler Cardinal Health located in 1950 Bentley Court STE 300, Glendale Heights, IL. Send plan of correction.
4	BPC 4342(a)	Actions by Board to Prevent Sales of Preparations or Drugs Lacking Quality or Strength; Penalties for Knowing or Willful Violation of Regulations Governing Those Sales. The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code). Hetastartch 6% 500ml bag was stored in the refrigerator and needs to be stored between 20-25C per manufacturer labeling. Send correction.

I have reviewed, discussed, understand and received a copy of this form

Inspector (sign) [signature]

Inspector (print) Joshua Lee

Date 5/29/19

Signed [signature]

Print Name Eric Su

Title PIC RPh

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

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

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

OFFICIAL RECEIPT

May 29, 2019

Receipt Number: 380331

Firm: CARDINAL HEALTH_414,LLC

Address: 201 LATHROP WAY STE D, SACRAMENTO CA 95815

Permit #: LSC99110

Phone: (916) 648-2181

The following was obtained this date under provisions of the California Pharmacy Law (Chapter 9, Division 2, Business and Professions Code) or the Rules and Regulations adopted thereunder:

Qty	Units	Description
2	Page(s)	Incubation policy
1	Page(s)	Temperature log for March 2019
1	Page(s)	End product testing record for 3/16/19
6	Page(s)	Record of ordering/receiving drugs from Cardinal Health in Glendale Heights

Voluntarily Released for Investigation

Receipt acknowledged by: Eric Sio PIC RPh
Title

Inspector: _____

171-6 (Rev 3/99)

Cardinal Health
Nuclear Pharmacy Services
7000 Cardinal Place
Dublin, OH 43017
614-757-3174 tel
614-652-4816 fax

www.cardinalhealth.com

CardinalHealth

29 June 2019

Joshua Lee, RPh.
Inspector
California State Board of Pharmacy
1625 N. Market Blvd., Suite N219
Sacramento, CA 95834
joshua.lee@dca.ca.gov

Dear Dr. Lee:

We are in receipt of the Pharmacy Inspection Report dated 29 May 2019 detailing the inspection of our radiopharmacy in Sacramento CA, permit # LSC99110 & PHY46385.

Cardinal Health is fully committed to complying with all applicable California Board of Pharmacy laws and regulations. We are also fully committed to dispensing quality products and to patient safety. We have endeavored to answer completely and fully the observations and areas of concern in the inspection report. Should the Board feel that Cardinal Health has not adequately addressed any of the items, we would welcome the opportunity to meet with Board staff to discuss.

The following deficiencies and alleged deficiencies were noted in the 29 May 2019 report (note that the deficiency or area of concern is listed first, followed by Cardinal Health's response):

"Order of Correction"
1. CCR 1714(b) Operational Standards and Security. Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.
"top plastic grill on ceiling of hood 3 was cracked. Send correction>

Response: The plastic diffuser grill was removed from hood 3.

2. CCR 1751.7(b)(l) Sterile Compounding Quality Assurance and Process Validation
The pharmacy and each individual involved in the compounding of sterile drug preparations must successfully demonstrate competency on aseptic technique and aseptic area practices before being allowed to prepare sterile drug preparations. The validation process shall be carried out in the same manner as normal production, except that an appropriate microbiological growth medium is used in place of the actual product used during sterile preparation. The validation process shall be representative of the types of manipulations, products and batch sizes the individual is expected to prepare and include a media-fill test. The validation process shall be as complicated as the most complex manipulations performed by staff and contain the same amount or greater amount of volume transferred during the compounding process. The same personnel, procedures, equipment, and materials must be used in the testing. Media used must have demonstrated the ability to support and promote growth. Completed medium samples must be incubated in a manner consistent with the

manufacturer's recommendations. If microbial growth is detected, then each individual's sterile preparation process must be evaluated, corrective action taken and documented, and the validation process repeated.
"BBL Trypticase soy broth was incubated at uncontrolled room temperature for sterility testing on 3/16/19 for 14 days in the restricted area per PIC. According to manufacturer's directions reviewed, it should be incubated at USP requirements which are as 20-25C. Send revised incubation policy and procedure along with a plan of correction."

Response: We do not agree that the room temperature was "uncontrolled" as it is reviewed and documented daily. It is our belief that our incubation policy does not require any changes. However, the pharmacy will acquire an additional incubator that will be set to 20-25C for incubation of Trypticase soy broth. This new incubator will be obtained prior to the next time sterility testing is performed.

3. BPC 4169(a)(l) Prohibited Acts. A person or entity shall not do any of the following: Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy "On 4/24/19, pharmacy acquired dangerous drugs such as sestamibi and sterile water for injection from unlicensed wholesaler Cardinal Health located in 1950 Bentley Court STE 300, Glendale Heights, IL. Send plan of correction."

Response

- In November 2013, Congress passed the Drug Supply Chain Security Act ("DSCSA"). One of the purposes of the DSCSA was uniform wholesale licensing across all states. DSCSA defined a number of common licensing terms and contained a preemption provision that no state shall continue with any definitions that are inconsistent with the Federal definitions. As of November 27, 2013, the State of California may not continue with any requirements with respect to wholesale licensing that are inconsistent with the Federal law. Excerpts of DSCSA are provided here and the entire law is attached for reference.
    - *21 U.S.C.353(e)(4) For the purposes of this subsection and subsection (d), the term 'wholesale distribution' means the distribution of a drug subject to subsection (b) to a person other than a consumer or patient, or receipt of a drug subject to subsection (b) by a person other than the consumer or patient,* ***but does not include—***
        (A) ***intracompany distribution of any drug between members of an affiliate*** *or within a manufacturer;*

    - *21 U.S.C. 353(e)(6) AFFILIATE. —For purposes of this subsection, the term "**affiliate**" means a business entity that has a relationship with a second business entity if, directly or indirectly—*
        (A) one business entity controls, or has the power to control, the other business entity; or
        (B) a third party controls, or has the power to control, both of the business entities.

    - *Federal preemption language:*
      Chapter V, Subchapter H. SEC. 205: NATIONAL STANDARDS FOR THIRD-PARTY LOGISTICS PROVIDERS; UNIFORM NATIONAL POLICY.
      SEC. 585. UNIFORM NATIONAL POLICY
      (b) WHOLESALE DISTRIBUTOR AND THIRD-PARTY LOGISTICS PROVIDER STANDARDS.—
      (1) IN GENERAL.—Beginning on the date of enactment of the Drug Supply Chain Security Act, ***no State*** *or political subdivision of a State* ***may establish or continue any standards, requirements, or regulations with respect to wholesale prescription drug distributor*** *or third-party logistics provider licensure* ***that are inconsistent with, less stringent than, directly related to, or covered by the standards and requirements applicable under section 503(e) (as amended by***

such Act), *in the case of a wholesale distributor, or section 584, in the case of a third-party logistics provider.*

- Cardinal Health believes that we were in compliance at the time of the inspection and remains so today.

4. Actions by Board to Prevent Sales of Preparation or Drugs Lacking Quality or Strength; Penalties for Knowing or Willful Violation of Regulations Governing Those Sales. The board may institute any actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code).
"Hetastarch 6% 500 ml bag was stored in the refrigerator and needs to be stored between 20-25C per manufacturer labeling. Send correction.

Response: The bag of Hetastarch 6% was removed from the refrigerator. We'd like to point out that USP ⟨659⟩ Packaging and Storage Requirements states; "An article for which storage at Controlled room temperature is directed may, alternatively, be stored and shipped in a cool place or refrigerated, unless otherwise specified in the individual monograph or on the label."

We appreciate the consultative, collaborative approach taken by the Board, and we wish to reaffirm our commitment to regulatory compliance and to providing safe and quality radiopharmaceutical care to patients in the Sacramento CA area. Should you have any questions or wish to discuss this reply, please contact me at (614) 757-3174.

Best regards,

Eric K. Siu, PharmD, RPh
Pharmacist in Charge

Richard L. Green, BSPharm R.Ph. BCNP FAPhA
Nuclear Pharmacist on NRC's Advisory Committee on the Medical Uses of Isotopes
Member of the USP Expert Panel authoring <825> Radiopharmaceutical Compounding
Director of Radiopharmacy Practice

cc: Michael A. Moné, BSPharm, J.D., FAPhA

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

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 5/29/2019 Inspector: Joshua Lee

Firm: CARDINAL HEALTH 414,LLC Phone: (916) 648-2181

Address: 201 LATHROP WAY STE D City: SACRAMENTO Zip: 95815

Ownership: CORPORATION

Permit #: LSC99110 PHY46385 Permit Exp: 7/1/2019 DEA#: ___ DEA Exp: ___

Date of Self Assessment Form: 5/12/2019 Other Permit #: N/A Date of DEA Inventory: ___

Hours M-F: 2330-1730 Hours Saturday 0130-1230 Hours Sunday: 0130-1230

PIC ERIC K SIU RPH63692 Administrator ___

RPH Consultant ___

Staff	RPH Name:	License #:	Staff Name:	License #:
	JAMES W KORB	RPH43629	ANDREW C FU	TCH23907
	JAMES M BRIGHT	RPH49335	ROSE M KEELER	TCH74031
	ALAN D KIM (SR. DIR OPS)	RPH46730		
	SUNGJIN CHOI (MANAGER	RPH58391		

Inspector Remarks:

Annual Sterile Compounding Inspection: Chain closed door nuclear pharmacy. PIC present along with corporate officers and managers. No controlled substances on premise/DEA permit.

Acq:Cardinal Health PET manufacturing in suite D1, BWXT, Jubilant Draximage, Curium,
RD: Stericycle
BOP Emails: Receiving
PDMP: Signed up

Facility: Pharmacy located in suite D. Cardinal PET manufacturing (batch FDG) located in suite D1.

Secured reception
Restroom/break room
Administrative offices/conference room
Volume: About 600 CSPs made daily
CSPs made include FDG patient units, Tc-99 based CSPs such as sestamibi, myoview, pentetate.
Restricted pharmacy room with incubator 33.5C
Sterile Compounding Area:
ISO 8 ante room with refrigerator/freezer combo unit, LOD, gowning supplies, cleaning supplies, sink with hot and cold running water
ISO 7 buffer room with 3 x vertical flow hoods, 1 x ISO 5 hot cell for PET

The following was reviewed: Compounding self-assessment, community pharmacy self-assessment, county of Sacramento medical waste inspection report, rx labeling, documentation of compounding policy review by PIC, end product testing for potency for every CSP, end product testing for sterility done quarterly in house, documentation of training and competency in sterile compounding and manufacture procedure information for incubation.

Discussion:

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

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

1. Discussed about extended BUD assignment for CSPs.
2. Pharmacy agreed to post the original pharmacy permits in public view.
3. Carabiner in hood 2 needs cleaning.
4. Licensed pharmacy staff must wear nametag with name and license status while on duty
5. Invoice for Cardinal Health PET manufacturing adjacent to pharmacy list address in D1 but the manufacturing facility is in suite D1. Possibly typo. Education provided.
6. Compounding record and master formula need to be a single document. Education provided.

For inquiries regarding the status of your sterile compounding licensure, please use the following: compounding.pharmacy@dca.ca.gov

To complete the inspection, PIC to send Inspector Lee via e-mail (Email joshua.lee@dca.ca.gov) a response to corrections issued within 30 days

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) _____

Owner(sign) _____

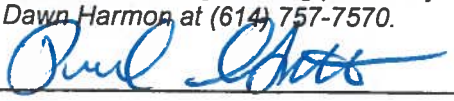
Inspector (print) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

This summary is provided in response to our affirmative answer to the disciplinary history question on our Application. Please note that, based on the broadness of the application question; we are disclosing all discipline that has occurred at other Cardinal Health Nuclear Pharmacy sites within the last 5 years. None of the below citations involved the Cardinal Health Nuclear Pharmacy located in Sacramento, CA, the site to which this application pertains. The safety of the nation's pharmaceutical supply chain is among our highest priorities. We take this responsibility very seriously and work diligently to comply with all applicable laws and regulations governing pharmacy. If you have any questions specific to these matters, please contact Dawn Harmon at (614) 757-7570.

Paul Gotti 

2019- New York State Department of Environmental Conservation

Actions Taken: Consent Order

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Syracuse, NY

Violation that occurred: pharmacy did not obtain prior approval before relocating the HVAC system on the roof

Final Disposition: signed a consent order. An application to modify the radiation control permit to be submitted regarding the changes in the exhaust system. A Pharmacy Compliance Specialist will be hired. The qualifications, and job responsibilities must be reviewed and approved. In addition, a SOP for all New York licensed pharmacies to follow, that outlines prior approvals for changes must be submitted and approved by the New York State Department of Environmental Conservation.

Effective date: 10/11/2019

Fines: $6000.00

2019-Rhode Island Board of Pharmacy

Actions Taken: Consent Order

Location Involved: Cardinal Health 414, LLC, radiopharmacy in E Providence, RI

Violation that occurred: pharmacy did not require technicians who compound radiopharmaceuticals to become nationally certified.

Final Disposition: signed a consent order. Agreement to have specialized nuclear technicians become nationally certified in addition to their existing specialized examination.

Effective date: 08/15/2019

Fines: no fine

2019-US Department of Transportation

Actions Taken: Statement of Violation and Penalty issued

Location Involved: National Central Pharmacy-Abilene Nuclear LLC

Violation that occurred: Probable violation offered and transported in commerce a DOT specification 7A packaging containing a Class 7 hazardous material without maintaining complete documentation of tests and an engineering evaluation or comparative data

Final Disposition: Ticket for Noncompliance

Effective date: 03/04/2019

Fines: $1,740.00

Summary: During a compliance inspection involving a shipping paper review, it was alleged as a probable violation that the pharmacy transported 7A packaging containing Class 7 hazardous material without maintaining complete documentation.

2018-Virginia Board of Pharmacy

Actions Taken: citation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Richmond, VA.

Violation that occurred: Wall electrical and data plates were not sealed. The flooring where it meets the wall was not sealed and parts of the wall were not smooth and free from cracks

Final Disposition: parties entered into a consent order

Effective Date: 01/08/2018

Fines: $2,000

Summary:
The final signed consent order was received referencing the Cardinal Health nuclear pharmacy located in Richmond, VA. Improperly sealed wall electrical and data plates as well as the space where the floor meets the wall. In addition to parts of the wall were not smooth or free from cracks. These were noticed during a Virginia BOP inspection. The issue has been corrected. The pharmacy paid an administrative fine.

2017-Tennessee Board of Pharmacy

Actions Taken: license reprimanded

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Algood, TN

Violation that occurred: during a routine inspection, inspector alleged that the pharmacy was non-compliant with some aspects of USP <797>

Final Disposition: parties entered into a consent order

Effective Date: 03/13/2017

Fines: $2,674.48

Summary:
On March 13, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Algood, TN. During an inspection on April 5, 2016, it was alleged that the pharmacy was non-compliant with USP <797>. The pharmacy was remodeled and was monitored by an independent consultant approved by the Executive Director of the Board of Pharmacy initially and agreed to be monitored for one year. The independent consultant will submit quarterly reports to the Executive Director of the Board of Pharmacy for one year. The pharmacy paid a fine.

2017-California Board of Pharmacy

Actions Taken: citation issued against the pharmacy license

Location involved: Cardinal Health 414, LLC, radiopharmacy in Redding, CA

Violation that occurred:

Each individual involved in the preparation of sterile injectable products must successfully complete a validation process on technique before being allowed to prepare sterile injectable products.

Equipment used in the designated area or cleanroom must be made of a material which can be easily cleaned and disinfected/Exterior workbench surfaces and other hard surfaces in the designated area, such as walls, floors, ceilings, shelves, tables and stools, must be disinfected weekly/Operational standards and security; the pharmacy must be maintained in a sanitary condition.

Final Disposition: paid the fine

Effective Date: 03/28/2017

Fines: $5,000

Summary:
In December 2016, the radiopharmacy in Redding, CA received a citation from the California Board of Pharmacy, for process validation technique not being completed when pharmacists from another California licensed Cardinal Health radiopharmacy came to temporarily work at the Redding location as well as for a window in the pharmacy that had particulates. An area under one of the compounding hoods was also not free of particulates.

2017-Virginia Board of Pharmacy

Actions Taken: citation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Charlottesville, VA

Violation that occurred: surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices.

Final Disposition: parties entered into a consent order

Effective Date: 01/30/2017

Fines: $2,000

Summary:
On January 11, 2017, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Charlottesville, VA. The surfaces of walls and floors in the buffer area and blood mixing room were not smooth, impervious, or free from cracks and crevices. The facility maintenance department was contacted and the issues corrected. The pharmacy paid an administrative fine.

2017-Nevada Board of Pharmacy

Actions Taken: stipulation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Las Vegas, NV.

Violation that occurred: A pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016.

Final Disposition: parties agreed to a stipulation

Effective Date: 01/11/2017

Fines: $500

Summary:
On December 6, 2016, the Nevada Board of Pharmacy notified Cardinal Health of a violation of the Nevada Administrative Code when a pharmacy technician's registration was not timely renewed. The technician was further charged for continuing to work with an expired registration between November 1-8, 2016. The Pharmacist in Charge as well as the Technician Supervisor were also charged for allowing the technician to work with an expired license. Changes to the software system utilized by Cardinal Health will prevent future occurrences. The pharmacy paid a monetary penalty of $500

2016-Virginia Board of Pharmacy

Actions Taken: citation issued

Location Involved: Cardinal Health 414, LLC, radiopharmacy in Virginia Beach, VA.

Violation that occurred: Chipped paint on the front section of a sterile compounding hood was noticed during a Virginia BOP inspection.

Final Disposition: parties entered into a consent order

Effective Date: 08/10/2016

Fines: $2,000

Summary:
On February 4, 2016, a consent order was entered by the board referencing the Cardinal Health nuclear pharmacy located in Virginia Beach, VA. Chipped paint on the front section of a sterile compounding hood was noticed during a Virginia BOP inspection. The facility maintenance department was contacted and the issue corrected. The pharmacy paid an administrative fine.

17B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***
Check box below for type of ownership and complete all required forms.

☒ *Publicly Traded Corporation – Pages 1,2,3,7* ☐ *Partnership - Pages 1,2,5,7*

☐ *Non Publicly Traded Corporation – Pages 1,2,4,7* ☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Genoa Healthcare LLC

Physical Address: 915 Airway Avenue, Suite B, Kingman, AZ 86409

Mailing Address: 3140 Neil Armstrong Blvd., Suite 110

City: Eagan State: MN Zip Code: 55121

Telephone: 928-377-1741 Fax: 928-271-8550

Toll Free Number: 1-866-458-0136 (Required per NAC 639.708)

E-mail: licencoordinator@genoahealthcare.com Website: www.genoahealthcare.com

Managing Pharmacist: Courtney Miller License Number: S014257

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☒ Off-site Cognitive Services
☐	☒ Hospital (# beds_____)	☐	☒ Parenteral **
☐	☒ Internet	☐	☒ Parenteral (outpatient)
☐	☒ Nuclear	☐	☒ Outpatient/Discharge
☐	☒ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☒	☐ Long Term Care
☐	☒ Other: _____	☐	☒ Sterile Compounding **
		☐	☒ Non Sterile Compounding
	All boxes must be checked	☐	☒ Mail Service Sterile Compounding **
	For the application to be complete	☐	☒ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an 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.

Sarah L Fenwick

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

Sarah Fenwick - VP Network Contracts

Print Name of Authorized Person

11/21/19

Date

Board Use Only Date Processed: 2.11.2020 Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: Pennsylvania

Parent Company if any: Specialized Pharmaceuticals, Inc.

Corporation Name: Genoa Healthcare LLC

Mailing Address: 3140 Neil Armstrong Blvd., Suite 110

City: Eagan State: MN Zip: 55121

Telephone: 253-218-0830 Fax: 253-217-4306

Contact Person: Joy Kunz - Implementing Licensing Paralgeal

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: July 15, 2009

Registration number issued: 27-0556097

Stock Exchange: XNYS:UNH

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm (closed for lunch 12:00 -1:00 pm) Saturday Closed -- On-call

_____am _____pm

Sunday Closed -- On-call 24 Hours After hours service

_____am _____pm _____

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 publicly traded corporation

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

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Owner's Name: Specialized Pharmaceuticals, Inc.

Business Name: Genoa Healthcare LLC

Current Business Address: 707 Grady Way , Suite 700

City: Renton State: WA Zip Code: 98057

Telephone: 253-218-0830 Fax: 253-217-4306

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm (Closed for lunch 12:00 - 1:00 pm)

Saturday Closed - On Call _____am _____pm

Sunday Closed - On Call _____am _____pm

24 Hours After Hours Service _____

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, Sarah Fenwick

Responsible Person of Genoa Healthcare 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.

Sarah Fenwick

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

Sarah Fenwick - VP Network Contracts

Print Name of Authorized Person

11/21/19

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF MINNESOTA)
) ss.
DAKOTA COUNTY)

I, Courtney Miller, 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 Genoa Healthcare LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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

FURTHER AFFIANT SAYETH NOT.

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

Courtney Miller, PharmD
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
5th day of December, 2019.

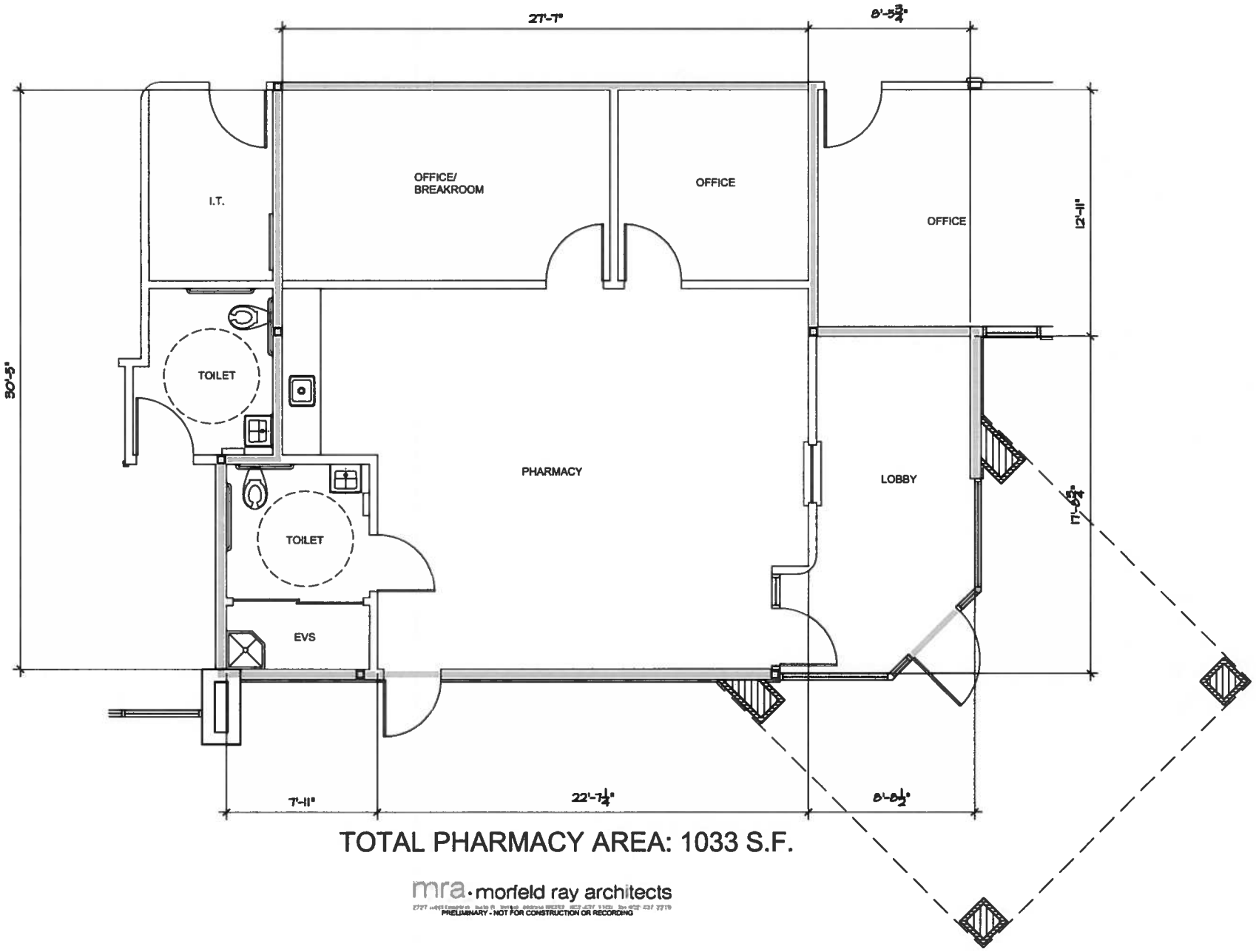
Joyce E. Kenny
NOTARY PUBLIC

Owner	Ownership Percentage	FEIN	Address
Specialized Pharmaceuticals, Inc.	100%	25-1868213	707 S. Grady Way, Suite 700 Renton, WA 98057

Officers and Directors of the Board
FEIN: 27-0556097

Name	Title	Business Address & Phone	% Interest	Professional License Type; Number; State Issued
Mark James Peterson	Manager	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	Pharmacist, 115262, MN
Thomas Mullin (NMN)	Manager	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	N/A
Mark James Peterson	CEO	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	Pharmacist, 115262, MN
Andrew Phillip Voss	CFO	707 S. Grady Way Ste 700 Renton, WA 98057 253-218-0830	0	N/A
William Robert Guptail	COO	3140 Neil Armstrong Blvd, Ste 110 Eagan, MN 55121 253-218-0830	0	N/A
Karen Elizabeth Peterson	Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Pharmacist, 051293213, IL Attorney, 6323320, IL Attorney, 4102158, NY Attorney, 19229, IA - inactive Pharmacist, 0202011356, VA - inactive Pharmacist, RPH-0008879, OR - inactive Pharmacist, 045653, NY - inactive
Kirsten Colleen Hines	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Attorney, 6203446, IL
Heather Anastasia Lang	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Attorney, 033151X, MN Attorney, 34220, CO - inactive
Peter Marshall Gill	Treasurer	9900 Bren Road East Minnetonka, MN 55343 952-936-1300	0	Residential Real Estate Salesperson, 545646,MN NASD Series 7 & 63 Unknown; DC NASD Series 24 Unknown; DC

** Officers have 0% ownership in Genoa Healthcare, LLC*



TOTAL PHARMACY AREA: 1033 S.F.

mra · morfeld ray architects

PRELIMINARY - NOT FOR CONSTRUCTION OR RECORDING

genoa healthcare

(QUESTION 3)

Within the last five (5) years:

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

Genoa has been subject to the following Disciplinary Action:

Oregon Board of Pharmacy (2018) – Salem, Oregon (Case No. 2017-0523): Disciplinary action alleging an apparent failure to have a PIC at the Salem, OR pharmacy site for a period of six weeks in 2017. Although the site did have a PIC in place at all time, a requisite form documenting a change in PIC was not timely filed by the temporary PIC, creating a gap in Board of Pharmacy online filings. A Consent Order was received by the Oregon Board of Pharmacy on July 30, 2018 and a $6,000 fine was paid.

Arizona State Board of Pharmacy (2019)—Gilbert, Arizona (Case No. 2018-0080): Disciplinary action alleging a failure of not complying with the Arizona state regulations regarding "shared" after-hours pharmacy service following a routine pharmacy inspection on March 5, 2018. In particular, the appropriate notice to customers as to the after-hours pharmacy service Genoa was using there was not sufficient policies and procedures regarding such service. There was no allegation that patient care was impacted. A new after-hours vendor was put in place and we have educated our pharmacies to ensure that patients are aware that their after-hour needs are being met by another pharmacy service that has compliant policies and procedures regarding "shared services". A Consent Order was received by the Arizona State Board of Pharmacy in March 2019 and a $500 fine was paid.

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

April 11, 2019

Genoa Healthcare, LLC
Attn: Ms. Kathleen McGuan
18300 Cascade Ave S Suite 251
Tukwila, WA 98188

Re: Consent Agreement for Civil Penalty – Board Case No. 18-0080

Dear Ms. McGuan,

Please find enclosed a copy of the Consent Agreement for Civil Penalty in Board Case No. 18-0080. After the Consent Agreement was signed, staff discovered a typographical error. Specifically, the permit number on page 1, line 13 was incorrect. Staff corrected the error and replaced page 1 of the document. The corrected permit number was the only change made to the document.

If you have any questions regarding this matter, please contact this office.

Sincerely,

Kamlesh Gandhi
Executive Director

KG/jcm

Enclosure



MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
2005 North Central Ave. SGD/LES
Phoenix, Arizona 85004
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of	
	Board Case No. 18-0080
Genoa Healthcare,LLC, #20120,	**CONSENT AGREEMENT FOR CIVIL PENALTY**
Permit No. Y007067 As a Licensed Pharmacy In the State of Arizona	

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Genoa Healthcare, LLC, #20120 ("Respondent"), holder of permit no. Y007067 as a licensed pharmacy in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 18-0080 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not revoke acceptance of the Consent Agreement or make any modifications to the document regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(19) and A.R.S. §32 – 1927.02(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Dated: 3/27/19

On Behalf of
Genoa Healthcare, LLC,
Permit Holder NO. Y007067

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is Genoa Healthcare, LLC, #20120, holder of permit no. Y007067, to operate as a pharmacy in the State of Arizona. At all relevant times, Respondent was located at 5222 East Baseline Rd, Gilbert, AZ 85234.

3. On or about March 5, 2018, Board staff conducted a routine inspection of Respondent's premise. In response to staff's question about delivery services, Respondent's PIC, Mr. Kyle Clonts, responded that Genoa Healthcare, LLC, #20120 utilized Medcall to answer after-hours patient questions, noting that Medcall had access to patient profiles. In addition, it was revealed that Medcall was able to transfer prescriptions for patients after hours from Genoa to the pharmacy of choice.

4. At the time of inspection, the PIC was unable to produce the shared services agreement with Medcall or the Respondent's policies and procedures relating to shared services.

5. Subsequent to the investigation, the Respondent provided what it believed to be the appropriate shared services agreement, however, upon further review it was determined that the contract with Medcall listed only two Genoa Arizona locations.

6. Additionally, the permit on file with the Board is Y004817 and belongs to Homemed. There is no permit for Medcall that would allow it to conduct pharmacy business in the State of Arizona.

7. Subsequent to the inspection, Respondent notified the Board that it has discontinued using Medcall to ensure compliance with Arizona regulations.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq*.

2. The Board may discipline a permittee who has engaged in unprofessional conduct. A.R.S. § 32-1927.02(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(A)(5) as it relates to Arizona Administrative Code R4-23-621(A), (B)(2) and (C)(a) and (b).

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board as a civil penalty the sum of **$500.00 for not having complied with shared services regulations by providing advance notice to patients that their orders would be filled by a shared service pharmacy and having adequate policies and procedures regarding shared services.** The civil penalty shall be paid in full to the Board within **ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. If the Board determines that Respondent has not complied with **all** the requirements of this Consent Agreement, the Board, in its sole discretion, may institute proceedings for noncompliance with this Consent Agreement, which may result in the suspension or revocation of Respondent's permit. Failing to abide by this Consent Agreement and Order is a violation of A.R.S. §32-1901.01(A)(19), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board it its executive director."

3. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

4. If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's permit. The issue at such a hearing will be limited solely to whether this Order has been violated.

DATED this 11th day of April, 2019.

ARIZONA STATE BOARD OF PHARMACY

(Seal)

By: _____
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FORGOING FILED
this 11th day of April, 2019, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 11th day of April, 2019, to:

Genoa Healthcare, LLC
Attn: Ms. Kathleen McGuan
18300 Cascade Ave. S., Ste. 251
Tukwila, WA 98188

EXECUTED COPY OF THE FOREGOING MAILED
this 11th day of April, 2019, to:

Jeanne M. Galvin
Assistant Attorney General
2005 North Central Ave., SGD/LES
Phoenix, Arizona 85004
Attorneys for the Board

_____
Doc #7078160

RECEIVED
JUL 3 0 2018
OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2017-0523
GENOA HEALTHCARE, LLC	)	CONSENT ORDER
Registrant	)	

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that while they did not have a pharmacist-in-charge registered with the Board as required during the timeframe in the Notice, they did have a pharmacist completing the responsibilities of a pharmacist-in-charge;

WHEREAS, the registrant admits that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $6,000, said payment to be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I hereby acknowledge that I have read and understand the above-noted Notice and the terms of the Consent Order. I hereby acknowledge that I understand that the Consent Order with incorporated Notice is a public record and shall be available via the Board's online licensure verification; is available upon written request pursuant to public disclosure laws; and shall be reported to the National Practitioner Data Bank as required by federal law. I agree to the Board entering the Consent Order.

Kathleen McGowan — 7-27-2018

Authorized Representative — Date
GENOA Healthcare, LLC
Registrant (Reg. No. RP-0002461)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff — 7/31/18

Brianne Efremoff, Pharm.D, R.Ph., — Date
Compliance Director

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of	)	Case No. 2017-0523
GENOA HEALTHCARE, LLC	)	NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0002461 because Genoa Healthcare, LLC violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

Genoa Healthcare, LLC, located at 3180 NE Center St Ste 3360 in Salem, OR did not have a pharmacist-in-charge from on or about June 10, 2017 through July 31, 2017, in violation of OAR 855-041-1010(1) and OAR 855-019-0300(1), which is grounds for discipline and imposition of a civil penalty pursuant to ORS 689.335(1), 689.405(1)(e)(B), 689.832(1) and 689.445(1)(d).

Based on these alleged violations, the Board proposes to impose a civil penalty in the amount of $1,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the

Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Brianne Efremoff, Pharm.D, R.Ph., Compliance Director

2/15/18
Date

DATE OF MAILING 2-16-2018

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

11/21/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Genoa Healthcare LLC

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

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SECRETARY OF THE COMMONWEALTH PENNSYLVANIA

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

Kathy Boockvar

Secretary of the Commonwealth

Certification Number: TSC191121121127-1

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

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 :	Genoa Healthcare LLC
Address :	915 Airway Ave Suite B Kingman AZ 86409
License No :	Y007796
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	10/25/2018
Expiration Date :	10/31/2021
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 12/16/2019

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: 09/30/2019
Receipt Number: 201969776
Receipt Amount $: 480.00

Pharmacy - Chain

Closed Door,Long Term Care,Retail

PERMIT NO
Y007796

EXPIRES
10/31/2021

Issued to :

Genoa Healthcare LLC
Genoa Healthcare LLC
3140 NEIL ARMSTRONG BLVD. SUITE 110
EAGAN, MN 55121

Genoa Healthcare LLC
915 AIRWAY AVE SUITE B
KINGMAN, AZ 86409

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 : Genoa Healthcare LLC
LICENSE NUMBER : Y007796
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.

18

18A

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: Cardinal Health 108, LLC

Physical Address: 233 Mason Road, LaVergne, TN 37086
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 7000 Cardinal Health, Attn: QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 615-793-4400 Fax: 614-553-9535

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 am to 9 pm Tue: 6 am to 9 pm Wed: 6 am to 9 pm Thu: 6 am to 9 pm Fri: 6 am to 9 pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Marcus Oliver

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Prescription Drugs and OTC

**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: _____

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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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 ☑

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? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals 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 ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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? See attached. 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.

WAC

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

William Crates

Print Name of Authorized Person

1-10-2020

Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Cardinal Health, Inc

Corporation Name: Cardinal Health 108, LLC

Mailing Address: 7000 Cardinal Place, Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

License Contact Person: Cynthia Rhodes

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. Cardinal Health, Inc %: 100

2. _____ %: _____

3. _____ %: _____

4. _____ %: _____

Section 2: 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: October 29, 1996

Registration number issued: 535613

Stock Exchange: NYSE

Include with the application for a publicly traded corporation

List of officers and directors.

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

CardinalHealth

December 20, 2019

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Cardinal Health 110, LLC, LaVergne, TN

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our renewal application for an Out-of-State MDEG License. We have one matter to disclose. **Please note that this facility located in LaVergne, TN to which this application pertains, has not had any administrative actions or disciplinary issues to date.**

Cardinal Health operates approximately seventy-five distribution facilities across the United States. As a health care provider, a number of Cardinal Health's operating subsidiaries are subject to regulation by various governmental agencies, including the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA) and other regulatory bodies such as state pharmacy boards. From time to time, these entities are inspected by these government agencies and certain subsidiaries have, in the past, paid fines to resolve various alleged violations. To date, none of these violations have resulted in actions against Cardinal Health's license(s) or ability to operate; to the best of our knowledge, the only exceptions to this are listed below or have been disclosed in a prior submission.

On May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and

the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. We have invested significant resources to implement a robust anti-diversion system that includes the use of advanced analytics. We have hired teams of anti-diversion specialists and investigators to identify red flags that could signal potential diversion. Over the past four years, we stopped shipping controlled substances to hundreds of pharmacies because we believed they posed an unreasonable risk of diversion.

We want to work collaboratively with all participants in the drug supply chain – including regulators, pharmaceutical manufacturers, distributors, pharmacists, doctors and boards of pharmacy – to combat controlled substance diversion. We want to work with all parties to find a more effective approach to stop prescription drug abuse without disrupting legitimate use.

If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

William Crates

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Roy Watts
233 Mason Road Attn: QRA
Lavergne, TN 37086

Work Order #: W2019121900133
December 19, 2019
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 169477

Charges

Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	20190363063	12/19/2019 7:57:04 AM	Approved	1	$50.00	$50.00
Total						$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	5767710118876128603049	Success	$50.00
Total			$50.00

Credit Balance: $0.00

Roy Watts
233 Mason Road Attn: QRA
Lavergne, TN 37086

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good 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, **CARDINAL HEALTH 108, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/06/2014, and is in good standing in this state.

I further certify that the above FOREIGN LIMITED-LIABILITY COMPANY has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191219451741
You may verify this certificate online at http://www.nvsos.gov

CardinalHealth™

June 30, 2019

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-Risk Management@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/01/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: XL Insurance America Inc	24554
	INSURER B: XL Specialty Insurance Co	37885
	INSURER C: Greenwich Insurance Company	22322
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570077280044 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716714 AOS, PR	06/30/2019	06/30/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 Excluded $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY in			RAD9437168-14	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00009085LI19A SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512514 (AOS) RWR943512614 (WI)	06/30/2019 06/30/2019	06/30/2020 06/30/2020	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000
B	Excess WC			RWE943514314 (OH) SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EL Each Accident EL Disease - Ea Emp SIR	$4,500,000 $4,500,000 $500,000

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

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570077280044

©1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570077280044	
CARRIER: See Certificate Number: 570077280044 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142401 (AK)	06/30/2019	06/30/2020		

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, Ltd.
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, Inc.
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, Inc.
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies, Inc.
Instant Diagnostic Systems, Inc.
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd.
Kinray I, LLC
KPR Australia Pty. Ltd.
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International; Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, Inc.
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
UroMed, Inc.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

CardinalHealth

233 Mason Road
LaVergne, Tennessee 37086

Officer Name	Title	Company	Business Address	Business Phone Number	Percentage of Ownership
William Stanton Crates	Vice President, QRA Management	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-6175	0%
Ullrich Conrad Mayeski	Vice President, QRA Management	Cardinal Health 108, LLC	7000 Cardinal Place Dublin, OH 43017	614-757-7544	0%
Joseph I. DePinto	President, Specialty Solutions	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-1644	0%
David Linden Barber	Senior Vice President, Regulatory Affairs Counsel	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-7721	0%
Brian James Bejarano	VP, Operations Mgmt	Cardinal Health 108, LLC	7000 Cardinal Place, Dublin, OH 43017	615-213-0317	0%

Copyright © 2019 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

18B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG 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 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: Medical Action Industries, Inc.

Physical Address: 25 Heywood Road Arden, NC 28704

(This must be a business address, we can not issue a license to a home address)

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

City: Florida State: NY Zip Code: 10921

Telephone: (828) 338-7540 Fax: (828) 681-8828

E-mail: owm@slsny.com Website: www.owens-minor.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12:00 to 11:59 Tue: 12:00 to 11:59 Wed: 12:00 to 11:59 Thu: 12:00 to 11:59

Fri: 12:00 to 11:59 Sat: Closed to Closed Sun: 11:00 to 11:59 Holidays: ____ to ____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Nichole Kimberly Early

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: Surgical Prep & Sanitation 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: Nicole Kimberly Early Telephone: 1-800-645-7042

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:

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 ☐ No ☒

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? Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

N/A

- ☐ Practitioner Name: _____
- ☐ Advanced Practitioner of Nursing Name: _____
- ☐ Physician's Assistant Name: _____
- ☐ Physical Therapist Name: _____
- ☐ Occupational Therapist Name: _____
- ☐ Registered Nurse Name: _____
- ☐ Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

Within the last five (5) years:

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 ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

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

Nicholas Joseph Pace II
Print Name of Authorized Person

11-25-19
Date

Board Use Only	Received: MAR 0 9 2020	Amount: 500 -

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Owens & Minor, Inc.

Corporation Name: Medical Action Industries, Inc.

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

City: Florida State: NY Zip: 10921

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

Contact Person: Jennifer Schneider

For any corporation non publicly traded, disclose the following:

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

a) Owens & Minor, Inc. 910 Lockwood Blvd Mechanicsville, VA 23229
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. Owens & Minor, Inc is the 100% Sole Owner

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

Include with the application for a non publicly traded corporation

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

List of officers and directors.

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596

Henry D. McMaster
Governor

Emily H. Farr
Director

www.llr.sc.gov/POL/Pharmacy/

February 7, 2020

Medical Action Industries, Inc.
25 Heywood Road
Arden, NC 28704

Dear Nichole Early:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its February 6, 2020, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its March 11, 2020, Board meeting.

The Committee is recommending your permit application for approval pending the following:

Approved conditioned upon submission of fine in the amount of $5,000 for shipping into SC without a permit; applicant must pay fine within six months of Board's approval of committee recommendation, or application will be considered withdrawn.

Requested documents may be emailed to chelsi.swartz@llr.sc.gov. Once the above conditions have been met, your permit will be issued.

Sincerely,

Traci Collier

Traci Collier, PharmD
Administrator and Chief Drug Inspector
SC Board of Pharmacy

STATE LICENSE SERVICING

RECEIVED
MAR - 4 2020
NEVADA STATE BOARD
OF PHARMACY

STATE LICENSE SERVICING, INC
1751 State Route 17A, Suite 3
Florida, NY 10921
Tel. 845/544-2482
Fax. 845/544-2481
statelicenseservicing.com

March 3, 2020

To: Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: **Notice of Non-Disciplinary Administrative Fine**

Medical Action Industries, Inc.
25 Heywood Road
Arden, NC 28704

Pending Initial: Medical Device, Equipment and Gases
25 Heywood Road, Arden, NC 28704

Dear Licensing Authority:

State License Servicing, Inc. represents Medical Action Industries, Inc. in the servicing of their state licenses. This letter shall serve as a disclosure of a non-disciplinary administrative fine for the above referenced company.

On February 7, 2020, Medical Action Industries, Inc. was notified by the State of South Carolina, Board of Pharmacy that they were fined in the amount of $5,000 for shipping into SC without a permit.

Medical Action paid the fine of $5,000 in full on February 12, 2020. In response, the South Carolina Board of Pharmacy's Non-Resident Review Committee determined that the payment was made satisfactorily and issued the SC Non-Resident Wholesale Distributor permit to them.

Attached please find a copy of the official notification from SC Board of Pharmacy.

If you need any additional information, please feel free to call or email me at the address below.

Kind regards,



Jennifer Schneider
VP, Client Services
State License Servicing, Inc.
OWM@SLSNY.COM

Medical Action Industries, Inc.

Corporate Address: 25 Heywood Road, Arden, NC 28704 USA
FEIN: 11-2421849
www.owens-minor.com

Drug Labeler Code:
Incorporation State: DE
Incorporation Date: 11/5/1987

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MDA	25 Heywood Road Arden, NC 28704 County: Buncombe	1030451		03-236-4462	No	(828) 338-7540	(828) 681-8828

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Nichole Kimberly Early	11 Phoenix Circle Alexander, NC 28701	Quality Compliance Analyst	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Owens & Minor, Inc.	9120 Lockwood Blvd. Mechanicsville, VA 23229		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Christopher Michael Lowery	14135 Seabiscuit Alpharetta, GA 30004	President & CEO	No
Jonathan Andrew Leon	3200 Grove Ave. Richmond, VA 23221	Vice President & Treasurer	No
Nicholas Joseph Pace II	5 Kanawha Road Richmond, VA 23226	Senior VP, General Counsel, Secretary	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
CT Corporation

Company Particulars

1091

cert of Insurance 1092

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/27/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Beecher Carlson Insurance Services
6 Concourse Parkway, Suite 2300
Atlanta, GA 30328

www.beechercarlson.com

CONTACT NAME: Beecher Carlson Insurance Services
PHONE (A/C, No, Ext): 678-539-4800 FAX (A/C, No): 770-870-3031
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : ACE Property and Casualty Insurance Co	20699
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Owens & Minor, Inc.
c/o Medical Action Industries Inc.
9120 Lockwood Blvd
Mechanicsville VA 23116

COVERAGES **CERTIFICATE NUMBER:** 52644256 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✓ COMMERCIAL GENERAL LIABILITY			GLA4057854	12/1/2019	12/1/2020	EACH OCCURRENCE	$ $3,000,000
	☐ CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ $1,000,000
							MED EXP (Any one person)	$ $10,000
							PERSONAL & ADV INJURY	$ $2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ $6,000,000
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
A	AUTOMOBILE LIABILITY			CAA4057853	12/1/2019	12/1/2020	COMBINED SINGLE LIMIT (Ea accident)	$ $3,000,000
	✓ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	✓ UMBRELLA LIAB ☐ OCCUR			XEU G71762907 001	12/1/2019	12/1/2020	EACH OCCURRENCE	$ $10,000,000
	☐ EXCESS LIAB ✓ CLAIMS-MADE				12/1/2019	12/1/2020	AGGREGATE	$ $10,000,000
	☐ DED ✓ RETENTION $ 25,000				12/1/2019	12/1/2020		$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDC4057855	12/1/2019	12/1/2020	✓ PER STATUTE ☐ OTH-ER	
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		PS4057856 Work Comp - WI (Retro)	12/1/2019	12/1/2020	E.L. EACH ACCIDENT	$ $1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ $1,000,000
							E.L. DISEASE - POLICY LIMIT	$ $1,000,000

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

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

Owens & Minor, Inc.
c/o Medical Action Industries Inc
9120 Lockwood Blvd.
Mechanicsville VA 23116

CANCELLATION

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 *Beecher Carlson Insurance Services, LLC*

Beecher Carlson Insurance Services, LLC

© 1988-2015 ACORD CORPORATION. All rights reserved.

NORTH CAROLINA
Department of the Secretary of State

HOME STATE GOOD STANDING

CERTIFICATE OF AUTHORIZATION

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

MEDICAL ACTION INDUSTRIES 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 23rd day of May, 1988.

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.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of January, 2020.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 106160276-1 Reference# 15790336- Page: 1 of 1
Verify this certificate online at http://www.sosnc.gov/verification

2020

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
125

LICENSE/CERTIFICATE: Repackager
TYPE PRESCRIPTION DRUG LICENSE
Expiration Date 12/31/2020

LICENSEE OR CERTIFICATOR
Medical Action Industries, Inc.
25 Heywood Road
Arden NC 28704

LICENSED 2020 NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

STEVE TROXLER, COMMISSIONER

HAHE STATE 1094

Food & Drug Protection Division

Drug License Search

Go Back New Search (search.asp)

Your search for 125 returned the following results...

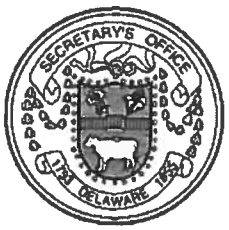
~~Organon Teknika Corporation~~, LLC 100 Rodolphe Street, Bldg. 1300 Durham, NC 27712	*License Type:* 086 *License Number:* 125 *Description:* Manufacturer	*Status:* Active – in good standing *Issue Date:* 12/13/2019 *Expiration Date:* 12/31/2020
~~Abbott Laboratories, Inc. Crown~~ → Carriers 400 English Road Rocky Mount, NC 27804	*License Type:* 087 *License Number:* 125 *Description:* Distributor	*Status:* Inactive *Issue Date:* 12/7/2009 Cancellation Date: 10/28/2010
~~Air Liquide America Specialty~~ Gases LLC 1311 New Savannah Road Augusta, GA 30901	*License Type:* 088 *License Number:* 125 *Description:* Wholesaler	*Status:* Inactive *Issue Date:* 12/17/2009 Cancellation Date: 11/24/2010
Medical Action Industries, Inc. 25 Heywood Road Arden, NC 28704	*License Type:* 089 *License Number:* 125 *Description:* Repackager	*Status:* Active – in good standing *Issue Date:* 11/5/2019 *Expiration Date:* 12/31/2020

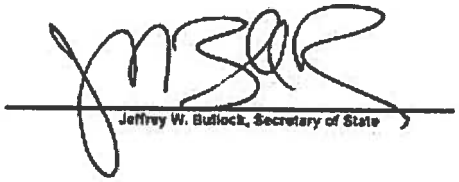
NORTH CAROLINA DOES NOT SUPPLY OFFICIAL VERIFICATION OF LICENSURE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL ACTION INDUSTRIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2020.





2142766 8300

SR# 20201081913

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

Authentication: 202384739

Date: 02-13-20

19

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR NEVADA 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 ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH_____)

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

GENERAL INFORMATION

Facility Name: CRANE PHARMACEUTICALS, INC.

Physical Address: 1516 E. TROPICANA AVE, UNIT# 285, LAS VEGAS, NV 89119

Mailing Address: 1516 E. TROPICANA AVE, UNIT# 285, LAS VEGAS, NV 89119

City: LAS VEGAS State: NV Zip Code: 89119

Telephone: 949-285-2239 Fax: _____

Toll Free Number: _____

E-mail: INFO@CRANEPHARMA.COM Website: WWW.CRANEPHARMA.COM

Facility Manager: SIAMAK ADAMPOUR

Professional qualifications and experience of facility manager: B.S. , MBA 30+ YEARS
PROFESSIONAL EXPERIENCE IN PHARMA & MED. DEV. MANUFACTURING & DISTRIBUTION

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: ANY ENTITY PERMITTED BY LAW

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: ANY PRODUCT PERMITTED BY THE LAW
☒ Hypodermic Devices
☒ Veterinary Legend Drugs

APPLICATION FOR NEVADA WHOLESALER LICENSE

Is your company VAWD certified by NABP? Yes ☐ No ☒
(If yes, provide a copy of the certificate.)

Licensed as a Manufacturer by the FDA? Yes ☐ No ☒
(If yes, provide a copy of the FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) LNK INTERNATIONAL, INC./145 RICEFIELD LN, HAUPPAUGE, NY 11788
Name Address
OVER-THE-COUNTER PHARMACEUTICAL MANUFACTURER
Business

2) TRACE MINERALS RESEARCH / 1996 W. 3300 S., OGDEN, UT 84401
Name Address
NEUTRACEUTICAL MANUFACTURER
Business

3) METABOLIC RESPONSE MODIFIERS / 2665 VISTA PACIFIC DR, OCEANSIDE, CA 92056
Name Address
NEUTRACEUTICAL MANUFACTURER
Business

4) APS BIOGROUP / 2235 S. CENTRAL AVE., PHOENIX, AZ 85004
Name Address
FOOD & SUPPLEMENT MANUFACTURER
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

SIAMAK ADAMPOUR
Print Name of Authorized Person

FEB-15-2020
Date

Board Use Only	Received:_____	Amount: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: NONE

Corporation Name: CRANE PHARMACEUTICALS, INC.

Mailing Address: 1516 E. TROPICANA AVE , UNIT# 285

City: LAS VEGAS State: NV Zip: 89119

Telephone: 949-285-2239 Fax:

Contact Person: SIAMAK ADAMPOUR

For any corporation non publicly traded, disclose the following:

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

a) SIAMAK ADAMPOUR/9552 W. TROPICANA BLVD, #2045, LAS VEGAS, NV 89147
Name Address

b)
Name Address

c)
Name Address

d)
Name Address

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

2) Provide the number of shares issued by the corporation. 10,000

3) What was the price paid per share? $1.00

4) What date did the corporation actually receive the cash assets? 10/30/2019

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

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
SIAMAK ADAMPOUR	USA

Address	City	State	Zip/Postal Code
WEST TROPICANA AVENUE	Las Vegas	NV	89147

CORPORATION, INDICATE THE SECRETARY:

Name	Country
SIAMAK ADAMPOUR	USA

Address	City	State	Zip/Postal Code
WEST TROPICANA AVENUE	Las Vegas	NV	89147

CORPORATION, INDICATE THE TREASURER:

Name	Country
SIAMAK ADAMPOUR	USA

Address	City	State	Zip/Postal Code
WEST TROPICANA AVENUE	Las Vegas	NV	89147

CORPORATION, INDICATE THE CEO:

Name	Country
SIAMAK ADAMPOUR	USA

Address	City	State	Zip/Postal Code
WEST TROPICANA AVENUE	Las Vegas	NV	89147

CORPORATION, INDICATE THE CHAIRMAN OF BOARD:

Name	Country
SIAMAK ADAMPOUR	USA

Address	City	State	Zip/Postal Code
WEST TROPICANA AVENUE	Las Vegas	NV	89147

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X SIAMAK ADAMPOUR

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

President — **Title**

10/30/2019 — **Date**

Employee Handling Drugs on Daily Basis

① Siamak Adampour

3. Employment mailing Addresses

① Crane Pharmaceuticals Inc
2810 W. Charleston Blvd
Las Vegas NV 89102

② Irvine Health Industries Inc
24581 Alcoba Dr.
Mission Viejo CA

③ Activa Pharmaceuticals Inc
4790 Culver Blvd
Irvine CA

④ Taft & Associates Inc
12665 E. Fourth Street
Santa Ana CA

⑤ Core Laboratories
Anaheim CA

Employee Handling Drugs on Daily Basis

① Siamak Adampour

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Crane Pharmaceuticals, Inc.

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of Barbara K. Cegavske Secretary of State State Of Nevada	Business Number **E2550922019-5** Filing Number **20190255093** Filed On **10/30/2019 15:43:08 PM** Number of Pages **2**

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the *Charitable Solicitation Registration Statement* is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, 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 following is a list of all organizational documents on file in this office for

Crane Pharmaceuticals, Inc.

Organizational Documents on File	Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Crane Pharmaceuticals, Inc., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/30/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/30/2019

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191030328897
You may verify this certificate online at http://www.nvsos.gov

PHILADELPHIA INSURANCE COMPANIES
A Member of the Tokio Marine Group

Philadelphia Indemnity Insurance Company
One Bala Plaza, Ste. 100
Bala Cynwyd, PA 19004

BOND RIDER

Bond No: PB02671701736

Principal: Crane Pharmaceuticals, Inc

Obligee: NEVADA STATE BOARD OF PHARMACY

Surety: PHILADELPHIA INDEMNITY INSURANCE COMPANY

Effective: 02/25/2020

It is agreed that:

THE BUSINESS ADDRESS BE CHANGED TO READ:

1516 E. Tropicana Ave., Ste. 285, Las Vegas, NV 89119

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than stated as above. Provided, however, that the liability of the company under the attached bond as changed by this order shall not be cumulative.

Signed this 25th **day of** February **. 20** 20 .

Philadelphia Indemnity Insurance Company

By: Valerie Ann Aber

VALERIE ANN ABER — **Attorney in Fact**

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. PB02671701736

Application/License No. _____

Crane Pharmaceuticals, Inc (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2810 Charleston Blvd. H83, Las Vegas, NV 89102 (Address of Applicant/Principal), as PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY (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 ONE BALA PLAZA SUITE 100, BALA CYNWYD, PENNSYLVANIA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 1, 2019 (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 30th day of October, 2019.

APPLICANT/PRINCIPAL
Crane Pharmaceuticals, Inc

Authorized Representative

SURETY COMPANY
PHILADELPHIA INDEMNITY INSURANCE COMPANY

Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

3450

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Valerie Ann Aber and Daniel Ruggeri**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000**.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.

(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Morgan Knapp, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Sept. 25, 2021

(Notary Seal)

Notary Public: Morgan Knapp

residing at: Bala Cynwyd, PA

My commission expires: September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 30 day of OCTOBER, 20 19.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

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

1111

Date 10/31/19

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 Wholesale pharmaceutical medical surgical supplies to qualified entities.
Nature of Pharmacy or Wholesaler

Crane Pharmaceuticals, Inc.
Name and Address of Business for Which Designated Representative Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name: Adampour | First Name: SIAMAK | Middle Name: N/A

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N/A

Present Residence Address-Street or RFD: W. TROPICANA AVE | City: LAS VEGAS | State/Zip: NV 89147
Dates: JAN / 2019

Present Business Address: 2810 W CHARLESTON | City: LAS VEGAS | State/Zip: NV 89102
Dates: NOV 1 2019

Present Position with the Pharmacy or Wholesaler: OWNER

Phone: Residence [redacted]
Business

Date of Birth | Place of Birth (City, County, State): TEHRAN/IRAN | Sex: MALE

Age: 57 | Social Security Number [redacted]

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BROWN	BLACK	FAIR	240	ATHLETIC	6' 2"

Scars, tattoos or distinguishing marks and/or characteristics: NONE

Are you a citizen of the United States? Yes ☑ No ☐ If alien, registration No [redacted]

If naturalized, certificate No Date

Place LOS ANGELES, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden) S.S. No

Date of Birth Place of Birth

Resident address
Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NATTAWAN RADOMYOS		AUG 1, 1988	DIVORCED	DOWNEY, CA, CA
HEDYEH ASKARZADEH		MAR 2, 2000	DIVORCED	OUT OF US

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

Name	Street	City	State	Zip	Telephone
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
NONE			

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

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

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	HOSEIN ADAMPOUR	1933	DECEASED	
Mother	SHAMSI H. MOGADDAM	1940	N/A OUT OF U.S.	
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
(SISTER) Spouse	SIMA	1963	OUT OF U.S.	N/A
(SISTER) Spouse	SEPIDEH	1977	OUT OF U.S	N/A
Spouse	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	HADAF PRIVATE ELEMENTRY SCHOOL	TEHRAN/IRAN	1967-1973	Yes ☑ No ☐
High School	ALBORZ HIGH SCHOOL	TEHRAN/IRAN	1973-1980	Yes ☑ No ☐
College University	UNIV OF CA, IRVINE	IRVINE, CA	1989-1992	Yes ☑ No ☐
Other	INDUSTRIAL Mgmt INSTITUTE(IMI)	TEHRAN/IRAN	2003-2007	Yes ☑ No ☐
	TAFT LAW SCHOOL	SANTA ANA, CA	2011-2012	NO

Type of degree obtained, if any BS (BIOLOGICAL SCIENCES), MBA

College or university where obtained BS FROM UNIV OF CA, IRVINE

MBA FROM IMI

Applicant's initial

5. MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2019 - PRESENT	W TROPICANA STE 2045	LAS VEGAS	NV
2015 - 2019	24581 ALICIA DR,	Mission Viejo	CA
2014 - 2015	23592 WINDSONG, #F	ALISO VIEJO	CA
2011 - 2014	27951 RURAL LN	LAGUNA NIGUEL	CA
2010 - 2011	11238 QUINN ST,	DOWNEY	CA
1994 - 2000	326 W KELLY	ORANGE	CA

Applicant's initial _____

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
10/2019	Crane Pharmaceuticals, Inc	Present
Title	**Description of Duties** ~~21551 Alb Alcobadr.~~	**Name of Supervisor**
Owner	Daily Operations Managemet	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2018	Irvine Health Industries Inc	Present
Title	**Description of Duties**	**Name of Supervisor**
Owner	Medical Device + Pharmaceutical Trader	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2014	Activia Pharmaceuticals Inc	Owner moved
Title	**Description of Duties**	**Name of Supervisor**
Marketing Director	Business Development	Kaveh Mihan

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2000	TAFT & Associates	New Opportunity
Title	**Description of Duties**	**Name of Supervisor**
	Distribution/New Business	Jeaff Brown

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/1996	CORE Laboratories	New Opportunity
Title	**Description of Duties**	**Name of Supervisor** CHARLES MUNOS
Lab Tech	using various instruments in analysing compounds	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1980-June 1992	Various Short Term Assignments in Pharmaceutical Industry	
Title	**Description of Duties**	**Name of Supervisor**
	Private Tutor / On Campus Work / Research Assistant	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

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

* Attachment provided with Mailing Addresses.

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name SOROUSH SOHEILI	Home 5 CAPTAINS PL	AGOURA HILLS	CA		818-	30+ YRS
Employer BOSTON SCIENTIFIC	Business MEDICAL DEVICE MANUFACTURER					
Name EDWARD KAMIAR	Home CANYON DR, YORBA LINDA, CA				714-860-	30YRS
Employer SOUTHERN CALIF EDISON	Business POWER GENERATION					
Name MEHRNAZ MONZAVI	Home CHESSI CT, Las Vegas NV				89147	3 YRS
Employer CENTERPLATE	Business 3150 PARADISE AVE	LAS VEGAS	NV	89116		
Name AMINEH BEGAN	Home HARTLAND ST., RESEDA, CA				818-771-1798	2 YRS
Employer SELF EMPLOYED PSYCOLOGIST	Business SAME AS ABOVE					
Name AFSANEH YOUNG	Home 5 S. DURANGO UNIT # 2129, LV, NV				89113	
Employer RETIRED	Business 775-622-6093					2 YRS

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

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

Yes ☐ No ☐

If yes, state type, where and years held

PHLEBOTOMY CERTIFICATE

VENIPUNCTURE CERTIFICATE

NOTARY PUBLIC CERTIFICATE

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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

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

Applicant's initial _____

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

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 10/30/2019

Applicant's initial

STATE OF NEVADA
ss.

COUNTY OF CLARK

I, SIAMAK ADAMPOUR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this 21ST day of

OCTOBER, 2019

Notary Public

(seal)

PATRICK KALANI SMITH
Notary Public-State of Nevada
Appointment No. 19-1890-1
My Appointment Expires 04-10-2023

Applicant's initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date JANUARY 24, 2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for : PHARMACEUTICAL WHOLESALER

CRANE PHARMACEUTICALS, INC.,

1516 E. TROPICANA AEV, SUITE # 285, LAS VEGAS, NV 89119

1. PERSONAL INFORMATION:

Last Name : ADAMPOUR First Name : SIAMAK Middle Name : NONE

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) : NONE

Present Residence Address-Street or RFD : 2 W. TROPICANA AVE City : LAS VEGAS State/Zip: NV 89147

Dates : JAN 2019

Present Business Address : 1516 E. TROPICANA AVE, SUITE # 285 City: LAS VEGAS State/Zip: NV/89119

Dates: MARCH 2020

Occupation : PHARMACEUTICAL WHOLESALER Phone: Residence : ?

Business : TBA

Date of Birth : [redacted] Place of Birth (City, County, State) : TEHRAN / IRAN

Age : 57 Social Security Number : Sex : MALE

Color of Eyes : BROWN Color of Hair: BLACK Complexion: FAIR Weight : 240 LBS Build: ATHLETIC Height : 6' 2"

Scars, tattoos or distinguishing marks and/or characteristics : NONE

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

If naturalized, certificate No Date NOVEMBER 13, 1997

Place LOS ANGELES (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** NONE
Date City, County and State

Spouse's full name (Maiden) ..... S.S. No .....

Date of Birth ..... Place of Birth .....

Resident address .....
Street City State Zip

Telephone: Residence ..... Business .....

Spouse's employer ..... Occupation .....

Address of employer .....
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NATTAWAN RADOMYOS	AUG 1, 1988		DIVORCED	DOWNEY, CA
HEDYEH ASKARZADEH	MAR 2, 2000		DIVORCED	OUT OF US

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

Name	Street	City	State	Zip	Telephone
NOT AVAILABLE					
NOT AVAILABLE					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
NONE			

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial .....

FAMILY INFORMATION-Continued

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

Name: NONE

Address : NONE

Contact person : NONE

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	HOSEIN ADAMPOUR	1933	DECEASED	
Mother	SHAMSI H. MOGADDAM	1940	RETIRED	OUT OF U.S.
Father-in-Law	NONE			
Mother-in-Law	NONE			

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	(SISTER) SIMA	1963	OUT OF U.S.	N/A
Spouse	(SISTER) SEPIDEH	1977	OUT OF U.S.	N/A
Spouse	NONE			
Spouse	NONE			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	HADAF PRIVATE ELEMENTARY SCHOOL,	TEHRAN/IRAN	1967-1973	Yes ☒ No ☐
High School	ALBORZ HIGH SCHOOL	TEHRAN/IRAN	1973-1980	Yes ☒ No ☐
College University	UNIV OF CALIFORNIA, IRVINE	IRVINE, CA	1989-1992	Yes ☒ No ☐
Other	INDUSTRIAL MANAGEMENT INSTITUTE	TEHRAN/IRAN	2003-2007	Yes ☒ No ☐
	TAFT LAW SCHOOL	SANTA ANA, CA	2011-2012	NO X

Type of degree obtained, if any ~~B.S, MBA~~

College or university where obtained UNIV OF CA, IRVINE/ B.S. BIOLOGICAL SCIENCES
~~INDUSTRIAL MANAGEMENT INSTITUTE / MBA~~
TAFT LAW SCHOOL / INCOMPLETE LAW DEGREE

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2019-PRESENT	W. TROPICANA AVE.	LAS VEGAS	NEVADA
2018-2019	24581 ALCOBA DR	MISSION VIEJO	CA
2014-2018	23951 WINDSONG, #F	ALISO VIEJO	CA
2011-2014	27951 RURAL LN	LAGUNA NIGUEL	CA
2000-2011	11238 QUINN ST	DOWNEY	CA
1994-2000	328 W. KELLY	ORANGE	CA

Applicant's initial.....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2019	CRANE PHARMACEUTICALS, INC.	PRESENT
Title	**Description of Duties**	**Name of Supervisor**
OWNER	DAILY OPERATIONS MANAGEMENT	SELF

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2018-2019	IRVINE HEALTH INDUSTRIES, INC.	PRESENT
Title	**Description of Duties**	**Name of Supervisor**
OWNER	DAILY OPERATIONS MANAGEMENT	SELF

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01-2014	ACTIVA PHARMACEUTICALS, INC.	OWNER MOVED
Title	**Description of Duties**	**Name of Supervisor**
MARKETING DIRECTOR	BUSINESS DEVELOPMENT	KAVEH MIHAN

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02-2000	TAFT AND ASSOCIATES, INC.	NEW OPPORTUNITIES
Title	**Description of Duties**	**Name of Supervisor**
MANAGER	DISTRIBUTION / NEW BUSINESS	JEOFF BROWN

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10-1996	CORE LABORATORIES	NEW OPPORTUNITY
Title	**Description of Duties**	**Name of Supervisor**
LAB TECHNICIAN	USING VARIOUS INSTRUMENTS TO ANALYZE COMPOUNDS	CHARLES MUNOS

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JUNE 1980-JUNE 1992	VARIOUS SHORT-TERM ASSIGNMENT IN PHARMACEUTICAL INDUSTRY	GRADUATING FROM UCI
Title	**Description of Duties**	**Name of Supervisor**
VARY	PRIVATE SCIENCE TUTOR/ ON-CAMPUS WORK / RESEARCH ASSISTANT	VARY

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

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

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
SOROUSH SOHEILI	CAPTAIN PL, AGURAL HILLS, CA					30+ YEARS
Name	Home					
BOSTON SCIENTIFIC	MEDICAL DEVICE MANUFACTURER					
Employer	Business					
EDWARD KAMIAB	19762 CANYON DR, YORBA LINDA, CA					30+ YEARS
Name	Home					
SOUTHER CALIFORNIA EDISON	POWER GENERATION					
Employer	Business					
MEHRNAZ MONZAVI	4430 CHESS CT, LAS VEGAS, NV					3 YEARS
Name	Home					
CETERPLATE	CONVENTION CENTER / FOOD INDUSTRY					
Employer	Business					
AMINEH BEGAN	HEARTLAND STREET, RESEDA, CA					2 YEARS
Name	Home					
SELF-EMPLOYED	PSYCHOLOGIST					
Employer	Business					
AFSANEH YOUNG	8195 S. DURANGO , UNIT # 2129, LAS VEGAS, NV					
Name	Home					
RETIRED						2 YEARS
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes ☒ No ☐
If yes, state type, where and years held

CERTIFIED PHARMACY TECHNICIAN / NATIONAL III CERTIFIED PHLEBOTOMY / CA III NOTARY PUBLIC / CA

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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

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

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

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph

Applicant's initial

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, SIAMAK ADAMPOUR, 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 ..... day of

.....

.....

Notary Public

(seal)

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 Orange

Subscribed and sworn to (or affirmed) before me on this 12th day of February, 20 20 by Siamak Adampour proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

M. MODY
Commission # 2282854
Notary Public - California
Orange County
My Comm. Expires APRIL 15 2023

Applicant's initial .....

ADDITIONAL INFORMATION

Applicant's initial .....

20

20A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

- ☐ Publicly Traded Corporation – Pages 1,2,3,4
- ☐ Partnership - Pages 1,2,3,7,8
- ☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
- ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: KeySource Acquisition, LLC dba KeySource, Praxis, Praxis Med, Key Pharmaceuticals

Physical Address: 7800 Palace Drive, Suite 200

City: Cincinnati State: OH Zip Code: 45249

Telephone Number: 513-469-7881 Fax Number: 513-469-7886

Toll Free Number: 800-842-5991

E-mail: licensing@keysourceusa.com Website: https://www.keysourceusa.com

Facility Manager: Thomas Coleman

Professional qualifications and experience of facility manager: Enclosed is Military form DD214 for Designated Representative Thomas Edward Coleman that shov he was a Medical Specialist overseas for 2 years 5 months. These military duties consisted of, but were not limited to, the storage, distributing, dispensing, and recordkeeping of prescription drugs.

He has also been employed here at KeySource Acquisition, LLC for 1 year and 3 months. He is now registered in Idaho as a Designated Representative (License# DR57434), has his California Wholesale Distributor Designated Representati license (license# EXC 25668), a California 3PL Designated Representative license application waiting to be processed at the CA BOP, and he just finished his Florida Designated Representative training and submitted application to FL DOH c 3/11/2020.

Types of licensed outlets or authorized persons firm will serve:

- ☑ Pharmacies
- ☐ Practitioners
- ☑ Hospitals
- ☐ Wholesalers
- ☑ Other: Mail-Order Pharmacies, Re-packagers

Type of Products to be handled or wholesaled by firm:

- ☑ Legend Pharmaceuticals, Supplies or Devices
- ☐ Poisons or Chemicals
- ☐ Controlled Substances (include copy of DEA)
- ☐ Other: _____
- ☐ Hypodermic Devices
- ☐ Veterinary Legend Drugs

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 ☑ No ☐

KeySource Acquisition, LLC dba KeySource, Praxis, Praxis Med, Key Pharmaceuticals - 7820 Palace Drive, Cincinnati, OH 45249

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 Pharmaceuticals USA Inc.
Address: 1809 Wilson Rd. Columbus OH 43228

Name: Sun Pharmaceutical Industries
Address: 1 Commerce Drive Cranbury NJ 08512

Name: Teva Pharmaceuticals
Address: 1090 Horsham Road North Wales PA 19454

Name: Mylan Pharmaceuticals, Inc
Address: 2898 Manufacturers Road Greensboro NC 27406

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: None

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 ☐

SEE ATTACHED

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 ☐

SEE ATTACHED

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.

R Todd Szewc

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

Robert Todd Szewc

Print Name of Authorized Person

3/30/2020

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION LLC

State of Incorporation: Delaware

Parent Company if any: KeySource Acquisition, LLC

Mailing Address: 7820 Palace Drive

City: Cincinnati State: OH Zip: 45249

Telephone: 513-469-7881 Fax: 513-469-7886

Contact Person: Robert Todd Szewc

For any corporation non-publicly traded, disclose the following:

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

a) (90%) SRP Healthcare I, LLC c/o Seal Rock Partners, Principal: William Fradin, 712 5th Avenue, 12th Floor, New York, New York 10019
Name Business Address

b) (10%) Friedman Capital Equity Partners, Principal: Randolph Friedman, 100 Haddrell StreetMount Pleasant, SC 29464
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. See #1 - LLC

3) What was the price paid per share? See #1 - LLC

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: None

Include with the application for a non-publicly traded corporation

List of officers and directors SEE ATTACHED

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

SEE ATTACHED

Description of Business

7800 Palace Drive, Suite 200
Cincinnati, OH 45249

KeySource Acquisition, LLC ("KeySource") is a full-service wholesale distributor of generic pharmaceuticals.

With over 120 employees, KeySource has sales, operations and two distribution facilities located in Cincinnati, Ohio, and a sales office in Niagara Falls, New York. The corporate office and one of the distribution centers is located at 7820 Palace Drive, Cincinnati, Ohio. The second facility is a new facility to KeySource and is located at 7800 Palace Drive, Suite 200, Cincinnati, OH 45249. This facility is 54,800 square feet in size. KeySource is currently in the process of constructing a new cage and vault for the distribution of Controlled Substances.

KeySource is in the process of submitting licensing applications to conduct wholesale distribution in all states. In addition, KeySource is a member of the trade association HDMA, and is VAWD accredited through the National Association Board of Pharmacy.

KeySource purchases product directly from the manufacturer and only FDA approved products are carried.

KeySource carries over 2,600 unique SKU's, supplied by over 80 manufacturers. All items are finished goods in dosage form and manufactured for human use. The vast majority of products are tablets and capsules stored at controlled room temperature. KeySource also carries injectables, solutions, liquids, inhalations, suspensions, powder and refrigerated items. KeySource does not carry API's or raw materials.

KeySource services over 5,000 customers nationwide. On average, KeySource fulfills over 800 orders per day. Roughly, 60% of these customers are retail pharmacies, 20% are chain pharmacies, 10% are LTC pharmacies and the remaining 10% divided between specialty, re-packagers, mail-order pharmacies, and distribution centers. KeySource does not distribute to physicians or end users.

The facility currently has 7 security cameras and is monitored by Tyco Integrated Security (formerly ADT Security) 24/7.

There are 5 DicksonOne temperature and humidity sensors throughout the facility. These devices are monitored through the DicksonOne software. An automatic email alert is sent when temperatures and/or humidity rise above current settings.

Mark I. Sedar OFFICER LIST

From: Janine Abdellaoui <JAbdellaoui@keysourceusa.com>
Sent: Tuesday, April 7, 2020 10:51 AM
To: Mark I. Sedar
Cc: Licensing
Subject: RE: Nevada Out-Of-State Wholesaler Application - KeySource Aquisition, LLC
Attachments: KSA, CA, Surety Bond Rider, 33BSBFC7027 Exp. 2020.pdf; KSA, CA Bond.pdf; KA, DE Certificate of Good Standing (03-27-2020).pdf; KA, OH Certificate of Good Standing (04-07-2020).pdf

Hello Mark,

Please see attached documents. There is a surety bond and a rider for $100,000. I've included both Ohio (resident state) and Delaware (where the LLC was established).

We have one officer, Robert Todd Szewc – President/COO

Please let me know if you still require additional information.

Thanks for your help.

Janine Abdellaoui
Regulatory Compliance Administrator
KeySource
7820 Palace Dr
Cincinnati, OH 45249
844-896-4362 (direct)
800-526-8840 (fax)
Jabdellaoui@KeySourceUSA.com

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Tuesday, April 7, 2020 1:38 PM
To: Licensing <Licensing@keysourceusa.com>
Subject: Nevada Out-Of-State Wholesaler Application - KeySource Aquisition, LLC

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from KeySource Aquisition, LLC. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- List of Officers, list provided did not include names
- Each wholesaler that is Accredited by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors program is required to submit a $25,000 surety bond per NAC 639.5937.

NAC 639.5937Bond or other security: Amount required from certain wholesalers; reduction of amount; substitution. (NRS 639.070, 639.515)

1. Unless the Board otherwise requires, a wholesaler shall file with the Board a bond or other security in the amount of $25,000 pursuant to NRS 639.515 if the wholesaler is:

(a) Accredited by the National Association of Boards of Pharmacy under the Verified-Accredited Wholesale Distributors program;

(b) A manufacturer of prescription drugs; or

(c) A facility that distributes prescription drugs manufactured by a single manufacturer.

2. The Board will reduce the bond or other security to the amount of $5,000 if any wholesaler described in subsection 1 has been licensed with the Board for 5 consecutive years or more.

3. Any bond or other security filed with the Board pursuant to subsection 1 may be substituted by a different bond or other security of equal value. The Board will release the previous bond or other security to the applicant upon receipt of the new bond or security.

(Added to NAC by Bd. of Pharmacy by R051-07, eff. 12-4-2007)

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KEYSOURCE ACQUISITION, LLC, a Delaware For Profit Limited Liability Company, Registration Number 3910306, filed on June 6, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of April, A.D. 2020.

Ohio Secretary of State

Validation Number: 202009802122

RE: Certificate of Good Standing (Corp. Status)

State Of Delaware

Entity Details

3/27/2020 12:07:29PM

File Number:	6005735	Incorporation Date / Formation Date:	4/1/2016
Entity Name:	KEYSOURCE ACQUISITION, LLC		
Entity Kind:	Limited Liability Company	Entity Type:	General
Residency:	Domestic	State:	DELAWARE
Status:	Good Standing	Status Date:	4/1/2016

Registered Agent Information

Name:	REGISTERED AGENT SOLUTIONS, INC.		
Address:	9 E. LOOCKERMAN STREET SUITE 311		
City:	DOVER	Country:	
State:	DE	Postal Code:	19901
Phone:	888-716-7274		

RE: Letter of Good Standing 142

Ohio | eLicense Ohio Professional Licensure

License Look Up

3/27/2020 11:33 AM

KeySource Acquisition, LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Wholesaler - Category 3
License Number	0132000051
License Issue Date	11/22/2019
License Expiration Date	06/30/2021
License Effective Date	11/22/2019
Street Address	7800 Palace Dr Ste 200
City	Cincinnati
State	OH
Zipcode	45249-1631
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
Thomas Coleman		Active	Mon Jan 07 00:00:00 GMT 2019	

Current date & time: **3/27/2020 11:33 AM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

RE: Copy of current License

1144

STATE OF OHIO BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2021.

KeySource Acquisition, LLC

KeySource, Praxis, Praxis Med, Key Pharmaceuticals

7800 Palace Dr Ste 200

Cincinnati, OH 45249-1631

License Number: 0132000051

Wholesaler - Category 3

Expiration Date: June 30, 2021

CLASS: Wholesaler - Category 3
BUSINESS TYPE: FS – Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
THOMAS COLEMAN	Thomas Coleman

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

CA.GOV dca SEARCH

BOARD OF PHARMACY

ISSUANCE DATE
FEBRUARY 25, 2020
EXPIRATION DATE
FEBRUARY 1, 2021
CURRENT DATE / TIME
MARCH 24, 2020
12:24:08 PM

LICENSING DETAILS FOR: EXC 25668

NAME: COLEMAN, THOMAS EDWARD
LICENSE TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)
LICENSE STATUS: CLEAR

ADDRESS NOT DISCLOSED

©2017 DEPARTMENT OF CONSUMER AFFAIRS

RE: COPY of VAWD Cert.

1146

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

KeySource Acquisition, LLC, dba KeySource, Praxis, Praxis Med, Key Pharmaceuticals

located at

7800 Palace Drive, Suite 200, Cincinnati, OH 45249

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

January 30, 2020 - January 29, 2023

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

Facility Name

State (All)

Search Reset

Current list of 2 Verified-Accredited Wholesale Distributors®

VAWD accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
KeySource Acquisition, LLC dba KeySource, Praxis, Praxis Med, Key Pharmaceuticals	7800 Palace Drive, Ste 200 Cincinnati, OH 45249	01/30/20
KeySource Acquisition, LLC dba Keysource; Praxis; Praxis Med; Key Pharmaceuticals	7820 Palace Drive Cincinnati, OH 45249	04/26/19

Copyright © 2018 National Association of Boards of Pharmacy® (NABP®).

NABP
National Association of Boards of Pharmacy

(https://nabp.pharmacy)

Menu

SEARCH THIS SITE:

Go

Accredited Drug Distributors

Find an Accredited Drug Distributor

RE: "YES" Answers

Your Trusted Source for Generic Pharmaceuticals

KeySource™

RE: Affirmative Answer to Legal Question # 3 and 5

In June 2011, our former predecessor, KeySource Medical, Inc., received an Order of Immediate Suspension from the DEA for failing to report suspicious orders. KeySource Medical, Inc. voluntarily surrendered their DEA registration. KeySource Acquisition, LLC has employees and officer(s) that were formerly part of KeySource Medical, Inc.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 33BSBII1326

Application/License No. WH01590 and New Application

KeySource Acquisition, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7800 Palace Drive, Suite 200 and 7800 Palace Drive, Suite 200, Cincinnati, Oh 45249 (Address of Applicant/Principal), as PRINCIPAL, and see attached (Surety Company), a corporation organized under the laws of the state of see attached (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 7820 Palace Drive, Cincinnati, OH 45249 and 7800 Palace Drive, Suite 200, Cincinnati, Oh 45249 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), 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 April 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.

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 13th day of April, 20 20.

APPLICANT/PRINCIPAL

COMPANY
KeySource Acquisition, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Surety Company's Representative

Phyllis T. Neal, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada NonResident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-12
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: A J GALLAGHER RISK MGMNT SVCS INC
Agency Code: 33-707542

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **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, ***up to the amount of*** Unlimited :

Robert E. Gigax, Jr., Patricia L. Hehman, Shelly M. Martin, Phyllis T. Neal of CINCINNATI, Ohio

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }
COUNTY OF HARTFORD } ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

Kathleen T. Maynard
Notary Public
My Commission Expires July 31, 2021

CERTIFICATE

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 13, 2020

Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

HARTFORD FIRE INSURANCE COMPANY

Hartford, Connecticut

Financial Statement, December 31, 2018

Statutory Basis

ASSETS

U.S. Government Bonds	$	442,265,403
Bonds of Other Governments		129,979,076
State, County Municipal		
Miscellaneous Bonds		5,862,114,698
Stocks		5,548,592,711
Short Term Investments		116,077,507
	$	12,099,029,395
Real Estate	$	331,574,149
Cash		58,641,379
Agents' Balances (Under 90 Day)		3,017,198,060
Other Invested Assets		3,341,398,040
Miscellaneous		2,884,202,864
Total Admitted Assets	$	21,732,043,887

LIABILITIES

Reserve for Claims and Claim Expense			$ 8,845,153,352
Reserve for Unearned Premiums			2,094,533,642
Reserve for Taxes, License and Fees			52,262,120
Miscellaneous Liabilities			2,084,882,679
Total Liabilities			$ 13,076,831,793
Capital Paid In	$	55,320,000	
Surplus		8,599,892,094	
Surplus as regards Policyholders			$ 8,655,212,094
Total Liabilities, Capital and Surplus			$ 21,732,043,887

STATE OF CONNECTICUT
COUNTY OF HARTFORD
CITY OF HARTFORD
} SS.

Allison G. Niderno, Vice President and Controller, and Allen R. Craig, Assistant Secretary of the Hartford Fire Insurance Company, being duly sworn, each deposes and say that the foregoing is a true and correct statement of the said company's financial condition as of December 31, 2018.

Subscribed and sworn to before me this
18th day of March, 2019.

Laurie Hansen
Notary Public

LAURIE HANSEN
Notary Public, State of Connecticut
My Commission Expires Dec. 31, 2023

Vice President and Controller

Assistant Secretary

Form CS-19-37 HF printed in U.S.A.

Your Trusted Source for Generic Pharmaceuticals

KeySource™

RE: COPY of DEA Registratic

March 27, 2020

RE: Copy of DEA Registration

KeySource Acquisition, LLC located at 7800 Palace Drive, Suite 200, Cincinnati, OH 45249 currently has a new cage and vault being constructed. No Controlled Substances are currently being stored at this facility, however our Ohio license type will allow us to start storing and distributing immediately upon the issuance of the new DEA registration.

Your Trusted Source for Generic Pharmaceuticals

KeySource™

RE: Ownership is Non-Publicly Traded and officer list

KeySource Acquisition, LLC
dba
KeySource, Praxis, Praxis Med, Key Pharmaceuticals

7820 Palace Drive, Cincinnati, OH 45249
Phone: 513-469-7881
Fax: 513-469-7886

State Incorporated: Delaware
Registration Number: 6005735
Federal Tax ID: 81-2071364

KeySource Acquisition, LLC Manager Information

R. Todd Szewc, President/COO

KeySource Acquisition, LLC Member Information

SRP Healthcare I, LLC (90%)
c/o Seal Rock Partners
FEIN: 81-2155444
Principal: William Fradin
712 5th Avenue, 12th Floor
New York, New York 10019

Friedman Capital Equity Partners (10%)
FEIN: 80-0688890
Principal: Randolph Friedman (Chairman of the Board)
) Haddrell Street
Mount Pleasant, SC 29464

Your Trusted Source for Generic Pharmaceuticals

KeySource™

RE: Professional qualifications and experience of facility mgr.

RE: Designated Representative
Thomas Edward Coleman
Additional Information

Enclosed with the resume is Military form DD214 for Designated Representative Thomas Edward Coleman that shows he was a Medical Specialist overseas for 2 years 5 months. These military duties consisted of, but were not limited to, the storage, distributing, dispensing, and recordkeeping of prescription drugs. He has also been employed here at KeySource Acquisition, LLC for approximately 1 year and 4 months. He is now registered in Idaho as a Designated Representative (License# DR57434), has his California Wholesale Distributor Designated Representative license (license# EXC 25668), a California 3PL Designated Representative license application waiting to be processed at the CA BOP, and he just finished his Florida Designated Representative training and application has been submitted.

SAFEGUARD IT

AREAS RENDER FORM V

DD FORM 1 JUL 79 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1 NAME (Last, first, middle)	2 DEPARTMENT, COMPONENT AND BRANCH	3 SOCIAL SECURITY NO
COLEMAN, THOMAS EDWARD	ARMY/RA	

4a. GRADE, RATE OR RANK	4b. PAY GRADE	5 DATE OF BIRTH	6 PLACE OF ENTRY INTO ACTIVE DUTY
SP4	E-4		Cincinnati, OH

7 LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8 STATION WHERE SEPARATED
4th Bn 16th Inf, APO NY 09137 USAREUR E1 HHC	Ft Lewis, WA

9 COMMAND TO WHICH TRANSFERRED
USAR CONTROL GROUP (REINFORCEMENT) RCPAC ST LOUIS, MO 63132

10 SGLI COVERAGE
AMOUNT $ 50 000 ☐ NONE

11 PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)

91A1C Medical Specialist, 2 yrs & 5 mos//
NOTHING FOLLOWS.

12 RECORD OF SERVICE	YEAR(S)	MON (S)	DAY(S)
a. Date Entered AD This Period	83	02	16
b. Separation Date This Period	85	01	09
c. Net Active Service This Period	02	10	24
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	02	16
f. Foreign Service	02	03	25
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	84	10	01
i. Reserve Oblig. Term. Date	89	02	15

13 DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
Army Service Ribbon//Overseas Service Ribbon//Noncommissioned Officer Professional Development Ribbon (1)//NOTHING FOLLOWS.

14 MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
Medical Specialist, 10 weeks (83)//Primary Leadership Course, 5 weeks (85)//Emergency Medical Technician, 2 weeks (85)//Language Training (German), 1 week (83)//NOTHING FOLLOWS.

15 MEMBER CONTRIBUTED TO POST VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	16 HIGH SCHOOL GRADUATE OR EQUIVALENT	17 DAYS ACCRUED LEAVE PAID
[X] YES ☐ NO	[X] YES ☐ NO	19.5

18 REMARKS
Dental care was not provided within 90 days prior to separation// Separated from service on temporary records and soldier's affidavit//NOTHING FOLLOWS.

19 MAILING ADDRESS AFTER SEPARATION	20 MEMBER REQUESTS COPY 6 BE SENT TO VA DIR OF VET AFFAIRS
12617 Lincoln S.W. Apt #1 (Pierce) Tacoma, WA 98499	[X] YES ☐ NO

21 SIGNATURE OF MEMBER BEING SEPARATED	22 TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
[signature]	JOSEPH F. GILL III, 2Lt, MS, Asst AG

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23 TYPE OF SEPARATION	24 CHARACTER OF SERVICE (Includes upgrades)
Relief from active duty	Honorable

25 SEPARATION AUTHORITY	26 SEPARATION CODE	27 REENLISTMENT CODE
AR 635-200, chap 4, para 16-6	LBM	RE-1

28 NARRATIVE REASON FOR SEPARATION
Short length of time remaining on active duty precludes reassignment (overseas returnee)

29 DATES OF TIME LOST DURING THIS PERIOD	30 MEMBER REQUESTS COPY
-	INITIALS

MEMBER-4

Thomas Coleman
3 Lorelei Drive
Fayetteville, Ohio 45118
Phone
m

Objective:

To obtain a position where I can use my background, skills and experience in Supply Chain Management, Financial/Data Analyses and problem solving to increase profits and achieve organizational goals and objectives.

Experience:

Vice President of Logistics at KeySource Acquisitions LLC.

January of 2019 to present.

- Develop long-range objectives and strategies for the distribution center, monitor performance against these objectives and provide feedback to direct reports and team members.
- Create and maintain standard operating procedures and best practices in terms of performance monitoring in order to optimize quality and delivery time.
- Strategic planning and execution to enhance profitability, productivity and efficiency throughout the company's operations.
- Define information systems requirements to support process improvement initiatives.
- Integrate the technology, quality, purchasing, and logistics functions to support product and process excellence.
- Ensures distribution center policies and procedures (human resources, administrative, safety, regulatory compliance, etc.) are implemented in a consistent manner and to company expectations
- Participates in annual Budget preparation
- Has full P&L responsibilities for facility

Senior Manager at ITOCHU Automobile America Inc. *(Promax Automotive Inc.)* from July of 2000-2009, 2010 to December 2018. ITOCHU Automobile America Inc. is a 465,000 Square Foot Auto Parts Distribution Center for Isuzu with 65,000 sku's and 60 million dollars' worth of inventory. Other positions held at ITOCHU include Distribution Center Manager, Operations Manager of the Packaging Department, Import/Export Manager and Assistant Manager of Corporate Planning and Development.

- Streamlined Warehouse Operation resulting in a reduction of 13 headcount in an already lean operation.
- Increased PBT by $414,743 in Packaging Department.
- Designed the warehouse layout for a cross-dock operation for Nissan in Canton MS.
- Played a key role in the re-design of the layout of a sequencing operation into the General Motors plant in Janesville WI.
- Played a key role in the setup of a new 615,000 square foot Auto Parts Distribution Center. This resulted in the consolidation of 3 distribution centers in a 6-month period of time, representing 83 million dollars in inventory.

Duties include but are not limited to

- Manage day to day operations at the Distribution Center.
- Analysis of KPI's to ensure organization is on track to meet its goals and objectives.
- P & L analysis
- Budget and Forecasting
- Receiving and Shipping both Domestic and International
- Inventory Control
- Label and barcode design
- Customer Service
- Safety
- Kaizen and Lean
- ISO Certified
- CTPAT (Customs-Trade Partnership Against Terrorism)
- Sales
- Contract Negotiations with customers, carriers and suppliers
- Project Management and quoting of new business
- Financial planning for major capital expenditures

Warehouse Operations Manager at H & O Distribution from November 2009 to July 2010

- Streamlined Warehouse Operation at H & O Distribution resulting in a 41% reduction of headcount.
- Increased fill rate at H & O Distribution from 79% to 98%.

Duties included

- Managed day to day operations of the service parts distribution center to the military for BAE.
- Receiving and Shipping both Domestic and International
- Inventory Control
- Safety

Education:

- Master's Degree in Engineering Management
- Bachelor of Science in Human Resource Management
- OSHA 10 Certified

Military:

- United States Army

Skills:

- Accomplished background in Distribution Center Management
- Excel in operational planning, analysis and management.
- Notary
- Operations Setup
- Process Mapping
- Customer Service

- Computer Skills include Microsoft Excel, Access, Visio, Project, I-Grafx, Manhattan ILS WMS, SAP, SAGE, Microsoft Dynamics and AS400.

20B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

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

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7

☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Cardinal Health 108, LLC

Physical Address: 233 Mason Road

City: LaVergne State: TN Zip Code: 37086

Telephone Number: 615-793-4400 Fax Number: 614-553-9535

Toll Free Number: _____

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

Facility Manager: Marcus Oliver

Professional qualifications and experience of facility manager: Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☑ Practitioners ☑ Hospitals ☐ Wholesalers

☑ Other: Clinics, infusion centers

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices

☐ Poisons or Chemicals ☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

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) VAWD app is in process

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: CENTOCOR INC SPD
Address: 200 GREAT VALLEY PKWY, MALVERN, PA 51307

Name: BRISTOL LABS SPD
Address: PO BOX 4500, PRINCETON, NJ 34500

Name: MERCK CO INC
Address: PO BOX 4, WEST POINT, PA 60004

Name: JOM PHARMA SVCS SPD
Address: 1 COTTONTAIL LN, SOMERSET, NJ 31135

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of 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.

WA

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

William Crates

Print Name of Authorized Person

3-5-2020

Date

Board Use Only	Date Processed:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: DE

Parent Company if any: Cardinal Health, Inc.

Corporation Name: Cardinal Health, Inc.

Mailing Address: 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3076 Fax: N/A

Contact Person: Cynthia Rhodes

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: 10/29/1996

Registration number issued: 535613

Stock Exchange: New York 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

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

List of officers and directors.

Accredited Drug Distributors

DRUG DISTRIBUTOR ACCREDITATION

Apply

Criteria

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 3 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
Cardinal Health 108, LLC dba Cardinal Health	15 Ingram Blvd, Ste 140 LaVergne, TN 37086	02/16/19
Cardinal Health 108, LLC dba Cardinal Health; Metro Medical Supply	233 Mason Rd LaVergne, TN 37086	03/17/20
Cardinal Health 108, LLC dba Metro Medical Supply	200 Cumberland Bend Nashville, TN 37228	03/09/19

CardinalHealth

LIST OF OFFICERS

233 Mason Road
LaVergne, Tennessee 37086

Officer Name	Title
William Stanton Crates	Vice President, QRA Management
Ullrich Conrad Mayeski	Vice President, QRA Management
Joseph I. DePinto	President, Specialty Solutions
David Linden Barber	Senior Vice President, Regulatory Affairs Counsel
Brian James Bejarano	VP, Operations Mgmt

Cardinal Heath 108, LLC is 100% owned by Cardinal Health, Inc.

Copyright © 2019 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Home STATE License

27394

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000005699
EXPIRATION DATE 12/31/2021

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

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
CARDINAL HEALTH 108, LLC

COMMISSIONER OF HEALTH

CARDINAL HEALTH 108, LLC
7200 CARDINAL PLACE
DUBLIN OH 43017-1094

11931080
27394

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
CARDINAL HEALTH 108, LLC
233 MASON ROAD
LA VERGNE TN 37086

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

ID NUMBER: 0000005699
EXPIRATION DATE 12/31/2021

CONTROLLED SUBSTANCE REGISTRATION

DIRECTOR, HEALTH RELATED BOARDS

COMMISSIONER

DCF171



Tennessee Secretary of State
Tre Hargett

Business Services | Charitable | Civics | Elections | Publications | Library & Archives | Safe At Home | Contact Us

Business Services Online > Request a Certificate of Existence > Data Entry

Certificate of Existence

000742714: Cardinal Health 108, LLC

Verification | Requested By | Print Form

Secretary of State Control Number: 000742714

Name:	Cardinal Health 108, LLC
Type:	Limited Liability Company
Formed in:	DELAWARE
Principal Office Address:	305 TECH PARK DR STE 113 LA VERGNE, TN 37086-3633 USA
Status - SOS:	Active
Standing - Annual Report:	Good
Standing - Registered Agent:	Good
Standing - Other:	Good
Standing - Revenue:	Other

Your request for a Certificate of Existence cannot be completed for this business entity.

★ Please contact the TN Department of Revenue at 615-253-0700. Inform them that you are attempting to obtain an Online Certificate of Existence and need to address any outstanding tax issues. If you still have questions, please contact us at the number below.

Please contact us at (615) 741-6488 or via email at TNSOS.CERT@tn.gov if you have questions or need further assistance.

Continue Cancel

Division of Business Services
312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor
Nashville, TN 37243
615-741-2286
8:00 a.m. until 4:30 p.m. (Central) Monday - Friday.
Directions | State Holidays | Methods of Payment

Business Filings and Information (615) 741-2286 | TNSOS.CORPINFO@tn.gov

Certified Copies and Certificate of Existence (615) 741-6488 | TNSOS.CERT@tn.gov

Motor Vehicle Temporary Liens (615) 741-0529 | TNSOS.MVTL@tn.gov

Notary Commissions (615) 741-3699 | TNSOS.ATS@tn.gov

Uniform Commercial Code (UCC) (615) 741-3276 | TNSOS.UCC@tn.gov

Workers' Compensation Exemption Registrations (615) 741-0526 | TNSOS.WCER@tn.gov

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good 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, **CARDINAL HEALTH 108, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/06/2014, and is in good standing in this state.

I further certify that the above FOREIGN LIMITED-LIABILITY COMPANY has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191219451741
You may verify this certificate online at http://www.nvsos.gov

Mark I. Sedar

From: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Sent: Tuesday, March 31, 2020 12:05 PM
To: Mark I. Sedar; GMB-HSCS-Facility Licensure
Subject: RE: Nevada Out-of-State Wholesalers Application - Cardinal Health 108, LLC

Good afternoon Mark,

Yes, we would like to apply for the Controlled Substance license as part of our Wholesaler application.

Thank you for checking,



Jenny Bowers
Senior Specialist, Regulatory Management
7000 Cardinal Place, QRA – Facility Licensing
Dublin, OH 43017
614.757.4269 tel / 614.652.0674 fax

I am *Essential to care*

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Tuesday, March 31, 2020 1:30 PM
To: GMB-HSCS-Facility Licensure <licensure@cardinalhealth.com>
Subject: Nevada Out-of-State Wholesalers Application - Cardinal Health 108, LLC

External Email – Please use caution before opening attachments or clicking links

Hello, Sir or Madam:

I'm reviewing your Nevada Out-of-State Wholesalers Application - Cardinal Health 108, LLC and noticed that you supplied a DEA certificate but did not check Controlled Substances on the application. Could you please confirm that you are applying for a Controlled Substance license as part of your application?

Thank you,

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 108, 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 EIGHTH DAY OF AUGUST, A.D. 2018.

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

Jeffrey W. Bullock, Secretary of State

5427160 8300

SR# 20186070369

Authentication: 203210780

Date: 08-08-18

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

Logout

Department of State: Division of Corporations

Allowable Characters

HOME
About Agency
Secretary's Letter
Newsroom
Frequent Questions
Related Links
Contact Us
Office Location

SERVICES
Pay Taxes
File UCC's
Delaware Laws Online
Name Reservation
Entity Search
Status
Validate Certificate
Customer Service Survey

Loading...

View Search Results

Entity Details

File Number:	5427160	Incorporation Date / Formation Date:	1/1/2014 (mm/dd/yyyy)
Entity Name:	CARDINAL HEALTH 108, LLC		
Entity Kind:	Limited Liability Company	Entity Type:	General
Residency:	Domestic	State:	State:
Status:	Good Standing	Status Date:	11/5/2013

REGISTERED AGENT INFORMATION

Name:	THE CORPORATION TRUST COMPANY		
Address:	CORPORATION TRUST CENTER 1209 ORANGE ST		
City:	WILMINGTON	County:	New Castle
State:	DE	Postal Code:	19801
Phone:	302-658-7581		

Back to Entity Search | Email Status

For help on a particular field click on the Field Tag to take you to the help area.

Marcus J. Oliver

0 Cairns Drive West Mt. Juliet, TN 37122 (4

Summary of Qualifications

- 20+ years of experience in Operations
- 15+ years in Production Management
- 6+ years in Healthcare Management & Logistics
- Certified Lean Six Sigma Manager and trainer (Black Belt and Green Belt)
- Lean Manufacturing Management & Training Team
- Exceptional Project Management skills- valuation of over 3.8 million in corporate cost improvements
- Corporate Executive-level recognition for success in Quality improvement initiatives and Six Sigma process management

Professional Experience

March 2008- Present *Cardinal Health* *LaVergne, TN*

Operations Manager – SPD

- Manage KPI's:
  - Reduced overtime by 55%
  - Improved Lines Per Hour (LPH) by 23%
  - Exceeded goal for order accuracy and on-time departure
- Member of Environmental Health and Safety Steering Committee
  - Exceeded SPI goal by 7%
  - Exceeded goal for EH&S plan
  - Reduced TRIR by 30%
- Continuous Improvement Initiative
  - Established goals for operations
  - Work with QRA to revise SOP's and help to facilitate audits
  - Identify and work on cost reduction initiatives
  - Lead facility tours with vendors and potential customers

Operations Manager- 3PL

- Managed workforce of over 50 people
- Managed KPI's:
  - Improved LPH (improved by 18%)
  - Improved Order Accuracy metric (exceeded goal)
  - Improved On-Time Departure metric (exceeded goal)
  - Maintained budgetary metrics for SG&A
  - Lead facility tours for Clients/Guests

Consultant- Operational Excellence/LSS BlackBelt

- Achieved full LSS Black Belt Certification through Cardinal Health
- Oversee targeted Lean and Six Sigma projects
- Trained and Mentored green belts and Kaizen Leaders
- Successfully manage LSS projects to exceed operational goals for revenue and cost
- Contributed to over 1 Million Dollars in Type I and Type II benefits

May 2006- March 2008 TACLE Seating USA (Lear Corp. Jt. Venture) Mt. Juliet, TN
Production Manager/Group Leader

- New Plant Launch Responsibilities including:
- Procuring production Equipment and staffing employees
- Develop Budget for Seat Production and Frame Welding Assembly (establishment and monitoring)
- Development and Implementation of Standard Work Instructions
- Development and Implementation of Production Processes
- Plant Facilitator/Trainer for: Continuous Improvement, Lean Manufacturing and Self Directed Workgroup Implementation
- Oversee daily production of manufactured seating
- Basic Robotics Programming Certification

07/1995- May 2006 Lear Corporation Atlanta, GA
Plant Superintendent (11/2003 – 05/2006)

- Oversee daily production tasks (scheduling and management of over 170 hourly production associates and salaried supervisory staff of 9, improve production output to exceed customer expectations, facilitate staff and quality audits)
- Generate production shift reports, manage quality issues, and Implement production engineering changes and directives

Maintenance Supervisor (4 month transitional assignment)

- Management of special project team designated to build, fix and design production equipment to improve production outputs
- Oversee daily tasks of managing the maintenance mechanics

Human Resource Coordinator (1/2003- 11/2003)

- Facilitator for: Teamwork seminars, special classroom training initiatives toward Self Directed Teams for production management and staff

Certified Six Sigma Black Belt Manager (4/2000- 12/2002)

- Quality improvements and Defect Reduction
- Manage Six Sigma Team for plant (Black Belts and Green Belts)
- Manufacturing process analysis and problem resolution
- Software skills include: Minitab 13.3. Visio 2000, Microsoft (Excel, PowerPoint) Sigma Trac, Pro Model, MS Project Manager

Education

Bachelor of Arts Degree (05/1995) **Oral Roberts University** **Tulsa, OK**

- Major in Theological Studies
- Minor in Business Administration (coursework included: accounting, management, marketing, economics and mass media communications)

Lear Corporate Education:

- Self-Directed Workgroup Training (Certificate received 1/2003)
- Lean Manufacturing Training (Certificate received 2002)
- Management/Union Conflict Resolution Course (Certificate received 7/2002)
- Six Sigma Training (Black Belt Certificate received 07/2001)
- Minitab 13.3 Training (Certificate received 09/2001)
- Compass Facilitation Training (Certificate received 01/1998)
- Certified Auditor for ISO 14001 and QS 9000

VERIFICATION OF BOND IN FORCE
Form SB-3

Type of Bond: License/Permit Bond

Name of Principal: CARDINAL HEALTH, INC. AND IT'S SUBSIDIARIES

Obligee: CALIFORNIA STATE BOARD OF PHARMACY

Carrier: TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Bond Number: 104634102

Effective Date: 1/1/2020

Limit: $ 100,000.00

Premium: $ 325.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to 1/1/2021.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

By: Jennifer Williams
Jennifer Williams Attorney in Fact

Date: 10/25/2019

LOCATION SCHEDULE - BOND #104634102 - Updated 10/2/19

Entity Name	FEIN	Address	City	State	Zip	Type	License #
Aero-Med, Ltd.	06-1132462	2721 S Harbor Blvd., Suite B	Santa Ana	CA	92704	Wholesaler	WLS 6632
Cardinal Health 105, Inc dba Specialty Pharmaceutical Services	31-1452399	15 Ingram Blvd.	LaVergne	TN	38086	Wholesaler	OSD 4497
Cardinal Health 105, Inc dba Specialty Pharmaceutical Services	31-1452399	501 Mason Rd, Suite 200	LaVergne	TN	37086	Wholesaler	OSD 6972
Cardinal Health 105, Inc dba Specialty Pharmaceutical Services	31-1452399	6640 Echo Avenue, Suite D	Reno	NV	89506	Wholesaler	OSD 5162
Cardinal Health 107, LLC	31-1214263	850 Airpark Rd.	Zanesville	OH	43701	Wholesaler	OSD 4793
Cardinal Health 107, LLC	31-1214263	3540 E. Pike, Rte 40	Zanesville	OH	43701	Wholesaler	OSD 6096
Cardinal Health 108, LLC	31-1341167	15 Ingram Blvd, Suite 140	LaVergne	TN	37086	Wholesaler	OSD 4200
Cardinal Health 108, LLC	31-1341167	6640 Echo Avenue, Suite J	Reno	NV	89506	Wholesaler	OSD 5374
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	2353 Prospect Drive	Aurora	IL	60502	Wholesaler	OSD 4860
Cardinal Health 110, LLC	68-0158739	11 Centennial Drive	Peabody	MA	01960	Wholesaler	OSD 4905
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	851 Henrietta Creek Road	Roanoke	TX	76262	Wholesaler	OSD 4907
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	4875 Florence Street	Denver	CO	80238	Wholesaler	OSD 4646
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	3238 Dwight Road	Elk Grove	CA	95758	Wholesaler	WLS 3434
Cardinal Health 110, LLC	68-0158739	#4 Cardinal Health Court	Greensboro	NC	27407	Wholesaler	OSD 5441
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	13651 Dublin Court	Stafford	TX	77477	Wholesaler	OSD 4922
Cardinal Health 110, LLC	68-0158739	2901 Enloe Street	Hudson	WI	54016	Wholesaler	OSD 4906
Cardinal Health 110, LLC	68-0158739	1240 Gluckstadt Rd.	Jackson	MS	39110	Wholesaler	OSD 5678
Cardinal Health 110, LLC	68-0158739	7601 N.E. Gardner Avenue	Kansas	MO	64120	Wholesaler	OSD 4645
Cardinal Health 110, LLC	68-0158739	2512 Wescott Blvd.	Knoxville	TN	37931	Wholesaler	OSD 5438
Cardinal Health 110, LLC	68-0158739	2045 Interstate Drive	Lakeland	FL	33085	Wholesaler	OSD 4820
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	600 N. 83rd Ave.	Tolleson	AZ	85353	Wholesaler	OSD 5496
Cardinal Health 110, LLC	68-0158739	955 West 3100 South	Salt Lake City	UT	84119	Wholesaler	OSD 4743
Cardinal Health 110, LLC	68-0158739	2840 Elm Point Industrial Drive	St. Charles	MO	63301	Wholesaler	OSD 4647
Cardinal Health 110, LLC	68-0158739	1120 Commerce Blvd.	Swedesboro	NJ	08085	Wholesaler	OSD 5597
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	6012 E. Molloy Road	Syracuse	NY	13211	Wholesaler	OSD 4944
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	27680 Avenue Mentry	Valencia	CA	91355	Wholesaler	WLS 3176
Cardinal Health 110, LLC dba Cardinal Health	68-0158739	71 Mil-Acres Drive	Wheeling	WV	26003	Wholesaler	OSD 4879
Cardinal Health 110, LLC dba Parmed Pharmaceuticals	68-0158739	4220 Hyde Park Blvd.	Niagara Falls	NY	14305	Wholesaler	OSD 4895
Cardinal Health 112, LLC	04-3786471	801 C. Street, NW	Auburn	WA	98001	Wholesaler	OSD 4643
Cardinal Health 112, LLC	04-3786471	5995 Commerce Center Drive	Groveport	OH	43125	Wholesaler	OSD 4623
Cardinal Health 200, LLC	36-4095186	1761 Satellite Blvd.	Buford	GA	30518	Wholesaler	OSD 5246
Cardinal Health 200, LLC	36-4095186	222 S. Stearman Drive	Chandler	AZ	85286	Wholesaler	OSD 4783
Cardinal Health 200, LLC	36-4095186	6000 Rosa Parks Blvd.	Detroit	MI	48202	Wholesaler	OSD 6785
Cardinal Health 200, LLC	36-4095186	700 Vaughn Road	Dixon	CA	95620	Wholesaler	WLS 4004
Cardinal Health 200, LLC	36-4095186	13636 Lakefront Drive	Earth City	MO	63045	Wholesaler	OSD 5241
Cardinal Health 200, LLC	36-4095186	8440 Concord Center Drive	Englewood	CO	80112	Wholesaler	OSD 4754
Cardinal Health 200, LLC	36-4095186	6710 26th Street East	Fife	WA	98424	Wholesaler	OSD 4755
Cardinal Health 200, LLC	36-4095186	3080 W I-20	Grand Prairie	TX	75052	Wholesaler	OSD 6311
Cardinal Health 200, LLC	36-4095186	701 Pride Drive	Hammond	LA	70401	Wholesaler	OSD 6533
Cardinal Health 200, LLC	36-4095186	6812 Corporate Drive	Indianapolis	IN	46278	Wholesaler	OSD 6443
Cardinal Health 200, LLC	36-4095186	1009 Opule Street	Kapolei	HI	96707	Wholesaler	OSD 5984
Cardinal Health 200, LLC	36-4095186	500 Neelytown Road	Montgomery	NY	12549	Wholesaler	OSD 6312

Entity Name	FEIN	Address	City	State	Zip	Type	License #
Cardinal Health 200, LLC	36-4095186	8640 Nail Road, Suite 115	Olive Branch	MS	38645	Wholesaler	OSD 5721
Cardinal Health 200, LLC	36-4095186	4551 E. Philadelphia Street	Ontario	CA	91761	Wholesaler	WLS 3287
Cardinal Health 200, LLC	36-4095186	10725 Harrison Road, Suite 100	Romulus	MI	48174	Wholesaler	OSD 5625
Cardinal Health 200, LLC	36-4095186	3595 W. Technology Drive	Salt Lake City	UT	84119	Wholesaler	OSD 4753
Cardinal Health 200, LLC	36-4095186	2101 Waukegan Road	Waukegan	IL	60085	Wholesaler	OSD 4957
Kinray, LLC	11-1580316	152-35 10th Ave.	Kinray	NY	11357	Wholesaler	OSD 6214
Cardinal Health 108, LLC dba Metro Medical Supply	31-1341167	200 Cumberland Bend	Nashville	TN	37228	Wholesaler	OSD 6776
Cardinal Health 108, LLC dba Metro Medical Supply	31-1341167	6645 Echo Ave., Suite C	Reno	NV	89506	Wholesaler	OSD 6775
Cardinal Health 200, LLC	36-4095186	1 Butterfield Trail	El Paso	TX	79906	Wholesaler	OSD 6445
Cardinal Health 200, LLC	36-4095186	1320 Don Haskins	El Paso	TX	79936	Wholesaler	OSD 5466
Cardinal Health 200, LLC	36-4095186	785 For Mill Highway	Fort Mill	SC	29707	Wholesaler	OSD 6444
Cardinal Health 200, LLC	36-4095186	460 Greenway Industrial Drive, Unit R	Fort Mill	SC	29708	Wholesaler	OSD 6554
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	2854 NE 181st Ave., Bldg F	Gresham	OR	97230	Wholesaler	OSD 6787
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	1265 South River Road, Suite 200	Cranbury	NJ	08512	Wholesaler	OSD 6215
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	4234 Surles Ct., Suite 100	Durham	NC	27703	Wholesaler	OSD 6584
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	1360 Madeline Lane, Suite 500	Elgin	IL	60124	Wholesaler	OSD 5636
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	5400 Sandshell Drive, Suite 160	Fort Worth	TX	76137	Wholesaler	OSD 5637
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	4 Liebich Lane	Halfmoon	NY	12065	Wholesaler	OSD 5783
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	3980 Earlstone Street	Ontario	CA	91761	Wholesaler	WLS 6185
RGH Enterprises, Inc. known in CA as HHI Enterprises, Inc.	34-1650951	1810 Summit Commerce Park	Twinsburg	OH	44087	Wholesaler	OSD 5638
Sonexus Health Distribution Services, LLC	45-4202300	2730 S. Edmonds Lane, Suite 300	Lewisville	TX	75067	Wholesaler	OSD 6295
The Harvard Drug Group, LLC	38-3359612	8401 Bearing Drive, Indianapolis, IN 46268	Indianapolis	IN	46268	Wholesaler	OSD 6808
The Harvard Drug Group, LLC	38-3359612	5960 East Shelby Drive	Memphis	TN	38141	Wholesaler	OSD 6405
Cardinal Health 414, LLC	85-0229124	1007 Canal Blvd.	Richmond	CA	94804	Wholesaler	WLS 4295
Cardinal Health 414, LLC	85-0229124	16310 Raymer Street	Van Nuys	CA	91406	Wholesaler	WLS 4293
Cardinal Health 418, Inc.	95-4368597	16401 E. 33rd Street, Suite 60	Aurora	CO	80011	Wholesaler	OSD 4470
Cardinal Health 200, LLC	36-4095186	1000 Vaughn Road	Dixon	CA	95620	Wholesaler	WLS 4004
Cardinal Health 200, LLC	36-4095186	3550 Roy Orr Blvd., Suite 180	Grand Prairie	TX	75050	Wholesaler	OSD 7147
Cardinal Health 200, LLC	36-4095186	110 Kendall Park Lane	Atlanta	GA	30336	Wholesaler	OSD 7409
Cardinal Health 200, LLC	36-4095186	6275 Lance Drive	Riverside	CA	92507	Wholesaler	New Application

ACKNOWLEDGEMENT BY SURETY

STATE OF MISSOURI
COUNTY OF ST. LOUIS CITY

On this 25th day of October, 2019, before me, Barbara Pannier, a Notary Public, within and for said County and State, personally appeared Jennifer Williams to me personally known to be the Attorney-in-Fact of and for Travelers Casualty and Surety Company of America and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Barbara Pannier

Notary Public in the State of Missouri
County of St. Louis City

BARBARA PANNIER
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
COMMISSIONED FOR JEFFERSON COUNTY
MY COMMISSION EXPIRES SEP. 07, 2022
ID #14430636

TRAVELERS

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

POWER OF ATTORNEY

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

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

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

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

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

My Commission expires the 30th day of June, 2021

Marie C. Tetreault, Notary Public

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

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

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

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

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

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

Dated this 25th day of October, 2019

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

CardinalHealth™

June 30, 2019

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-Risk Management@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/01/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: XL Insurance America Inc	24554
	INSURER B: XL Specialty Insurance Co	37885
	INSURER C: Greenwich Insurance Company	22322
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570077280044 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716714 AOS, PR	06/30/2019	06/30/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 Excluded $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY in			RAD9437168-14	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00009085LI19A SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N: N	N/A	RWD943512514 (AOS)	06/30/2019	06/30/2020	X PER STATUTE OTH-ER	
A				RWR943512614 (WI)	06/30/2019	06/30/2020	E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000
B	Excess WC			RWE943514314 (OH) SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EL Each Accident EL Disease - Ea Emp SIR	$4,500,000 $4,500,000 $500,000

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

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570077280044

©1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142401 (AK)	06/30/2019	06/30/2020		

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570077280044	
CARRIER: See Certificate Number: 570077280044 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, Ltd.
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, Inc.
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, Inc.
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies, Inc.
Instant Diagnostic Systems, Inc.
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd.
Kinray I, LLC
KPR Australia Pty. Ltd.
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, Inc.
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
UroMed, Inc.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

CardinalHealth

March 5, 2020

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Cardinal Health 108, LLC, LaVergne, TN

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for an Out-of-State Wholesaler License. We have one matter to disclose. **Please note that this facility located in LaVergne, TN, to which this application pertains, has not had any administrative actions or disciplinary issues to date.**

Cardinal Health operates approximately seventy-five distribution facilities across the United States. As a health care provider, a number of Cardinal Health's operating subsidiaries are subject to regulation by various governmental agencies, including the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA) and other regulatory bodies such as state pharmacy boards. From time to time, these entities are inspected by these government agencies and certain subsidiaries have, in the past, paid fines to resolve various alleged violations. To date, none of these violations have resulted in actions against Cardinal Health's license(s) or ability to operate; to the best of our knowledge, the only exceptions to this are listed below or have been disclosed in prior submissions.

On May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and

the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We want to work collaboratively with all participants in the drug supply chain – including regulators, pharmaceutical manufacturers, distributors, pharmacists, doctors and boards of pharmacy – to combat controlled substance diversion. We want to work with all parties to find a more effective approach to stop prescription drug abuse without disrupting legitimate use.

If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

William Crates
VP, QRA Management

20C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____

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

☐ Publicly Traded Corporation – Pages 1,2,3,4
☐ Partnership - Pages 1,2,3,7
☑ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Clean Harbors Aragonite, LLC

Physical Address: 11600 NORTH APTUS ROAD

City: Dugway State: Utah Zip Code: 84022

Telephone Number: 435-884-8100 Fax Number: 435-884-8877

Toll Free Number: _____

E-mail: sullivan.bridget@cleanharbors.com Website: www.cleanharbors.com

Facility Manager: William Simmons

Professional qualifications and experience of facility manager: _____

Please see Facility Manager Resume attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Reverse Distribution Only

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: Copy of DEA Registrant License Attached
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☒ No ☐

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of 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

Gregory Malerbi
Print Name of Authorized Person

12/5/19
Date

Board Use Only	Date Processed: 2-5-2020	Amount: 500/201.25

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Clean Harbors, Inc

Mailing Address: 42 Longwater Drive

City: Norwell State: MA Zip: 02061

Telephone: 781-792-5000 Fax: 781-792-5901

Contact Person: Bridget Sullivan

For any corporation non-publicly traded, disclose the following:

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

a) Eric Gerstenberg (Name) — Longwater Drive, Norwell, MA 02061 (Business Address)

b) Michael Battles (Name) — Longwater Drive, Norwell, MA 02061 (Business Address)

c) Gregory Malerbi (Name) — Longwater Drive, Norwell, MA 02061 (Business Address)

d) C. Michael Malm (Name) — Boston Place, Boston, MA 02108 (Business Address)

2) Provide the number of shares issued by the corporation. N/A - Please see attached

3) What was the price paid per share? N/A - Please see attached

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20191984508

Include with the application for a non-publicly traded corporation

List of officers and directors

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE N/A

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 ownership:

Name:_____%:_____

Name:_____%:_____

Name:_____%:_____

Name:_____%: _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number:_____Fax Number: _____

Contact Person: _____

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 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.

Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

List of Officers

Name	Title	Work Address
Eric W. Gerstenberg	Chief Operating Officer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Michael Battles	Chief Financial Officer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Greg Malerbi	SVP and Treasurer	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
Michael R. McDonald	Assistant Secretary	Clean Harbors Environmental Services, Inc., 42 Longwater Drive, Norwell, Massachusetts 02610
C. Michael Malm	Secretary	Davis, Malm & D'Agostine One Boston Place Boston, MA 02108

Employee who will handle controlled substances:

Jack Cui

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CLEAN HARBORS ARAGONITE, LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/20/2019, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/24/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20190924239999
You may verify this certificate online at http://www.nvsos.gov

- Clarification for
  - Page 5, question 2
    - Clean Harbors, Inc. is a publicly traded corporation listed on the New York Stock Exchange. There are no natural person owners of the parent company that own 10% or more of the business.
  - Page 5, question 3
    - "Clean Harbors Aragonite, LLC is a single member LLC, with Clean Harbors, Inc. being the sole member. "

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Clean Harbors Aragonite, LLC

EFFECTIVE 09/30/2015 EXPIRATION 09/30/2021

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

7657561-1710 Pharmacy - Class C
7657561-8915 Limited Controlled Substance-Business

Reverse Distributor

SIGNATURE OF HOLDER

IMPORTANT LICENSURE REMINDERS:

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

CLEAN HARBORS ARAGONITE, LLC
11600 N APTUS RD
PO BOX 1339
GRANTSVILLE UT 84029

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **09/30/2015**

EXPIRATION DATE: **09/30/2021**

ISSUED TO: **Clean Harbors Aragonite, LLC**
11600 N APTUS RD
PO BOX 1339
GRANTSVILLE UT 84029

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

7657561-1710 Pharmacy - Class C
7657561-8915 Limited Controlled Substance-Business

Reverse Distributor

SIGNATURE OF HOLDER

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

11/26/2019
5665129-016111262019-1847217

CERTIFICATE OF EXISTENCE

Registration Number:	5665129-0161
Business Name:	CLEAN HARBORS ARAGONITE, LLC
Registered Date:	June 09, 2004
Entity Type:	LLC - Foreign
Status:	Current

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

Jason Sterzer
Director
Division of Corporations and Commercial Code

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. K15360914

Application/License No. NV20191984508

Clean Harbors Aragonite, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 11600 North Aptus Road, Dugway, UT 84022 (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (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 436 Walnut Street, Philadelphia, PA 19106 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 26, 2019 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26th day of September, 2019.

APPLICANT/PRINCIPAL
Clean Harbors Aragonite, LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY
Westchester Fire Insurance Company

Surety Company's Representative

Joline L. Binette, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

CHUBB

Power of Attorney

Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint **Joline L. Binette, Melanie A. Bonnevie, Nancy Castonguay, Heidi Rodzen and Robert Shaw, Jr. of Lewiston, Maine –**

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this **15th** day of **August, 2019.**

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY

County of Hunterdon ss.

On this **15th** day of **August, 2019,** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority, and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies, and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316885
Commission Expires July 16, 2024

Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006 ; ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 26th day of September, 2019

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

WILLIAM SIMMONS

E Carly Drive Grantsville , Utah 84029 - cell

OBJECTIVE

To be better than the best at whatever I do in life. My experience has told me that our employees are our #1 asset and must be respected and appreciated while being held accountable for their actions.

EXPERIENCE

1988–1991 Pilgrim's Pride Hatchery #2 Pittsburg, TX

Maintenance Mechanic

- Performed electrical and mechanical maintenance on all machinery and equipment from incubators, hatchers, and ventilation including a/c's. Chick Master102's
- Maintained maximum hatchability & quality from equipment.
- Performed all company breeder a/c repairs for 18 months.

1991–1992 Pilgrim's Pride Hatchery #2 Pittsburg, TX

Floor Lead (8months)

- Supervised 52-56 partners during vaccination, debeaking & sexing.
- Supervised all vaccine mixing procedures to assure proper dosages as well as viability and stability of vaccine mixture.
- Performed all QC checks including vaccination accuracy, sexing accuracy, debeaking accuracy & speed requirements.
- Performed all maintenance on vaccinators, spray cabinet, debeakers & process equipment.

1992–1993 Pilgrim's Pride Hatchery #2 Pittsburg, TX

Assistant Manager (6 months)

- First 6 weeks was spent with Joe Walker in general hatchery training. There was no Hatchery Manager during my 6 months as assistant.
- Managed all hatchery partners from hiring to corrective action (excluding egg p/u & chick delivery).
- Managed all aspects of the hatchery from maintenance, sanitation, QC control. Inventories/supplies ordering. Egg inventory and egg set scheduling etc.

July 11th 2008 – april 1st 2009

Facility Operations Supervisor (clean harbors enviro service)

El Dorado AR

Supervising of 37 partners (chemist, lab techs and fork lift drivers)

From unloading trucks through chemical receiving and proper storage.

42,000 pieces a month.

April 1st 2009 till March 2015 (clean harbors enviro service)

El Dorado AR

Maintenance Manager II

1 direct report manager

7 direct report supervisors

34 mechanics and E & I techs plus 4 to 9 yards and grounds crew

On a 46,000 piece per month haz waste incineration facility.

Manage daily PM functions & corrections, Future planning, SOP's, all safety aspects for maintenance, Capital, E and I, Rolling stock repairs and Yards / grounds maintenance

$12,000,000 to $15,000,000 per year in expenses

Sheriffs deputy (reserve) to part time in future.

March 2015 until October 2018

Newark CA and Fallon Nevada

Re Refinery Manager

42-48 direct/indirect reports including Managers

Rebuilt and stabilized both plants

Fallon – staffed entire plant from 6 to 43 employees including managers

Opened, inspected and repaired 2 distillation units and 1 Hydro treater (8 million $)

Instituted a complete safety program, mechanical program, production program. PSM covered facility.

Each facility consumed average of 22 million usg of used motor oil and produced in excess of 15 million usg of finished lube.

October 29th till present

Facility GM III of HazardouseWaste Incinerations Aragonite and TTT hub Clive - UTAH

165 employees – 8 direct report managers and a safety & complaice manager.

Process >118 million pounds of HW on an annual basis

>3400 trucks in and out of facilities emptied or loaded

Safety and all compliance / regulatory involved in process

REFERENCES

Dan Roblee

General Manager III

870-814-3644

Scot Shoemaker

VP Maintenance engineer director

870-310-9583

Scott Miller

SVP Refineries

219-381-7744

Andy Hudson

SVP Incinerations US and Canada

781-792-5162

CT Corporation

Service of Process Transmittal

01/30/2019
CT Log Number 534826342

TO: Michael McDonald
Clean Harbors, Inc.
42 Longwater Dr
Norwell, MA 02061-1612

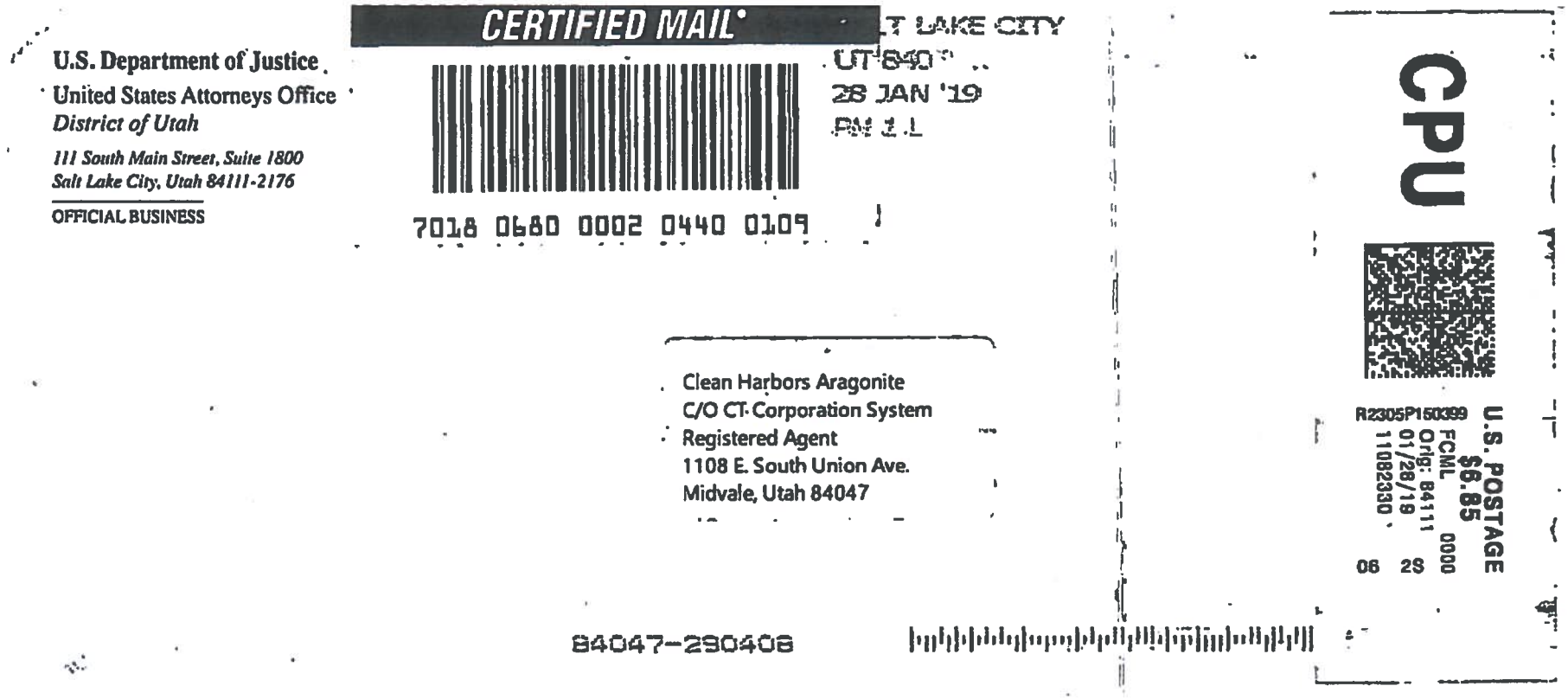
RE: **Process Served in Utah**

FOR: Clean Harbors Aragonite, LLC (Domestic State: DE)

ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:

TITLE OF ACTION:	RE: U.S. Department of Justice // To: Clean Harbors Aragonite *Name discrepancy noted.*
DOCUMENT(S) SERVED:	Letter
COURT/AGENCY:	None Specified Case # None Specified
NATURE OF ACTION:	Letter of Intent - Letter Requested resolving this investigation outside of formal litigation
ON WHOM PROCESS WAS SERVED:	C T Corporation System, Midvale, UT
DATE AND HOUR OF SERVICE:	By Certified Mail on 01/30/2019 postmarked on 01/28/2019
JURISDICTION SERVED :	Utah
APPEARANCE OR ANSWER DUE:	Within 30 days of the date of this letter
ATTORNEY(S) / SENDER(S):	JOHN W. HUBER U.S. Department of Justice 111 South Main Street, Suite 1800 Salt Lake City, UT 84111 (801) 524-5682
ACTION ITEMS:	CT has retained the current log, Retain Date: 01/30/2019, Expected Purge Date: 02/04/2019 Image SOP Email Notification, Michael McDonald mcdonaldm@cleanharbors.com Email Notification, Brad Carl carl.brad@cleanharbors.com Email Notification, Monica Murphy-Rodgers MURPHYMO@CLEANHARBORS.COM Email Notification, Ilinca Butnariu butnariu.ilinca@cleanharbors.com Email Notification, KATRINA SCARSCIOTTI scarsciotti.katrina@cleanharbors.com
SIGNED: **ADDRESS:**	C T Corporation System 1108 East South Union Avenue Midvale, UT 84047

Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.


CERTIFIED MAIL
T LAKE CITY
UT 840
28 JAN '19
PM 1 L
7018 0680 0002 0440 0109
U.S. Department of Justice
United States Attorneys Office
District of Utah
111 South Main Street, Suite 1800
Salt Lake City, Utah 84111-2176
OFFICIAL BUSINESS
Clean Harbors Aragonite
C/O CT Corporation System
Registered Agent
1108 E. South Union Ave.
Midvale, Utah 84047
84047-290408
CPU
U.S. POSTAGE
$6.85
FCML 0000
Orig: 84111
01/28/19
11082330
R2305P150399
06 2S

- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. § § 827(a)(1) and 21 C.F.R. § 1304.11(a), a violation of 21 U.S.C. § 842(a)(5). (1 Count)

This matter has been referred to the United States Attorney's Office for potential civil prosecution. If you are interested in resolving this investigation outside of formal litigation, please contact me within 30 days of the date of this letter. If I do not receive a response within that time, I will file a complaint and proceed with litigation.

Thank you for your consideration of these issues. I look forward to hearing from you.

Sincerely,

JOHN W. HUBER
United States Attorney

Carra S. Cadman
Assistant United States Attorney

cc: Sandra L. Steinvoort, AUSA
Eric Welch, Diversion Investigator, DEA

SETTLEMENT AGREEMENT

This Settlement Agreement (Agreement) is entered into among the United States of America, acting through the United States Department of Justice and on behalf of the Drug Enforcement Administration (collectively the "United States") and Clean Harbors Aragonite, LLC ("Clean Harbors") (hereafter collectively referred to as "the Parties"), through their authorized representatives.

RECITALS

A. Clean Harbors operates a pharmaceutical waste management facility with a reverse distributor DEA registration doing business in the State of Utah.

B. The United States contends that it has certain civil claims against Clean Harbors arising from an audit conducted by the Drug Enforcement Administration for the accountability period of beginning of business May 11, 2017 through close of business September 4, 2018. The audit revealed the following violations:

- Failure to file the ARCOS Year End Inventory for 2017 as required by 21 U.S.C. § 827(d) and 21 C.F.R. § 1304.33(b), a violation of 21 U.S.C. § 842(a)(5);
- Failure to file on time the quarterly ARCOS reports for the 1st, 2nd, 3rd, and 4th quarters for 2017, and for the 2nd quarter for 2018, as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.33(b), a violation of 21 U.S.C. § 842(a)(5);
- Failure to maintain separately a biennial inventory of controlled substances listed in Schedules I and II as required by 21 U.S.C. § 827(a)(1) and 21 C.F.R. § 1304.04 (f)(1), a violation of 21 U.S.C. § 842(a)(5); and
- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. § § 827(a)(1) and 21 C.F.R. § 1304.11(a), a violation of 21 U.S.C. § 842(a)(5).

That conduct is referred to below as the Covered Conduct.

C. This Settlement Agreement is neither an admission of liability by Clean Harbors nor a concession by the United States that its claims are not well founded.

e. Any liability based upon obligations created by this Agreement.

4. Clean Harbors waives and shall not assert any defenses Clean Harbors may have to any criminal prosecution or administrative action relating to the Covered Conduct that may be based in whole or in part on a contention that, under the Double Jeopardy Clause in the Fifth Amendment of the Constitution, or under the Excessive Fines Clause in the Eighth Amendment of the Constitution, this Agreement bars a remedy sought in such criminal prosecution or administrative action.

5. Clean Harbors fully and finally releases the United States, its agencies, officers, agents, employees, and servants, from any claims (including attorney's fees, costs, and expenses of every kind and however denominated) that Clean Harbors has asserted, could have asserted, or may assert in the future against the United States, its agencies, officers, agents, employees, and servants, related to the Covered Conduct and the United States' investigation and prosecution thereof.

6. This Agreement is intended to be for the benefit of the Parties only.

7. Each Party shall bear its own legal and other costs incurred in connection with this matter, including the preparation and performance of this Agreement.

8. Each party and signatory to this Agreement represents that it freely and voluntarily enters in to this Agreement without any degree of duress or compulsion.

9. This Agreement is governed by the laws of the United States. The exclusive jurisdiction and venue for any dispute relating to this Agreement is the United States District Court for the District of Utah. For purposes of construing this Agreement, this Agreement shall be deemed to have been drafted by all Parties to this Agreement and shall not, therefore, be construed against any Party for that reason in any subsequent dispute.

THE UNITED STATES OF AMERICA

JOHN W. HUBER
United States Attorney
District of Utah

DATED: 4/23/2019 BY: _____
Carra S. Cadman
Assistant United States Attorney

DRUG ENFORCEMENT ADMINISTRATION

DATED: 04/23/2019 BY: _____
Brian S. Besser
Assistant Special Agent in Charge
Denver Field Division

CLEAN HARBORS ARAGONITE, LLC

DATED: 4/22/2019 BY: _____
William F. Connors
Senior Vice President of Compliance
Clean Harbors

Clean Harbors Aragonite, LLC
11600 North Aptus Road
Aragonite, UT 84029

435.884.8100
www.cleanharbors.com

November 26, 2019

RE: Clean Harbors Aragonite Corrective Actions taken in Response to DEA Inspection

To Whom It May Concern:

On September 4, 2018 the United States Drug Enforcement Administration (DEA) conducted an inspection of Clean Harbors Aragonite. During the inspection several violations were discovered. Clean Harbors Aragonite was notified of these violations on January 28, 2019. The violations were reported as the following:

- Failure to file the ARCOS Year End Inventory for 2017 as required by 21 United States Code (USC) 827(d) and 21 Code of Federal Regulations (CFR) 1304.33(b), a violation of 21 U.S.C 842(a)(5). (1 Count)

- Delinquent filing of quarterly ARCOS reports for the 1st, 2nd, 3rd, and 4th quarters for 2017 and for the 2nd quarter for 2018, as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.33(b), a violation of 21 USC 842(a)(5). (5 Counts)

- Failure to maintain separately a biennial inventory of controlled substances listed in Schedules I and II as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.04 (f)(1), a violation of 21 USC 842(a)(5). (1 Count)

- Failure to record beginning of business/close of business on the biennial inventory as required by 21 U.S.C. 827(a)(1) and 21 CFR 1304.11 (a), a violation of 21 USC 842(a)(5). (1 Count)

In response to these violations, Clean Harbors Aragonite settled with the U.S. Department of Justice and paid a $96,000 fine. Clean Harbors Aragonite also took the following corrective actions to correct violations:

- Filed Year End Inventory for 2017 with the DEA and put internal procedures in place to ensure yearend inventory reporting is submitted on time.

Clean Harbors Aragonite, LLC
11600 North Aptus Road
Aragonite, UT 84029

435.884.8100
www.cleanharbors.com

October 10, 2019

Sent Via FedEx #7766 7435 6139

ATNN: Citation Coordinator
Division of Occupational and Professional Licensing
Department of Commerce
160 East 300 South
P.O. Box 146741
Salt Lake City, UT 84114-46741

RE: Notice of Response for Citation #100550
Clean Harbors Aragonite, LLC

To Whom it Concerns:

Clean Harbors Aragonite, LLC received Citation #100550 on October 1, 2019 from the State of Utah Department of Commerce, Division of Occupational and Professional Licensing (DOPL). This citation indicated that CHA was in offense of Utah Code 58-1-501(2)(a) and 58-17b-502(1)(l).

The citation was issued because on August 14, 2019 DOPL received an application for pharmacy licensure renewal from CHA and upon reviewing the renewal application it was found that CHA didn't inform DOPL within ten days of disciplinary action taken against CHA's pharmacy license by the Drug Enforcement Agency (DEA) on April 23, 2019. This notice is required by Utah Code of Pharmacy 58-17b-614(1).

At the time disciplinary action was taken against CHA by the DEA, the CHA's compliance manager position, who would have been responsible for reporting to DOPL, was in transition. No other individual at CHA was aware of the ten day reporting requirement until CHA received notice of the citation from DOPL. CHA has chosen to pay the citation and enclosed is the signed notice of response.

Should you have any questions regarding this matter, please contact me at the number listed below.

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
ATTN: Citation Coordinator
160 East 300 South
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Telephone: (801) 530-6628
Fax: (801) 530-6511
Website: www.dopl.utah.gov

100550

CITATION

ISSUED TO: Clean Harbors Aragonite, LLC		
PROFESSION: Pharmacy	LICENSE #: 7657561-1710	CASE #: 112781
DOB: / / n/a	DL #: n/a	SSN/EIN #: 02-0646449
BUSINESS ADDRESS: 11600 N Aptus Rd	CITY: Grantsville	STATE: UT ZIP: 84029
BUSINESS PHONE: 435-884-8100	BUSINESS EMAIL: sullivan.bridget@cleanharbors.com	
HOME ADDRESS: n/a	CITY: n/a	STATE: n/a ZIP: n/a
HOME PHONE: n/a	HOME EMAIL: n/a	
LOCATION OF OFFENSE: Clean Harbors Aragonite, LLC		
	DATE OF OFFENSE: 08 / 14 / 2019	DATE ISSUED: 9/26/2019

OFFENSE CODE	DESCRIPTION
58-1-501(2)(a)	violating, or aiding or abetting any other person to violate, any statute, rule, or order regulating an occupation or profession under this title;
58-17b-502(1)(l)	failing to report to the division any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court for conduct that in substance would be considered unprofessional conduct under this section;

REMARKS: On 08/14/2019, the Division received an application for licensure renewal from Clean Harbors Aragonite, LLC. Upon reviewing the renewal application, it was found that the pharmacy had disciplinary action taken against their license by the DEA on 04/23/2019. Respondent failed to report the disciplinary action to the Division within 10 days of the action. Pursuant to U.C.A. 58-17b-614, a pharmacy shall report in writing to the Division any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency or court.

*Fine pursuant to R156-17b-402(25)

PERSON SERVED: Sent by mail

SERVED BY: T. Drebing

☑ FINE $ 300.00

☑ CEASE AND DESIST ORDER

I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE.

William [illegible] 10/10/19

RECIPIENT'S SIGNATURE DATE

I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Travis Drebing

INVESTIGATOR'S SIGNATURE

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

RECIPIENT COPY

Utah
Department of Commerce
Licensing and Enforcement System

Payer: Clean Harbors Aragonite, LLC
Drawer ID: TERMINAL1D
User: vtrujillo
Date: 10/10/2019

Fine: Pharmacy	1	300.00	300.00
		Credit Card	$300.00
		Amount Due	$300.00
		Amount Paid	$300.00

Receipt #: 8061000

8

Date: 10/10/2019
Receipt Number: 8061000

Request for Debit / Credit Card Payment

Customer's Name: William L. Simmons

Daytime Telephone Number: 435-884-8122 Tyson Hon

Profession (if applicable): _____

License Number: 765756-1710 pharmacyfine

Purpose of Payment: 100550 Clean Harbors Aragonite LLC

Amount to Charge: $ 300.00

DOPL Employee Requesting the Charge: (Thyleby 10-10-19

Mark One: Email receipt: hone.tyson@cleanharbors.com

[ ] Payment Requested by Telephone, Mail, or Fax

[ ] Payment Requested in Person (Obtain signature below.)

I authorize my debit / credit card to be charged by the Utah Division of Occupational and Professional Licensing in the amount of $ _____ for the purpose(s) described above.

Signature: _____

Date: _____

RECEIVED
OCT 10 2019
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

20D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

■ New Wholesaler or □ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

□ Publicly Traded Corporation – Pages 1,2,3,4
□ Partnership - Pages 1,2,3,7
■ Non Publicly Traded Corporation – Pages 1,2,3,5,6
□ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: Fresenius Kabi, LLC

Physical Address: 402 Apple Valley Road, Suite A

City: Duncan State: SC Zip Code: 29334 Telephone Number: (864) 485-8002 Fax Number: 614-652-0674

Toll Free Number: (864) 485-8050

E-mail: licensure@cardinalhealth.com Website: www.fresenius-kabi.com/us

Facility Manager: John Randle Pass

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

■ Pharmacies ■ Practitioners ■ Hospitals ■ Wholesalers
■ Other: US Government

Type of Products to be handled or wholesaled by firm:

■ Legend Pharmaceuticals, Supplies or Devices
□ Poisons or Chemicals
■ Controlled Substances (include copy of DEA)
□ Other: _____
□ Hypodermic Devices
□ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☑ No ☐
(If yes, provide a copy of the certificate) Note: The company's Bensenville, IL facility is VAWD accredited. Copy of certificate attached.

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ■ No ☐
Fresenius Kabi, LLC NVBOP #WH02616 and Fenwal, Inc. NVBOP #WH02617
List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A - facility's expected opening date is 11/1/2019
Address:

Name:
Address:

Name:
Address:

Name:
Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: E0023532018-4

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 ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? See attached description of actions against predecessor, Fresenius Kabi USA, LLC. 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.

Jack C. Silhavy

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

Jack C. Silhavy

Print Name of Authorized Person

10/7/19

Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Parent Company: Fresenius Kabi Pharmaceuticals Holding, LLC

Mailing Address: 7000 Cardinal Place, Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3076 Fax: 614-652-0674

Contact Person: Cynthia Rhodes

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 - no shares issued by limited liability company
Name Business Address

b) _____
Name Business Address

c) _____
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

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

Include with the application for a non publicly traded corporation

List of officers and directors

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

Fresenius Kabi, LLC

Description of Past Disciplinary Actions of Predecessor, Fresenius Kabi USA, LLC (formerly known as APP Pharmaceuticals, LLC)

Fresenius Kabi, LLC provides this summary of actions taken by other states against licenses held in the name of its predecessor APP Pharmaceuticals, LLC ("APP"). The actions described below were made against the **Bensenville, Illinois distribution facility only** and resulted from late filing of various documents in the state licensing process and were not due to misconduct by APP. The delay in filing resulted from the 2007 reorganization and name change of APP, a complex corporate transaction of which each state was notified. None of the actions involved controlled substances or resulted in harm to any patient.

Please note that the Bensenville, Illinois facility that was the subject of these actions is no longer operated by Fresenius Kabi USA, LLC effective January 1, 2018. The facility is operated by Fresenius Kabi, LLC and currently maintains a valid license and is good standing in each state, as required. No disciplinary actions are pending.

Colorado License Denial and Subsequent Issuance*

Action: Although a license renewal and change of name were timely filed by APP in Colorado, the State of Illinois failed to provide a verification document in the required format. During the period between APP's filing and discovery of the inadequacy of the Illinois document, APP made a single shipment of prescription drugs to a Colorado pharmacy on or around December 17, 2007. As a result of that shipment, Colorado issued a Cease and Desist Order, effective September 7, 2008, at which time APP immediately ceased shipping prescription drugs into Colorado. At its next regular meeting on November 20, 2008, the Colorado Board of Pharmacy denied APP's Wholesaler application.

Outcome: On December 19, 2008, APP and the Colorado Board of Pharmacy entered into a Stipulation and Agreed Agency Order whereby APP was granted an Out-of-State Wholesaler License (#7467). The license is currently in the name of Fresenius Kabi, LLC.

Montana Disciplinary Action*

Action: After accepting APP's renewal application and issuing a Wholesale Drug Distributor License (#1187) effective as of March 8, 2008, the Montana Board of Pharmacy issued a board-generated complaint against APP dated May 19, 2008 alleging (a) the late renewal of a Wholesale Drug Distributor license and (b) unlicensed practice by APP in Montana that occurred between January 16 and March 7, 2008. The delay in filing the renewal application resulted from delays by the State of Illinois in processing the name change so that APP could file the required verification documents showing the APP name. It is important to note that during the period of alleged unlicensed practice, APP became the sole U.S. supplier of heparin products causing APP to ship heparin products into Montana on an emergency basis.

Outcome: On January 9, 2009, APP entered a Stipulation and a Final Order was executed by the Montana Board of Pharmacy under which APP's Wholesale Drug Distributor License (#1187) was affirmed. The license remained in effect until it was closed on May 7, 2018.

*** These disciplinary actions occurred while operating under the name of APP Pharmaceuticals, LLC. On August 1, 2012, the company changed its name to Fresenius Kabi USA, LLC.**

Michigan Administrative Action

Action: An Administrative Complaint was issued by the State of Michigan Dept. of Licensing and Regulatory Affairs on April 10, 2014, which alleged that Fresenius Kabi USA violated Michigan's Public Health Code based solely on disciplinary actions taken against Fresenius Kabi USA by the Colorado and Montana Boards of Pharmacy in 2008 and 2009, respectively. Importantly, under the Board's Complaint, Fresenius Kabi USA did not commit any violations of Michigan law that impacted the safety or healthcare needs of Michigan's citizens.

Outcome: On September 8, 2014 the Michigan Dept. of Licensing and Regulatory Affairs executed a Consent citing the Stipulation of Fresenius Kabi USA and imposing a monetary fine of $1,000.00 in resolution of the matter.

The foregoing is a true and accurate description of Actions taken against Fresenius Kabi USA, LLC.

Jack C. Silhavy
Executive Vice President & General Counsel

Dated: 10/7/19



402 Apple Valley Rd
Suite A
Duncan, South Carolina 29334

Officer Name	Title	Company	Business Address
Steven J. Adams	Exec. VP and CFO	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047
John Robert Ducker	President and CEO	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047
Jack C. Silhavy	Exec. VP, General Counsel and Secretary	Fresenius Kabi, LLC	Three Corporate Drive, Lake Zurich, IL 60047

Copyright © 2019 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

Fresenius Kabi, LLC
Duncan, SC
Employees Who Handle Drugs on a Daily Basis

John Randle Pass
Kevin Pugh

10-7-2019



The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®
Accreditation

to

Fresenius Kabi, LLC

located at

600 Supreme Dr, Bensenville, IL 60106

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

August 6, 2018 - August 5, 2021
Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

1228

PRC 1037460

PERMIT NO. 19143
DATE ISSUED: 10/15/2019

South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Non-Dispensing Drug Outlet Permit

2019-2020

Expires 06/30/2020

Eric Strauss, Chairman

J. Addison Livingston, Vice Chairman

FRESENIUS KABI, LLC
Permit Holder: JACK SILHAVY
402 APPLE VALLEY RD, SUITE A
DUNCAN SC 29334

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

South Carolina Department of Labor, Licensing and Regulation
BOARD OF PHARMACY
Post Office Box 11927
Columbia, SC 29211-1927

PERMIT ENCLOSED

RECEIVED
OCT 21 2019
Board of Pharmacy

60
FRESENIUS KABI, LLC
THREE CORPORATE DRIVE
LAKE ZURICH IL 60047

Controlled Substances Registration Verification

Welcome to the SC DHEC Bureau of Drug Control Verification page. All fields are not required.

Enter search criteria.

Registration Number
4019143

City
Enter city...

Name (last, first)
Enter name...

County
Select county...

Company Name
Fresenius

State
Select state...

Search | Clear Form | Print Listing

Registration Number	Name/Address	County	Issuance Date
4019143	FRESENIUS KABI LLC 402 APPLE VALLEY RD STE A DUNCAN, SC 29334	SPARTANBURG	10/16/2019

Showing 1 to 1 of 1 entries

The maximum number of results is limited to 25. If you are unable to view the data you are looking for, please refine your search.
Verification Disclaimer: This is to attest to the accuracy of the information contained on the website and to verify that the infomation is updated at least daily.

1230

The information on this site is primary source verification, and is non-modifiable by outside entities.

For additional information, contact: (803) 896-0636 Fax (803) 896-0627

© 2019 South Carolina Department of Health and Environmental Control. All Rights Reserved. 2600 Bull Street, Columbia, SC 29201 (803) 898-DHEC (3432)
www.scdhec.gov (https://www.scdhec.gov)
This site is protected by reCAPTCHA and the Google Privacy Policy (https://policies.google.com/privacy) and Terms of Service (https://policies.google.com/terms) apply.

1231

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI USA, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI USA, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JUNE, A.D. 2007.

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

Jeffrey W. Bullock, Secretary of State

4373141 8300

SR# 20198019800

Authentication: 203978440

Date: 11-11-19

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS KABI, 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 FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FRESENIUS KABI, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

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

Jeffrey W. Bullock, Secretary of State

6556485 8300

SR# 20191198104

Authentication: 202294141

Date: 02-20-19

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

JOHN RANDLE PASS

Ludwell Court • Johns Creek GA 30022-6083 • (• at

Operations Management Professional with experience working with an $80 Billion Fortune 25 pharmaceutical wholesale company. Skilled in audit compliance with DEA, FDA, state BOP, PDMA, cGMP, HazMat, cold chain, and other regulatory areas. Established track record of building teams and significantly improving the work climate of business units. Adept at managing assets, controlling expenses, and improving metrics performance.

EMPLOYMENT

April 2019 – Present: Fresenius Kabi
Senior Manager, Warehouse Operations, Greenville, SC

Manage the build out, start up, and continuing operations of a 235,000 SF fully validated pharmaceutical distribution center. Responsible for organization, leadership, compliance, and direction of personnel for the inbound, outbound, and inventory control functions for the facility.

- Oversees the inbound functions of all finished products from production plants and contract manufacturers.
- Oversees the inventory control activities for all finished products. This includes oversight of the cycle count program, accuracy levels, internal and external replenishment, and discrepancy reconciliation and reporting.
- Coordinates the activities of the warehouse personnel involved in all operations. This includes overseeing workflows and levels of activity to ensure product is delivered (parcel, LTL, and TL) in a timely, cost effective manner.
- Responsible for the creation of annual financial budgets, various financial re-forecasts, and variance reporting to plan.
- Recruiting and retaining talent.
- Promotes, plans, initiates, and implements continuous improvement projects.
- Ensure all employees are properly trained for the functions they are performing and ensures compliance with all regulatory agency requirements are met.
- Supports the initiation and maintenance of Standard Operating Procedures to ensure cGMP compliance associated with all warehouse activities.
- Collaborates with a variety of functions including, but not limited to, quality assurance, finance, customer service, procurement, suppliers, and organizations providing finished products to the facility.
- Coordinates the warehouse safety program in conjunction with all OSHA, local, and state regulations.
- Oversees employee relations including the handling of inquiries, issue resolution, performance appraisals, and employee counseling.
- Analyzes performance metrics to ensure desired results are achieved, the facility is operating efficiently, and corrective and preventative actions are created and implemented when necessary.
- Represent the Company as the Designated Representative for the distribution facility.
- Ensure supervisors effectively mentor, train, coach, and monitor the development of their subordinates to ensure they are acquiring the skills and abilities necessary to achieve success and career advancement if desired.

April 2013 – March 2019: XPO Logistics
Operations Manager, Atlanta, GA

Managed the build out, start up and continuing operations of an aerospace client's Supply Chain production operation. Responsible for Order Fulfillment, Shipping/Receiving, Inventory and Returns functions. Ensured compliance with contract metrics related to order fulfillment, inventory accuracy, and quality as required by the client's SOW.

- Managed all warehouse operations functions.
- Ensured inventory accuracy is maintained at 99.95% or higher.
- Managed the Cycle Count program.
- Maintained Quality Assurance Program, including NCI resolution.
- Prepared and maintained financial budgets.
- Managed the Returns process.
- Produced and maintained all Operational reports.
- Maintained production and quality levels to ensure 100% compliance of all performance metrics as required by the client's Statement of Work.
- Ensured 100% compliance with ITAR and EAR regulations.
- Oversaw all Human Resource activities.
- Ensured that all Associate training was completed and documented.

August 2011 – March 2013: LifeScience Logistics
Facility Manager, Atlanta, GA

Managed the build out and operation of a 255,000 SF Greenfield distribution/warehouse facility for a cutting-edge Third-Party Logistics services provider operating in the healthcare industry. LifeScience Logistics provides a full range of standard and specialized logistics services scalable to the changing needs of the customer in a fully validated cGMP storage environment.

- Responsible for 38,000 pallet spaces and $750 million pharmaceutical inventory.
- Managed/maintained Key Performance Indicators: 100% on-time shipping, 100% on-time receiving, and 99.99% inventory accuracy.
- Maintained excellence in Customer Relations and Communication with clients, vendors, and regulatory agencies.
- Maintained full regulatory compliance with all federal, state and local agencies.
- Developed staff by building a strong, positive team environment. Hold staff accountable for all productivity measures.
- Maintained departmental budget in full compliance with financial plan.
- Maintained all Operational Reports at 100% accuracy.
- Administered physical plant and campus maintenance.
- Designated Representative for state of California.

September 1983 - October 2010: AmerisourceBergen Drug Company
Vice President, Distribution Center Manager II, Atlanta, GA

- Managed the distribution services and operational functions within the Atlanta distribution center, a fully functional PkMS WMS RF-enabled environment with annual volume of $1.3 Billion.
- Led all associate-related functions, including hiring, performance discussions, development, and training.
- Prepared and managed the distribution center's financial plan to meet goals and objectives. Reviewed reports to monitor performance in all functional areas within the distribution center (P & L, Operations, A/R, Inventory, Data Processing).
- Implemented and supported Customer CARE. Monitored all Customer CARE KPI's to ensure that all Metrics aligned with company targets. Reviewed quarterly customer survey results with the Lead Team and continuously refined customer satisfaction improvement strategies.
- Interacted with customers to solve problems and handled all other operational issues to increase overall customer satisfaction.
- Implemented and supported Diversity and Inclusion Program.
- Ensured compliance with all Federal, state and local government regulations. Acted as key contact for all regulatory agencies - DEA, FDA, OSHA, DOT, state BOP, and others.
- Negotiated contracts for local vendors and approved expenditures within budgetary guidelines.
- Developed, implemented, and monitored Operational KPI's to promote efficiency, accuracy, faster service, and lower costs. Ensured that all functional departments were 100% SOP compliant.
- Administered physical plant and campus maintenance.
- Performed special projects as assigned.

1998–2006: Vice President/Distribution Center Manager I, Meridian, MS

- Managed he distribution services and operational functions within the Meridian distribution center.
- Led all associate-related functions, including hiring, performance discussions, development, and training.
- Prepared and managed the distribution center's financial plan to meet goals and objectives. Reviewed reports to monitor performance in all functional areas within the distribution center (P & L, Operations, A/R, Inventory, Data Processing).
- Implemented and supported the Customer CARE program.
- Interacted with customers to solve problems and handled all other operational issues to increase overall customer satisfaction.
- Ensured compliance with all Federal, state and local government regulations. Acted as key contact for all regulatory agencies - DEA, FDA, OSHA, DOT, state BOP, and others.
- Negotiated contracts for local vendors and approved expenditures within budgetary guidelines.
- Developed, implemented, and monitored Operational KPI's to promote efficiency, accuracy, faster service, and lower costs. Ensured that all functional departments were 100% SOP compliant.
- Administered physical plant and campus maintenance.
- Performed special projects as assigned.

1989-1998: Operations Manager, Raleigh, NC

Managed the overall operation of the dual-shift distribution function, including receiving, shipping, order filling, stocking, inventory, and data processing.

- Directed the annual Operating Expense budget of $6.1MM.
- Functioned as contact with local and regional DEA offices and ensured that each department followed proper DEA procedures.
- Administered physical plant and campus maintenance.
- Implemented and maintained Critical Success Measurements for judging customer satisfaction and associate performance.
- Supervised the Customer Service department.

1983-1989: Dr. T. C. Smith Company, Asheville, NC
Sales Professional

- Responsible for sales and territory management and specified accounts.
- Called on Health Systems, Retail, and Alternate Care accounts.
- Responsible for sales of company programs and ancillary products.
- Increased territory volume by 257% during this period.

1980-1983: McKesson Drug Company, Columbia, SC
Retail Account Manager

- Responsible for sales and territory management and specified accounts.
- Called on Retail, Health Systems, and Alternate Care accounts.
- Responsible for sales of the McKesson portfolio of ancillary programs and services.
- Increased territory volume by 107% during this period.
- Named one of the Top 5 Retail Account Managers in the Mid-Atlantic Region in 1982.

EDUCATION

Bachelor of Business Administration, Management - University of Mississippi

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. CMS0336703

Application/License No. _____

Fresenius Kabi, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 401 Apple Valley Rd., Suite A, Duncan, SC 29334 (Address of Applicant/Principal), as PRINCIPAL, and RLI Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 9025 N. Lindbergh Dr., Peoria, IL 61615 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 14, 2019 (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 14th day of November, 2019.

APPLICANT/PRINCIPAL

Fresenius Kabi, LLC

Authorized Representative

SURETY COMPANY

RLI Insurance Company

Surety Company's Representative

Rebecca J Hobbs, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Bonnie Rice

Witness Andrea Allman

Countersigned by:

Nevada Resident Agent Rebecca Hobbs
Non-Resident License #3159519

POWER OF ATTORNEY

RLI Insurance Company
Contractors Bonding and Insurance Company

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

Bond No. CMS0336703

Know All Men by These Presents:

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

That this Power of Attorney may be effective and given to either or both of **RLI Insurance Company** and **Contractors Bonding and Insurance Company**, required for the applicable bond.

That **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, each Illinois corporations (as applicable), each authorized and licensed to do business in all states and the District of Columbia do hereby make, constitute and appoint: Rebecca J Hobbs in the City of Knoxville, State of Tennessee, it's true and lawful Agent and Attorney in Fact, with full power and authority hereby conferred upon him/her to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars ($25,000,000) for any single obligation, and specifically for the following described bond.

Principal: Fresenius Kabi, LLC
Obligee: Nevada State Board of Pharmacy

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

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

IN WITNESS WHEREOF, **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Vice President with its corporate seal affixed this 14th day of November, 2019.

RLI INSURANCE COMPANY CORPORATE SEAL ILLINOIS

CONTRACTORS BONDING AND INSURANCE COMPANY CORPORATE SEAL ILLINOIS

RLI Insurance Company
Contractors Bonding and Insurance Company

Barton W. Davis — Vice President

State of Illinois }
County of Peoria } SS

On this 14th day of November, 2019, before me, a Notary Public, personally appeared Barton W. Davis, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Gretchen L Johnigk
Gretchen L. Johnigk — Notary Public

GRETCHEN L JOHNIGK
NOTARY PUBLIC STATE OF ILLINOIS
"OFFICIAL SEAL"
My Commission Expires
May 26, 2020

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company** and/or **Contractors Bonding and Insurance Company** this 14th day of November, 2019.

RLI Insurance Company
Contractors Bonding and Insurance Company

By: Jean M. Stephenson
Jean M. Stephenson — Corporate Secretary

A00AI817

20E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(**non-refundable** and **non-transferable checks only**)

Application must be printed legibly or typed

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

☑ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH_____
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4
☑ Partnership - Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6
☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed be all types of ownership

Facility Name: JANUS TRADE GROUP LLC

Physical Address: 556 Industrial Way West

City: Eatontown State: NEW JERSEY Zip Code: 07724

Telephone Number: 732-730-6815 Fax Number: _____

Toll Free Number: _____

E-mail: steve@janustrade.com Website: _____

Facility Manager: STEVE TAWIL

Professional qualifications and experience of facility manager: 30 YEARS EXPERIANCE AS WHOLESALER WAREHOUSE AND OPERATION MANAGER

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☐ Controlled Substances (include copy of DEA)
☐ Other: _____
☐ Hypodermic Devices
☐ Veterinary Legend Drugs

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP? Yes ☐ No ☑
(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Yes ☐ No ☑
(If yes, provide a copy of your FDA registration)

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: United Ostomy & Surgical Supplies.
Address: 7 Boumar Pl. , Elmwood Park, NJ 07407

Name: POWER LINES WHOLESALE
Address: 601 N. CONGRESS AVENUEE, SUITE 502, DELRAY BEACH FL 33445

Name: JJ SudAmericana
Address: 151 South Country Club Blvd, Boca Raton, FL 33487

Name: Genisis Diagnostics
Address: 88 Cresthill Ave., Clifton, NJ 07012

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of 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

ELI ABISROR
Print Name of Authorized Person

Oct 30 '19
Date

Board Use Only	Date Processed:_____	Amount: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: ELI ABISROR %: 33.33%

Name: STUART HUSNEY %: 33.33%

Name: MICHAEL ANTAR %: 33.33%

Name: _____ %: _____

Partnership Name: JANUS TRADE GROUP LLC

Mailing Address: 556 Industrial Way West

City, State Zip Code: Eatontown, New Jersey 07724

Telephone Number: 732-730-6815 Fax Number: _____

Contact Person: STEVE TAWIL

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 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.

Copy of a bond in an amount of $100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

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

JANUS TRADE GROUP, LLC
0600398623

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 24, 2013.

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:

ELI ABISROR
556 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of October, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6101354125

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

LIST OF EMPLOYEES:

WHO HANDELS THE DRUGS ON DAILY BASIS

None- Our company does not deal/handle drugs, we are wholesaler of supplies/devices only.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0733557

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

556 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724-

Reg. No.
5004388

JANUS TRADE GROUP
ATTN: NATHAN HEINEY
556 INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724-

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

EXPIRES: January 31, 2020

Establishment Copy

1249

MERCANTILE

Eatontown Borough

2019 License

Business Class

ML-19-0207

EXPIRATION

DECEMBER 31, 2019

ISSUED TO

JANUS TRADE GROUP
556 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

OWNER

ELI ABISOR
1139 LINCOLN SQ
LONG BRANCH NJ 07740

BY AUTHORITY OF ORDINANCE 22-2010 OF THE BOROUGH OF EATONTOWN, THIS LICENSE IS HEREBY GRANTED TO THE ABOVE OWNER WITHIN THE LIMITS OF THE BOROUGH OF EATONTOWN, HAVING PAID THE LICENSE FEE.

THIS LICENSE MUST BE POSTED IN PUBLIC VIEW AND IS NON TRANSFERABLE

Date: DECEMBER 24, 2018

Fee: $75.00

Linda Montagna

Mercantile Licensing

11631831

26407

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
JANUS TRADE GROUP, LLC
556 INDUSTRIAL WAY WEST
EATONTOWN NJ 07724

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

ID NUMBER: 0000003062
EXPIRATION DATE: 06/30/2021

John W Tidwell
DIRECTOR, HEALTH RELATED BOARDS

Lisa Piercey
COMMISSIONER

DCF171

LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS

DISTRIBUTOR OF LEGEND DRUGS OR LEGEND DEVICES

SUB-TYPE: Standard Distributor

JANUS TRADE GROUP LLC dba Mission Medical Supplies LLC

License No. **7678** effective **01/01/2019** *(Original issue date: 05/30/2013)*, Expiring **12/31/2019**
distributing from **556 Industrial Way West, Eatontown, NJ, 07724**
BUSINESS ADDRESS: 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ, 08701
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 46:XXXIV.101 through 1503.

Additional Third-Party Logistics Providers:
NA

Board Secretary

ORIGINAL LICENSE — DISTRIBUTOR
This License is NOT TRANSFERABLE and must be Conspicuously Displayed. This license must be renewed annually.

Louisiana Board of Drug and Device Distributors 12091 Bricksome Avenue, Suite B Baton Rouge, LA 70816	Phone: 225-295-8567 Fax: 225-295-8568	www.lsbwdd.org Email: admin@lsbwdd.org

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 biologicals, 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.

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. 41420408

Application/License No. _____

Janus Trade Group LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is P. O. Box 290109, Brooklyn, NY 11229 (Address of Applicant/Principal), as PRINCIPAL, and Platte River Insurance Company (Surety Company), a corporation organized under the laws of the state of Nebraska (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2121 N. California Blvd., #300, Walnut Creek, CA 94598 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 30, 2019 (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 30th day of October, 2019.

APPLICANT/PRINCIPAL
Janus Trade Group LLC

Authorized Representative

SURETY COMPANY
Platte River Insurance Company

Surety Company's Representative

Erin Brown, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent Erin Brown, Licens #1005693

PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

41420406

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 D LAPRE; DEBORAH M MCGUCKIN; RYAN ROGERS; KEVIN P SHINE; JAREN MARX
YVONNE WEATHERFORD; PHILLIP SIMONS; ERIN BROWN; COLLEEN E. WATSON; ARTYCE JOHNSON

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $2,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PLATTE RIVER INSURANCE COMPANY** at a meeting duly called and held on the 8th day of January, 2002.

"**RESOLVED**, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **PLATTE RIVER INSURANCE COMPANY** has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 3rd day of May, 2017.

Attest:

John E. Rzepinski
Vice President, Treasurer & CFO

Suzanne M. Broadbent
Assistant Secretary

PLATTE RIVER INSURANCE COMPANY

Stephen J. Sills
CEO & President

PLATTE RIVER INSURANCE COMPANY CORPORATE SEAL NEBRASKA

STATE OF WISCONSIN }
COUNTY OF DANE } S.S.:

On the 3rd day of May, 2017 before me personally came Stephen J. Sills, to me known, who being by me duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is President of **PLATTE RIVER INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

DAVID J. REGELE NOTARY PUBLIC STATE OF WISCONSIN

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN }
COUNTY OF DANE } S.S.:

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 30th day of October, 2019.

SEAL

Antonio Celii
General Counsel, Vice President & 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. 10-2017)

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/11/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for WHOLESALER LICENSE
Nature of License

JANUS TRADE GROUP LLC, 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Abisror | First Name Eli | Middle Name Bernard

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD Lincoln Square | City LongBranch | State/Zip NJ 07740

Dates

Present Business Address 556 Industrial Way West | City Eatontown | State/Zip NJ 07724

Dates

Occupation: Member | Phone: Residence | Business 732-730-6815

Date of Birth | Place of Birth (City, County, State): Neptune, Monmouth, NJ

Age: 37 | Social Security Number | Sex: M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	MEDIUM	185 lbs	MEDIUM	5" 9

Scars, tattoos or distinguishing marks and/or characteristics

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 04/11/2005 (Date) Brooklyn, NY (City, County and State)

Spouse's full name (Maiden) Sherly Mandil S.S. No.

Date of Birth Place of Birth Brooklyn, NY

Resident address Lincoln Square (Street) Long Branch (City) NJ (State) 07740 (Zip)

Telephone: Residence Business Homemaker

Spouse's employer N/A Occupation

Address of employer (Street) (City) (State) (Zip)

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Marcus Abisror		Brooklyn, NY	lincoln square, Long Branch, NJ 07740
Joshua Abisror		Brooklyn NY	lincoln square, Long Branch, NJ 07740
Suri Joelle Abisror		Long Branch NJ	lincoln square, Long Branch, NJ 07740

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

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

Name.....

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 deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Hanania Abisror	[illegible]	Turnberry Way, Aventura Florida	Rabbi
Mother			
Ella Weiner		Same	Homemaker
Father-in-Law			
Joshua Mandil		' Hutchinson Ct, Brooklyn NY	Customs Broker
Mother-in-Law			
Miireille Mandil		Same	Homemaker

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Joseph Abisror		) Turnberry Way, Aventura Florida	Unemployed
Spouse N/A			
Michelle Ouzer		Bowyer Ave, Long Branch NJ 07740	Homemaker
Spouse Yishay Ouzer			Grocery Manager
Baruch Abisror		' Vasser Dr, Anchorage AK 99508	Telecom
Spouse Beth Savit			Speech pathaologist
Yeshua Abisror		Ocean Pkwy, Brooklyn NY 11235	Medical Supplies
Spouse Jouli Malakh			Homemaker

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Deal Yeshiva	Deal, NJ	Sept 1986 - June 1995	Yes ☒ No ☐
High School	Yeshiva Gedolah Zichron Moshe	South Fallsburg, NY	Sept 1995 - Jan 1998	Yes ☑ No ☐
College University	Brookdale Community College	Middletown, NJ	Jan 1998 - June 1998	Yes ☐ No ☑
Other				Yes ☐ No ☐

Type of degree obtained, if any N/A

College or university where obtained.....

Applicant's initial EA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☑ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
defendent	approx- 1998	n/a	Monmouth county , NJ	car accident

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☑ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
see attached sheet		

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
Dec 1981- Sept 1995	1139 Lincoln Square	Long Branch	NJ
Sept 1995 - Jan 1998	84 Laurel Park Rd	South Fallburg	NY
Jan 1998 - Sept 2002	1139 Lincoln Square	Long Branch	NJ
Sept 2002 - March 2005	23 Clovelly St	Pikesville	MD
April 2005 - May 2007	2214 East 5th St	Brooklyn	NY
May 2007 - April 2008	869 Norwood Ave	Long Branch	NJ
May 2008 - Present	1139 Lincoln Square	Long Branch	NJ

Applicant's initial .....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/ 2007 - Present	Janus Trade Group 556 Industrial Way West, Eatontown NJ	N/A
Title	**Description of Duties**	**Name of Supervisor**
Owner	Magaing Director	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - 8/2007	Aeromax Dental Supplies 2212 McDonald Ave Brooklyn NY	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	Executive Buyer	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2002 - 9/2004	DC Dental Supplies 1133 Greenwood Rd, Baltimore MD	Pursue Self Employment
Title	**Description of Duties**	**Name of Supervisor**
Sales Manger	Overseeing Sales team	David Charnowitz

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

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

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Morris Sarway	Home	3333 Henry Hudson PKWY	Bronx, NY 10463			30 years
Employer Westechester Partners LLC	Business	3333 Henry Hudson PKWY	Bronx, NY 10463		347-443-8090	
Name Ike Levy	Home	Park Terrace	Long Branch, NJ 07740			12 years
Employer Monmouth Custom Builders	Business	259 Mounmouth Rd, Deal NJ 07723			732-517-0400	
Name Alex Paskie	Home	East 7th St Brokklyn NY 11230				8 years
Employer blueswitch.com	Business	29 Broadway, NY, NY 10006			212-742-2770	
Name Mordechai Dabbah	Home	Jersey Ave, Long Branch, NJ 07740				25 years
Employer Keter Torah	Business	5 Meridian Rd, Eatontown NJ, 07724			732-935-1111	
Name Eli Kopciel	Home	/illa Ln, Wesley Hills, NY 10952				20 years
Employer Extell Inc	Business	805 3rd Ave			212-712-6000	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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

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

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

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 10/28/2019

Applicant's initial

STATE OF New Jersey
ss.

COUNTY OF Monmouth

I, Eli Abiseor, 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 29th day of October, 2019

Jade B. Walden

Notary Public

JADE B. WALDEN
Notary Public, State of New Jersey
My Commission Expires
September 09, 2020
(seal)

Applicant's initial

ADDITIONAL INFORMATION

Additional Siblings:

Orli Shukran North Country Club Drive APT 105, Aventura FL 33180

Spouse of Oril :Alberto Shukran North Country Club Drive APT 105, Aventura FL 33180

Yisrael Abisror , Gainesborough Ct, Orlando FL 32826

Spouse of Yisrael : Tamar Devorah Kemerman Gainesborough Ct, Orlando FL 32826

Childern and Dependents :

Miireille Abisror born on 1 Long Branch, NJ resides in lincoln square, Long Branch, NJ 07740

Joel Murray Abisror born on 2 Long Branch NJ resides ir lincoln square, Long Branch, NJ 07740

Maximus Leo Abisror born on , Long Branch NJ resides in 1 lincoln square, Long Branch, NJ 07740

Isaac Asher Abisror born on F 7 , long branch NJ resides in 9 lincoln square, Long Branch, NJ 07740.

List of Companies Associated with Me:

JANUS TARDE GROUP LLC

MISSION MEDICAL SUPPLIES LLC

BLAZE TRADE GROUP LLC

EMS IMPORTS LLC

VALSTAR DENTAL LLC

ARROW MERCHANTS

INTELLIGENT DESIGNS

TECH GIANT LLC

MJS IMPORTS LLC

Abisror Properties LLC

STONEWATER EQUITIES LLC

CHASING SPARKS, INC

Applicant's initial

Sheet attached

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 [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, *et al.* Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, *et al.*, Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/23/19

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for WHOLESALER LICENSE
Nature of License

JANUS TRADE GROUP LLC, 556 INDUSTRIAL WAY WEST, EATONTOWN, NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Antar	Michael	

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	Dates	City	State/Zip
North Lincoln Ave	06/2015 - Present	Long Branch	NJ 07740

Present Business Address	Dates	City	State/Zip
556 Industrial Way West	02/2013 - Present	Eatontown	NJ 07724

Occupation: Medical Supplies Wholesaler

Phone: Residence

Business 732-662-3150 ext 239

Date of Birth	Place of Birth (City, County, State)
[redacted]	Brooklyn, Kings, New York

Age	Social Security Number	Sex
49		M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	Dark	205lbs	Muscular	5'11"

Scars, tattoos or distinguishing marks and/or characteristics

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/11/1991 (Date) Brooklyn, Kings, NY (City, County and State)

Spouse's full name (Maiden) Emily Lankry S.S. No

Date of Birth [illegible] Place of Birth Brooklyn, NY

Resident address North Lincoln Ave (Street) Long Branch (City) NJ (State) 07740 (Zip)

Telephone: Residence { Business

Spouse's employer Occupation Homemaker

Address of employer (Street) (City) (State) (Zip)

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Frieda Antar	[illegible]	Long Branch NJ	5 E.65th St. Apt 3B NY NY 10065
Max Antar		Brooklyn, NY	5 North Lincoln Ave Long Branch NJ 07740
Zahava Antar		Manhattan, NY	North Lincoln Ave Long Branch NJ 07740

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

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

Name.....

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 deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Nessim E. Antar		; E.23rd Street Brooklyn, NY 11229	Retired
Mother			
Gloria Haber		[illegible] E.23rd Street Brooklyn, NY 11229	Retired
Father-in-Law			
Solomon Lankry		3 E.7th Street Brooklyn, NY 11223	Retired
Mother-in-Law			
Zahava Abisror 1		3 E.7th Street Brooklyn, NY 11223	Retired

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Ezra Antar	57	E.12th Street Brooklyn, NY 11229	Office Manager
Spouse			
Aliza Soffer	3	2 E.12th Street Brooklyn, NY 11229	- Homemaker
Morris Antar	0	1 Ave T Brooklyn, NY 11229	- Shoe Importer
Spouse			
Giselle Cohen		L Ave T Brooklyn, NY 11229	- Homemaker
David Antar		E.17th Street Brooklyn, NY 11229	- General Contractor
Spouse			
Ramona Ozeri	64	9 E.17th Street Brooklyn, NY 11229	- Office manager
Sara Antar	7	E.19th Street Brooklyn, NY 11229	- Homemaker
Spouse			
Marty Chera		0 E.19th Street Brooklyn, NY 11229	- Loan Officer

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Magen David Yeshiva	Brooklyn NY	1979 - 1984	Yes ☒ No ☐
High School	Shaare Torah High School	Brooklyn NY	1984 - 1988	Yes ☒ No ☐
College University				Yes ☐ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any.....

College or university where obtained.....

Applicant's initial.....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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

B. Have you registered for the draft? Yes ☒ No ☐

County Kings State NY Date registered 5/5/1988

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial _____

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
SEE ATTACHED		

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
4/1997 - 9/2008	1949 E.23rd Street	Brooklyn	NY 11229 - Kings
9/2008 - 10/2019	1955 E.23rd Street	Brooklyn	NY 11229 - Kings
9/2018 - 10/2019	225 North Lincoln Ave	Long Branch	NJ 07740 - Monmouth

Applicant's initial _____

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 - Present	Janus Trade Group, LLC 556 Industrial Way West Eatontown NJ 07724	
Title	**Description of Duties**	**Name of Supervisor**
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 - 9/2007	Aeromax Dental Supplies Inc 2212 McDonald Ave Brooklyn NY 11230	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 - 9/2001	MASH Apparel Enterprise 10 West 33rd ST NY NY 10001	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
CEO	CEO	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994	Intimate Resources 180 Madison Ave NY NY 10016	Pursue Self Employment
Title	**Description of Duties**	**Name of Supervisor**
Salesman	Selling Close Out Apparel	Mike Sutton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

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

Applicant's initial CM

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name David Balassiano	Home	1 E.7th Street Brooklyn, NY 11223				1980 - Present
Employer Kosher Media	Business	1724 E.12th Street Brooklyn, NY 11229				
Name David Hadef	Home	1 E.7th Street Brooklyn, NY 11223				1980-Present
Employer Samsonic	Business	160 W.28th Street #1 New York, NY 10001				
Name Lawrence Dayan	Home	1 E.9th Street Brooklyn, NY 11223				1980-Present
Employer Gina Group	Business	10 West 33rd Street New York, NY 10001				
Name Ralph Dweck	Home	E.5th Street Brooklyn, NY 11223				- 1984-Present
Employer N/A	Business	N/A				
Name Danny Marcus	Home	Ave S Brooklyn, NY 11229				1998 - Present
Employer JM Legend	Business	2785 Coney Island Ave Brooklyn, NY 11235				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial _____

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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

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

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

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH



Date of photograph 10/23/2019

Applicant's initial

STATE OF New Jersey
ss.

COUNTY OF Monmouth

I, Michael Antac, 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 23rd day of October, 2019

EMAN M. RYAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Sept. 05, 2024

Notary Public

(seal)

Applicant's initial MA

ADDITIONAL INFORMATION

List of companies associated with me:

Janus Trade Group LLC

Mission Medical Supplies LLC

Blaze Trade Group LLC

EMS Imports LLC

Double Down Trading LLC

Valstar Trading LLC

Valstar Dental LLC

Lowestdeal Com LLC

Arrow Merchants

Intelligent Designs

Tech Giant LLC

MJS Imports LLC

Ace Toys

Applicant's initial

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 party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Stuart Husney, and Michael Antar	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, *et al.* 503011/2018	Brooklyn, NY (Kings County)	Still pending

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 [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, *et al.* Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, *et al.*, Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Aerogroup Enterprise	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, *et al.*, Dkt # 503011/2018	Brooklyn, NY (Kings County)	Still pending
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 10/24/2019

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for WHOLESALER LICENSE
Nature of License

JANUS TRADE GROUP LLC. 556 INDUSTRIAL WAY WEST. EATONTOWN NJ 07724
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Husney	Stuart	Eliot

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD 5 East 21st Street City Brooklyn State/Zip NY 11229

Dates Jan 1997 to Present

Present Business Address 556 Industrial Way West City Eatontown State/Zip NJ 07724

Dates Nov 2012 till present

Occupation

Phone:
Residence
Business 718-705-3906

Date of Birth

Place of Birth (City, County, State)
Brooklyn NY , Kings County

Age
52

Social Security Number

Sex
M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	Fair	193	Medium	5 Ft 8 Inch

Scars, tattoos or distinguishing marks and/or characteristics

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** May 18 1993 (Date) Kings County NY (City, County and State)

Spouse's full name (Maiden) Amy Husney S.S. No

Date of Birth Place of Birth Brooklyn NY

Resident address East 21st Street (Street) Brooklyn (City) NY (State) 11229 (Zip)

Telephone: Residence Business NA

Spouse's employer NA Occupation NA

Address of employer NA (Street) NA (City) NA (State) NA (Zip)

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Ezra Husney		New York NY	Church St. New Haven CT Apt 6G 06510
Abraham Husney		New York NY	1 Johnston Street Oakhurst NJ 07755
Joseph Husney		New York NY	Ave S Brooklyn NY 11229

See Page 10 Additional Children

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

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

Name.....

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Ezra Husney		East 9th Street Brooklyn NY 11223	Self Employed
Mother	Rosa Husney		East 3rd Street Apt 4F, Brooklyn NY 11223	NA
Father-in-Law	Abraham Dancour		BOWYER AVE Long Branch NJ 07740	NA
Mother-in-Law	Sophia Dancour		BOWYER AVE Long Branch NJ 07740	NA

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Paulette Husney		East 22nd Street Brooklyn NY 11229	Teacher
Spouse Dr Jonathan Hirsch MD		East 22nd Street Brooklyn NY 11229	Physician
Sara Husney		Elizabeth Street Oakhurst NJ 07755	Teacher
Spouse Aaron Haleva		Elizabeth Street Oakhurst NJ 07755	Attorney
Janine Husney		East 24th Street Brooklyn NY 11229	Teacher
Spouse Barry Mizrahi		East 24th Street Brooklyn NY 11229	Usability Engineer
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Magen David Yeshiva	Brooklyn NY , Kings County	1972 till 1982	Yes ☒ No ☐
High School	Yeshiva Shhare Torah	Brooklyn NY , Kings County	1982 Till 1986	Yes ☒ No ☐
College University	NA			Yes ☐ No ☐
Other	NA			Yes ☐ No ☐

Type of degree obtained, if any NA

College or university where obtained NA

Applicant's initial.....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch..... Date of entry-active service.....

Date of separation..... Type of discharge.....

Rating at separation..... Serial number.....

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

B. Have you registered for the draft? Yes ☒ No ☐

County ..... kings ..... State ..... new york ..... Date registered ..... 5/22/1986 .....

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?..... city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?..... city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial..... SN

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
SEE ATTACHED		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
March 1994 to March 1996	1936 East 13th Street	Brooklyn NY 11229	NY Kings County
April 1996 until Present	East 21st Street	Brooklyn NY 11229	NY Kings County

Applicant's initial .....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2007 Till present	Janus Trade Group, 556 Industrial way west Eatontown NJ 07724	NA
Title	**Description of Duties**	**Name of Supervisor**
Owner	CFO	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2005 Till 9/2007	Aeromax Dental Supplies Inc, 2212 Mcdonald Ave, Brooklyn NY 11230	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	CFO	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2001 Till 1/2005	Aeromax Inc 2212 Mcdonald Ave Brooklyn NY 11230	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	CFO	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1996 Till 9/2001	Mash Apparel Enterprise 10 West 33rd Street NY NY	Closed Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	CFO	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1994 till 1/1996	Intimate Resources 155 Madison Ave NY NY	Persue Self Emplyment
Title	**Description of Duties**	**Name of Supervisor**
Salesman	Selling Close Out Apparel	Mike Sutton

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1993 Till 1/1994	Skiva Intl 1407 Broadway NY NY	To Persue carreer in Sales
Title	**Description of Duties**	**Name of Supervisor**
Collection Agent	Collect Receivables	Jack Tawil

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/1991 till 1/1993	Misco Enterprises, 100 S. Washington , Dunellen NJ 08812	Persue career in collections
Title	**Description of Duties**	**Name of Supervisor**
Customer Service	Handled Customer Service Calls	Rachel Haber

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
June 1986 till 1/1991	Unemployed	NA
Title	**Description of Duties**	**Name of Supervisor**
NA	NA	NA

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

Applicant's initial 

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City State Zip	Telephone	Years Known
Name Alex Paskie	Home	) East 7th street 11230		18
Employer blueswitch.com	Business	29 Broadway NY NY 10006	(212) 742-2770	
Name Haim Cohen	Home	4 Hutchinson Court Brooklyn NY 11223		25
Employer Century Capital	Business	112 West 34th St NY NY 10120	(347)-564-5090	
Name Abie Levy	Home	1 4 East 21st Street Brooklyn NY 11229		20
Employer Foot Steps	Business	626 Kings Highway Brooklyn NY 11223	917-662-5554	
Name Morris Sarway	Home	Henry Hudson Parkway Bronx NY 10463		15
Employer Triple 5 Corp	Business	3333 henry hudson parkway bronx ny 10463	917-319-2949	
Name Alfred Sayeg	Home	East 24th Street Brooklyn NY 11210		10
Employer Freshwater Group LLC	Business	2564 Bedford Avenue , Brooklyn, New York 11226	(718) 676-1801	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial .....

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

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

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

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

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph

Applicant's initial

STATE OF New York
ss.
COUNTY OF Kings

I, Stuart E Husney, 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 24 day of October, 2019

Notary Public

MARK KHASKELZON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KH6110718
Qualified In Kings County
(seal)
Commission Expires 6/11, 2020

Applicant's initial

ADDITIONAL INFORMATION

Additional Children Daniel Husney Born n New York NY, Resides at 1 East 21st Street Brooklyn NY 11229

Rosa Husney Born On 8 in New York NY , Resides at 1 East 21st Street Brooklyn NY 11229

List Of Corporations associated with me Blaze Trade Group, EMS Imports, Double Down Trading, Valstar Trading, Valstar Dental, Jared Trading Lowestdeal Com LLC

Arrow Merchants, Intelligent Designs, Tech Giant LLC, Ace Toys, MJS Imports LLC.

Applicant's initial

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 party to a lawsuit as either a plaintiff or a defendant or an arbitration as either a claimant or respondent?

Yes [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Stuart Husney, and Michael Antar	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, *et al.* 503011/2018	Brooklyn, NY (Kings County)	Still pending

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 [x] No [ ]

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court Case And Number	City, County and State	Disposition/Date
Mission Medical Supplies, LLC and Janus Trade Group, LLC	7/13/2011	Mission Medical and Janus Trade Group v. Giglia, *et al.* Dkt # 500514/2011	Brooklyn, NY (Kings County)	Settlement, 1/30/14
Janus Trade Group, LLC, Mission Medical Supplies, LLC, Blaze Trade Group, LLC	1/19/16	Dr Haushka Skin Care v. Janus Trade Group, *et al.*, Dkt # 1:16-cv-00262	Brooklyn, NY (US Dist Ct., EDNY)	Settlement 8/16/16
Aerogroup Enterprise	2/13/18	Stuart Husney, Michael Antar and Aerogroup Enterprise v. Isaac Gindi, *et al.*, Dkt # 503011/2018	Brooklyn, NY (Kings County)	Still pending
Janus Trade Group, LLC, MJS Imports, LLC,	8/28/19	Janus Trade Group and MJS Imports v. Coface North America Insurance Co. Dkt # MON-L-003081-19	Freehold, NJ (Monmouth County)	Still pending

21

B&B Pharmaceuticals Inc.

RECEIVED
JAN - 7 2020

January 6, 2020

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

RE: Petition to Reduce the Bond Amount for B&B Pharmaceuticals, Inc.
License Number: WH01747

To Whom It May Concern:

B&B Pharmaceuticals, Inc. has been licensed as an Out-of-State Wholesaler with the Nevada State Board of Pharmacy for over 8 years consecutively since July 18, 2011.

B&B is hereby petitioning that the Board reduce the surety bond amount to $5,000 pursuant to NAC 639.5937, which states in relevant parts that "[t]he Board will reduce the bond or other security to the amount of $5,000 if any wholesaler described in subsection 1 has been licensed with the Board for 5 consecutive years or more."

Thank you for your time and consideration.

Sincerely yours,

Matthew Johnson
President

8591 Prairie Trail Dr C-600, Englewood, CO 80112 · 800-499-3100 FX: 303-755-5242 · www.bbpharm.net

22

22A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current 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
☐ Partnership - Pages 1,2,6,10,11a&b
☐ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: All City Pharmacy #2

Physical Address: 8352 W Warm Springs Rd

City: Las Vegas State: Zip Code: 89113 Telephone: (702) 834-7704

Fax: (702) 834-7705 Toll Free Number: —

E-mail: info@allcitypharmacy.com

Website: allcitypharmacy.com

Managing Pharmacist: Jared S Kohn License Number: 19641

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☒	☐ Retail	☐	☐ Off-site Cognitive Services
☐	☐ Hospital (# beds____)	☐	☐ Parenteral
☐	☐ Internet	☐	☐ Parenteral (outpatient)
☐	☐ Nuclear	☐	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☐	☐ Mail Service
☐	☐ Community	☐	☐ Long Term Care
☐	☐ Other: _____	☐	☐ Sterile Compounding
		☐	☐ Non Sterile Compounding
	All boxes must be checked	☐	☐ Mail Service Sterile Compounding
	For the application to be complete	☐	☐ Other Services: _____

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.

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

Garen Garakhanyan
Print Name of Authorized Person

11/20/19
Date

Board Use Only	Date Processed:	Amount: 600.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: All City Pharmacy
Mailing Address: 821 N Lamb Blvd #4
City: Las Vegas State: NV Zip: 89110
Telephone: (702) 834-7704 Fax: (702) 834-7705
Contact Person: Garen Garakhanyan

For any corporation non publicly traded, disclose the following:

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

a) N/A
Name Business Address

b) N/A
Name Business Address

c) N/A
Name Business Address

d) N/A
Name Business Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

List any physician shareholders and percentage of ownership.

Name: N/A / None %: N/A
Name: N/A / None %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5 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: NV20161161525

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Garen Garakhanyan

Business Name: All City Pharmacy

Current Business Address: 821 N Lamb Blvd #4

City: Las Vegas State: NV Zip Code: 89110

Telephone: (702) 834-7704 Fax: (702) 834-7705

List any physician shareholders and percentage of ownership.

Name: Garen Garakhanyan %: 100

Name: %:

Name: %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5:00 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: NV 2016116 1525

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Garen Garakhanyan

Responsible Person of All City Pharmacy 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

Garen Garakhanyan
Print Name of Authorized Person

11/20/19
Date

Managing Pharmacist

Pharmacist Name: Jared Scott Kohn License #: 19641

Pharmacy Name: All City Pharmacy

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?	☐	☑
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 numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 11/20/19

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALL CITY PHARMACY L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/16/2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/19/2019.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20191119378542
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

ALL CITY PHARMACY L.L.C.

Nevada Business Identification # NV20161161525

Expiration Date: March 31, 2020

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 15, 2019

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

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

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☐ ANNUAL ☑ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

ALL CITY PHARMACY L.L.C.
NAME OF ENTITY

NV20161161525
Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
Barbara K. Cegavske	E0124232016-8
	Filing Number
	20190297473
Secretary of State	Filed On
State Of Nevada	11/20/2019 12:07:30 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.
☐ 001 - Governmental Entity
☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required
☐ Yes - the "Charitable Solicitation Registration Statement" is required.
☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN			USA	
Name			Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110	
Address	City	State	Zip/Postal Code	

CORPORATION, INDICATE THE MANAGING MEMBER:

GAREN GARAKHANYAN			USA	
Name			Country	
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110	
Address	City	State	Zip/Postal Code	

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Garen Garakhanyan
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Manager
Title

11/20/2019
Date

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
GAREN GARAKHANYAN	USA

Address	City	State	Zip/Postal Code
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
GAREN GARAKHANYAN	USA

Address	City	State	Zip/Postal Code
821 NORTH LAMB BLVD SUITE 4	LAS VEGAS	NV	89110

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Garen Garakhanyan

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Manager	11/20/2019

ALL CITY PHARMACY, LLC.

March 29, 2019

Re: Case # 17-070-PH-S

I am writing this response in to the notification received regarding the above case. The board came in and discussed the matter. They talked to our pharmacist at the time. Upon completing their inspection, review and questions they informed me that our current pharmacist did not have the proper knowledge to work with and dispense intravenous medications.

The Board then told me to get a new pharmacist, which I did immediately. If there are any questions or concerns or additional suggestions please feel free to contact me personally or the pharamcy

Respectfully

Garen Garakhanyan
Owner
All City Pharmacy LLC

821 N. LAMB BLVD #4, LAS VEGAS, NV 89110
PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM
PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM
PH: (702) 834-7704 FAX: (702) 834-7705 EMAIL: INFO@ALLCITYPHARMACY.COM

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Please see attached

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 29 day of March, 2018.

Garen Garakhanyan
Type or print name

Authorized Representative for:
ALL CITY PHARMACY, LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JAIME CORDOBA-HERNANDEZ, RPH Certificate of Registration No. 17533, and ALL CITY PHARMACY, LLC Certificate of Registration No. PH03609, Respondents.	)	CASE NO. 17-070-RPH-S 17-070-PH-S STIPULATED FACTS (Jaime Cordoba-Hernandez Only)

S. PAUL EDWARDS, ESQ., prosecutor for the State of Nevada, State Board of Pharmacy (Board) and Respondent Jaime Cordoba-Hernandez (Cordoba-Hernandez), Certificate of Registration No. 17533, represented by WILLIAM J. STILLING, ESQ., of Stilling & Harrison Health Care Law.

HEREBY STIPULATE AND AGREE THAT

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action.

a. In September 2012, the Board entered a Findings of Fact, Conclusions of Law and Order (Order) in the case of *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S. In that case, the Board found Cordoba-Hernandez guilty of creating a fraudulent prescription and dispensing a dangerous drug to a friend. The Board revoked Cordoba-Hernandez's pharmacist registration in that action. In March 2014, Cordoba-Hernandez appeared before the Board and requested reinstatement of his pharmacist registration. The Board

reinstated Cordoba-Hernandez's pharmacist registration subject to a two-year probation with conditions.

b. In February 2015, the Board entered another Order against Cordoba-Hernandez in *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S. In that Order, the Board found Cordoba-Hernandez guilty of unprofessional conduct for failing to fully comply with the terms and conditions of his probation set forth by the Board at the March 2014, board meeting and September 2012 Order. The Board revoked Cordoba-Hernandez's pharmacist registration, stayed the revocation, and placed his pharmacist registration on probation for two years with conditions.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah sent a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly".

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in the box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials, instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Mr. Cordoba claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah, Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

a. The strength of Heparin would be utilized to flush a central line;

b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);

c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;

d. The side effects related to Vancomycin;

e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and

f. How to dose Vancomycin based on the physician's order.

AGREED:

Signed this ___ day of April 2019

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

Signed this 10th day of April 2019

William J. Stilling, Esq.
Counsel for
Respondent Jaime Cordoba-Hernandez

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of May 2019, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jaime Cordoba Hernandez, RPh
4333 Reno HWY, #19
Fallon, NV 89406

William Stilling, Esq.
215 S. State St., Suite 500
Salt Lake City, Utah 84111

All City Pharmacy
821 N. Lamb Blvd., #4
Las Vegas, NV 89110

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JAIME CORDOBA-HERNANDEZ, RPH, Certificate of Registration No. 17533, and ALL CITY PHARMACY, LLC Certificate of Registration No. PH03609, Respondents.	)	CASE NO. 17-070-RPH-S 17-070-PH-S FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

The Nevada State Board of Pharmacy (Board) heard this matter at its regularly scheduled meeting on April 10, 2019, in Las Vegas, Nevada. S. Paul Edwards, Esq., prosecuted the case on behalf of the State of Nevada, Board of Pharmacy. William J. Stilling, Esq., appeared on behalf of Respondent Jaime Cordoba-Hernandez, R.Ph., Certificate of Registration No. 17533 (Cordoba-Hernandez). Cordoba-Hernandez was also present.

Respondent All City Pharmacy, LLC, Certificate of Registration No. PH03609 (All City Pharmacy), filed a written response to the Accusation on file in the case. It did not appear at the hearing, nor did it have counsel appear on its behalf.

Based on the evidence presented, the Board enters the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

Respondent Cordoba-Hernandez, through his counsel, stipulated to certain facts in writing on April 10, 2019 (Stipulated Facts).[1] The Board accepts those Stipulated Facts as its findings as to both Respondents as follows:

[1] All City Pharmacy did not dispute any of the facts alleged in the Board's December 13, 2018 Accusation when it filed its written Response on March 29, 2019.

1. The Board has jurisdiction over this matter and Respondent Cordoba-Hernandez because Cordoba-Hernandez was a pharmacist registered by the Board at the time of the events alleged in the Accusation on file in this action.

Past Discipline

2. Cordoba-Hernandez has been disciplined by the Board on two other occasions prior to this action, including in September 2012, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case No. 12-056-RPH-S, and in February 2015, in the case *Board of Pharmacy v. Jaime Cordoba-Hernandez*, Case 14-086-RPH-S.

Present Action

3. On July 18, 2017, Dr. Dhaval Shah faxed a prescription to Alta Care Home Health (Alta Care) for IV Vancomycin 1G every 12 Hr for 2 weeks for patient P.L.

4. The physician stated on the prescription that "Pharm to dose Abx" and "Vanco trough weekly."

5. Cordoba-Hernandez was the managing pharmacist at All City Pharmacy at that time.

6. Justin Reyes from Alta Care Home Health (Alta Care) called Cordoba-Hernandez at All City Pharmacy regarding the prescription.

7. Cordoba-Hernandez told Reyes that All City Pharmacy could provide the intravenous medication for the patient, but would be sending only the Vancomycin without supplies. Alta Care faxed the prescription received from Dr. Shah to the pharmacy.

8. Cordoba-Hernandez claims he believed Justin Reyes was a nurse who was acting on behalf of Dr. Shah and asked if he could change the prescription to 30 vials, which was the number of vials in a box.

9. Without verifying that Reyes was acting on Dr. Shah's behalf, and without consulting Dr. Shah. Cordoba-Hernandez accepted a verbal prescription from Ms. Reyes to

change the Vancomycin quantity to 30 vials. instead of the 28 vials Dr. Shah prescribed. Ms. Reyes is not a practitioner and is not an agent of Dr. Shah.

10. The label on the medication lists Dr. Shah as the ordering practitioner.

11. On July 19, 2017, Cordoba-Hernandez prepared and dispensed 30 Vancomycin 1gm vials of lyophilized powder that were delivered to the patient's home without the diluent for intravenous administration.

12. R.N. Gerlie Comahig of Alta Care later contacted Cordoba-Hernandez to inquire about the missing infusion supplies and medications.

13. Cordoba-Hernandez claims he believed Ms. Comahig was a nurse practitioner and was authorized to order a prescription on behalf of Dr. Shah.

14. Without verifying that Ms. Comahig was a nurse practitioner, and without consulting Dr. Shah. Cordoba-Hernandez accepted a verbal prescription from R.N. Comahig for Sodium Chloride 0.9% flushing solution and Heparin 100u/ml flushing solution. Ms. Comahig is not a practitioner and is not an agent of Dr. Shah.

15. The labels for each of those medications list Dr. Shah as the ordering practitioner.

16. After the Board received a complaint, and during the investigation of this matter, Cordoba-Hernandez responded to Board investigators' questions by stating that he did not know the answers to their questions regarding Vancomycin, including the following:

a. The strength of Heparin that would be utilized to flush a central line;

b. The name(s) of any central lines (i.e. PICC, Port, Hickman, Groshong);

c. What normal Vancomycin trough levels were, how trough levels would be drawn, or how the results would be provided to the Pharmacist;

d. The side effects related to Vancomycin;

e. The beyond use date (BUD) of Vancomycin once it is reconstituted; and

f. How to dose Vancomycin based on the physician's order.

17. Additionally, the Board finds that Board Staff incurred costs and expenses of at least two thousand five hundred dollars ($2,500.00) to investigate and prosecute this matter.

CONCLUSIONS OF LAW

18. The Board has jurisdiction over this matter and both of these Respondents because at the time of the events alleged herein, Cordoba-Hernandez and All City Pharmacy were registered or licensed with the Board.

19. Cordoba-Hernandez engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(d), (e) and (i), and violated NAC 639.690(2) as the managing pharmacist, by attempting to fill and dispense the prescription for P.L. without the necessary knowledge and proper training, by accepting verbal prescriptions from non-practitioners who were not agents of the prescribing physician, by failing to follow the prescription written by the prescribing physician and by failing to consult Dr. Shaw as the prescribing physician. For that conduct, Cordoba-Hernandez is subject to discipline pursuant to NRS 639.210(4) and (12), and NRS 639.255.

20. As the pharmacy at which the foregoing violations occurred, All City Pharmacy is responsible for those violations, including those of Respondent Cordoba-Hernandez, pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2). All City Pharmacy is therefore subject to discipline pursuant to NRS 639.210(4) and (12) and NRS 639.255.

21. Board Staff withdrew the Second Cause of Action alleging inadequate counseling.

22. The Board hereby finds and concludes that the costs and attorney fees Board Staff incurred to investigate and prosecute this case are fair and reasonable, necessary and actually incurred by Board Staff in its investigation and prosecution of this case.

ORDER

23. Based upon the foregoing, the BOARD HEREBY ORDERS as to Respondent Cordoba-Hernandez:

a. Cordoba-Hernandez's pharmacist registration, Certificate of Registration No. 17533, is revoked effective immediately. The revocation is stayed on the condition that Cordoba-Hernandez shall:

i. Take and pass the NAPLEX examination within six (6) months of the effective date of this Order.

ii. Take and pass the MPJE examination within six (6) months of the effective date of this Order.

iii. Pay a fine of five thousand dollars ($5,000.00).

iv. Pay an administrative fee of one thousand two hundred and fifty dollars ($1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

b. Cordoba-Hernandez's pharmacist registration shall be placed on probation for a period of four (4) years from the effective date of this Order. During that probationary period, Cordoba-Hernandez shall:

i. Not work as a managing pharmacist/pharmacist in charge of any Nevada-licensed pharmacy.

ii. Not engage in any form of compounding or specialty pharmacy. He shall limit his practice to retail pharmacy practice only.

iii. Attend the entire day of at least two of the Board's regularly scheduled board meetings each year (a total of eight meetings over four years) on the day the Board hears disciplinary matters (typically the first day). As evidence of his attendance at each meeting, Cordoba-Hernandez must (a) sign the attendance sheet made available at the meeting, and (b) make his attendance known by introducing himself to the Executive Secretary of the Board.

24. Based upon the foregoing, the BOARD HEREBY ORDERS that All City Pharmacy shall:

a. Pay a fine of five thousand dollars ($5,000.00).

b. Pay an administrative fee of one thousand two hundred and fifty dollars ($1,250.00) to partially reimburse the Board for its costs and attorney fees associated with investigating and prosecuting this matter.

c. All City Pharmacy shall be subject to quarterly inspections for a period of one year at its own expense, up to a limit of five hundred dollars ($500.00) per inspection.

25. Respondents shall pay the fines ordered herein by *cashier's check* or *certified check* or *money order* made payable to "*State of Nevada, Office of the Treasurer*" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

26. Respondents shall pay the administrative fees ordered herein by *cashier's check* or *certified check* or *money order* made payable to the "*Nevada State Board of Pharmacy*" to be received by the Board's Reno office at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521, within sixty (60) days of the effective date of this Order.

[THIS AREA INTENTIONALLY LEFT BLANK]

27. Any failure by Respondents, or either of them, to comply with any term in this Order may result in additional discipline, including the possible suspension or revocation of their respective license or registration until the default is cured. Furthermore, any failure to pay any fine, fee, or cost ordered herein will also result in such legal action as Board Staff determines to be necessary to collect the unpaid fine, fee, or cost.

IT IS SO ORDERED.

Signed and effective this 1 day of April 2019.

Jason Penrod, President
Nevada State Board of Pharmacy

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11/20/19

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 Retail Pharmacy
Nature of License

All City Pharmacy (#2) 8352 W. Warm Springs Rd. Las Vegas, NV 89113
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Garakhanyan | Garer |
Last Name | First Name | Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Bow Canyon Ct | Las Vegas | NV | 89147
Present Residence Address-Street or RFD | City | State/Zip

821 N Lamb Blvd | Dates 9-12-2016 - current (For All City Pharmacy #1)
Present Business Address | City | State/Zip

Owner | Dates 11/3/2017 - current
Occupation | Phone: Residence

Business (702)834-7704

Date of Birth | Yerevan Armenia
Place of Birth (City, County, State)

41 | Male
Age | Social Security Number | Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	olive	120	Small	5'8

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date September 17, 2007

Place LAS VEGAS, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial GG

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden) N/A S.S. No N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Kristina Gurgian	2-8-2016	6-4-2000 Lasvegas	Divorce	Lasvegas Clark/NV

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

Name	Street	City	State	Zip	Telephone
Kristina Gurgian	Garden Mist	Las Vegas	NV	89135	

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Alex Garakhanyan		Las Vegas	Las Vegas NV 89147 Bow Canyon Ct
David Garakhanyan		Las Vegas	Las Vegas NV 89147 Bow Canyon Ct

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial GG

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	HRAIR Garakhanyan		6 GRANDCANYON Dr.,	Las Vegas NV 89147
Mother	Tsovik Garakhanyan		5 Grand Canyon Dr.,	Las Vegas, NV 89147
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
	N/A			
Spouse	N/A			
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Abovian #5	Abovian Armenia	1984-94	Yes ☑ No ☐
High School	Abovian #5	Abovian Armenia	1984-94	Yes ☑ No ☐
College University				Yes ☐ No ☑
Other				Yes ☐ No ☐

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial GG

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

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

B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial GG

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
3/2014-Current	Bow Canyon Ct	Las Vegas	NV 89147
1/2010-2/2014	8984 English Falls way	Las Vegas	NV 89139
6/2005-12/2009	6682 Zephyr Wind	Las Vegas	NV 89139
5/2008-5/2005	6022 Golden Harmony	Las Vegas	NV 89031
3/1999-4/2002	2500 Karen Ave #12	Las Vegas	NV 89121
4/1997-2/1999	620 W Milford	Glendale,	CA 91203
1/1990-3/1997	2 Micoro #9	Abovian	Armenia

Applicant's initial GG

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
11/2017-current	All City Pharmacy 821 N LambBlvd LasVegas NV 89110	N/A
Title	**Description of Duties**	**Name of Supervisor**
Owner	Oversee Operations	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2015-current	Vegas Car Center 4350 Arville #16 LasVegas NV 89103	N/A
Title	**Description of Duties**	**Name of Supervisor**
Owner	Oversee Operations	self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2015-1/2017	Elevate Capital 8337 W Sunset LasVegas NV 89113	Sold
Title	**Description of Duties**	**Name of Supervisor**
Owner	Oversee Operations	Self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2012-3/2016	GG Whdesale 6069 ft Apache LasVegas	Sold Business
Title	**Description of Duties**	**Name of Supervisor**
Owner	Over see Daily Operations	self.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2012-3/2012	unemployed	
Title	**Description of Duties**	**Name of Supervisor**
—	—	—

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2010-1/2012	StepVegas 3970 Mojave LasVegas NV	Bus Closed.
Title	**Description of Duties**	**Name of Supervisor**
Consult.	Real Estate Consult.	Steve Arakelian

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2008-1/2010	NMBIL Capital 640 Bridger Ave Las Vegas	other job
Title	**Description of Duties**	**Name of Supervisor**
Asset Mgr.	Administration	Johnathan Mynes

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/2003-8/2008	MLS Mortgage 4850 W Flamingo LasVegas NV	Closed
Title	**Description of Duties**	**Name of Supervisor**
Loan officer	originate loans	EDDIE KAWA

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

Applicant's initial GG

ADDITIONAL INFORMATION

Employment Continued:

2/2000 - 4/2003 In & Out Tire & Auto other job
5410 S Decatur.
Pos: Technician Las Vegas NV 89113 Varied.
Duties: General Mechanic Task

2/1999 - 2/2000 Cesars Palace other job
3570 S Las Vegas Blvd
Las Vegas NV 89109 Corporate
Pos: Valet Duties: Valet. Park Cars

6/1997 - 2/1999 Ask Gold Comp moved.
620 Olive
Los Angeles, CA 90302
Pos: Sales Varied.
Duties: Sales Managers

1st Job is one above ASK Gold

Applicant's initial GG

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Natasha Bell	Home 3 Agnew Valley Ct	Las Vegas	NV	89178		1 - 15 yrs
Employer Touro MED School	Business 874	American Pac.	Fic	Henderson	NV 89014	
Name Caroline Carruthers	Home 5 First Lady Ave	Las Vegas	NV	89148		20 yrs.
Employer Home Funding	Business 1820 E Warm Springs #130	Las Vegas	NV	89119		
Name Gevik Karapetyan	Home Wicked Edge	Las Vegas	NV	89113		14 yrs
Employer Arizona trucking + Catering	Business 224 Wicked Edge	Las Vegas	NV	89115		
Name Leo Flangas	Home Montessori St	Las Vegas				12 yrs.
Employer Flangas Law	Business 600 S 3rd St	Las Vegas	NV	89101		
Name Kiss Kardi	Home N Jackson St	Glendale	CA	91206		
Employer Union Bank	Business 330 N Brand #160	Glendale	CA	91203		30 yrs

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

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

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

Yes ☐ No ☒
If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

Applicant's initial GG

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☐

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

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

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

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N / A



Date of photograph 11/20/19

Applicant's initial G-G

STATE OF Nevada
ss.

COUNTY OF Clark

I, Garen Garakhanyan, 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 20th day of November 2019

EXPIRES 6/8/2020
Notary Public

(seal)

CAROLINE CAROUTHERS
Notary Public, State of Nevada
Appointment No. 16-2770-1
My Appt. Expires June 08, 2020

Applicant's initial GG

ADDITIONAL INFORMATION

Applicant's initial G G

NEVADA STATE BOARD OF PHARMACY

431 W PLUMB LANE – RENO, NV 89509 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: $50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: _____

**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: All City Pharmacy Store #: 2

Address: 8352 W. Warm Springs Rd. 3rd Floor

City: Las Vegas State: * NV Zip: 89113

Telephone: _____ Fax: _____

New Managing Pharmacist Name: Kristy Tran

License #: 16201 Date Started: _____

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.

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.

	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?.....	☐	☒
2. Been the subject of 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 numbered questions **(1-3)** above, include the following information & **provide documentation**:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court

PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE 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. (NRS 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 the 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 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 have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature of New Managing Pharmacist (no stamps or copies) _____ Date 5-27-2020

Board Use Only
Date Received: _____ Amount: 50.00

Posted 6/30/2011

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

Date 5-27-2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for Retail Pharmacy
Nature of Pharmacy or Wholesaler

All City Pharmacy #2 8352 W. Warm Springs Rd 3rd floor Las Vegas, NV 89113
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

TRAN (Last Name) KRISTY (First Name) (Middle Name)

NONE
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Cactus Desert Ct. (Present Residence Address-Street or RFD) N. Las Vegas (City) NV 89084 (State/Zip)

821 N. Lamb Blvd. (Present Business Address) Dates Las Vegas (City) NV 89110 (State/Zip)

Staff Pharmacist (Present Position with the Pharmacy or Wholesaler) Dates 5-27-2020

Phone: Residence

Business 702-834-7704

[redacted] (Date of Birth) Loc An, Bao Loc, Viet Nam (Place of Birth (City, County, State))

41 (Age) [redacted] (Social Security Number or ITIN) Female (Sex)

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Fair	118	Small	5'2

Scars, tattoos or distinguishing marks and/or characteristics Small scar on right thigh

Are you a citizen of the United States? (Yes) No If alien, registration No [redacted]7

If naturalized, certificate No [redacted] Date 6-7-2001

Place Allentown, Pennsylvania (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial KT

A. **Current Marriage** 11-6-2006 (Date) Las Vegas, Clark, NV, (City, County and State)

Spouse's full name (Maiden) Thanh N. NGO SS# or ITIN

Date of Birth , Place of Birth Viet Nam

Resident address (Street) Cactus Desert ct. N. Las Vegas (City) NV. (State) 89084 (Zip)

Telephone: Residence Business 702-641-8868

Spouse's employer Neighborhood dental Occupation Dentist

Address of employer 5061 E. Sahara (Street) Las Vegas (City) NV (State) 89142 (Zip)

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Lauren J. NGO		Las Vegas	Cactus Desert ct. NLV, NV 89084
Katie NGO		Las Vegas	2 Cactus Desert ct. N. Las Vegas, NV. 89084

B. Child Support Information:

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 IGT

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Tieng N. Tran		2 Cactus Desert ct NLV. NV. 89084	retired
Mother	Anh N.T. Nguyen			deceased
Father-in-Law	Trieu NGO			deceased
Mother-in-Law	Chau Le		Sycamore Ln. Garden Grove, CA 92843	retired

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	MiMi Tran		Beverly Rd. Newark DE 19711	nurse
Spouse	Kevin Tran		Tournament ct Center Valley, PA 18034	X-Ray Tech.
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Summit View	Waynesboro, PA	1990- 1993	(Yes) No
High School	Louis E. Dieruff	Allentown, PA	1993- 1997	(Yes) No
College University	Temple University	Philadelphia, PA	1997- 2003	(Yes) No
Other				Yes No

Type of degree obtained, if any Pharm. D.

College or university where obtained Temple University School of Pharmacy

Applicant's initial LT.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

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

B. Have you registered for the draft? Yes → (No) →

County_____ State_____ Date registered_____

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial IG

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/1990 - 8/1995	120 N. church st.	Waynesboro	PA.
8/1995 - 9/1997	1027 Hanover ave.	Allentown	PA.
9/1997 - 6/2003	3315 Broad st.	Philadelphia	PA.
6/2003 - 11/2004	41767 Tournament ct.	Center valley	PA.
11/2004 - 8/2011	2321 Mistle Thrush Dr.	N. Las vegas	NV.
8/2011 - present	2 Cactus Desert ct.	N. Las vegas	NV.

Applicant's initial IG

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
1/2005 - 8/2007	Wal-mart pharmacy 5545 Simmons St. Lv, NV. 89031	3,840 hr.
Title	**Description of Duties**	**Name of Supervisor**
Pharmacist	Verifying and dispensing medications, patient counseling	Jack Dalton
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2007 - 4/2018	Walmart Rx 5940 Losee Rd. NLV, NV. 89081	19,500 hr.
Title	Description of Duties	Name of Supervisor
Pharmacy manager	managed techs, verifying and dispensing meds., pt. counseling Responsible for all aspects of pharmacy	Jack Dalton
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2018 - 8/2019	West Valley Pharmacy 6125 W. Sahara Lv, NV. 89146	1,280 hr.
Title	Description of Duties	Name of Supervisor
Pharmacist	Verifying and dispensing medications, patient counseling	Louis Nguyen
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial VG

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Esther Lucitello	Home Russell Rd.	Las Vegas,	NV.	89118		14 yrs.
Employer Self	Business Realtor	Las Vegas,	NV.	89118	702-561-5643	
Name Pauline Yabut	Home Casa Antigua	Las Vegas,	NV.	89081		
Employer Wal-mart	Business Tropical pkwy	Las Vegas,	NV.	89149	702-515-7211	13 yrs.
Name Denise Farro	Home Fort Apache	Las Vegas,	NV.	89149		12 yrs.
Employer Summerlin hospital	Business 653 N. town Center	Las Vegas,	NV.	89144	702-209-3903	
Name Danielle Temple	Home Remington Grove	NLV,	NV.	89081		9 yrs.
Employer Wal-mart	Business Losee Rd.	Las Vegas,	NV.	89081	702-639-9002	
Name Hai Nai	Home Allen st.	Las Vegas,	NV.	89031		14 yrs.
Employer Wal-mart	Business Losee Rd.	Las Vegas,	NV.	89081	702-639-9002	

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

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

Yes — (No) —

If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes — (No) —
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes — (No) —

.....

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

.....

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

.....

.....

Applicant's initial IC

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

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



Date of photograph 5-27-2020

Applicant's initial IG

STATE OF Nevada
ss.

COUNTY OF Clark

I, Kristy Tran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of May 2020.

Notary Public

(seal)

JONATHAN ESCAPA
Notary Public - State of Nevada
County of Clark
APPT NO. 14-14771-1
My App. Expires Sept. 17, 2022

Applicant's initial KT

Applicant's initial

22B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ New Pharmacy or ☐ Ownership Change (Provide current 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&b

☐ Partnership - Pages 1,2,6,10,11a&b

☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Capsule Las Vegas LLC

Physical Address: 801 S Rancho Dr, Suite A-4

City: Las Vegas State: NV Zip Code: 89106 Telephone: 757-777-1311

Fax: 646-934-6409 Toll Free Number: 1-888-910-18

E-mail: licensing@capsule.com

Website: www.capsule.com

Managing Pharmacist: Angelica Gabriel License Number: 18103

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☐	☑ Parenteral
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☐	☑ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding
		☐	☑ Non Sterile Compounding
All boxes must be checked		☐	☑ Mail Service Sterile Compounding
For the application to be complete		☐	☑ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Capsule Corporation

Mailing Address: 255 Greenwich St, Floor 4

City: New York State: NY Zip: 10007

Telephone: 888-685-9515 Fax: 646-934-6409

Contact Person: Sonia 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) Eric Kinariwala (Name) 255 Greenwich Street, Floor 4 New York, NY 10007 (Business Address)

b) na (Name) (Business Address)

c) na (Name) (Business Address)

d) na (Name) (Business Address)

2) Provide the number of shares issued by the corporation. 100,000

3) What was the price paid per share? $0.0001 per share

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 10 am 5 pm

Sunday 10 am 5 pm 24 Hours N/A

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 – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Eric Kinariwala

Responsible Person of Capsule Las Vegas 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.

EVK

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

Eric Kinariwala
Print Name of Authorized Person

5/25/2020
Date

Managing Pharmacist

Pharmacist Name: Angelica Gabriel License #: 18103

Pharmacy Name: Capsule Las Vegas LLC

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?	☐	☑
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 numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ 5/25/2020 Date

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

Date 5/25/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for Resident Retail Pharmacy
Nature of Pharmacy or Wholesaler

Capsule Las Vegas LLC located at 801 S Rancho Dr, Suite A-4, Las Vegas, NV 89106-3870
Name and Address of Business for Which Designated Representative Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Gabriel	Angelica	Marie

NA
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	City	State/Zip
Burning River St	Las Vegas	NV 89183

Present Business Address	Dates	City	State/Zip
NA	NA	NA	NA

Pharmacist in Charge Dates 5/20/20-Present
Present Position with the Pharmacy or Wholesaler

Phone:
Residence
Business 757-777-1311

Date of Birth Tamuning, GU
Place of Birth (City, County, State)

32
Age

Social Security Number or ITIN

F
Sex

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
BRN	BRN	Tan/Medium	130 lbs	Petite	5'1"

Scars, tattoos or distinguishing marks and/or characteristics NA

Are you a citizen of the United States? (Yes) No If alien, registration No NA

If naturalized, certificate No NA Date NA

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AG

MARITAL INFORMATION-Continued

A. **Current Marriage** 11/17/18 (Date) Las Vegas, NV (City, County and State)

Spouse's full name (Maiden) Mark Garrigus II SS# or ITIN ?

Date of Birth [illegible] Place of Birth Bethesda, MD

Resident address: Burning St Dr (Street) Las Vegas (City) NV (State) 89183 (Zip)

Telephone: Residence [illegible] Business

Spouse's employer H&M Occupation District Controller

Address of employer 6605 S Las Vegas Blvd (Street) Las Vegas (City) NV (State) 89119 (Zip)

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NA				

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

Name	Street	City	State	Zip	Telephone
NA					

3. **FAMILY INFORMATION:**

A. **Children and Dependents**:

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

Name	Birth Date	Birth Place	Residence Address
Mark Garrigus III		Las Vegas, NV	Burning River St Las Vegas, NV 89183

B. **Child Support Information:**

Please mark the appropriate response:

- (■) I am not subject to a court order for the support of child.
- ■ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ■ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AG

FAMILY INFORMATION-Continued

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

Name NA

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Edwin Gabriel		Governor Bradley St Tamuning, GU 96931	Store Manager
Mother	Yolanda Gabriel		"	Superintendent of Special Education
Father-in-Law	Mark ~~Geo~~ Garrigus		Churchill Dr Chesapeake, VA 23322	Navy Captain
Mother-in-Law	Dawn Garrigus		"	Housewife

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Michael Gabriel		Governor Bradley St Tamuning, GU 96931	Front Desk Clerk
Spouse	Angeline Gabriel		Passerine Way San Diego, CA 92121	Accountant
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Johns Episcopal School	Tamuning, GU	8/92 - 5/01	(Yes) No
High School	Academy of Our Lady of Guam	Agana, GU	8/01 - 5/05	(Yes) No
College University	University of Arizona	Tucson, AZ	8/05 - 5/08	Yes (No)
Other	Roseman University	Henderson, NV	8/08 - 6/11	(Yes) No

Type of degree obtained, if any Doctorate

College or university where obtained Roseman University

Applicant's initial AG

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes → (No) →

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

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

B. Have you registered for the draft? Yes → (No) →

County_____ State_____ Date registered_____

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes → (No) → If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes → (No) →

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes → (No) →

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes → (No) →

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes → (No) →
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes → (No) →
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes → (No) →
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
NA				

Applicant's initial AC

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes → (No) → (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes → (No) → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
NA		

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
5/20/20 - Present	Burning River St	Las Vegas	NV
12/15 - 5/20	9140 Mandalang Rd	Las Vegas	NV
7/14 - 12/15	1227 Anza St Apt 4	San Francisco	CA
4/13 - 7/14	3757 7th Ave	San Diego	CA
10/11 - 4/13	2583 Old Quarry Rd Apt 2134	San Diego	CA
5/08 - 10/11	2338 N Green Valley Pkwy Apt 218	Henderson	NV
8/07 - 5/08	1201 N Park Ave	Tucson	AZ
8/06 - 5/07	911 N Euclid Ave Apt 211	Tucson	AZ
8/05 - 5/06	1050 E 8th St	Tucson	AZ
12/94 - 8/05	194 Governor Bradley St	Tamuning	GU

Applicant's initial AG

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2008 - Present	Walgreens Pharmacy	15,000 +
Title	**Description of Duties**	**Name of Supervisor**
Pharmacy Manager	Manage all activities related to the preparation, dispensing, and sale of prescription & pharmacy related products	Ryan Graham
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial AG

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Helen Park	Home	Shadows Edge Ct		89052		12 years
Employer Roseman University	Business	Sunset Way Henderson, 89014				
Name Andrea Matsuda	Home	Grand Helios Way 89052				12 years
Employer VA Pharmacy	Business	1020 S Boulder Hwy Henderson, 89015				
Name Michelle O'Connell	Home	~~Strada Vista~~ Waterville Lake Rd Chula Vista, CA 91915				
Employer San Diego State University	Business	5700 Hardy Ave San Diego, CA 92115				9 years
Name Thiem Nguyen	Home	Delloy Place San Diego, CA 92126				9 years
Employer Walgreens	Business	10787 Camino Ruiz San Diego, CA 92126				
Name ~~Lynsee~~ Lynsee Knowlton	Home	Spiced Wine Ave #11103 Henderson 89074				12 ye
Employer Henderson Hospital	Business	1050 W Galleria Dr Henderson, NV 89011				

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

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

(Yes) No

If yes, state type, where and years held

Pharmacist CA & NV 9 years

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes (No)
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes (No)

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

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

Applicant's initial AG

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

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes - (No)

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes - (No)

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes - (No)

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? (Yes) - No

Melissa Gabriel > Pharmacists & owner of Guam Rexall Drugs
Mildred Gabriel /

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? (Yes) - No

20. Will you be employed fulltime with the pharmacy or wholesaler? (Yes) - No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? (Yes) - No



Date of photograph 5/28/20

Applicant's initial AG

STATE OF Nevada

ss.

COUNTY OF Clark

I, Angelica Gabriel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this 28 day of May 2020 by Angelica Gabriel.

Nikita Wilde

Notary Public

NIKITA WILDE
Notary Public State of Nevada
No. 18-2354-1
My Appt. Exp. April 23, 2022

(seal)

Applicant's initial AG

ADDITIONAL INFORMATION

Applicant's initial AG

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 5/25/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for Resident Retail Pharmacy
Nature of License

Capsule Las Vegas LLC located at 801 S Rancho Dr, Suite A-4, Las Vegas, NV 89106-3870
Name and Address of Establishment for Which License Is Requested

N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kinariwala	Eric	Vipul
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

West 26th Street, Apt	New York	New York, 10001
Present Residence Address-Street or RFD	City	State/Zip

255 Greenwich Street, Floor 4	Dates 2/24/19-Present New York	New York, 10007
Present Business Address	City	State/Zip

President of Capsule Corporation	Dates 05/15/2015- present	888.685.9515
Occupation		Phone: Residence
		Business 888-685-9515

	Hinsdale, DuPage/Cook, IL
Date of Birth	Place of Birth (City, County, State)

37		Male
Age	Social Security Number or ITIN	Sex

Brown	Black	Tan	155	Average	5 foot 10 inches
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If naturalized, certificate No N/A Date _____

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

[Single] Married Separated Divorced Widowed Engaged

Applicant's initial EVK

MARITAL INFORMATION-Continued

A. Current Marriage _____
Date City, County and State

Spouse's full name (Maiden) _____ SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
Street City State Zip

Telephone: Residence _____ Business .....

Spouse's employer _____ Occupation _____

Address of employer _____
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

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

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

- ▬ I am not subject to a court order for the support of child.
- ▬ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ▬ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial CVK

FAMILY INFORMATION-Continued

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

Name_____

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Vipul Kinariwala		Narbler Ct, Troy, MI 48084	Engineer
Mother	Beena Kinariwala		Narbler Ct, Troy, MI 48084	Financial Planner
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☚ No ☚
High School	Troy High School	Troy, MI	9/1997 - 6/2001	Yes ☚ No ☚
College University	University of Pennsylvania	Philadelphia, PA	9/2001 - 6/2005	Yes ☚ No ☚
Other	Stanford University	Stanford, CA	9/2009 - 6/2011	Yes ☚ No ☚

Type of degree obtained, if any Bachelor of Economics, Masters of Business Administration

College or university where obtained Unversity of Pennsylvania, Stanford University

Applicant's initial VK

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch_____ Date of entry-active service_____

Date of separation_____ Type of discharge_____

Rating at separation_____ Serial number_____

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

B. Have you registered for the draft? Yes No

County_____ State_____ Date registered_____

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when?_____ city, county and state_____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when?_____ city, county and state_____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial EVK

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes — No — (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes — No — If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
9/2015 - present	Vest 26th St,	New York	NY
10/2013 - 9/2015	137 Essex St, #5	New York	NY
11/2012 - 10/2013	1960 Warbler Ct	Troy	MI
2/2012 - 11/2012	11 Moorhouse Rd	London	United Kingdom
6/2010 - 2/2012	283 Leland Ave	Menlo Park	CA
6/2009 - 6/2010	680 Serra St	Stanford	CA
1/2016 - 6/2009	17 East 13th St, #4E	New York	NY
8/2015 - 12/2016	302 Columbus Ave, #2	Boston	MA

Applicant's initial EVK

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
5/2015	Capsule, 255 Greenwich St, NY, NY 10007	n/a
Title	**Description of Duties**	**Name of Supervisor**
President & CEO	Manage Capsule	n/a

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2015		
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2012 - 10/2012	Perry Capital UK, 4 Grosvenor Pl, SW1X 7HJ	Pursue other opportunities
Title	**Description of Duties**	**Name of Supervisor**
Analyst	Analyze investment opportunities	David Russekoff

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/2009 - 2/2012	Stanford Univiersity, 450 Serra, Stanford, CA 94305	Graduated
Title	**Description of Duties**	**Name of Supervisor**
Student	Full-time MBA student	n/a

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2007 - 6/2009	Perry Capital, 767 5th Ave, NY, NY 10153	Pursue graduate school
Title	**Description of Duties**	**Name of Supervisor**
Analyst	Analyze investment opportunities	David Russekoff

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2015 - 12/2006	Bain Capital, 200 Clarendon, Boston, MA 02116	Recruited for new job
Title	**Description of Duties**	**Name of Supervisor**
Analyst	Analyze investment oportunities	Nathan Gilliland

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2001 - 8/2015	Univ of Penn, 3000 Locust Walk, Philadelphia, PA 19104	Graduated
Title	**Description of Duties**	**Name of Supervisor**
Student	Full-time student	n/a

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

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

Applicant's initial EVK

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Sanjay Jain	Home	Jackson St, Hoboken, NJ 07030				5
Employer Seva	Business	404 5th Ave, NY, NY 10018				
Name Prashant Bobba	Home	Univ Ave, Toronto, ON M5H 0A2				8
Employer Asteya	Business	100 King St W, Toronto, ON M5X 1B1			(416) 301-1306	
Name Neal Parikh	Home	N Houston, Dallas, TX 75219				19
Employer McKinsey & Co	Business	2021 McKinney, Dallas, TX 75201			(214) 665-1200	
Name Archana Potters	Home	W Cortland, Chicago, IL 60622				19
Employer ghSmart	Business	203 N La Salle, Chicago IL 60601			(847) 438-8011	
Name Tyler Sosin	Home	Scott St, San Francisco, CA 94117				8
Employer Menlo Ventures	Business	2884 Sand Hill, Menlo Park, CA 94025			(650) 854-8540	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

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

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

Yes No
If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial EVK

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

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

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

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

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 5/21/20

Applicant's initial EVK

STATE OF New York

ss.

COUNTY OF New York

I, ERIC KINARIWALA, 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.

EVK

Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of May 2020

David M Zidek Jr.

Notary Public

DAVID M ZIDEK JR
NOTARY PUBLIC-STATE OF NEW YORK
No. 01ZI6394330
Qualified in New York County
My Commission Expires 07-01-2023

(seal)

Applicant's initial EVK

ADDITIONAL INFORMATION

Applicant's initial _____

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "CAPSULE LAS VEGAS LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2020, AT 3:36 O`CLOCK P.M.





7861773 8100
SR# 20201323384

Authentication: 202431186
Date: 02-20-20

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:36 PM 02/20/2020
FILED 03:36 PM 02/20/2020
SR 20201323384 - File Number 7861773

CERTIFICATE OF FORMATION

OF

CAPSULE LAS VEGAS LLC

This Certificate of Formation of Capsule Las Vegas LLC (the "LLC"), dated as of February 20, 2020, is being duly executed and filed by James Taylor, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 *Del.C.* § 18-101, *et seq.*).

FIRST. The name of the limited liability company formed hereby is Capsule Las Vegas LLC.

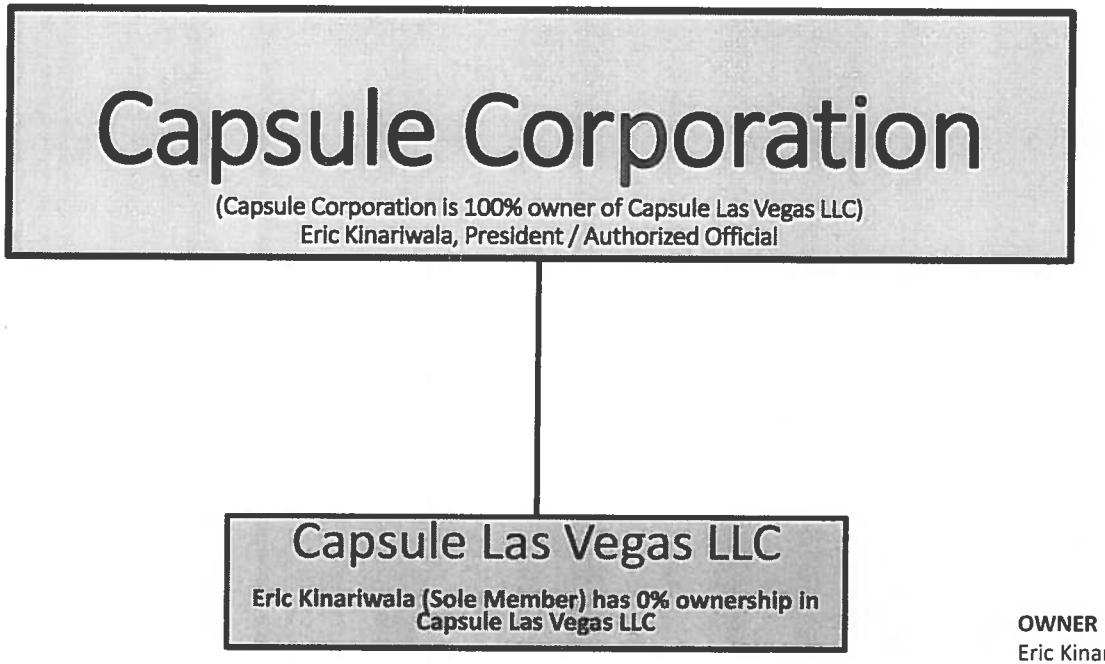
SECOND. The address of the registered office of the LLC in the State of Delaware is c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808-1674.

THIRD. The name and address of the registered agent for service of process on the LLC in the State of Delaware is Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808-1674.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 20th day of February, 2020.

/s/ James Taylor
James Taylor, Authorized Person

Please see below for a list of officers and directors. Eric Kinariwala is the Sole Member of Capsule Las Vegas LLC and he is President/Authorized Official for Capsule Corporation.



OWNER CONTACT INFO:
Eric Kinariwala
255 Greenwich St, Floor 4, NY, NY 10007
888-685-9515

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "CAPSULE LAS VEGAS LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2020, AT 3:36 O`CLOCK P.M.





7861773 8100
SR# 20201323384

Authentication: 202431186
Date: 02-20-20

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

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:36 PM 02/20/2020
FILED 03:36 PM 02/20/2020
SR 20201323384 - File Number 7861773

CERTIFICATE OF FORMATION

OF

CAPSULE LAS VEGAS LLC

This Certificate of Formation of Capsule Las Vegas LLC (the "LLC"), dated as of February 20, 2020, is being duly executed and filed by James Taylor, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 *Del.C.* § 18-101, *et seq.*).

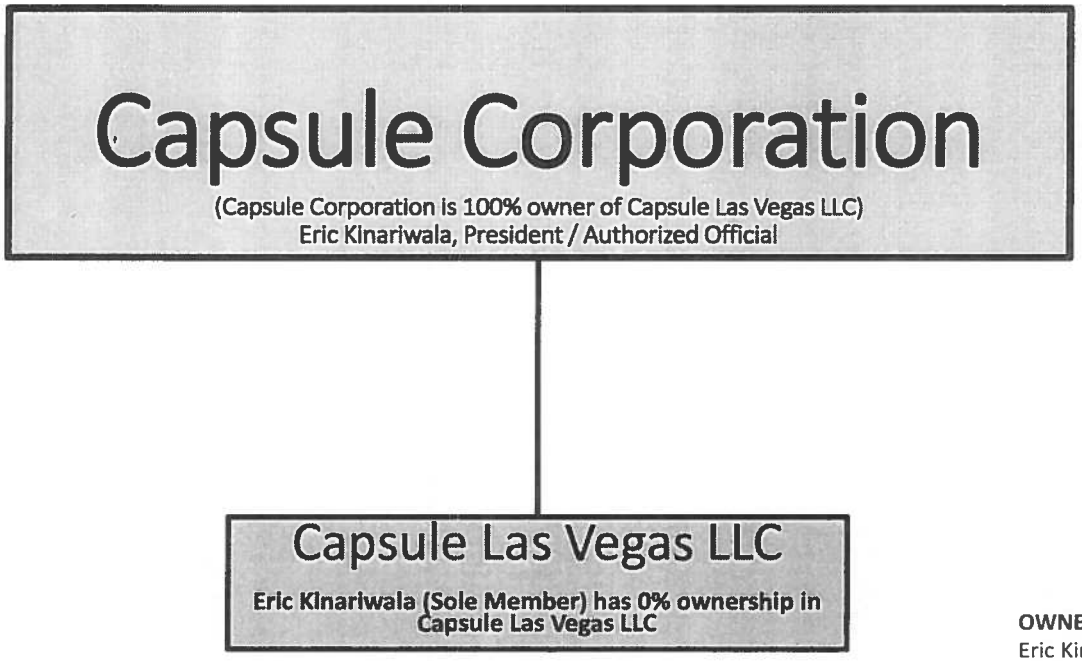
FIRST. The name of the limited liability company formed hereby is Capsule Las Vegas LLC.

SECOND. The address of the registered office of the LLC in the State of Delaware is c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808-1674.

THIRD. The name and address of the registered agent for service of process on the LLC in the State of Delaware is Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808-1674.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 20th day of February, 2020.

/s/ James Taylor
James Taylor, Authorized Person



OWNER CONTACT INFO:
Eric Kinariwala
255 Greenwich St, Floor 4, NY, NY 10007
888-685-9515

23

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
■ Non Publicly Traded Corporation – Pages 1,2,3,5
☐ Partnership - Pages 1,2,3,6
☐ 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: Cardinal Health 200, LLC

Physical Address: 2310 Center Square Road, Swedesboro, NJ 08085
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 7000 Cardinal Health, Attn: QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 615-793-4400 Fax: 614-553-9535

E-mail: licensure@cardinalhealth.com Website: www.cardinalhealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5 am to 1 am Tue: 5 am to 1 am Wed: 5 am to 1 am Thu: 5 am to 1am Fri: 5 am to 1am Sat: N/A to Sun: 6 am to 3 pm Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Chris Morris

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☐ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosethics
Other: medical supplies, medical devices

**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: _____

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:

_____ _____ _____

_____ _____ _____

_____ _____ _____

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 ☑

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? Yes ☐ No ☑

Are any of the owners health professionals? If yes, please list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals 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 ☑

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

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

William Crates
Print Name of Authorized Person

3/24/2020
Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Allegiance Corporation

Corporation Name: Cardinal Health 200, LLC

Mailing Address: 7000 Cardinal Place, Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3076 Fax: 614-652-0282

Contact Person: Cynthia Rhodes

For any corporation non-publicly traded, disclose the following:

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

a) Cardinal Health 7000 Cardinal Place, Dublin, OH 43017
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

CardinalHealth

March 24, 2020

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Cardinal Health 200, LLC – Swedesboro,NJ

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for a Medical Device, Equipment and Gases License. We have two matters to disclose. **Please note that this facility located in Swedesboro, NJ, to which this application pertains, has not had any administrative actions or disciplinary issues since 2008.**

Cardinal Health operates approximately seventy-five distribution facilities across the United States. As a health care provider, a number of Cardinal Health's operating subsidiaries are subject to regulation by various governmental agencies, including the U.S. Drug Enforcement Administration (DEA), the U.S. Food and Drug Administration (FDA) and other regulatory bodies such as state pharmacy boards. From time to time, these entities are inspected by these government agencies and certain subsidiaries have, in the past, paid fines to resolve various alleged violations. To date, none of these violations have resulted in actions against Cardinal Health's license(s) or ability to operate; to the best of our knowledge, the only exceptions to this are listed below or have been disclosed in prior submissions.

DEA Matter

On October 2, 2008, this facility's parent company, Cardinal Health, signed settlement agreements with the U.S. Drug Enforcement Administration ("DEA") and the U.S. Department of Justice regarding activities that occurred at seven of the corporation's distribution facilities (**Swedesboro, NJ**; Lakeland, FL; Auburn, WA; Stafford, TX; Valencia, CA; Atlanta, GA; and Denver, CO).

The DEA has alleged that these facilities "did not maintain effective controls against the diversion of a particular controlled substance" as a result of sales made by these distribution centers to certain pharmacies that filled prescriptions generated through the Internet. While the pharmacies to which the facilities sold controlled substances were licensed with the applicable state agencies and held current DEA registrations, DEA alleged that the prescriptions they filled were not the product of a valid physician-patient relationship, thus invalidating the legitimacy of those prescriptions. DEA made similar claims against other national wholesalers including AmerisourceBergen's Orlando, FL facility (in April 2007, that facility's controlled substance registration was suspended by DEA, but later reinstated) and six McKesson facilities (in May 2008, McKesson announced that it had reached a settlement with the DEA).

DEA Matter - Lakeland

On May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We want to work collaboratively with all participants in the drug supply chain – including regulators, pharmaceutical manufacturers, distributors, pharmacists, doctors and boards of pharmacy – to combat controlled substance diversion. We want to work with all parties to find a more effective approach to stop prescription drug abuse without disrupting legitimate use.

If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

William Crates

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 200, 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 NINTH DAY OF AUGUST, A.D. 2019.

Jeffrey W. Bullock, Secretary of State

2610958 8300

SR# 20196437095

Authentication: 203385249

Date: 08-09-19

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

CardinalHealth™

June 30, 2019

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-Risk Management@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CardinalHealth

2310 Center Square Road
Swedesboro, New Jersey 08085

Officer Name	Title	Company	Business Address	Business Phone Number	Percentage of Ownership
William Stanton Crates	Vice President, QRA Management	Cardinal Health 200, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-6175	0%
Stephen Michael Mason	CEO, Medical Segment	Cardinal Health 200, LLC	7200 Cardinal Place, Dublin, OH 43017	614-553-3569	0%
Scott Barnhart	President, Global Manufacturing and Supply Chain	Cardinal Health 200, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-2342	0%
Rosemary L. Pitts	Chief Financial Officer - Medical Segment	Cardinal Health 200, LLC	7000 Cardinal Place, Dublin, OH 43017	614-757-6560	0%
Rebecca Ann Kidd	Sr. Vice President, Global Logistics	Cardinal Health 200, LLC	7000 Cardinal Place, Dublin, OH 43017	740-815-4257	0%

Copyright © 2020 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 07/01/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. Cincinnati OH Office 8044 Montgomery Road Suite 405 Cincinnati OH 45236-2919 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cardinal Health, Inc. (See Additional Page) 7000 Cardinal Place Dublin OH 43017 USA	INSURER A: XL Insurance America Inc	24554
	INSURER B: XL Specialty Insurance Co	37885
	INSURER C: Greenwich Insurance Company	22322
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570077280044 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716714 AOS, PR	06/30/2019	06/30/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 Excluded $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY in			RAD9437168-14	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00009085LI19A SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512514 (AOS)	06/30/2019	06/30/2020	X PER STATUTE OTH-ER	
A				RWR943512614 (WI)	06/30/2019	06/30/2020	E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$5,000,000 $5,000,000 $5,000,000
B	Excess WC			RWE943514314 (OH) SIR applies per policy terms & conditions	06/30/2019	06/30/2020	EL Each Accident EL Disease - Ea Emp SIR	$4,500,000 $4,500,000 $500,000

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

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570077280044

©1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570077280044	
CARRIER: See Certificate Number: 570077280044 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142401 (AK)	06/30/2019	06/30/2020		

ACORD 101 (2008/01)
© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2019 - June 30, 2020 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, Ltd.
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, Inc.
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, Inc.
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies, Inc.
Instant Diagnostic Systems, Inc.
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd.
Kinray I, LLC
KPR Australia Pty. Ltd.
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570077280044	
CARRIER / NAIC CODE	EFFECTIVE DATE
See Certificate Number: 570077280044	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, Inc.
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
UroMed, Inc.
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

© 2008 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

24

24A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

☒ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☒ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: AMG Medical Supplies LLC

Physical Address: 1840 E. Calvada Blvd ste 9 Pahrump, NV 89048

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4325 Dean Martin Drive ste 340

City: Las Vegas State: NV Zip Code: 89130

Telephone: 702-908-5274 Fax: _____

E-mail: amadordonald86@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5PM Tue: 9am to 5PM Wed: 9am to 5pM Thu: 9am to 3pM

Fri: 9am to 5PM Sat: closed to Sun: closed to Holidays: closed to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Christina Danielle Guerrero

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☒ Diabetic Supplies
☒ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☒ Orthotics and Prosethics
Other: Incontinence

**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: _____

APPLICATION FOR NEVADA 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:

Donald Amador	Medicare & Medicaid pending	

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 ☐

2) 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? Yes ☒ No ☐

3) Are any of the owners health professionals? If yes, please check the box and list name.

☐ Practitioner	Name: none
☐ Advanced Practitioner of Nursing	Name:
☐ Physician's Assistant	Name:
☐ Physical Therapist	Name:
☐ Occupational Therapist	Name:
☐ Registered Nurse	Name:
☐ Respiratory Therapist	Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, 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 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 questions 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.

X _____

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

Donald Amador

Print Name of Authorized Person

11/4/19

Date

Board Use Only	Received:	Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Donald Amador

Business Name: AMG Medical Supplies LLC

Current Business Address: 1840 E. Calvada Blvd Ste 9

City: Pahrump State: NV Zip: 89048

Telephone: 702-908-3274 Fax:

SOLE OWNER

Include with the application for a sole owner

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/22/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CS&S/KRAFT LAKE INSURANCE AGCY INC PO BOX 958489 LAKE MARY, FL 32746-8989 Phone - 877-724-2669 Fax - 877-763-5122	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Continental Casualty Company — 20443
INSURED AMG MEDICALGROUP 1840 E CALVADA BLVD STE 9 PAHRUMP Nevada 89048	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER	N	N	6025283028	07/11/2019	07/11/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

*********Proof of Insurance*********

CERTIFICATE HOLDER	CANCELLATION
AMG MEDICALGROUP 1840 E CALVADA BLVD STE 9 PAHRUMP Nevada 89048	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 Kyra M'Connaughey

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 01/27/2020

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Administrator

AMG Medical Supply — Nature of MDEG — 1840 E Calvada Blvd #9, Pahrump, NV 89048

Name and Address of Business for Which MDEG Administrator Is Requested

AMG — If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

McBride (Last Name) | Steven (First Name) | Anthony (Middle Name)

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Olvera Way (Present Residence Address-Street or RFD) | Las Vegas, NV 89128 (City, State/Zip)

1840 E Calvada Blvd #9 (Present Business Address) | Dates 01/11/2019 – Present | Pahrump, NV 89048 (City, State/Zip)

Business Development (Present Position with the MDEG) | Dates 01/11/2019 – present

Phone: [redacted] | Fax: N/A

Email address: N/A

[redacted] (Date of Birth) | Van Nuys, Los Angeles, CA (Place of Birth (City, County, State))

33 (Age) | [redacted] (Social Security Number) | Male (Sex)

Brown (Color of Eyes) | Brown (Color of Hair) | 180 lbs (Weight) | 5'5" (Height)

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

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT:

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

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
02/2017	Amador Medical LLC 4525 Dean Martin Dr. #740	40/wk (4,990)
Title	**Description of Duties**	**Name of Supervisor**
Business Development, Customer Service		Donald Amador
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

I have ☐ I have not ☑ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☑ I have not☐ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☑ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not☑ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked ☐ have ☐ to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action:
b)

State: N/A

Date: N/A

Case Number: N/A

c) Criminal Action:

State: Nevada

Date: 03/08/2018

Case Number: C1189026A

County: Clark

Court: Municipal

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☑ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☑ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☑ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....

.....

.....

.....

.....



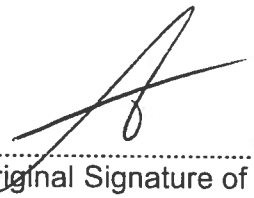
RAPH

AST

Date of photograph 01/28/2020

I, Steven McBride, 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 MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent, and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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



Original Signature of Applicant



Written Explanation for page 4, question 1 on the Board of Pharmacy Application To Be The MDEG Administrator for AMG, LLC

Attention Board Members of the Nevada State Board of Pharmacy,

My name is Steven Anthony McBride and I am writing this letter as an explanation of my misdemeanor crime committed on 03/08/2018, a subsequent conviction of driving under the influence.

After having exited a failed relationship at the end of 2016, I began to drink alcohol more often than usual and this caught up with me in March of 2017 when I was arrested for a first DUI. This helped me to see that drinking was a problem, however the following March of 2018 after having a few drinks after work, I received another DUI.

I have since had no problems with alcohol and driving, and I intend to keep it that way, as I know that the work we do is important to the health and safety of others in receiving there medical equipment and supplies. If I consume any alcohol outside of home, I utilize ride sharing companies like Uber and Lyft as this is the only sane and proper solution.

I do hope that these revelations do not bar me from becoming the Administrator for the new office we are opening, and I ask that you please consider that I love my work very much and really look forward to taking it to the next step.

.....

Original Signature of Applicant

24B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

☑New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change

(Please provide current license number if making changes: MP or MW_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☑ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Pop Durable Medical Equipment

Physical Address: 501 S. Rancho Dr. # I -58

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 526 S. Tonopah Dr. #120 Las Vegas, NV 89106

City: Las Vegas State: NV Zip Code: 89106

Telephone: 702-243-7671 Fax: _____

E-mail: jimmy@popprosthetics.com Website: www.popprosthetics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Megan Weide

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

☐ Medical Gases**
☐ Respiratory Equipment**
☐ Life-sustaining equipment**
☑ Diabetic Supplies
☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☑ Orthotics and Prosethics
Other: Wheel Chairs

**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: Jimmy Colson Telephone: 702 743-5179

APPLICATION FOR NEVADA 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:

550302000	1005093114	
550302000A		

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 ☑

2) 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? Yes ☑ No ☑

3) Are any of the owners health professionals? If yes, please check the box and list name.

☑ Practitioner	Name:
☐ Advanced Practitioner of Nursing	Name:
☐ Physician's Assistant	Name:
☐ Physical Therapist	Name:
☐ Occupational Therapist	Name:
☐ Registered Nurse	Name:
☐ Respiratory Therapist	Name:

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

1) Has the corporation, any owner, 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 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 questions 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

Jimmy Adam

Print Name of Authorized Person

1/9/2020

Date

Board Use Only	Received:_____	Amount: 500.00

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Jimmy Colson

Business Name: Pop Durable Medical Equipment

Current Business Address: 501 S. Rancho Dr. # I -58

City: Las Vegas State: NV Zip: 89106

Telephone: 702-243-7671 Fax: 702-259-7671

SOLE OWNER

Include with the application for a sole owner

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

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 1/9/20

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Administrator
Nature of MDEG

POP Durable medical Equipment 501 S. Rancho Suite I-58
Name and Address of Business for Which MDEG Administrator Is Requested Las Vegas, NV 89104

~~If applicable, Name Under Which It Is Now Operated~~

1. PERSONAL INFORMATION:

Weide (Last Name) | megan (First Name) | Jane (Middle Name)

schaefer
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[redacted] Laurelwood Ave Las Vegas, NV 89122
Present Residence Address-Street or RFD | City | State/Zip

501 S. Rancho Suite I-58 Las Vegas, NV 89106 Dates
Present Business Address | City | State/Zip

office manager Dates
Present Position with the MDEG

Phone: [redacted] Fax: (702)259-7671

Email address: megan@poppprosthetics.com

[redacted] Placerville, CA
Date of Birth | Place of Birth (City, County, State)

36 | [redacted] | F
Age | Social Security Number | Sex

Green | Blonde | 125 | 5'3
Color of Eyes | Color of Hair | Weight | Height

Scars, tattoos or distinguishing marks and/or characteristics _____

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No _____

If naturalized, certificate No _____ Date _____

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

EMPLOYMENT:

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

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
September 2012 - current	POP Prosthetics	40 hours per week
Title	**Description of Duties**	**Name of Supervisor**
office manager -	over see office/employees	Sara colson

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____

b) Date: _____

Case Number: _____

c) Criminal Action: State: NV

Date: 2007

Case Number: Unknown

County: Clark

Court: Justice

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....

.....

.....

.....

.....



I, Megan Jane Weide, 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 MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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

Megan Jane Weide

Original Signature of Applicant

WELLS FARGO

Jurat Certificate

State of Nevada

County of Clark

Subscribed and sworn to (or affirmed) before me on this Jan

day of 9th, 2020, by Megan J Weibe

Place Seal Here

JAVIER CURIEL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-23-2022
Certificate No: 18-2800-1

Notary Signature

Description of Attached Document

Type or Title of Document Application to be the MDEG Administrata

Document Date 1-9-2020

Number of Pages 5 pages

Signer(s) Other Than Named Above None

DSG3018 (Rev 00-2-15)

BUSINESS LICENSE*

City of Las Vegas - Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: G68-00193

RENEWAL DATE: 1/24/2020
EXPIRE DATE: 7/1/2020

TYPE OF LICENSE: G50 - General Retail Sales
Durable Medical Equipment Sales

BUSINESS LOCATION: 501 S Rancho Dr I58

ISSUED TO:

PRECISION ORTHOTICS & PROSTHET
526 S TONOPAH DR 120
Las Vegas, NV 89106

Mary C McElhern
Deputy Director, Planning Department

Failure to maintain an active state license or a SNHD health permit, if required, renders this business license invalid.

Post in a conspicuous place.

PREC009 OP ID: HZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2020

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

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).

PRODUCER 800-544-2672 Affinity Insurance Services 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 Affinity Insurance Services	CONTACT NAME: PHONE (A/C, No, Ext): 800-544-2672 FAX (A/C, No): 847-953-4779 E-MAIL ADDRESS:
INSURED Precision Orthotics & Prosthetics LLC dba POP Prosthetics Pop Durable Medical Equipment 526 S. Tonopah Dr #120 Las Vegas, NV 89106	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : CNA- Valley Forge Insurance Co INSURER B : CNA - Columbia Casualty INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			6024920453	08/20/2019	08/20/2020	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Professional Liab.			658730101	08/20/2019	08/20/2020	Per Claim	1,000,000
							Aggregate	3,000,000

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

Locations
526 S Tonophan Drive Ste 120 Las Vegas, NV 89106
8915 S Pecos Rd Ste 18A Henderson, NV 89074
7350 W Cheyenne Ave Las Vegas, NV 89129

CERTIFICATE HOLDER

FYIO001

FOR INFORMATION PURPOSES ONLY

CANCELLATION

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
Affinity Insurance Services

© 1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

25

25A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206– Reno, NV 89521 – (775) 850-1440

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☑ New Pharmacy or ☐ Ownership Change (Provide current 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
☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Advanced Orthopedic Surgery Center

Physical Address: 7183 Advanced Way, Las Vegas NV

City: Las Vegas, NV State: Zip Code: 89113 Telephone: 540-616-6372

Fax: 702-740-5328 Toll Free Number: _____

E-mail: mcheiffecov@gmail.com

Website: _____

Managing Pharmacist: Mary Grear, RPh License Number: 10687

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	☑ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds_____)	☑	☐ Parenteral
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☑	☐ Ambulatory Surgery Center	☐	☑ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding
	For the application to be complete	☑	☐ Other Services: Surgery

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.

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

Scp Body M.D.
Print Name of Authorized Person

2/24/2020
Date

Board Use Only	Date Processed: MAR 0 9 2020	Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE N/A

OWNERSHIP IS A PUBLICY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City:_____State:_____Zip: _____

Telephone:_____Fax: _____

Contact Person: _____

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: _____

Hours of Operation for the pharmacy:

Monday thru Friday_____am _____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: _____

Include with the application for a publicly traded corporation

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

List of officers and directors.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Nevada.

Parent Company if any: _____

Mailing Address: 7183 Advanced Way

City: Las Vegas State: NV Zip: 89113

Telephone: 548-616-6372 Fax: (702) 740-5328

Contact Person: Michael R. Heffernan, Administrator.

For any corporation non publicly traded, disclose the following:

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

a) Advanced Orthopedic Investors, 50%. 7183 Advanced Way, Las Vegas NV 89113
Name Business Address

b) Nick Liu, 8.333%. 7183 Advanced Way, Las Vegas, NV 89113
Name Business Address

c) Tim Trainor, 8.333%. 7183 Advanced Way, Las Vegas, NV 89113
Name Business Address

d) Advanced orthopedic Specialties of NV, 28.333%. 7183 Advanced Way Las Vegas, NV 89113
Name Business Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $7,500.00

List any physician shareholders and percentage of ownership.

Name: See above %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 6:00 am 6:00 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: NV20181691375

Include with the application for a sole owner /NA

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Sep Body

Responsible Person of Las Vegas Institute for Advanced Surgery

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy 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

Date 2/28/20

Already Dropped off to Cleanly by Mary Grear.

Managing Pharmacist

Pharmacist Name: Mary Grear License #: 10687

Pharmacy Name: Advanced Orthopaedic Surgery Center

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?	☐	☑
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 numbered questions above, please include the following information

Board Administrative Action: State: NJ Date: 2002 Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

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.

Mary Cerar, RPh
Signature

2/25/20
Date

LAS VEGAS INSTITUTE for ADVANCED SURGERY

List of officers and directors

- Dr. Michael Trainor
- Dr. Nick Liu
- Dr. Tim Trainor
- Dr. Sep Bady
- Dr. Thomman Kuruvilla
- Todd Borst
- Michael Heifferon, Administrator

SECRETARY OF STATE

STATE OF NEVADA

LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **ADVANCED ORTHOPAEDIC SURGERY CENTER LLC** did on September 25, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization is now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20180925-2402

050106

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Articles of Organization
Limited-Liability Company
(PURSUANT TO NRS CHAPTER 86)

Filed in the office of	Document Number
Barbara K. Cegavske	20180420280-77
Barbara K. Cegavske	Filing Date and Time
Secretary of State	09/25/2018 7:25 PM
State of Nevada	Entity Number
	E0451142018-5

(This document was filed electronically.)

USE BLACK INK ONLY - DO NOT HIGHLIGHT — ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions)

ADVANCED ORTHOPAEDIC SURGERY CENTER LLC
7183 ADVANCED WAY
LAS VEGAS, NV 89113

Check box if a Series Limited-Liability Company ☐ Check box if a Restricted Limited-Liability Company ☐

2. Registered Agent for Service of Process: (check only one box)

☒ Commercial Registered Agent: AYESHA MEHDI, PLLC (Name)

☐ Noncommercial Registered Agent (name and address below) *OR* ☐ Office or Position with Entity (name and address below)

Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

3. Dissolution Date: (optional)

Latest date upon which the company is to dissolve (if existence is not perpetual):

4. Management: (required)

Company shall be managed by: ☐ Manager(s) **OR** (check only one box) ☒ Member(s)

5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)

1) ADVANCED ORTHOPAEDIC SPECIALITIES OF NEVADA, LLC (Name)
1905 NORTH BISSELL ST., UNIT 1 (Street Address) | CHICAGO (City) | IL (State) | 60614 (Zip Code)

2) ADVANCED ASC INVESTORS, LLC (Name)
8420 W. WARM SPRINGS (Street Address) | LAS VEGAS (City) | NV (State) | 89113 (Zip Code)

3) (Name)
Street Address | City | State | Zip Code

6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

AYESHA MEHDI, PLLC (Name)
X AYESHA MEHDI, PLLC (Organizer Signature)
6671 S LAS VEGAS BLVD, SUITE 210 (Address) | LAS VEGAS (City) | NV (State) | 89119 (Zip Code)

7. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity.

X AYESHA MEHDI, PLLC (Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity) — 9/25/2018 (Date)

This form must be accompanied by appropriate fees.

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

ADVANCED ORTHOPAEDIC SURGERY CENTER LLC | E0451142018-5

NAME OF LIMITED-LIABILITY COMPANY

100403

FOR THE FILING PERIOD OF SEP, 2018 TO SEP, 2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

****YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov****

☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. *FORM WILL BE RETURNED IF UNSIGNED.*
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the fee of $150.00. A $75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is $200.00. Effective 2/1/2010, $100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional $30.00 per certification. A copy fee of $2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

Filed in the office of	Document Number
Barbara K. Cegavske	20180420281-88
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 09/25/2018 7:25 PM
	Entity Number E0451142018-5

(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

ANNUAL LIST FILING FEE: $150.00 LATE PENALTY: $75.00 (if filing late) BUSINESS LICENSE FEE: $200.00 LATE PENALTY: $100.00 (if filing late)

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: ☐

NRS 76.020 Exemption Codes
001 - Governmental Entit
006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME		CITY	STATE	ZIP CODE
ADVANCED ORTHOPAEDIC SPECIALITIES OF NEVADA, LL(	MANAGER OR MANAGING MEMBER			
ADDRESS		CHICAGO	IL	60614
1905 NORTH BISSELL ST., UNIT 1				
NAME		CITY	STATE	ZIP CODE
ADVANCED ASC INVESTORS, LLC	MANAGER OR MANAGING MEMBER			
ADDRESS		LAS VEGAS	NV	89113
8420 W. WARM SPRINGS				
NAME		CITY	STATE	ZIP CODE
	MANAGER OR MANAGING MEMBER			
ADDRESS				
NAME		CITY	STATE	ZIP CODE
	MANAGER OR MANAGING MEMBER			
ADDRESS				

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X AYESHA MEHDI

Signature of Manager, Managing Member or Other Authorized Signature

Title: ORGANIZER

Date: 9/25/2018 7:25:08 PM

SECRETARY OF STATE

NEVADA STATE BUSINESS LICENSE

ADVANCED ORTHOPAEDIC SURGERY CENTER LLC

Nevada Business Identification # NV20181691375

Expiration Date: September 30, 2019

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 25, 2018

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

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

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

Date 2/28/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for ASC Pharmacy
Nature of Pharmacy or Wholesaler

ADVANCED ORTHOPEDIC SURGERY CENTER LLC
Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Bady	Sep	

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise): Sepehr Badymoghaddam

Present Residence Address-Street or RFD		City	State/Zip
7183 Advnaced Way	Dates	Las Vegas	NV, 89113
Present Business Address		**City**	**State/Zip**
Staff Physician	Dates		

Present Position with the Pharmacy or Wholesaler

Phone: Residence

Business 702-740-5327

Date of Birth	Place of Birth (City, County, State)
	Tehran, Iran

Age	Social Security Number	Sex
45		Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black		175		6' 01"

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

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial SA

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden)..... S.S. No.....

Date of Birth..... Place of Birth.....

Resident address.....
Street City State Zip

Telephone: Residence ..... Business .....

Spouse's employer..... Occupation.....

Address of employer.....
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial .....

FAMILY INFORMATION-Continued

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

Name.....

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	YAGHOUB BADYMOGHADDAM		Cody Rd Sherman Oaks CA 91403	Physician
Mother	HAYDEH BADYMOGHADDAM	DECEASED		
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
	Pejman Bady		Orchard Mist 89135	Physician
Spouse	Parisa Sahebi	/ /	1 Orchard Mist LVNV 89135	Self
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Portola Middle School	Tarzana CA	1989 - 1993	Yes ☑ No ☐
High School	Taft High School	Woodland Hills CA	1994 - 1998	Yes ☑ No ☐
College University	TUFTS University School of Medicine		08-1999 to 05-2003	Yes ☒ No ☐
Other	UCLA 1993 1998			Yes ☒ No ☐

Type of degree obtained, if any M.D

College or university where obtained TUFTS University School of Medicine

Applicant's initial SS

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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

B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

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

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

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial SH

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

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

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2010-2015 ~~Current~~	2313 TIMBERLINE WAY	LAS VEGAS	NV 89117 CLARK
2015 - Current	- W Pebble Road 3-322	LV	NV 89123
1993 - 2010	3889 Copy Road	Thousand Oaks	CA 91403

Applicant's initial SH

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

05/2010	Yee Advanced Orthopedics and Sports Medicine 7195 Advanced Way Las Vegas, NV 89113	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Orthopedic Surgeon/ Spine Surgery	Provide care for patients	Mario Moya
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

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

Applicant's initial SK

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name DAVID BATH	Home	S Forte Apache			23	8 years
Employer Self	Business	PA-4 BATH LLC		89148		
Name Randall Yee	Home	1 San Sicily St.		89141		9 years
Employer AOSM	Business	Physician				
Name Thomas Kerwin	Home	1 Paradise #3202		89109		9 years
Employer Self/AOSM	Business	Physician				
Name TIM TRAINER	Home	Quietmoon Ln LVNV		89135	5	9 years
Employer Self/AOSM	Business	PHYSICIAN				
Name NICK LEE	Home	SAINT CROIX, Henderson		89012	11	9 years
Employer Self/AOSM	Business	Physician				

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

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

Yes ☒ No ☐

If yes, state type, where and years held

M.D license in Nevada From 1/2009 to Current

M.D Licence in California From 08/25/2004 - current

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

CA LICENSE # A88643

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

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

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

Applicant's initial SB

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

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☐ No ☒

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph.....

Applicant's initial SG

STATE OF Nevada
ss.
COUNTY OF Clark

I, Sep Body, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this 28 day of February, 2020

Notary Public

BONNIE L. SMITH
Notary Public State of Nevada
No. 17-4217-1
My Appt. Exp. September 12, 2021

(seal)

Applicant's initial SS

ADDITIONAL INFORMATION

Applicant's initial SH

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/28/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for ASC Pharmacy
Nature of License

Advanced Orthopedic Surgery Center, LLC
Name and Address of Establishment for Which License Is Requested

7183 Advanced Way, Las Vegas, NV 89113
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Trainor	Timothy	James
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Quiet Moon Ln	Las Vegas	NV,89135
Present Residence Address-Street or RFD	City	State/Zip

7183 Advnaced Way	Dates	Las Vegas	NV, 89113
Present Business Address		City	State/Zip

Orthopedic Surgeon	Dates 07/24/2007 - Current	
Occupation		Phone: Residence
		Business 702-740-5327

	Leominister, MA
Date of Birth	Place of Birth (City, County, State)

50		Male
Age	Social Security Number	Sex

Blue	Brown		193		5' 11"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

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

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

If naturalized, certificate No N/A Date

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** October 25, 2008, Las Vegas, Clark Co., Nevada
Date City, County and State

Spouse's full name (Maiden) Maribeth Morado Konopka S.S. No

Date of Birth / / Place of Birth Masbate, Philippines

Resident address Quiet Moon Ln
Street City State Zip

Telephone: Residence Business 702 740 5327

Spouse's employer Advanced Orthopedics Occupation Assistant

Address of employer 7195 Advanced Way, Las Vegas, NV 89113
Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
Tristan Trainor		Las Vegas, NV	Quet Moon Lane Las Vegas NV 89135
Camille Konopka			Los Angeles CA
Jack Konopka		Germany	Boston College

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Peter J Trainor		Constitution Dr. Deceased Leominster, MA 01453	
Mother	Colleen Trainor		1 Walnut St Leominster, MA 01453	Retired
Father-in-Law	Rogelio Murado		Masbate, Philippines	Deceased
Mother-in-Law	Lydia Murado		Masbate Philippines	Deceased

D. Brothers and Sisters:

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

	Name (Maiden)	Birth Date	Address	Occupation
(1)	Michael A. Trainor		Regents Gate Dr Henderson, NV 89012	Orthopedic Surgeon/ Spine Surgeon
~~Spouse~~ Brother	Melanie Lynn Sissel		1 Regents Gate Dr Henderson, Nv 89012	Secretary
(2)	David Trainor		Constitutional Dr. South Boro, MA	VP, Boston College
Spouse	Darlene Trainor		"	Payroll sales
(3)	Christine Davis		1 Constitutional Dr. Leominster, MA 01453	School Administrator
Spouse	Michael Davis		"	Insurance Sales
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Bernard	Fitchburg, MA	80-86	Yes ☒ No ☐
High School	Fitchburg H.S.	Fitchburg, MA	86-88	Yes ☒ No ☐
College University	Northwestern University Meidcal School	303 East Chicago Ave Chicago, IL 60611	08/1993 - 06/1997	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any M.D

College or university where obtained Northwestern University Meidcal School

Applicant's initial

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☒ No ☐

Branch United States Navy Date of entry-active service 07/2002

Date of separation 06/2007 Type of discharge Honorable

Rating at separation ..... Serial number .....

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

B. Have you registered for the draft? Yes ☐ No ☒

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial .....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
JUNE 2018 to Present	Quiet Moon LN	Las Vegas, NV 89135	NV
APRIL 2009 to June 2018	9805 Queens Charlotte Dr.	Las Vegas, NV 89145	NV
NOV 2007 to APRIL 2009	1905 QUEEN VICTORIA	LAS VEGAS	NV
AUG 2007 to OCT 2007	GREAT DUKE	LAS VEGAS	NV
SEPT 2002 to JULY 2007	6370 HAWAII KAI DR #49	HONOLULU	HI 96825

Applicant's initial _____

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
AUG 2007 to Present	Advanced Orthopedics and Sports Medicine	
Title	**Description of Duties**	**Name of Supervisor**
Physician / Owner	Orthopaedic Surgeon	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 2002 to July 2007	UNITED STATES NAVY	Honorable Discharge completion of Active Duty Service
Title	**Description of Duties**	**Name of Supervisor**
LCDR/Orthopaedic Surgeon		

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
July 1997 to July 2002	GEORGETOWN UNIVERSITY Hospital	Completion of Residency orthopaedic Surgery
Title	**Description of Duties**	**Name of Supervisor**
orthopaedic surgery resident	WASHINGTON DC	Jack Delahay

July 1993 to July 1997 Northwestern University Medical School

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial .....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Robert Bennett	Business ~~Home~~	3300 W. Sahara #450	Las Vegas, NV	89102	702-486-2582	5years
Employer State of Nevada	Business					
Name Sep Bady	Home	1 River Plate Dr	Pahrump, NV	89048	3	9years
Employer Advanced Ortho	Business	7195 Advanced Way,	Las Vegas,	NV 89113		
Name Thomas Kuevsila	Home	7 Paradise Rd #3202,	Las Vegas,	NV 89109	.5	10year
Employer Advanced Ortho	Business	7195 Advanced Way,	Las Vegas,	NV 89113		
Name Xiu Liu	Home	Saint Croix,	Henderson,	NV 89012	11	13years
Employer Advanced Ortho	Business	7195 Advanced Way,	Las Vegas,	NV 89113		
Name Maria Pierro	Home	Unicorn St,	Las Vegas,	NV 89131	-	8 years
Employer Advanced Ortho	Business	7195 Advanced Way,	Las Vegas,	NV 89131		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

M.D. License in NV From 07/24/2007 - Current
MD License in Hawaii From July 2004 to July 2007

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial .....

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph July 2019

Applicant's initial

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, TIMOTHY TRAINOR MD, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 28 day of February, 2020

Notary Public

BONNIE L. SMITH
Notary Public State of Nevada
No. 17-4217-1
My Appt. Exp. September 12, 2021

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial .....

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 02/26/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy
Nature of License

Advanced Orthopedic Surgery Center, LLC
Name and Address of Establishment for Which License Is Requested

7183 Advanced Way
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Trainor	Michael	Andrew
Last Name	First Name	Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Regents Gate Dr	Henderson	NV, 89012
Present Residence Address-Street or RFD	City	State/Zip
7183 ~~Advnaced Way~~ ADVANCED WAY	Dates Las Vegas	NV, 89113
Present Business Address	City	State/Zip
Orthopedic Surgeon/ Spine Surgeon	Dates 02/1/2011 - current	
Occupation		Phone: Residence N/A
		Business 702-740-5327
Date of Birth	Leominister, MA Place of Birth (City, County, State)	

50		Male
Age	Social Security Number	Sex

Blue	Brown		190		6' 02"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No N/A Date

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial MM

MARITAL INFORMATION-Continued

A. **Current Marriage** 3/14/03 (Date) Phoenix, Maricopa, AZ (City, County and State)

Spouse's full name (Maiden) Melanie Lynn Sissel S.S. No

Date of Birth Place of Birth Harvey, IL

Resident address — Regents Gate Dr (Street) Henderson (City) NV (State) 89012 (Zip)

Telephone: Residence NA Business 773-368-0524

Spouse's employer Michael A Trainor DOPC Occupation Secretary

Address of employer 523 Regents Gate Dr (Street) Henderson (City) NV (State) 89012 (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below: N/A

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Turi Trainor		Prescott AZ	same
Collins Trainor		Prescott AZ	same
Hadley Trainor		Prescott AZ	same

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial MT

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name .....

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Peter J Trainor		Constitution Dr Leominster MA 01453	Deceased
Mother	Colleen Trainor		Walnut St Leominster MA 01453	Retired
Father-in-Law	Clyde Sissel		E Glenhaven Dr Phoenix AZ 85048	Retired
Mother-in-Law	Coni Sissel		" "	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
1)	Timothy J Trainor		Quiet Moon Ln Las Vegas, NV 89136	Orthopedic Surgeon
~~Spouse~~ Brother	Maribeth Trainor		"	N/A
2)	David Trainor		1 Constitution Dr Southboro MA	VP, Boston College
Spouse	Darlene Trainor		"	Payroll Sales
3)	Christine Davis		1 Constitution Dr Leominster MA 01453	School Administrator
Spouse	Michael Davis		"	Insurance Sales
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Bernard	Fitchburg MA	80-86	Yes ☒ No ☐
High School	Fitchburg H.S.	Fitchburg MA	86-88	Yes ☒ No ☐
College University	Midwestern University Chicago College of Osteopathic Meidcine	555 Downers Grove Chicago, IL 60515	08/1994 - 06/1998	Yes ☒ No ☐
Other				Yes ☒ No ☐

Type of degree obtained, if any D.O

College or university where obtained Midwestern University Chicago College of Osteopathic Meidcine

Applicant's initial MJT

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial MJT

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/18-Present	Regents Gate Dr	Henderson	NV Clark
8/15-6/18	2816 La Casita Ave	Las Vegas	NV Clark
6/10-8/15	2188 Forest Mountain Rd	Prescott	AZ Yavapai
8/04-6/10	120 High Chaparral	Prescott	AZ Yavapai
6/03-8/04	6661 Northridge Dr	Louisville	KY Jefferson
2/01-6/03	1259 N. Wood St #201	Chicago	IL Cook
1/95-2/01	3514 N. Bell Ave #2	Chicago	IL Cook

Applicant's initial MTT

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/05-Present	Michael A Trainor DO, PC 523 Regents Gate Drive Henderson NV	Current
Title	**Description of Duties**	**Name of Supervisor**
President	Orthopedic Surgeon	Advanced Orthopedics & Sports Medicine
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
3/05-3/15	Michael A Trainor DO PC 2188 Forest Mntn Rd Prescott AZ	Moved
Title	**Description of Duties**	**Name of Supervisor**
President	Orthopedic Surgeon	Orthopaedic Specialists of Central AZ
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
8/03-3/05	~~Advanced~~ Orthopedic Specialists of Central AZ	Became Owner
Title	**Description of Duties**	**Name of Supervisor**
Associate	Orthopedic Surgeon	Bertrand Kaper
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
8/02-8/03	Leatherman Spine Institute Louisville KY	Finished Program
Title	**Description of Duties**	**Name of Supervisor**
Fellow	Orthopedic Surgeon	Randall Puno
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial MT

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City State Zip	Telephone	Years Known
Name Daniel Burchfield	Home	MacDonald Dr Prescott AZ	776	17 years
Employer Self	Business	Orthopedic Spacialists of central AZ		
Name Jarrod Long	Home	1 E Traders Trail Prescott Valley AZ 86314		17 years
Employer Self	Business	Ace Hardware	928-308-3952	
Name Mark Costes	Home	[illegible] Hide & Seek Lane [illegible]	[illegible]	17 years
Employer Self	Business	Horizon Dental		
Name Art Cambeiro	Home	Aubry Ct, Henderson NV		6 years
Employer Self	Business	Cambeiro Plastic Surgery		
Name Sean Phelan	Home	3 Skyline Dr Prescott AZ 86303		17 years
Employer Jensen & Assoc.	Business	Attorney		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

D.O License in Nevada From 02/01/2011 - Current

D.O License in Arizona From 04/02/2004 - Current

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial MM

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph

Applicant's initial MM

STATE OF Nevada
ss.

COUNTY OF Clark

I, Michael Trainer, 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 26 day of February, 2020

Notary Public

BONNIE L. SMITH
Notary Public State of Nevada
No. 17-4217-1
My Appt. Exp. September 12, 2021

(seal)

Applicant's initial MT

ADDITIONAL INFORMATION

Applicant's initial.....

APPLICATION TO BE THE ~~DESIGNATED REPRESENTATIVE~~
for a Pharmacy or Wholesaler located in Nevada

Date 2/27/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Ambulatory Surgery Center
Nature of Pharmacy or Wholesaler

Name and Address of Business for Which Designated Representative Is Requested
Las Vegas Institute for Advanced Surgery 7183 Advanced Way, Las Vegas, NV, 89113
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Flores	Randy	Noel

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A

Present Residence Address-Street or RFD	City	State/Zip
/ille Franche Street	Las Vegas Dates 3/2014-present	NV/89145
Present Business Address	**City**	**State/Zip**
Las Vegas Institute for Advanced Surgery 7183 Advanced Way	Las Vegas Dates New center/Present	NV/89113

Present Position with the Pharmacy or Wholesaler
Medical Director of Ambulatory Surgery Center

Phone:
Residence
Business 540-616-6372
Contact: Mike Heifferon

Date of Birth
Place of Birth (City, County, State)
Mountain View, Santa Clara, CA

Age	Social Security Number	Sex
43		Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Black	Brown	205 lbs	Tall, Thin, Athletic	6'3"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial RF

MARITAL INFORMATION-Continued

A. **Current Marriage** 5/12/2007-present (Date) Las Vegas, Clark, NV (City, County and State)

Spouse's full name (Maiden) Michele Renee Corcuera S.S. No I

Date of Birth Place of Birth Torrance, CA

Resident address I Ville Franche Street (Street) Las Vegas (City) CA (State) 89145 (Zip)

Telephone: Residence (702) 821-6420 Business N/A

Spouse's employer N/A Occupation House Wife

Address of employer N/A (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Randy Nicklaus Flores, JR.		Las Vegas, NV	I Ville Franche Street, Las Vegas, 89145
Angeline Summer Flores		Las Vegas, NV	I Ville Franche Street, Las Vegas, 89145

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial RF

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Floro A. Flores, JR.		0 Hornblower Ave. Las Vegas, NV, 89131	Mechanical Technician (Lockheed)
Mother	Margarita D. Flores		Hornblower Ave. Las Vegas, NV, 89131	Software Technician (Hewlett Packard)
Father-in-Law	Ronaldo Corcuera		) Grey Bull Way Las Vegas, NV, 89128	Uber Driver
Mother-in-Law	Teresa Corcuera		) Grey Bull Way Las Vegas, NV, 89128	Nurse

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Dale Flores		Kickapoo Ave., Las Vegas, NV, 89149	Sales VP
Spouse	Darlene Flores		3 Kickapoo Ave., Las Vegas, NV, 89149	House Wife
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			
	N/A			
Spouse	N/A			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Anthony Spangler	140 N. Abbott Ave, Milpitas, CA, 95035		Yes ☒ No ☐
High School	Milpitas High School	1285 Escuela Pkwy, Milpitas, CA, 95035	1991-1994	Yes ☒ No ☐
College University	University of California, Davis	1 Shields Ave., Davis, CA 95616	1994-1999	Yes ☒ No ☐
	Touro University California	1310 Club Drive, Vallejo, CA 94692	2001-2005	
Other	University of Texas Health Science Center	7000 Fannin Street, Suite 1880, Houston, TX 77030		Yes ☒ No ☐

Type of degree obtained, if any Bachelor of Science (BS), Doctor of Osteopathic Medicine (DO)

College or university where obtained UC Davis, Touro University California, respectively

Applicant's initial RF

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? N/A city, county and state N/A

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? N/A city, county and state N/A

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
Jasmin Corcuera	Sister In-law	D.U.I.	Las Vegas, NV	6/2013

Applicant's initial RF

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. **RESIDENCES:**

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
3/2014-present	Ville Franche Street, Las Vegas, 89145		Nevada
10/2010-3/2014	8604 Estrelita Dr.	Las Vegas, 89128	Nevada
8/2010-10/2010	7540 Hornblower Ave.	Las Vegas 89131	Nevada
6/2006-8/2010	12516 Rocky Cove Dr.	Pearland, 77584	Texas
8/2003-6/2006	5700 Ming Ave. #73	Bakersfield 93309	California
9/2001-8/2003	16 Oak Ave	Vallejo 94592	California
7/1999-8/2001	3811 H Street, #7	Sacramento 95816	California
7/1998-6/1999	717 Alvarado Ave. Apt. 163	Davis 95616	California
9/1996-6/1998	909 Alvarado Ave.	Davis 95616	California
9/1994-8/1996	609 Anderson Rd., Apt. 182	Davis 95616	California

Applicant's initial RF

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/2010- 4/2016	Southwest Medical Associates 1800 W. Charleston Blvd., Las Vegas, NV, 89102	~11,500 hours
Title	**Description of Duties**	**Name of Supervisor**
Physician	Anesthesiologist	Samson Otuwa 702-208-7008

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
4-2016-present	Red Rock Anesthesia Consultants, LLC 304 Jones Blvd., #884, Las Vegas, NV, 89107	~11,500 hours
Title	**Description of Duties**	**Name of Supervisor**
Physician	Anesthesiologist	N/A: Managing Partner of Group Contact Dr Hasan Khawaja, 702-325-4651

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RF

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Mark Lopez	Home	) Paseo Court, Las Vegas, 89117				2001-present
Employer Clinicians Medical Group	Business	Sana Behavioral Health 5975 W. Twain Avenue, Suite B, Las Vegas, NV, 89103				
Name Patrick Watson	Home	Elva Court, Encinitas, CA, 92024				2001-present
Employer Kaiser Permanente	Business	5893 Copely Drive, San Diego, CA, 92111				
Name Randy Villanueva	Home	7 Lansing Circle, Benicia, CA 94510				1999-present
Employer Kaiser Permanente	Business	975 Sereno Dr., Vallejo, CA 94589				
Name Thuy Do	Home	Serramont Court, Carmichael, CA, 95608				1999-present
Employer Kaiser Permanente	Business	6600 Bruceville Rd Sacramento, CA, 95823				
Name Glenn Ozoa	Home	Pomona Ave., Albany, CA, 94706				2001-present
Employer Kaiser Permanente	Business	200 Muir Rd., Hacienda Building, Martinez, CA, 94553				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Doctor, Texas, 2009-2011

Doctor, Washington, 2019-present

Doctor, Nevada, 2010-present

Doctor, Arizona, 2019-present

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:
N/A

Applicant's initial RF

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐

Sandi Agustin (cousin) - Board certified Pharamacist, California

Meredith Agustin (cousin) - Board Certified Pharmacist, California

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☐ No ☒
Clarification: Independent contractor/ Medical Director

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 2/27/2020

Applicant's initial RF

STATE OF Nevada ss.

COUNTY OF Clark

I, RANDY NOEL FLORES, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Randy Flores
Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of February, 2020

Frankie Varela
Notary Public

(seal)

FRANKIE VARELA
Notary Public, State of Nevada
Appointment No. 12-9055-1
My Appt. Expires Nov 2, 2022

Applicant's initial RF

ADDITIONAL INFORMATION

N/A

Applicant's initial RF

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/27/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ASC Pharmacy
Nature of License

ADVANCED ORTHOPEDIC SURGERY CENTER
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Liu	Xin	Nick
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Saint Croix St		Henderson	NV, 89012
Present Residence Address-Street or RFD		City	State/Zip
7183 Advnaced Way	Dates	Las Vegas	NV, 89113
Present Business Address		City	State/Zip
Orhtopedic Surgeon	Dates 05/2004 - current		
Occupation			Phone: Residence
			Business 702-740-5327
!	Ningxia, China		
Date of Birth	Place of Birth (City, County, State)		
47			
Age	Social Security Number		Sex

Brown	Black		145		5' 7"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐

Applicant's initial

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
Date City, County and State

Spouse's full name (Maiden) S.S. No

Date of Birth Place of Birth

Resident address
Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Jennifer Maire Liu	02/2013	09/2006		Las Vegas, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Logan Jiong Liu		Henderson, NV	) Havensight Lane Henderson, NV 89052
Peter Mei Liu		Henderson, NV	) Havensight Lane Henderson, NV 89052

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Liu Yi Gen		Ruth Ct West Covina, CA 91792	
Mother	Sun Wen Juan		Ruth Ct West Covina, CA 91792	
Father-in-Law				
Mother-in-Law				

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Luke Liu		Russell Street Whittier, CA 90603	
Spouse				
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☐ No ☐
High School	Alhambra High School	Alhambra, CA	10/1997 - 06/1990	Yes ☒ No ☐
College University	Western University Osteopathic Medicine of the Pacific	309 E Second St College Plaza Pomona, CA 91766-1889	06/1995 - 6/1999	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any D.O.

College or university where obtained Western University Osteopathic Medicine of the Pacific

Applicant's initial.....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch..... Date of entry-active service.....

Date of separation..... Type of discharge.....

Rating at separation..... Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County..... State..... Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when?..... city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when?..... city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial.....

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
081999 - 06/2004	100 Harrington Blvd	Mount Clemens	MI 48042
01/2005 - 08/2012	495 Melrose Heights St	Henderson	NV, 89052
08/2012 - Current	Saint Croix St	Henderson	NV, 89012
	, S 9th St	Alhambra	CA,91803

Applicant's initial.....

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2006 - Current	Advanced Orthopedics & Sports Medicine	Current employment
Title	**Description of Duties**	**Name of Supervisor**
D.O	Dr.	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2006 - 10/2007	Knee & Shoulder institute of NV 9280 W Sunset Rd ste 422 Las Vegas, NV 89148	
Title	**Description of Duties**	**Name of Supervisor**
Staff Physician	Staff Physician	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2005 - 12/2005	The Bone and Joint Institute of Southern Nevada 880 Seven Hills Dr Ste 140 henderson, NV 89052	
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial.....

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Allison Hernandez	Home	Opulent Rose Ave Lv, NV89183				05 9
Employer	Business					
Name Donovan Middleton	Home	Iron Springs Las Vegas, NV 89144				9
Employer	Business					
Name Amanda Davis	Home	Luna Blanca Dr LV, NV 89138				6
Employer	Business					
Name Brian Affronti	Home	Parador Cellars Ct LV, NV 89141				8
Employer	Business					
Name Ryan Craig	Home	San Alivia CT LV, NV 89141				8
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

D.O License in Nevada From 05/2004

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial .....

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph.....

Applicant's initial.....

STATE OF Nevada
ss.

COUNTY OF Clark

I, Xin Nick Liu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 27 day of February, 2020

Notary Public

BONNIE L. SMITH
Notary Public State of Nevada
No. 17-4217-1
My Appt. Exp. September 12, 2021

(seal)

Applicant's initial

ADDITIONAL INFORMATION

Applicant's initial.....

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/27/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for .....
Nature of License

.....
Name and Address of Establishment for Which License Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Kuruvilla	Thomman	Manjummelkudiyil
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Paradise Rd Unit 3202	Las Vegas	NV, 89109
Present Residence Address-Street or RFD	City	State/Zip

7183 Advanced Way	Dates	Las Vegas	NV,89113
Present Business Address		City	State/Zip

Podiatrist — Dates 07/2006 - current
Occupation

Phone:
Residence ---
Business 702-740-5327

West Babylon, NY
Date of Birth — Place of Birth (City, County, State)

43 — Male
Age — Social Security Number — Sex

Black	Black		140		5'09"
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics .....

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No .....

If naturalized, certificate No N/A Date .....

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TK

MARITAL INFORMATION-Continued

A. **Current Marriage** April 16, 2013 (Date) Las Vegas, Clark ,Nevada (City, County and State)

Spouse's full name (Maiden) Larissa Derama S.S. No

Date of Birth Place of Birth Chicago, IL

Resident address Paradise Rd Unit 3202 (Street) Las Vegas (City) NV (State) 89109 (Zip)

Telephone: Residence Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Smitha Sunny	2012	2004	Divorced	Ls Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Madelme Kuruvilla		Las Vegas, NV	Cedar Ridge Lane, Dix Hills, NY 11746

B. Child Support Information:

Please mark the appropriate response:

☑ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TK

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	M.P Kuruvilla		Cedar Ridge Lane, Dix Hills NY 11746	Doctor
Mother	Jolly Kuruvilla		Cedar Ridge Lane, Dix Hills NY	Banker
Father-in-Law	Servida Perama		Gally Echo St LV, NV 89141	Retired
Mother-in-Law	Carolina Perama		Gally Echo St LV, NV 89141	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Maryann Kuruvilla		Cedar Ridge Lane Dix Hills, NY 11746	Veterinarian
Spouse				
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Commack Middle School	700 Vanderbilt Pkwy, Commack, NY 11725	1989 -1991	Yes ☒ No ☐
High School	Saint Anthony Hgl School	275 Wolf Hill Rd, Huntington	1992 -1996	Yes ☒ No ☐
College University	New York College Of Podiatric Medicine	1800 Parke Ave New York, NY 10035	08/1999 - 05/2003	Yes ☒ No ☐
Other	Manhattan College	4513 Manhattan College Pkwy Bronx NY 10471	1996 -1999	Yes ☒ No ☐

Type of degree obtained, if any D.P.M.

College or university where obtained New York College Of Podiatric Medicine

Applicant s initial TM

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County ..... State ..... Date registered .....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse s family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant s initial ..... TM .....

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☐ No ☒ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1/1995 - 8/2008	Cedar Ridge Lane	Dix Hills	NY/Suffolk
8/2008 - current	Paradise Rd	Las Vegas	LV/Clark

Applicant s initial TM

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
July 2008-current	7195 Advance Dr, LV, NV 89113	Current Employment
Title	**Description of Duties**	**Name of Supervisor**
Podiatrist	Physician / Owner	Randy Yee
Month and Year	**Name/Mailing Address of Employer/Business**	**Reason for Leaving**
July 2007-July 2008	3195 Charleston Rd, LV NV 89102	Sale
Title	**Description of Duties**	**Name of Supervisor**
Podiatrist	Physician / Associate	Anthony Borgia
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant s initial TM

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Vicenta Hwang	Home	4 Crystal Dr	NV	89106		5
Employer Vally Hospital	Business	Orthopedic Surg				
Name Chris Catapano	Home	5 Dean Martin Dr	LV NV 89122		116 - [illegible] 36	7
Employer Allgial Spine	Business	Orthopedic / Spine Surg				
Name Brian Bottin	Home	8 River Walk, Rock River			OH 44116	6
Employer Regen Medl	Business	Biology Sales				
Name Mike Zenzolo	Home	Encantamiento, LV, NV 89113				5
Employer Regen Medl	Business	Biology Sales				
Name Geoff Taylor	Home	Uccello Dr	LV NV	89138		10
Employer Enrique Salon	Business	Salon Services				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person s depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

D.P.M License in Nevada From 07/2006 - Current

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant s initial TM

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph

Applicant s initial

STATE OF Nevada
ss.

COUNTY OF Clark

I, Thomas Kuruvilla, 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 27 day of February, 2020

Notary Public

BONNIE L. SMITH
Notary Public State of Nevada
No. 17-4217-1
My Appt. Exp. September 12, 2021

(seal)

Applicant s initial TK

ADDITIONAL INFORMATION

Applicant s initial

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/26/20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
Nature of License

Las Vegas Institute For Advanced Surgery, LLC
Name and Address of Establishment for Which License Is Requested

7183 Advanced WAY Las Vegas, NV 89113
If applicable, Name Under Which It Is Now Operated

N/A

1. PERSONAL INFORMATION:

Last Name: BORST | First Name: Todd | Middle Name: Peter

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N/A

Present Residence Address-Street or RFD: [illegible] Cole St. | Dates: 1/2/20-present | City: Birmingham | State/Zip: MI 48009

Present Business Address: 7183 Advanced Way | Dates: 9/1/19-present | City: Las Vegas | State/Zip: NV 89113

Occupation: CEO

Phone: Residence: None | Business: (916) 698-4700

Date of Birth: [illegible] | Place of Birth (City, County, State): Evanston, Cook, IL

Age: 56 | Social Security Number: [illegible] | Sex: M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Brown	Brown	White	200	M	6'3

Scars, tattoos or distinguishing marks and/or characteristics: None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.....

If naturalized, certificate No..... Date.....

Place..... (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial TDB

MARITAL INFORMATION-Continued

A. **Current Marriage** April 22, 2017 (Date) Chicago, Cook, IL (City, County and State)

Spouse's full name (Maiden) Kaitlin Cooper Laniadek S.S. No.

Date of Birth / / Place of Birth Waukegan, IL

Resident address Cole St. (Street) Birmingham (City) MI (State) 48009 (Zip)

Telephone: Residence None Business None

Spouse's employer None Occupation Homemaker

Address of employer None (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Melissa Borst	/ /	6/9/96	Divorce	Chicago, Cook IL
Alison Borst	12/04	8/5/87	Divorce	Orangevale, Sacramento, CA

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Melissa Borst	W Hudson Ave.	Chicago	IL	60654	
Alison Borst	Rudgwick Dr.	Roseville, CA		95747	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Cody Borst	/ /	Sacramento, CA	Rudgwick Dr. Roseville, CA 9574
Katelynn Borst	/ /	Sacramento, CA	Cole St, Birmingham, MI 48009
Wyatt + Julianna Borst (Twins)	/ /	Evanston, IL	Cole St. Birmingham, MI 4800

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial TAB

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Peter Borst	/ /	Blackhawk Cir. Lincoln, CA 95648	CFO
Mother	Carmen Berlanga	/ /	2 West Smokey DR. Surprise, AZ 85374	Nanny
Father-in-Law	Kevin Gniadek	/ /	Robinecrest lane Lindenhurst, IL 60064	Sales rep
Mother-in-Law	Bonnie Lucas (Gorken)	/ /	Grandville Blvd. Lake Villa, IL 60046	Purchasing Agent

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Kim Borst	/ /	Cement Hill Rd. Fairfield, CA 94533	Labor driver
Spouse	None			
	Michelle Thompson	/ /	Club Rd. Sherwood, AR 72120	Homemaker
Spouse	None			
	Kelly Frandsen	/ /	10 W. Spur DR. Peoria, AZ 85383	nurse
Spouse	Paul Frandsen			Real estate agent
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Schaumburg Elementary	Schaumburg, IL	1973-1974	Yes ☒ No ☐
High School	Napa High School	Napa, CA	1980-1981	Yes ☒ No ☐
College University	California State University	Sacramento	1989-1993	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor of Science Accountancy

College or university where obtained California State University Sacramento

Applicant's initial TDB

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County NAPA State CA Date registered unknown

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
1982	20	Reckless driving	Sacramento, CA unknown		Sacramento County

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial TMB

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plaintiff	Several cases suing insurance companies for non-payment			

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Surgical Institute of Michigan	LLC	Numerous (See above)
Bald Mountain Surgical Center	LLC	Numerous (See above)
Advanced Surgery Center	LLC	Numerous (See above)

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
1/1/20 - present	Cole St.	Birmingham	MI
5/15 - 12/19	1545 Bissell St. unit 1	Chicago, IL	
4/13 - 5/15	729 N. Larabee St.	Chicago, IL	
10/03 - 4/13	6503 Swallowsview Ct.	Rocklin, CA	
3/2000 - 10/03	7062 Short Oak Way	Orangevale, CA	
12/94 - 3/2000	1648 Notre Dame Dr.	Sacramento, CA	

Applicant's initial TMB

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
9/18-present	Advanced Orthopaedic Specialties of Nevada, LLC 1975 Cole St. Birmingham, MI 48009	
Title	**Description of Duties**	**Name of Supervisor**
CEO	Supervise operations	none

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/18 - present	~~Supervise operations~~ Advanced Orthopaedic Specialties, LLC 1975 Cole St. Birmingham, MI 48009	
Title	**Description of Duties**	**Name of Supervisor**
CEO	Supervise Operations	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/18-present	LAS Vegas Institute for Advanced Surgery, LLC 7183 Advanced Way Las Vegas, NV 89113	
Title	**Description of Duties**	**Name of Supervisor**
Managing member	Supervise Operations	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/17-present	Physician Empowered Surgery Centers, LLC 1975 Cole St. Birmingham, MI 48009	
Title	**Description of Duties**	**Name of Supervisor**
CEO	Supervise operations	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/17-present	TB Realty, LLC 1975 Cole St. Birmingham, MI 48009	
Title	**Description of Duties**	**Name of Supervisor**
Managing member	Supervise Operations	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/16-present	Bald Mountain Surgical Center 1375 S. Lapeer Rd. #109 Lake Orion, MI 48360	
Title	**Description of Duties**	**Name of Supervisor**
Managing member	Supervise Operations	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/11-7/15	Gold Coast Surgicenter, LLC 845 N. Michigan Ave, Ste. 985 W Chicago, IL 60611	Sold business
Title	**Description of Duties**	**Name of Supervisor**
Managing member	Supervise Operations	

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2010-present	Smithfield Surgical Partners, LLC 1975 Cole St. Birmingham, MI 48009	
Title	**Description of Duties**	**Name of Supervisor**
CEO	Supervise Operations	

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial TPB

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Nick Frisch	Home	Lahser Rd. Bloomfield Hills, MI 48304				
Ascension Providence Rochester	Business	1101 W University DR. Rochester, MI 48307 (248) 652-5000				5 years
Name Jeff Declaire	Home	Barrington DR. Rochester, MI 48306				6 years
Ascension Providence Rochester	Business	1101 W. University DR. Rochester, MI 48307 (248) 652-5000				
Name Adrienne Wells	Home	Great Fosters DR. Rochester, MI 48306				7 years
Axiom Consulting	Business	1375 S. Lapeer Rd. #109 Lake Orion, MI 48360 (248) 693-7950				
Name Nejd Alsikafi	Home	Moffett Rd. Lake Bluff, IL 60044				8 years
VRO Partners	Business	151 W. Golf Rd. Libertyville, IL 60048				
Name Haitham Masri	Home	Pontiac Trail West Bloomfield, MI 48323				
Advanced medical group	Business	13530 Michigan Ave. Dearborn, MI 48126				12 years

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

California, Accountant 1999 - 2007

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Borst + Associates, Inc 6538 Lonetree Blvd. Rocklin, CA 95765 Placer County
Smithfield Surgical Partners, LLC 1975 Cole St. Birmingham, MI 48009 Illinois/Michigan
TB Health, LLC 1975 Cole St. Birmingham, MI 48009 Illinois/Michigan

Applicant's initial [illegible]

* Smithfield partner: Steve Mobebi ... Broadway St. San Francisco, CA 94115

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph

Applicant's initial

STATE OF Michigan
ss.

COUNTY OF Oakland

I, Todd P. Borst, 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 27th day of February 2020

Sean McKenna
Notary Public

SEAN MCKENNA
Notary Public - State of Michigan
County of Oakland
My Commission Expires Nov 2, 2023
Acting in the County of Oakland

(seal) February 27th 2020

Applicant's initial TPB

6 E) I've been subpoenaed to testify on numerous occasions as an expert witness

8. Employment (Cont.)

1/09 – 7/13 Surgical Institute of Michigan, LLC Sold business
managing member 33545 Cherry Hill Rd. Westland, MI 48185

5/09 – 12/14 Surgical Institute of Monroe, LLC Sold business
managing member 1075 S. Telegraph Rd. Monroe, MI 48161

7/08 – present Smithfield Medical Development, Inc.
CEO 1975 Cole St. Birmingham, MI 48009

1/19 – present Surgery Center at Healthpark
managing member 600 Healthpark Blvd. Grand Blanc, MI 48439

5/18 – present Precision Surgery Center, LLC
managing member 22701 Hall Rd. Macomb, MI 48042

1/1/19 – present Hall Rd. Properties, LLC
member 22701 Hall Rd. Macomb Township, MI 48042

6/19 – present Grass Lakes Surgery Center, LLC
managing member 1975 Cole St. Birmingham, MI 48009

6/19 – present Grass Lakes Real Estate, LLC
managing member 1975 Cole St. Birmingham, MI 48009

2/07 – present Beta Consulting Group, LLC
member 1975 Cole St. Birmingham, MI

1/99 – 7/09 Borst & Associates, Inc. Sold company
CEO 6538 Lonetree Blvd. Rocklin, CA 95765

6/96 – 1/99 Think Tank, Inc. Started new business
manager 1620 Lead Hill Blvd. Roseville, CA 95678

7/95 – 6/96 Donald Crossway, C.P.A. Found better job
staff accountant Fair Oaks, CA

2/93 – 7/95 Arthur Andersen, LLP Found better job
staff accountant Sacramento, CA

Applicant's initial TVB

25B

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.

ASC- 02423

☐ New Pharmacy or ☑ Ownership Change (Provide current license number if making changes: PH ~~3496 ASC-24~~

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
☐ Partnership - Pages 1,2,6,10,11a&b
☑ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b
☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Seven Hills ASC

Physical Address: 876 Seven Hills Drive

City: Henderson State: Zip Code: NV Telephone: (702) 914-2028

Fax: (702) 914-6290 Toll Free Number:

E-mail: lbarnes@sevenhillsasc.com

Website:

Managing Pharmacist: Mary Grear, RPh License Number: 10687

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds____)	☑	Parenteral
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☑	Ambulatory Surgery Center	☐	Mail Service
☐	Community	☐	Long Term Care
☐	Other:	☐	Sterile Compounding
		☐	Non Sterile Compounding
	All boxes must be checked	☐	Mail Service Sterile Compounding
	For the application to be complete	☑	Other Services: ASC

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.

Lottie Barnes

Original Signature of Person Authorized to Submit Application, no copies or stamps

Lottie Barnes RN Administrator — 3/6/2020

Print Name of Authorized Person — Date

Board Use Only	Date Processed:	Amount: $500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Seven Hills Holding Company

Mailing Address: 876 Seven Hills Dr.

City: Henderson State: NV Zip: 89052

Telephone: 702-914-2028 Fax: 702-614-7456

Contact Person: Michael Previti

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) US Cardio Partners Nevada (Cliff Crosseff) , 1 Kingwood Dr. #14 Kingwood TX 77339
Name Business Address

b) David Navrati/MD , S. Eastern Ave. Las Vegas NV 89119
Name Business Address

c) Eddy Luh MD , W. Sunset Rd. Las Vegas NV 89148
Name Business Address

d) _____
Name Business Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? $10,000 ea

List any physician shareholders and percentage of ownership.

Name: David Navrati/MD %: 5

Name: Eddy Luh MD %: 3

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 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: _____

Managing Pharmacist

Pharmacist Name: Mary Grear, RPh License #: 10687

Pharmacy Name: Seven Hills ASC

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?	☐	☒
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 numbered questions above, please include the following information

Board Administrative Action: State: NV 2002 Date: 2002 Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

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.

Mary Crear, RPh — Signature

3/6/20 — Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 18 MAR 2026

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Ambulatory Surgery Center
Nature of Pharmacy or Wholesaler

Seven Hills ASC 876 Seven Hills Dr. Henderson, NV 89052
Name and Address of Business for Which Designated Representative Is Requested

Seven Hills Surgery Center 876 Seven Hills Dr. Henderson NV 89052
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
NAVRATIL	DAVID	LLOYD

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

NONE

Present Residence Address-Street or RFD	Dates	City	State/Zip
7 DAVINA ST	12/23/1991 - PRES	HENDERSON	NV 89074

Present Business Address	Dates	City	State/Zip
SAME			

Present Position with the Pharmacy or Wholesaler

Phone:
Residence ( ) - -
Business

Date of Birth

Place of Birth (City, County, State)
CINCINNATI, HAMILTON, OHIO

Age
63

Social Security Number

Sex
M

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
HAZEL	BROWN	TAN	250	HEAVY	5'8"

Scars, tattoos or distinguishing marks and/or characteristics SURGICAL SCAR OVER STERNUM

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☒ Engaged ☐

Applicant's initial DN

A. **Current Marriage** Date City, County and State

Spouse's full name (Maiden) S.S. No

Date of Birth Place of Birth

Resident address Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
MICHAEL NAVRATIL	- - -	GREEN BAY, WI	MIDDLE EARTH ST LAS VEGAS, NV 89135
AMY NAVRATIL		GREEN BAY, WI	3 NIGHTHAWK DR LARAMIE, WY 82072

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name .....

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	DECEASED			
Mother	FRANCES NAVRATIL (SCALISE)		7 E. TECOMA RD PHOENIX, AZ 85048	MOM
Father-in-Law	DECEASED			
Mother-in-Law	DECEASED			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	JAMES NAVRATIL		E. MOUNTAIN SPRINGS RD SCOTTSDALE, AZ 85255	PHYSICIAN
Spouse	CHERIE			
	MARK NAVRATIL		S. LEE ST. APPLETON, WI 54915	ARCHITECT
Spouse	SUSAN			
	ANITA NAVRATIL		RIVERS CALL BLVD ATLANTA, GA 30339	ENGINEER
Spouse	JAMES DIANDRETH			
	JERRY NAVRATIL		ROUTE 9 W SOUTH NYACK, NY 10960	PHYSICS PROFESSOR
Spouse	JEANNE			PHYSICIAN

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	JACKSON	GREEN BAY, WI	9/61 – 6/68	Yes ☒ No ☐
High School	SOUTHWEST H.S.	GREEN BAY, WI	9/1968 – 6/1974	Yes ☒ No ☐
College University	ST NORBERT COLLEGE	DE PERE, WI	9/1975 – 5/1978	Yes ☒ No ☐
Other	UNIVERSITY OF WISCONSIN	MADISON, WI	9/74-5/75, 9/78 – 5/1982	Yes ☒ No ☐

Type of degree obtained, if any B.S in 5/78, M.D. in 5/1982

College or university where obtained As Above

Applicant's initial .....

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☒ No ☐ RESERVE FEB 1979 – JUN 1982

Branch US AIR FORCE Date of entry-active service JUN 1982 - JUN 1991

Date of separation 30 JUN 1991 Type of discharge HONORABLE

Rating at separation MAJOR Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? N/A Yes ☐ No ☐

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial DJ

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
POLLY HENDERSON		DISTRICT COURT A-371638	LAS VEGAS, CLARK, NV	DISMISSED WITH PREJUDICE 30 SEPT 1997
CONCETTA TOMMASONE		DISTRICT COURT A-09-599166	LAS VEGAS, CLARK, NV	DISMISSED WITH PREJUDICE 13 JUL 2010

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
DEC 1991 - PRESENT	1 DAVINA ST	HENDERSON	NV

Applicant's initial _____

6. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
8/1994 - PRESENT	DAVID NAVRATIL, MD, LTD 1967 DAUWA ST, HENDERSON, NV	
Title	**Description of Duties**	**Name of Supervisor**
MD	PHYSICIAN	

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
4/2012 - 9/2018	HEALTHCARE PARTNERS 2865 SIENA HEIGHTS #331 HENDERSON, NV 89052	
Title	**Description of Duties**	**Name of Supervisor**
MD	PHYSICIAN	JEREMY COX

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
4/1993 - 8/1994	NEVADA HEART CARE	
Title	**Description of Duties**	**Name of Supervisor**
MD	PHYSICIAN	

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
4/1991 - 4/1993	HEART INSTITUTE OF NEVADA	
Title	**Description of Duties**	**Name of Supervisor**
MD	PHYSICIAN	

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
2/1979 - 6/1991	US AIR FORCE	
Title	**Description of Duties**	**Name of Supervisor**
MD	PHYSICIAN	

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	**Description of Duties**	**Name of Supervisor**

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial _____

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name DR TOM LAMBERT	Home					
Employer SELF	Business	PHYSICIAN	3150 TENAYA WAY LAS VEGAS	NV 89128		26
Name DR HOWARD BRODER	Home					
Employer HEALTH CARE PARTNERS	Business	2865 SIENA HEIGHTS STE 331 HENDERSON,	NV	89052	702-407-0110	10
Name DR ERIK SIRULNICK	Home					
Employer NCA	Business	7135 W. SAHARA AVE #202 LAS VEGAS,	NV	89117	702-796-7150	13
Name DR DJ ANH	Home					
Employer HEALTHCARE PARTNERS	Business	2865 SIENA HEIGHTS STE 331 HENDERSON,	NV	89052	702-407-0110	12
Name DR JACQUE LAMOTHE	Home					
Employer SELF	Business	3131 LA CANADA LAS VEGAS,	NV	89109	702-526-5034	25

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
(Doctor)	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

NEVADA #6149 FEB 1991 - PRESENT

WISCONSIN # 26439 1984 - PRESENT

ARIZONA # 20828 1991 - PRESENT

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial SM

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☐ No ☒

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 25 MAR 2020

Applicant's initial QJ

STATE OF Nevada
ss.
COUNTY OF Clark

I, DAVID NAVRATIL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 26 day of March, 2020

Notary Public

Notary Public - State Of Nevada
COUNTY OF CLARK
FELECIA M. HERNANDEZ
My Appointment Expires
April 1, 2021
No. 17-2123-1

(seal)

Applicant's initial

Applicant's initial

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, David Navratil MD

Responsible Person of Seven Hills ASC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

DAVID NAVRATIL
Print Name of Authorized Person

21 MAR 2020
Date

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4.1.20

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Pharmacy License
Nature of License

Seven Hills ASC/ 876 Seven Hills Dr., Henderson NV 89052
Name and Address of Establishment for Which License Is Requested

Seven Hills Surgery Center
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name	First Name	Middle Name
Crossett	Clifford	Theodore

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD	Dates	City	State/Zip
? Forest Row Dr.		Kingwood	TX 77345
Present Business Address		**City**	**State/Zip**
876 Seven Hills Dr.	Dates	Henderson	NV 89052

Occupation — Phone: Residence ; Business 702-750-1038

Saginaw, Saginaw, MI
Date of Birth — Place of Birth (City, County, State)

Age	Social Security Number	Sex
47	[redacted]	Male

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
Blue	Brown	Fair	250		6'

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial CC

MARITAL INFORMATION-Continued

A. **Current Marriage** 10.14.2011 (Date) Houston, Harris, TX (City, County and State)

Spouse's full name (Maiden) Ana-Paulina Crossett S.S. No.

Date of Birth Place of Birth Mexico City, Mexico

Resident address 2 Forest Row Dr. (Street) Kingwood (City) TX (State) 77345 (Zip)

Telephone: Residence Business

Spouse's employer Self-Employed Occupation Corporate Production

Address of employer (Street) (City) (State) (Zip)

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Esmeralda Aguilera	2003	2002	Divorce	Ft. Bend Co. TX
Stephanie Hults	2007	2007	Annulled	Harris Co. TX

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
No idea					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Izabella Crossett		Las Vegas NV	All reside at the following address:
Paco Crossett		Las Vegas NV	2 Forest Row Dr., Kingwood TX 77345
Coral Crossett		The Woodlands TX	
Elena Crossett		The Woodlands TX	

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial CC

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name .....

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 deceased, list last address and occupation.

	Name (Maiden)	Birth Date	Address	Occupation
Father	Clifford Crossett		No Idea	No idea
Mother	Roberta Crossett		Deceased	Deceased
Father-in-Law	Francisco Estrada		Mexico City, Mexico	Retired Architect
Mother-in-Law	Rosita Estrada		Mexico City, Mexico	Retired Banker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
	Melissa Crossett		No idea	Teacher
Spouse				
	Luke Crossett		10807 Overbrook Lane, Houston TX 77042	Banker
Spouse				
	Kara Crossett		No idea	No idea
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Schall Elementry School	Caro, MI	1980's	Yes ☒ No ☐
High School	Hemlock High School	Hemlock, MI	89-91	Yes ☒ No ☐
College University	Michigan State Univeristy	E. Lansing MI	91-95	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any BS

College or university where obtained Michigan State Univeristy

Applicant's initial CC

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch ..... Date of entry-active service .....

Date of separation ..... Type of discharge .....

Rating at separation ..... Serial number .....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County Saginaw State MI Date registered 1991

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
2012	39	Criminal Mischief	Houston, TX	1 week later	Houston Police Dept

I was falsely arrested by an overzealous officer for removing some bushes from the city property where I parked. The day before the police told me that I could remove the bushes because it was an easement and it was for parking. The ADA and City dropped all charges as the officer told the ADA he told me to remove them if I had an issue.

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes. furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? ..... city, county and state .....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? ..... city, county and state .....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial CC

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation. ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
Yes ☒ No ☐ (Other than divorces)
If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Plantiff: Clifford Crossett	2011	Harris County	Houston, Harris, TX	2012

A former business partner stole money from several investors including me. I sued him to get my money back

He declared bankruptcy.

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2020-2014	3402 Forest Row Dr.	Kingwood	TX
2014	Grazing Field Dr.	Conroe	TX
2013	College Park Dr. #5108	The Woodlands	TX
2012	College Park Dr. #16201	The Woodlands	TX
2008-2012	5327B Nolda Dr.	Houston	TX
2002-2008	2403 Blue Water Bay	Katy	TX
2001-2002	1015 Lexington Cir AptD	Edinburg	TX
1999-2001	2404 South Blvd	Houston	TX
1998-1999	2714 Greenbriar St.	Dickinson	TX
1996-1998	1036 Charlene S St.	Salem	OR
1995-1996	4640 Syracuse St	Dearborn Heights	MI

Applicant's initial CC

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/15 to present	EPIC Employee Services, Kingwood TX	
Title	**Description of Duties**	**Name of Supervisor**
CEO	Day to day company operations	Self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/14-3/15	ATOM Medical, PA Medical	Started my own Company
Title	**Description of Duties**	**Name of Supervisor**
Bus Dev.	Manage 6 State Territory	Tom

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/11-7/14	Merge Healthcare/IL/Healthcare IT	HOS
Title	**Description of Duties**	**Name of Supervisor**
Enterprise Sales Manager	Manage 6 State Territory	Michael Previti

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/05-7/11	Philips Healthcare/Bothell WA/Cath Lab	Merge
Title	**Description of Duties**	**Name of Supervisor**
Clinical Sales Specialist	Capital Sales	Randy Walbrown

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/01-1/05	Burdick/WI/Cardiology	Philips
Title	**Description of Duties**	**Name of Supervisor**
Regional Manager	Covered South TX	Gordon Johnson

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/98-1/01	United Medical Supply/Sugarland TX/Medical Disposables	Burdick
Title	**Description of Duties**	**Name of Supervisor**
Sales Rep	Sell medical disposables to offices/ASC's/Hospitals	Bill Bandy

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/96-6/98	PMT Corporation/Minn. MN/Plastic Surgery & Neuro	Moved to TX
Title	**Description of Duties**	**Name of Supervisor**
Sales Rep	Sell Plastic Surgery products over a 6 State Territory	Mark Rosenblum

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/91-12/95	Michigan State Univeristy/E. Lansing MI, University	Graduated
Title	**Description of Duties**	**Name of Supervisor**
Various	Maintenance/Food Service	Dean Matsudo

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial CC

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Richard Taylor	Home	Sugarland TX				23
Employer Retired	Business					
Name Gordon Johnson	Home	Corinth, TX				21
Employer Retired	Business					
Name CHARLES E. BAILEY MD	Home	San Antonio TX				7
Employer Self-Employed	Business	Doctor				
Name Sean Miller	Home	San Antonio, TX				22
Employer McKesson	Business	Sales Rep				
Name Jason Stiehl	Home	Apex, NC				30
Employer Guardian Mortgage	Business	Loan Officer				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

Applicant's initial CC

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 4-18-20

Applicant's initial CC

STATE OF Texas

ss.

COUNTY OF Harris

I, Clifford Crossett, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this 3rd day of April 2020

Notary Public

(seal)

SIMONE GREEN
Notary Public, State of Texas
Comm. Expires 01-17-2023
Notary ID 13002960-9

Applicant's initial CC

ADDITIONAL INFORMATION

NONE

Applicant's initial CC

26

Candy Nally

From: Raef Hamaed <raef@avriorx.com>
Sent: Monday, November 04, 2019 2:04 PM
To: Candy Nally
Subject: Sterile compounding

Dear Candy,
My Name is Raef Hamaed. I am the pharmacist in charge at Avrio Pharmacy in Scottsdale Arizona. Our non-resident Pharmacy license in Nevada is PH03822.
We had our sterile lab certified by the Arizona Board of pharmacy and we would like to come before the Nevada Board of Pharmacy to get the approval for our pharmacy to ship sterile preparations to Nevada. We would like to come to the first available meeting if possible.

Thank you

Raef Hamaed
Avrio Pharmacy, President/CEO

AVRIO PHARMACY
Your Healthcare Partner

(480) 620-9062
9015 E Pima Center Parkway unit 3
Scottsdale, AZ 85258
http://www.avriorx.com

The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message

27

Kristopher Mangosing

From: David Wuest
Sent: Monday, June 01, 2020 8:01 AM
To: Shirley Hunting; Kristopher Mangosing
Cc: Yenh Long; Shannon Reichman
Subject: FW:
Attachments: MTM Community Pharmacy Services (1).pdf

Follow Up Flag: Follow up
Flag Status: Flagged

For the July meeting.

Dave

J. David Wuest
Executive Secretary
Nevada State Board of Pharmacy

From: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Sent: Monday, June 1, 2020 7:20 AM
To: David Wuest <dwuest@pharmacy.nv.gov>
Subject: Fw:

From: KayLynn Bowman < 1@gmail.com>
Sent: Friday, May 29, 2020 5:01 PM
To: Pharmacy Board
Subject:

1. Name and address of the licensee-KayLynn Bowman, Mariposa Way, Henderson, NV 89015
2. License number(s) - NV 17134
3. A brief statement regarding the extent of the waiver sought.
I am requesting the approval to conduct Medication Therapy Managment services via phone with participants from my mobile phone number (, at my home address, and also from the Roseman University of Health Sciences SHIP call center lab on campus. The calls and documentation will follow my previously approved application approved from the December 5, 2019 NV State Board of Pharmacy meeting.
4. A brief statement detailing how the declared emergency caused the need for the waiver.

This waiver will allow me to continue working with patients diagnosed with Diabetes, High Blood Pressure and High Cholesterol to have medication reviews with a licensed pharmacists as part of the CDC 1815 and 1817 grant program. Currently Dignity Health and Wellness Center's are not open to the public or non-employee access. Therefore the MTM services are not accessible to Healthy Heart participants, Diabetes Prevention Program participants and others qualifying for the program assistance.

5. Relevant laws that the licensee is requesting are waived.

The relevant law being waived is NAC 639.403 - Application required for pharmacist to engage in practice of pharmacy at site other than licensed pharmacy; exemption for pharmacists who administer immunizations. (NRS 639.070). In this application the use of off-site calls from mobile number and the Roseman SHIP call center were not included and are being requested as alternate options to conduct approved MTM work by the Board (see attached application).

6. Authorized contact person. An authorized contact person includes any owner, officer, member, pharmacist-in-charge, or other individual otherwise authorized to act on behalf of the licensee.

KayLynn Bowman, PharmD

Thank You,

KayLynn Bowman, PharmD, MS, MEd
Dignity Health, QTAC
MTM Pharmacy Services, Consultant Pharmacist
2651 Paseo Verde Parkway, Suite 180
Henderson, NV 89074
Office: (702) 616-4914
Fax: (702) 616-4909
Cell:
email:

28

29

EXECUTIVE SECRETARY REPORT – July 15th, 2020

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
  - Emergency Regulation Update
  - Presentation to GME UNLV
- **REPORT TO BOARD**
  - Licensing software update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - PMP Integration

Regulation Tracking Log

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/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20 06/09/20	03/19/20 Postponed per Brett		
453.510 – Schedule I - Etizolam	10/10/19	10/18/19	R093-19	11/29/19	01/29/20	03/19/20	05/06/20	
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.						
639.NEW – Treatment of Partners	01/16/20	01/21/20	R008-20	03/03/20	04/28/20	06/03/20		
639.NEW – Delivery of a Prescription to Practitioner	01/16/20	01/21/20	R009-20	02/27/20	06/09/20	Postponed per Brett		
453.520: Schedule II - 4-ANPP; despropionyl fentanyl	03/19/20 06/03/20	6/16/20	R084-20					
639.NEW – Licensing/regulating wholesalers.	03/19/20	3/24/20	R040-20	05/19/20	06/09/20	07/16/20		
639.NEW - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the	03/19/20 – postponed to	6/16/20	R085-20					

Regulation Tracking Log

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
facility is licensed by the State Board of Health	06/03/20							
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20		
453.550 – Deschedule Epidiolex	06/03/20	6/16/20						
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20					
639.464 & 639.468 – P&T Committee vs CPA	06/03/20							

30

30A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R040-20

May 19, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§1-15, NRS 639.070.

A REGULATION relating to pharmacy; defining the term "person who exercises significant influence over the operation" for certain purposes relating to an applicant for a license to engage in wholesale distribution of prescription drugs or a licensed wholesaler; requiring certain persons relating to wholesalers to submit fingerprints to the State Board of Pharmacy; requiring the Executive Secretary of the Board to request a background check of certain persons relating to wholesalers; eliminating the requirement that wholesalers applying for a license renewal submit fingerprints to the Board; eliminating the requirement that fingerprints relating to wholesalers be submitted electronically; revising certain requirements concerning designated representatives of wholesalers; revising bond requirements for wholesalers with multiple sites; revising provisions concerning the collection and submission of certain records and information by wholesalers; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the practice of pharmacy in this State, including regulations related to wholesalers. (NRS 639.070) Existing law defines a "wholesaler" as a wholesale distributor who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient. (NRS 639.016)

Existing law requires an applicant for a license to engage in wholesale distribution of prescription drugs to submit a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation. Existing law also requires an applicant for such a license to submit to the Board a list of certain employees, agents, independent contractors, consultants, guardians, personal representatives, lenders or holders of indebtedness of the applicant. Existing law authorizes the Board to require any person on the list to submit a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation, if the Board determines that a person on the list exercises significant influence over the operation

of the applicant. (NRS 639.500) Existing law also requires a licensed wholesaler to submit an updated list of such persons to the Board under certain circumstances and authorizes the Board to require the persons on the updated list to submit a complete set of fingerprints and written permission to the Board for forwarding to the Central Repository and submission to the Federal Bureau of Investigation, if a person on the updated list exercises significant influence over the operation of the wholesaler. (NRS 639.505)

Existing regulations set forth the application requirements for a license to engage in wholesale distribution of prescription drugs, including, the requirement for an applicant to submit a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for submission to the Federal Bureau of Investigation. (NAC 639.593)

In addition to the fingerprints of the applicant required by existing law, **section 7** of this regulation requires every person contained on the list of the applicant provided pursuant to NRS 639.500, who qualifies as a person who exercises significant influence over the operation of the applicant, to submit a complete set of fingerprints and written permission to the Board for forwarding to the Central Repository and submission to the Federal Bureau of Investigation. **Section 3** of this regulation further provides that any person contained on the updated list of the licensed wholesaler provided pursuant to NRS 639.505 must provide a complete set of fingerprints and written permission to the Board, if the person: (1) exercises significant influence over the operation of the licensed wholesaler; and (2) has not previously submitted fingerprints to the Board. **Section 2** of this regulation defines "person who exercises significant influence over the operation" for the purposes of these sections.

If the first complete set of fingerprints of any person required to submit fingerprints is rejected by the Central Repository, **section 4** of this regulation requires the person to submit a second complete set of fingerprints and written permission to the Board for forwarding to the Central Repository and submission to the Federal Bureau of Investigation. If the second complete set of fingerprints is rejected by the Central Repository, **section 4** requires the Executive Secretary of the Board to request a name-based background check of the person.

Existing regulations also require a wholesaler applying for a license renewal to submit a complete set of fingerprints for anyone required to submit fingerprints pursuant to NRS 639.500. (NAC 639.593) **Section 7** eliminates the requirement for submittal upon renewal.

Existing regulations provide that applicants for a license to engage in the wholesale distribution of prescription drugs must submit their fingerprints electronically to the Board. (NAC 639.5931) **Section 8** of this regulation eliminates the requirement to submit fingerprints electronically.

Existing regulations require applicants for a license to engage in the wholesale distribution of prescription drugs, who are corporations, to provide a list of the names and titles of all officers and directors of the corporation. (NAC 639.593) **Section 7** requires this list to include all officers and directors documented with the registration entity in the place of incorporation.

Existing regulations require an applicant for a license to engage in wholesale distribution of prescription drugs to submit any change in application information to the Board within 30 days of the change. (NAC 639.593) **Section 7** requires the applicant to submit a new application if the change is a change in ownership.

Existing regulations require certain applicants or licensed wholesalers to designate one natural person to be its representative. To qualify as a designated representative, existing regulations require the natural person to: (1) have been employed for at least 6,000 hours for a pharmacy or wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping relating to, prescription drugs; (2) have received a score of at least 75 percent on an examination provided by the Board; and (3) be at least 21 years of age. (NAC 639.5935) **Section 9** of this regulation removes the examination requirement.

Existing regulations also provide that if the designated representative leaves the employ of the wholesaler, it must notify the Board within 48 hours of the departure of the designated representative and cease all business operations until another designated representative is approved by the Board. (NAC 639.5935) **Section 9** removes the provisions that authorize a wholesaler to designate a new representative after the departure of its current designated representative, meaning that before there is a change in the designated representative: (1) the wholesaler must designate a new representative on a form provided by the Board; and (2) the Executive Secretary must approve the new designation.

Existing law requires applicants of a license to engage in wholesale distribution of prescription drugs to file a bond with the Board of not less than $25,000 and not more than $100,000, as determined by the Board. (NRS 639.515) Existing regulations authorize a wholesaler to provide a single bond for multiple sites: (1) of $100,000, if the net worth of the wholesaler is greater than $25,000,000 and the sites are owned by a common owner; or (2) in an amount determined by the Board, if the wholesaler only participates in transactions not considered wholesale transactions by the Board. (NAC 639.5938) **Section 10** of this regulation: (1) provides that the net worth of the wholesaler must be documented; and (2) removes the authority of the Board to determine the bond amount where the wholesaler only participates in transactions not considered wholesale transactions.

Existing regulations provide numerous avenues that a wholesaler can use to establish an ongoing relationship with a manufacturer. Existing regulations provide that one such avenue is when a wholesalers purchases at least 5,000 units of prescription drugs from the manufacturer in the immediate 12 months preceding the claim of the ongoing relationship and the Board or the wholesaler verify the purchase with the manufacturer. (NAC 639.594) **Section 11** of this regulation provides that all regulatory avenues for the establishment of the ongoing relationship must be documented. Additionally, **section 11** removes the requirement that the Board verify the sale of at least 5,000 units of prescription drugs, meaning that if a wholesaler documents its ongoing relationship via this avenue, the wholesaler itself must verify the purchase of the prescription drugs, not the Board. **Section 6** of this regulation makes a conforming change.

Existing regulations require licensed wholesalers to provide certain records to the Board relating to: (1) the separation and disposal of certain prescription drugs; (2) the inventory, receipt and distribution of prescription drugs; (3) a statement of prior sales; and (4) certain other records.

(NAC 639.601, 639.602, 639.603, 639.605) **Sections 12-15** of this regulation remove the requirement that these records be provided to the Board, and instead require the records to be readily retrievable.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. ***"Person who exercises significant influence over the operation" means:***

1. A partner in any form of 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;

5. A person with a controlling interest of ownership;

6. Any person owning more than 10 percent of the corporate stock; or

7. Any other person identified by an applicant, licensed wholesaler or the Board.

Sec. 3. ***Except as otherwise provided in NAC 639.593, each licensed wholesaler that provides an updated list pursuant to NRS 639.505 must submit to the Board:***

1. A complete set of fingerprints from any person contained on the updated list who:

(a) Is a person who exercises significant influence over the operation of the licensed wholesaler; and

(b) Has not previously been required to submit a complete set of fingerprints pursuant to NRS 639.500 or NAC 639.593; and

2. Written permission from each person required to submit fingerprints pursuant to subsection 1, authorizing the Board to forward the complete set of fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

Sec. 4. ***1. If a complete set of fingerprints from any person required to submit fingerprints pursuant to NRS 639.500 or NAC 639.593 or section 3 of this regulation is rejected by the Central Repository for Nevada Records of Criminal History, the person shall submit a second complete set of fingerprints and written permission authorizing the Board to forward the second complete set of fingerprints to the Central Repository for submission to the Federal Bureau of Investigation for its report.***

2. If the second complete set of fingerprints of any person pursuant to subsection 1 is rejected by the Central Repository for Nevada Records of Criminal History, the Executive Secretary shall request a name-based background check of the person.

Sec. 5. NAC 639.585 is hereby amended to read as follows:

639.585 As used in NAC 639.585 to 639.607, inclusive, ***and sections 2, 3 and 4 of this regulation,*** unless the context otherwise requires, the words and terms defined in NAC 639.587 to 639.592, inclusive, ***and section 2 of this regulation,*** have the meanings ascribed to them in those sections.

Sec. 6. NAC 639.589 is hereby amended to read as follows:

639.589 "Ongoing relationship" means a continuing business relationship in which a wholesaler distributes a manufacturer's prescription drugs which is ~~[established pursuant to]~~ ***documented in a manner prescribed in*** NAC 639.594.

Sec. 7. NAC 639.593 is hereby amended to read as follows:

639.593 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.]~~ *6:*

(1) A complete set of fingerprints from each person required to submit fingerprints pursuant to *subsection 1 of* NRS 639.500; ~~[and]~~

(2) ***A complete set of fingerprints from any person contained on the list provided by the applicant pursuant to subsection 2 of NRS 639.500, if the person qualifies as a person who exercises significant influence over the operations of the applicant; and***

(3) Written permission from each person who ~~[submitted]~~ ***is required to submit*** fingerprints ***pursuant to subparagraphs (1) or (2),*** 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]~~ ***:***

(I) The name and title of each officer and director of the corporation ~~[, the]~~ ***documented with the registration entity in the state of incorporation;***

(II) The corporate name and the state of incorporation ***;*** ~~[,]~~ and ~~[the]~~

(III) 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.

➥ 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 chapter 639 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. ***The applicant shall submit a new application to the Board if the change is a change in ownership.***

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:~~

~~(a) A complete set of fingerprints from each person required to submit fingerprints pursuant to NRS 639.500; and~~

~~(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.~~

~~7.]~~ Unless the Board otherwise requires, a wholesaler is not required to submit fingerprints pursuant to ***subparagraph (2) of paragraph (e) of*** subsection ~~[6]~~ ***1 or section 3 of this regulation*** if:

(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 the*** 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.

Sec. 8. NAC 639.5931 is hereby amended to read as follows:

639.5931 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]~~ ***or section 3 of this regulation may*** submit the fingerprints electronically in a format prescribed by the Board.

Sec. 9. NAC 639.5935 is hereby amended to read as follows:

639.5935 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 NRS 639.210, 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 full-time 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 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:]~~ ***Before there is a change in the natural person designated as the representative pursuant to this section:***

(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 the wholesaler shall cease conducting business*** 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.

Sec. 10. NAC 639.5938 is hereby amended to read as follows:

639.5938 Upon application from a wholesaler, the Board may allow a single bond ~~[:~~

~~1. Of]~~ ***of*** $100,000 to serve as the bond required pursuant to NRS 639.515, 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~~

~~2. In an amount determined by the Board to serve as the bond required pursuant to NRS 639.515, 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.]~~

Sec. 11. NAC 639.594 is hereby amended to read as follows:

639.594 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.

Sec. 12. NAC 639.601 is hereby amended to read as follows:

639.601 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 NAC 639.670. 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.]~~

Sec. 13. NAC 639.602 is hereby amended to read as follows:

639.602 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;

(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 NAC 639.594 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 NAC 639.5977 as reasonable assurance that the purchasing wholesaler is in compliance with subparagraph (2) of paragraph (c) of subsection 2 of NRS 639.595.

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.

Sec. 14. NAC 639.603 is hereby amended to read as follows:

639.603 1. Except as otherwise provided in paragraph (a) of subsection 6 of NAC 639.5975 and NAC 639.6035, each wholesaler shall provide 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]~~ ***A*** wholesaler shall ~~[transmit to]~~ ***make a record of any statement of prior sale readily retrievable for inspection by*** 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.]~~

Sec. 15. NAC 639.605 is hereby amended to read as follows:

639.605 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 records required pursuant to NRS 639.234 and NAC 639.585 to 639.607, inclusive ~~.~~ ***, and sections 2, 3 and 4 of this regulation, including a procedure to make records readily retrievable, as applicable.***

(h) A procedure to ensure that all prescription drugs received are examined pursuant to NAC 639.599 and 639.601.

(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 chapter 585 of NRS.

30B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R041-20

May 14, 2020

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.180.

A REGULATION relating to pharmacy; authorizing the Executive Secretary of the State Board of Pharmacy to require certain applicants for the issuance or renewal of certain licenses to appear before the Board; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations that authorize the Executive Secretary of the Board to issue certificates, licenses and permits pursuant to chapters 453, 454 and 639 of NRS. (NRS 639.070) Existing law authorizes a holder of a certificate, license or permit to apply for the renewal of such certificate, license or permit. (NRS 639.180) Existing law authorizes the Board to suspend or revoke a registration to dispense a controlled substance in certain circumstances. (NRS 453.236) Existing law also authorizes the Board to suspend or revoke any certificate, license, registration or permit issued pursuant to chapter 639 of NRS in certain circumstances. (NRS 639.210) Existing law further authorizes the Board to issue a cease and desist order or a citation to a person who practices or offers to practice without a license, certificate or permit issued pursuant to chapter 639 of NRS. (NRS 639.2895)

Section 1 of this regulation authorizes the Executive Secretary of the Board to require a person who submits an application for the issuance or renewal of a license, certificate or permit required by chapter 453, 454 or 639 of NRS to appear before the next regular meeting of the Board if the application contains any information that indicates the applicant engaged in prohibited conduct.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

The Executive Secretary may require a person who submits an application for the issuance of a license, certificate or permit pursuant to chapter 453, 454 or 639 of NRS or an application for the renewal of any such license, certificate or permit to appear at the next regular meeting

of the Board if the application contains any information that indicates the applicant engaged in conduct which would be prohibited pursuant to NRS 453.236, 639.210 or 639.2895.

31

31A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop - July 16, 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 639.1371.

A REGULATION relating to the delegation by a pharmacist to a pharmacy technician the ability to administer immunizations with appropriate training, and under the direct supervision of a pharmacist.

Section. 1. NAC Chapter 639 of NAC is hereby amended by adding thereto the following provisions:

NAC 639.245 Maintenance and availability of records regarding certain pharmaceutical personnel on duty; activities of pharmaceutical technicians. (NRS 639.070**,** 639.1371**)**

1. A written record must be kept available for inspection showing the pharmacists, pharmaceutical technicians and pharmaceutical technicians in training on duty during the hours of business. This record must be:

(a) Readily retrievable; and

(b) Retained for 2 years.

2. A pharmaceutical technician under the direct supervision of a pharmacist may:

(a) Prepackage and label unit dose and unit of use and repackage drugs if a pharmacist:

(1) Inspects the final products; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(b) Prepare, package, compound and label prescription drugs pursuant to prescriptions or orders for medication if a pharmacist:

(1) Inspects the final product; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(c) Prepare bulk compounds if a pharmacist:

(1) Inspects the final product; and

(2) Affixes his or her initials to the appropriate records for controlling quality.

(d) Distribute routine orders and stock medications and supplies in the pharmacy or areas where care is provided to patients.

(e) Maintain inventories of supplies of drugs.

(f) Maintain pharmaceutical records.

(g) Request authorization to refill a prescription from the prescribing practitioner.

(h) Transfer a prescription through a computer network if the:

(1) Pharmaceutical technician is employed by a pharmacy that:

(I) Has more than one location; and

(II) Maintains a computer network which provides information between its pharmacies; and

(2) Prescription is transferred to one of the pharmacies within its computer network.

DRAFT

(i) Enter information into the pharmacy's computer system, including, without limitation, information contained in a new prescription concerning the prescription drug and the directions for its use.

(j) Administer immunizations under the direct and immediate supervision of a pharmacist pursuant to NAC 639.2971(3). Immunization records must be readily retrievable and retained for 2 years.

3. A pharmaceutical technician may not:

(a) Perform any action requiring a judgmental decision regarding a drug, the interpretation of a prescription or the instructions for the preparation of a prescription.

(b) Take new prescription or chart orders by telephone.

(c) Distribute medications pursuant to a chart order or dispense a prescription unless the order or prescription has been verified by a pharmacist.

4. A pharmaceutical technician shall prepare and distribute drugs only pursuant to written procedures and guidelines established by the pharmacy in which the pharmaceutical technician performs his or her duties.

[Bd. of Pharmacy, § 639.205, eff. 6-26-80] — (NAC A 12-3-84; 6-16-86; 3-27-90; 11-15-93; R214-99, 3-13-2000; R037-07, 1-30-2008***; XX-XX-2020***)

. . .

NAC 639.254 Initial and biennial in-service training of pharmaceutical technicians working in or for pharmacy; substitution of continuing education for in-service training. (NRS 639.070**,** 639.1371**)**

1. The owner and managing pharmacist of a pharmacy shall provide training for pharmaceutical technicians working in or for the pharmacy that ensures the continuing competency of those technicians. Except as otherwise provided in this section, the training must consist of initial training upon employment and at least 12 hours of in-service training during the 2-year period immediately preceding the renewal of the registration of the pharmaceutical technician. One of the 12 hours of in-service training must be a jurisprudence program approved or presented by the Board that relates to the practice of pharmacy or the law concerning pharmacy in this State.

2. The managing pharmacist shall maintain a written record of the initial training and the annual training, ***including immunization training pursuant to NAC 639.2971(3),*** completed by each pharmaceutical technician working in or for the pharmacy that contains:

(a) The name and signature of the person receiving the training;

(b) The date or dates on which the training was received;

(c) The number of hours of training received;

(d) A general description of the topics covered; and

(e) The name of the person or provider conducting the training.

3. A pharmaceutical technician may substitute the completion of the continuing education necessary for recertification by the Pharmacy Technician Certification Board or the National Healthcareer Association for the biennial in-service training required by subsection 1.

(Added to NAC by Bd. of Pharmacy, eff. 11-15-93; A by R033-02, 5-31-2002; R121-08, 9-18-2008; R016-09, 10-27-2009; R175-12, 12-20-2012***; XX-XX-2020***)

. . .

DRAFT

NAC 639.2971 Authorization; contents of and deviation from written protocol. (NRS 454.213**,** 639.070**,** 639.137**)**

1. A physician may establish a written protocol authorizing pharmacists to administer immunizations by an intranasal, intramuscular or subcutaneous injection. Except as otherwise limited by the physician pursuant to subsection 4, any pharmacist who is trained and certified in accordance with NAC 639.2973 may subscribe to the written protocol and administer immunizations in compliance with the protocol. Such a protocol must contain:

(a) The name of the physician who is authorizing the administration of immunizations by a pharmacist;

(b) The immunizations that may be administered by a pharmacist;

(c) Detailed policies and procedures that a pharmacist must follow while administering immunizations, including, without limitation, procedures to follow in the case of adverse reactions or emergencies following administration;

(d) A procedure for the review of the protocol and its operation by the physician at least once annually, and the making and keeping of a record of the review;

(e) When appropriate, specific instructions related to the age of the patient;

~~***(f) Except as otherwise provided in subsection 2, a restriction that a pharmacist may not delegate his or her authority to administer an immunization;***~~

~~***(g)***~~ ***(f)*** A restriction that a pharmacist may not administer an immunization except at an authorized location, which location may not be the home of the patient, unless the patient resides in a licensed facility for long-term care or in a hospital;

~~***(h)***~~ ***(g)*** A requirement that the immunizations will be administered according to all applicable federal, state and local laws; and

~~***(i)***~~ ***(h)*** The signature of the physician authorizing the administration of the immunizations and the time period for which the written protocol is effective.

2. An intern pharmacist may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician.

3. A pharmaceutical technician may administer immunizations by an intranasal, intramuscular or subcutaneous injection under the direct and immediate supervision of a pharmacist who has subscribed to a written protocol established by a physician. Before the pharmaceutical technician may administer immunizations, the pharmaceutical technician must complete a minimum of one (1) hour of training relating to vaccines, immunization and their administration from one of the following:

(a) Immunize Nevada;

(b) ACPE-approved CPE;

(c) In-service training provided by the owner or managing pharmacist to the pharmaceutical technicians working in or for the pharmacy that ensures the competency of the technicians; or

(d) Other Board approved training.

~~*3.*~~ ***4.*** If a physician orders a deviation from the written protocol for the benefit of a specific patient, the physician shall note the deviations from the written protocol in the record of the patient.

~~*4.*~~ ***5.*** A physician may include restrictions to a written protocol established by the physician pursuant to subsection 1 by limiting the protocol to any of the following:

(a) A specific pharmacist or pharmacists;

(b) A specific location or locations;

(c) The administration of a specific immunization or immunizations; or

(d) Other limitations as the physician determines necessary.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R142-03, 4-8-2004; R180-05, 12-29-2005; R115-08, 9-18-2008***; XX-XX-2020***)

. . .

NAC 639.2974 Certification in basic cardiac life support; continuing education. (NRS 454.213**,** 639.070**,** 639.137**)**

1. A pharmacist who administers immunizations or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations shall:

~~**1.**~~***(a)*** Maintain certification in basic cardiac life support from the American Heart Association; and

~~**2.**~~ ***(b)*** On or before October 31 of each year, complete:

~~**(a)**~~ ***(i)*** At least 2 hours of continuing education in a course or courses that address the life cycle of diseases, drugs and administration of immunizations; or

~~**(b)**~~ ***(ii)*** A course provided by the Centers for Disease Control and Prevention regarding epidemiology and prevention of diseases which are preventable through immunization.

2. A pharmaceutical technician acting under the direct and immediate supervision of a pharmacist who administers immunizations shall, on or before October 31 of each year, complete at least 1 hour of continuing education in a course relating to vaccines, immunization and their administration from one of resources listed pursuant to NAC 639.2971(3)(a)-(d).

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005***; XX-XX-2020***)

NAC 639.2975 Legal possession and control of drugs administered as immunizations; drugs to counteract adverse reactions. (NRS 454.213**,** 639.070**,** 639.137**)**

1. The drugs administered as immunizations by a pharmacist**,** or an intern pharmacist ***or pharmaceutical technician*** acting under the direct and immediate supervision of a pharmacist**,** must be in the legal possession of:

(a) The pharmacy that employs the pharmacist**,** ~~**or**~~ intern pharmacist**,** ***or pharmaceutical technician*** who will be administering the immunizations, which pharmacy is responsible for the drugs and the maintenance of records of administration of the immunizations; or

(b) The physician who has established a written protocol for the administration of the immunizations, which physician is responsible for the drugs and the maintenance of records of administration of the immunizations.

2. The drugs used for immunizations must be transported and stored at the proper temperatures indicated for the drugs by the manufacturer.

3. While engaged in the administration of immunizations, a pharmacist**,** ~~**or**~~[YL1] an intern pharmacist ***acting under the direct and immediate supervision of a pharmacist, or pharmaceutical technician*** acting under the direct and immediate supervision of a pharmacist**,** may have in his or her custody and control the drugs for immunization that are identified in the written protocol and any other dangerous drugs listed in the written protocol to treat an adverse reaction.

4. If a pharmacist**,** ~~**or**~~[YL2] an intern pharmacist ***acting under the direct and immediate supervision of a pharmacist, or pharmaceutical technician*** acting under the direct and immediate supervision of a pharmacist**,** administers immunizations at a location other than a pharmacy, the

pharmacist***, ~~or~~*** intern pharmacist***, or pharmaceutical technician*** must return all unused drugs to the pharmacy or physician responsible for the drugs.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005; R115-08, 9-18-2008***; XX-XX-2020***)

NAC 639.2976 Reporting of certain information concerning immunizations. (NRS 454.213**,** 639.070**,** 639.137**)** A pharmacist ***who administers ~~vaccines~~ immunization or directly supervises the administration of the immunization ~~vaccine~~ by a pharmaceutical technician,*** or an intern pharmacist acting under the direct and immediate supervision of a pharmacist who administers immunizations***,*** shall report the information required for inclusion in the Immunization Information System established by the Department of Health and Human Services pursuant to NRS 439.265 and the regulations adopted pursuant thereto.

(Added to NAC by Bd. of Pharmacy by R009-01, eff. 11-1-2001; A by R180-05, 12-29-2005; R115-08, 9-18-2008***; XX-XX-2020***)

DRAFT

31B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop July 16, 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 453.146; NRS 639.070

A REGULATION relating to controlled substances; adding certain substances commonly classified as "designer benzodiazepines" to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

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;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: Acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, 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 (some other trade 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 (some other trade names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

4-Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide) (some trade or other names: Para-fluoroisobutyryl fentanyl);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

Furethidine;

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

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);

Methoxyacetyl fentanyl (2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide);

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;

Acetyldihydrocodeine;

Acetylfentanyl;

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:

Adinazolam (some trade or other names: 8-chloro-1-((dimethylamino)methyl)-6-phenyl-4H-s-triazolo(4,3-a)(1,4)benzodiazepine; adinazolamum; Deracyn);

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

Bromazolam (some trade or other name: 8-bromo-1-methyl-6-phenyl H[1,2,4]triazolo[4,3a][1,4]benzodiazepine; XLI-268);

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-2,5-dimethoxy-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);

Clonazolam (some trade or other names: 6-(2-chlorophenyl)-1-methyl-8-nitro-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; clonitrazolam);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

Diclazepam (some trade or other names: 7-chloro-5-(2-chlorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one; 7-chloro-5-(2-chlorophenyl)-1-methyl-1,3-dihydro-2H-benzo[e][1,4]diazepin-2-one; 2'-chlorodiazepam; Chlorodiazepam; Ro 5-3448);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 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);

All 2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivatives thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-BOMe; 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);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-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);

Flualprazolam (some trade or other names: 8-chloro-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-chloro-6-(2-fluoro-phenyl)-1-methyl-4h-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; 2'-fluoro alprazolam; ortho-fluoro alprazolam);

Flubromazepam (some trade or other names: 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-Bromo-5-(2-fluorophenyl)-1H-benzo[e][1,4]diazepin-2(3H)-one; 7-bromo-5-(2-fluorophenyl)-1,3-dihydro-1,4-benzodiazepin-2-one);

Flubromazolam (some trade or other names: 8-bromo-6-(2-fluorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Flunitrazolam (some trade or other names: 6-(2-fluorophenyl)-1-methyl-8-nitro-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine);

(1-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[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-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

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-3-carboxamide; 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)

Flutoprazepam (some trade or other names: 7-chloro-1-(cyclopropylmethyl)-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one);

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);

Meclonazepam (some trade or other names: (3S)-5-(2-chlorophenyl)-1,3-dihydro-3-methyl-7-nitro-2H-1,4-benzodiazepin-2-one; Ro 11-3128);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; 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 *(some trade or other names: MMDA)*;

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-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-Dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

~~[3,4-m]~~*M*ethylenedioxyamphetamine *(some trade or other names: MDA)*;

~~[3,4-m]~~*M*ethylenedioxymethamphetamine (MDMA);

~~[3,4-m]~~*M*ethylenedioxy-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-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-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-3-carboxamide (some trade or other names: ADB-CHMINCA or MAB-CHMINACA)

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 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-(4fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: AB-FUBINACA)

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (some trade or other names: AB-CHMINACA)

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

Nifoxipam (some trade or other names: 5-(2-fluorophenyl)-1,3-dihydro-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 1,3-Dihydro-5-(2-fluorophenyl)-3-hydroxy-7-nitro-2H-1,4-benzodiazepin-2-one; 3-hydroxydesmethylflunitrazepam; DP 370);

Nitrazolam (some trade or other names: 1-methyl-8-nitro-6-phenyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine);

Norflurazepam (some trade or other names: 7-chloro-5-(2-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; nor-Flurazepam; N-Desalkylflurazepam; Desalkylflurazepam; Ro 5-3367);

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: 1- pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC)

Phenazepam (some trade or other names: 7-bromo-5-(2-chlorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one; 7-bromo-5-(2-chlorophenyl)-1,2-dihydro-3H-1,4-benzodiazepin-2-one; BD 98; Fenazepam; Elzepam; Phezipam; Phenorelaxan; Phenzitat);

Pyrazolam (some trade or other names: 8-bromo-1-methyl-6-(2-pyridinyl)-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine; 8-bromo-1-methyl-6-(pyridin-2-yl)-4H-benzo[f][1,2,4]triazolo[4,3-a][1,4]diazepine; Pirazolam);

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, N-dimethyltryptamine; 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, 4-butyrolactone, 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-2-methoxy-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-6,6,9-trimethyl-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-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencylidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phencyclohelyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidinde (some trade or other names: 1-1(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-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: Alpha-PHP);

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidine-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-α-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,N-dimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4-methylenedioxycathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA)

N-ethylhexedrone;

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)

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: Ephylone);

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-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

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-(4-methylphenyl)-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-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482); or

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone)

Pentylone (some other trade 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 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 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 the resinous extractives of Cannabis sp. or synthetic substances. Derivatives and their isomers with similar chemical structure and pharmacological activity). ***Any CBD drug product that has been approved by the Food and Drug Administration and contains not more than 0.1 percent residual THC by weight is not a controlled substance.***

DRAFT

31C

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop July 16, 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 453.146; NRS 639.070

A REGULATION relating to controlled substances; adding certain substances commonly known as Kratom (Mitragyna speciosa korth) to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

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;

Acryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide) (some trade or other names: Acryloylfentanyl);

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, 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 (some other trade 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 (some other trade names: N-(1-phenethylpiperidin-4-yl)-N-phenylbutyramide; N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

Clonitazene;

Cyclopentyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopentanecarboxamide);

Cyclopropyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylcyclopropanecarboxamide);

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxeridine;

4-Fluoroisobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide) (some trade or other names: Para-fluoroisobutyryl fentanyl);

Furanyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-2-carboxamide);

Furethidine;

Hydroxymitragynine (some trade or other names: 7-hydroxymitragynine, (αE,2S,3S,7aS,12bS)-3-ethyl-1,2,3,4,6,7,7a,12b-octahydro-7a-hydroxy-8-methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid methyl ester; 9-methoxycorynantheidine hydroxyindolenine; mitragynine hydroxyindolenine)

Hydroxypethidine;

Isobutyryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylisobutyramide);

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);

Methoxyacetyl fentanyl (2-methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide);

Mitragynine (some trade or other names: methyl (E)-2-[(2S,3S,12bS)-3-ethyl-8-methoxy-1,2,3,4,6,7,12,12b-octahydroindolo[2,3-a]quinolizin-2-yl]-3-methoxyprop-2-enoate; αE,2S,3S,12bS)-3-ethyl-1,2,3,4,6,7,12,12b-octahydro-8-methoxy-α-(methoxymethylene)-indolo[2,3-a]quinolizine-2-acetic acid methyl ester; (E)-16,17-didehydro-9,17-dimethoxy-17,18-seco-20α-yohimban-16-carboxylic acid methyl ester; 9-methoxy Corynantheidine)

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Ocfentanil (N-(2-fluorophenyl)-2-methoxy-N-(1-phenethylpiperidin-4-yl)acetamide

Para-chloroisobutyryl fentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl)isobutyramide);

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

Para-fluorobutyryl fentanyl (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

Para-methoxybutyryl fentanyl (N-(4-methoxyphenyl)-N-(1-phenethylpiperidin-4-yl)butyramide);

PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphan;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Tetrahydrofuranyl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrofuran-2-carboxamide);

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);

Tilidine; or

Trimeperidine.

Valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide);

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;

Acetyldihydrocodeine;

Acetylfentanyl;

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-2,5-dimethoxy-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-alpha-methylphenethylamine; 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);

All 2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) and any derivatives thereof (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-BOMe; 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);

Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-EDMB-PINACA);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-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-(4-fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: FUB-144);

2-(1-(4-fluorobenzyl)-1H-indazole-3-carboxamido)-3-methylbutanoate (Some trade or other names: FUB-AMB; MMB-FUBINACA);

[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-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide (some trade or other names: 5F-CUMYL-PINACA; SGT-25);

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-3-carboxamide; 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-alpha-methylphenethylamine; 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 *(some trade or other names: MMDA)*;

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-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

Methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate (some trade or other names: 5F-ADB; 5F-MDMB-PINACA);

Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-Dimethylbutanoate (some trade or other names: 5F-MDMB-PICA);

~~[3,4-m]~~*M*ethylenedioxyamphetamine *(some trade or other names: MDA)*;

~~[3,4-m]~~*M*ethylenedioxymethamphetamine (MDMA);

~~[3,4-m]~~*M*ethylenedioxy-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-(adamantan-1-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: FUB-AKB48; FUB-APINACA; AKB48 N-(4-fluorobenzyl);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-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-3-carboxamide (some trade or other names: ADB-CHMINCA or MAB-CHMINACA)

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 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-(4fluorobenzyl)-1H-indazole-3-carboxamide (some trade or other names: AB-FUBINACA)

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (some trade or other names: AB-CHMINACA)

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)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: 1- pentyl-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, N-dimethyltryptamine; 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 o ther names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, 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-2-methoxy-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-6,6,9-trimethyl-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-4,10-dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

Ethylamine analog of phencylidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phencyclohelyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidinde (some trade or other names: 1-1(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-pyrrolidinoheptaphenone (some trade or other names: PV8);

Alpha-pyrrolidinohexanophenone (some trade or other names: Alpha-PHP);

Alpha-PBP (some trade or other names: 1-phenyl-2-(pyrrolidine-1-yl)butan-1-one, alpha-pyrrolidinobutiophenone);

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone, O-2387);

Aminorex;

Butylone (some trade or other names: 1-(1,3-benzodioxol-5-yl)-2-(methylamino)butan-1-one, β-keto-N-methylbenzodioxolylpropylamine, bk-MBDB);

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

4-chloro-alpha-pyrrolidinovalerophenone (some trade or other names: 4-chloro-a-PVP);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,N-dimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4-methylenedioxycathinone; N,N-dimethyl-β-keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA)

N-ethylhexedrone;

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)

N-ethylpentylone (1-(1,3-benzodioxol-5-yl)-2-ethylamino)-pentan-1-one) (some trade or other names: Ephylone);

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-(4-fluorophenyl)-2-(methylamino)propan-1-one, 4-Fluoromethcathinone (Flephedrone), 4-FMC, 3-Fluoro-N-methylcathinone, 1-(3-fluorophenyl)-2-2(methylamino)propan-1-one, 3-Fluoromethcathinone, 3-FMC, 2-Fluoro-N-methylcathinone, 1-(2-fluorophenyl)-2-(methylamino)propan-1-one, 2-FMC);

4-methyl-alpha-ethylaminopentiophenone (some trade or other names: 4-MEAP);

4'-methyl-alpha-pyrrolidinohexiophenone (some trade or other names: MPHP);

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-(4-methylphenyl)-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-1-one, naphthylpyrovalerone, naphpyrovalerone, NRG-1, O-2482); or

Pentedrone (some trade or other names: 2-(methylamino)-1-phenylpentan-1-one, α-methylaminovalerophenone)

Pentylone (some other trade 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 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 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 the resinous extractives of Cannabis sp. or synthetic substances. Derivatives and their isomers with similar chemical structure and pharmacological activity). ***Any CBD drug product that has been approved by the Food and Drug Administration and contains not more than 0.1 percent residual THC by weight is not a controlled substance.***

KRATOM (*Mitragyna speciosa korth*)
(Street Names: Thang, Kakuam, Thom, Ketum, Biak)

November 2019

Introduction:

Kratom, (*Mitragyna speciosa korth*), is a tropical tree indigenous to Thailand, Malaysia, Myanmar and other areas of Southeast Asia. Kratom is in the same family as the coffee tree (*Rubiaceae*). The tree reaches heights of 50 feet with a spread of over 15 feet.

Kratom has been used by natives of Thailand and other regions of Southeast Asia as an herbal drug for decades. Traditionally, kratom was mostly used as a stimulant by Thai and Malaysian laborers and farmers to overcome the burdens of hard work. They chewed the leaves to make them work harder and provide energy and relief from muscle strains. Kratom was also used in Southeast Asia and by Thai natives to substitute for opium when opium is not available. It has also been used to manage opioid withdrawal symptoms by chronic opioid users.

In 1943, the Thai government passed the Kratom Act 2486 that made planting of the tree illegal. In 1979, the Thai government enacted the Narcotics Act B.E. 2522, placing kratom along with marijuana in Category V of a five category classification of narcotics. It has been reported that young Thai militants drink a "4x100" kratom formula to make them "more bold and fearless and easy to control." The two "4x100" kratom formulas are described as a mixture of boiled kratom leaves, mosquito coils, and cola or a mixture of boiled cough syrup, kratom leaves, and cola served with ice. In this report, it also mentioned that the use of the "4x100" formula was gaining popularity among Muslim youngsters in several districts of Yala (Southern Thailand) and was available in local coffee and tea shops.

Kratom is promoted as a legal psychoactive product on numerous websites in the U.S. On those websites, topics range from vendors listings, preparation of tea and recommended doses, to alleged medicinal uses, and user reports of drug experiences.

Licit Uses:

There is no legitimate medical use for kratom in the U.S.

Chemistry and Pharmacology:

Over 25 alkaloids have been isolated from kratom; mitragynine and 7-hydroxymitragynine are the primary pschoactive alkaloids in the plant.

Pharmacology studies show that mitragynine and 7-hydroxymitragynine have mu-opioid receptor agonist activity. Kratom has been described as producing both stimulant and sedative effects. At low doses, it produces stimulant effects, with users reporting increased alertness, physical energy, talkativeness and sociable behavior. At high doses, opioid effects are produced, in addition to sedative and euphoric effects. Effects occur within 5 to 10 minutes after ingestion and last for 2 to 5 hours. Acute side effects include nausea, itching, sweating, dry mouth, constipation, increased urination, and loss of appetite.

Kratom consumption can lead to addiction. In a study of Thai kratom addicts, it was observed that some addicts chewed kratom daily for 3 to 30 years (mean of 18.6 years). Long-term use of kratom produced anorexia, weight loss, insomnia, skin darkening, dry mouth, frequent urination, and constipation. A withdrawal syndrome was observed, consisting of symptoms of hostility, aggression, emotional lability, wet nose, achy muscles and bones, and jerky movement of the limbs. Furthermore, several cases of kratom psychosis were observed, where kratom addicts exhibited psychotic symptoms that included hallucinations, delusion and confusion. In the U.S., the use of kratom has been associated with numerous cases of overdose and fatalities.

Illicit Uses:

In recent years, there has been an increase in the popularity of kratom and kratom-based products on the recreation drug market. Kratom is mainly being abused orally as a tea. Chewing kratom leaves is another method of consumption. Doses of 2 to 10 grams are recommended to achieve the desired effects.

Other countries are reporting emerging new trends in the use of kratom. In the United Kingdom, kratom is promoted as an "herbal speedball." In Malaysia, kratom (known as ketum) juice preparations are illegally available.

User Population:

Information on user population in the U.S. is limited. Kratom abuse is not monitored by any national drug abuse surveys.

Illicit Distribution:

The System to Retrieve Information from Drug Evidence (STRIDE)/STARLiMS, a federal database for the seized drugs analyzed by DEA forensic laboratories, and the National Forensic Laboratory Information System (NFLIS), which collects drug analysis information from federal, state and local forensic laboratories, indicate that there was one drug report of mitragynine, the primary active alkaloid in kratom, in 2010, 46 reports in 2011, and 139 reports in 2012. Since that time, the number of mitragynine drug reports have continued to increase to 193 in 2015, 321 in 2016, 333 in 2017; and, preliminarily to 589 drug reports for 2018. Kratom is widely available on the Internet. There are numerous vendors within and outside of the U.S. selling kratom. Forms of kratom available through the Internet include leaves (whole or crushed), powder, extract, encapsulated powder, and extract resin "pies" (40g pellets made from reduced extract). Seeds and whole trees are also available from some vendors through the Internet, suggesting the possibility of domestic cultivation.

Control Status:

Kratom is not scheduled under the Controlled Substances Act.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; Fax 571-362-4250, Telephone 571-362-3249, or Email DPE@usdoj.gov.

32

33

34